

# Foster Family Home - Deficiency Report

Provider ID: 2-170053

Home Name: Elizabeth Lim, CNA

Review ID: 2-170053-16

267 Chong Street

Reviewer: Deborah Baumgart

Hilo

HI 96720

Begin Date: 8/25/2025

**Foster Family Home**

**Required Certificate**

**[11-800-6]**

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

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 8/25/2025)

**Foster Family Home**

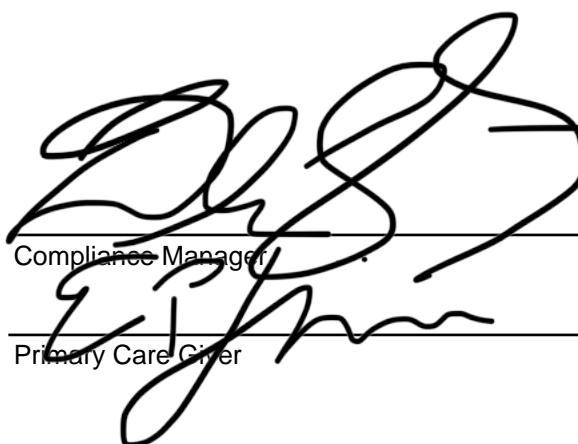
**Background Checks**

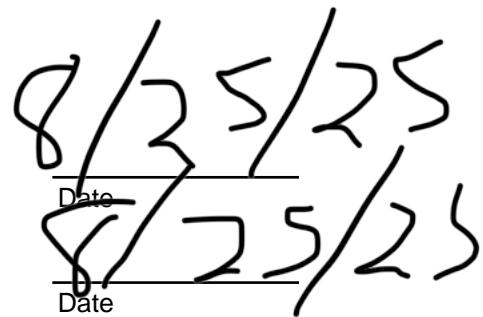
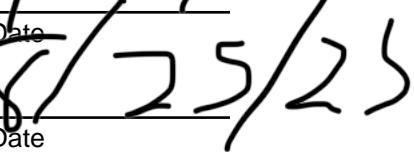
**[11-800-8]**

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)-CG#4 Ecrim lapsed on 9/17/2024 and was done on 9/27/2024.

  
Compliance Manager  
Primary Care Giver

  
Date  
8/25/25  
  
Date  
25/25

CTA RN Compliance Manager:

Deborah Baumgart CRN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: Elizabeth P Lim  
(PLEASE PRINT)

CCFFH Address: 267 Chong St. Hilo HI 96720  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a1)	Lapse cannot be corrected	8/25/25	Caregiver #1 use scrip post note to keep track for all expiration date of SGC.

All items that were corrected are attached to this POC

PCG's Signature: Eliz

Date: 8/25/25

CTA has reviewed all corrected items