

# Foster Family Home - Corrective Action Report

Provider ID: 1-150035

Home Name: Joyce Sharsy, CNA

Review ID: 1-150035-5

87-556 Manuu St.

Reviewer: Sue Lo

Waianae

HI 96792

Begin Date: 4/16/2018

End Date: 4/24/2018

## Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 5/16/2018.

## Foster Family Home Background Checks [17-1454-7.1]

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

Comment:


7.1(a)(1) Fingerprinting not present in the home for HHM#1.

## Foster Family Home Personnel and Staffing [17-1454-41]

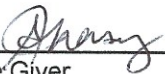
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) Lapsed in CPR due on/before 2/26/18 was done on 2/28/18 for CG#1.

  
\_\_\_\_\_  
Compliance Manager

4/16/2018  
Date

  
\_\_\_\_\_  
Primary Care Giver

4/16/2018  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: Joyce Sharsy  
 CCFFH Address: 87-556 Manua St.  
Waianae, HI 96792

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
<sup>ast</sup> 7.1(a)(6)	Home hold #1 Finish Finger printing and results	4/18/18	Home understood Finger Prints requirements to do this year and next year. Finger printing results kept in binder and will not remove.
41(b)(8)	Lapses cannot fix.	4/16/18	Home uses Calander placed on the wall in the living room. List requirement on the refrigerator check and update every month to make sure no lapses in the future.

Primary Caregiver's Signature: *Joyce Sharsy*

Print Name: Joyce Sharsy

Date of Signature: 4/18/18