Foster Family Home - Deficiency Report

Provider ID:	**1-562563**		
Home Name:	**Nora Buccat, RN**	**Review ID:**	**1-562563-18**
91-231 Kaukolu Place		Reviewer:	Maribel Nakamine
Ewa Beach HI 96706		Begin Date:	9/10/2025

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 9/10/25

Compliance Manager Date

9/10/25

Primary Care Giver Date