

# Foster Family Home - Deficiency Report

Provider ID: 4-110011

Home Name: Adela Suzuki, NA

Review ID: 4-110011-22

607 South Kamehameha  
Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 11/14/2024

Foster Family Home

Required Certificate

[11-800-6]

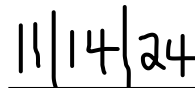
6.(d)(1) Comply with all applicable requirements in this chapter; and

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



Date

Primary Care Giver

Date

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*Terri Van Houten*

Compliance Manager

*Amiyuki*

Primary Care Giver

*11/14/24*

Date

*11/14/24*

Date