

Foster Family Home - Corrective Action Report

Provider ID: 4-170055

Home Name: Michael Suzuki, NA

Review ID: 4-170055-2

607 A South Kamehameha Ave.

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 8/21/2018

End Date: 8/21/18

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 8/21/18.

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

Compliance Manager

Primary Care Giver

Date

Date