

Foster Family Home - Deficiency Report

Provider ID: 1-562563

Home Name: Nora Buccat, RN

Review ID: 1-562563-16

91-231 Kaukolu Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 9/5/2024

Foster Family Home

Required Certificate

[11-800-6]

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

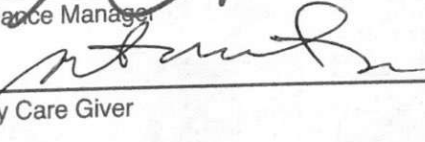
Comment:

6(d)(1) Unannounced visit made for a 2 bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

9/5/2024
Date

9/5/2024
Date