

# Foster Family Home - Corrective Action Report

Provider ID: 4-110011

Home Name: Adela Suzuki, NA

Review ID: 4-110011-5

607 South Kamehameha  
Avenue

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 2/6/2018

End Date: 2/6/18

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 CCFFH recertification review made on 2/6/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

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

*David A. Ayling RN*

\_\_\_\_\_  
Date

*2/6/18*

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

*Adela Suzuki*

\_\_\_\_\_  
Date

*2/6/18*