

# Foster Family Home - Deficiency Report

Provider ID: 4-170055

Home Name: Michael Suzuki, NA

Review ID: 4-170055-8

607 A South Kamehameha Avenue

Reviewer: Terri Van Houten

Kahului HI 96732


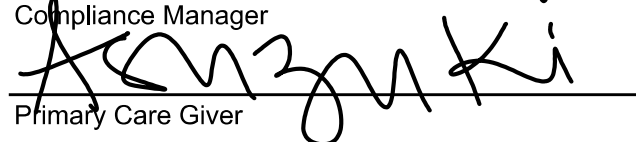
Begin Date: 7/6/2022

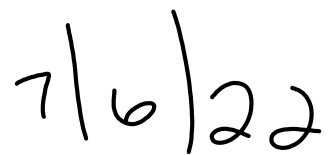
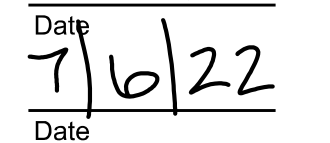
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date