

Foster Family Home - Deficiency Report

Provider ID: 2-170053

Home Name: Elizabeth Lim, CNA

Review ID: 2-170053-14

267 Chong Street

Reviewer: David Ayling

Hilo HI 96720

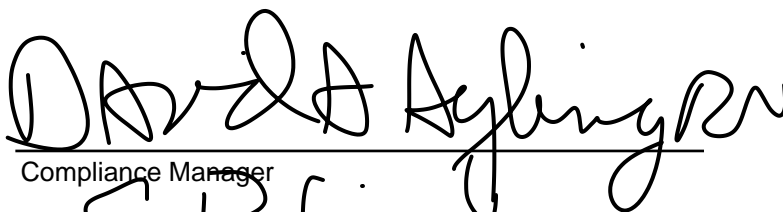
Begin Date: 5/22/2024

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

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

Comment:

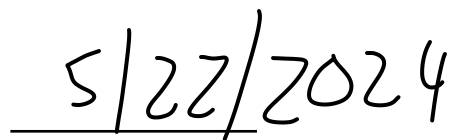
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager

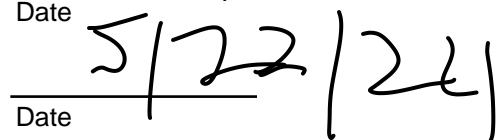
Compliance Manager

Primary Care Giver



Date

Date



Date

Date