

Foster Family Home - Corrective Action Report

Provider ID: 1-140021

Home Name: Gloria Cueco, CNA

94-571 Kupuna Loop

Waipahu HI 96797

Review ID: 1-140021-3

Reviewer: [REDACTED]

Begin Date: 9/4/2015

End Date: 9/4/15

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit on 9/4/15 for recertification of 2 bed home changing to 3 bed. All requirements met at time of review. Home is eligible for a 1 year 3 bed home.

[REDACTED] Rnmsn

Compliance Manager

Gloria G. Cueco
Primary Care Giver

9/4/15
Date

9/4/15
Date