

Foster Family Home - Deficiency Report

Provider ID: 4-170055

Home Name: Michael Suzuki, NA

Review ID: 4-170055-10

607 A South Kamehameha Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/25/2023

Foster Family Home

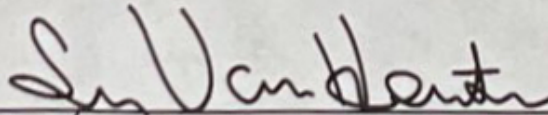
Required Certificate

[11-800-6]

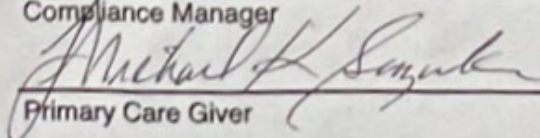
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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



Compliance Manager



Primary Care Giver

5/26/23

Date

5/26/2023

Date