Foster Family Home - Deficiency Report

Provider ID:	**2-170053**		
Home Name:	**Elizabeth Lim, CNA**	**Review ID:**	**2-170053-17**
267 Chong Street		Reviewer:	Po Lim
Hilo HI 96720		Begin Date:	5/29/2026

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 inspection for a 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 5/29/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home — Personnel and Staffing — [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.4. No disclosure form present for CG#6.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#5.

Foster Family Home — Records — [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current signature of POA for current service plan present for Client#1.

Compliance Manager — Date: 5/29/2026

Primary Care Giver — Date: 5/29/2026

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