

# Foster Family Home - Corrective Action Report

Provider ID: 1-562563

Home Name: Nora Buccat, RN

Review ID: 1-562563-6

91-231 Kaukolu Place

Reviewer: Lori O'Keefe

Ewa Beach

HI 96706

Begin Date: 11/15/2018

End Date:

11/19/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Recertification home inspection completed for this 2 client home. Home is in compliance with all requirements and eligible for recertification.

*Lori O'Keefe RN*

Compliance Manager

*[Signature]*  
Primary Care Giver

*11/15/18*

Date

*11/15/18*

Date