

Foster Family Home - Deficiency Report

Provider ID: 1-210011

Home Name: Michelle Suzuki, NA

Review ID: 1-210011-5

94-719 Kaaka Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 12/12/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

Compliance Manager

Primary Care Giver

Date

Date