

# Foster Family Home - Corrective Action Report

Provider ID: 4-110011

Home Name: Adela Suzuki, NA

Review ID: 4-110011-8

607 South Kamehameha  
Avenue

Reviewer: Terri Van Houten

Kahului HI 96732


Begin Date: 1/27/2021

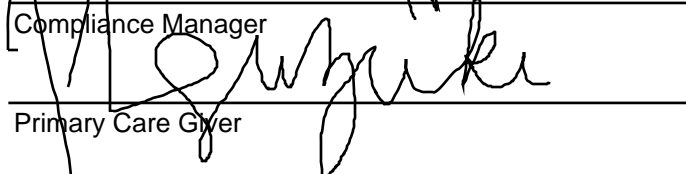
**Foster Family Home Required Certificate [11-800-6]**

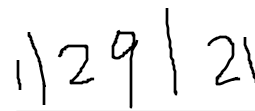
6.(d)(1) Comply with all applicable requirements in this chapter; and

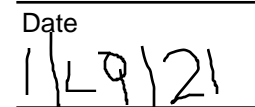
Comment:

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

  
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Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date