

# Foster Family Home - Corrective Action Report

Provider ID: 4-110011

Home Name: Adela Suzuki, NA

607 South Kamehameha Avenue

Kahului HI 96732

Review ID: 4-110011-4

Reviewer:

Begin Date: 1/28/2016

End Date: 1/28/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit 1/28/16 to 2 bed home. All requirements met at time of review. Home eligible for 2 year 2 bed certificate.

Compliance Manager

Primary Care Giver

Date

Date

1/28/16

1/28/16