

Foster Family Home - Deficiency Report

Provider ID: 1-562563

Home Name: Nora Buccat, RN

Review ID: 1-562563-10

91-231 Kaukolu Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 9/30/2021

Foster Family Home **Required Certificate** **[11-800-6]**


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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.


Compliance Manager


Primary Care Giver

9/30/21

Date

9/30/21

Date