

Foster Family Home - Corrective Action Report

Provider ID: 4-170055

Home Name: Michael Suzuki N.A.

Review ID: 4-170055-1

607 A South Kamehameha Ave.

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 10/3/2017

End Date: 10/3/17

Foster Family Home

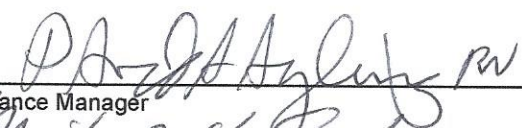
Required Certificate

[17-1454-6]

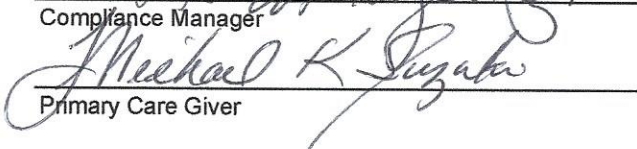
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person new CCFFH certification review made on 10/3/17.
Home in compliance with all requirements. Home will receive a 1 year 2 bed certification.


Compliance Manager


Date


Primary Care Giver


Date