

# Foster Family Home - Deficiency Report

Provider ID: 4-110011

Home Name: Adela Suzuki, NA

Review ID: 4-110011-12

607 South Kamehameha  
Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

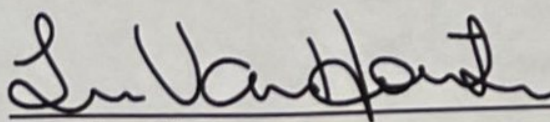
Begin Date: 11/10/2022

**Foster Family Home Required Certificate [11-800-6]**

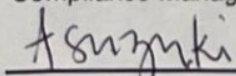
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

11/10/22

Date

11/10/2022

Date