

Foster Family Home - Corrective Action Report

Provider ID: 1-140021

Home Name: Gloria Cueco, CNA

Review ID: 1-140021-7

94-571 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/29/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN

Compliance Manager

1/29/2020
Date

Gloria A. Cueco

Primary Care Giver

1/29/2020
Date