

# Foster Family Home - Deficiency Report

Provider ID: 1-562563

Home Name: Nora Buccat, RN

Review ID: 1-562563-14

91-231 Kaukolu Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 8/8/2023

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

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

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Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date