

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]
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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)

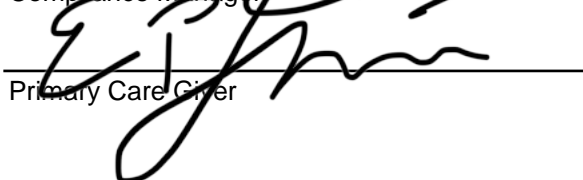
Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

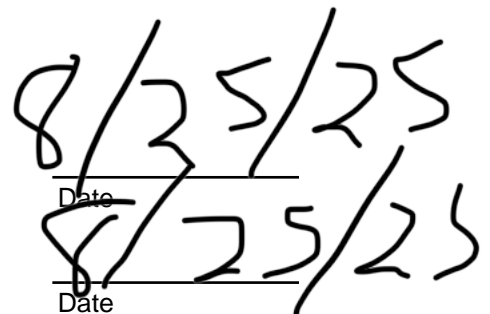
Comment:

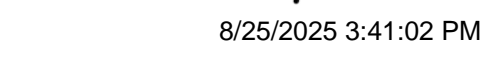
8.(a)(1)-CG#4 Ecrim lapsed on 9/17/2024 and was done on 9/27/2024.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager:

Deborah Baumgart LPU

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 stc post note to keep track for all expiration date of SGC.

☒ All items that were corrected are attached to this POC

PCG's Signature:

E Lim

Date:

8/25/25

☒ CTA has reviewed all corrected items