

# Foster Family Home - Corrective Action Report

Provider ID: 1-140021

Home Name: Gloria Cueco, CNA

94-571 Kupuna Loop

Waipahu

HI 96797

Review ID: 1-140021-5

Reviewer: Sue Lo

Begin Date: 1/16/2018

End Date: 1/17/2018

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1) Home visit made for a 3 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3 bed certification.

Sue Lo  
Compliance Manager

Gloria Q. Cueco  
Primary Care Giver

1/16/2018  
Date

1/16/2018  
Date