

Foster Family Home - Deficiency Report

Provider ID: 1-210011

Home Name: Michelle Suzuki, NA

Review ID: 1-210011-3

94-719 Kaaka Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 12/13/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

Compliance Manager

Primary Care Giver

Date

Date