

Foster Family Home - Deficiency Report

Provider ID: 1-140021

Home Name: Gloria Cueco, CNA

Review ID: 1-140021-13

94-571 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/8/2022

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies noted.

CCFFH is in compliance with all requirements.

Maribel Nakamine, RW 12/8/22

Compliance Manager

Date

Gloria Q. Cueco

12/8/22

Primary Care Giver

Date