

Foster Family Home - Deficiency Report

Provider ID: 4-110011

Home Name: Adela Suzuki, CNA

Review ID: 4-110011-26

607 South Kamehameha
Avenue

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 11/10/2025

Foster Family Home


Required Certificate


[11-800-6]

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

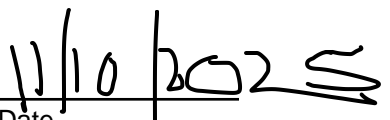
Comment:

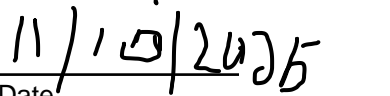
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager


Primary Care Giver



Date


Date