

# Foster Family Home - Corrective Action Report

Provider ID: 1-562563

Home Name: Nora Buccat, RN

Review ID: 1-562563-4

91-231 Kaukolu Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 10/4/2016

End Date: 10/6/2016

~~Foster Family Home~~      ~~Required Certificate~~      ~~[17-1451-6]~~

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 10/4/2016. No corrective action required. Home is eligible for a 2 year 2-bed certification.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

10/4/2016