

Foster Family Home - Corrective Action Report

Provider ID: 1-150035

Home Name: Joyce Sharsy, CNA

Review ID: 1-150035-4

87-556 Manuu St.

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 3/29/2017

End Date: 4/5/17

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

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 3/29/17. Corrective Action Report issued during home visit with all items due to CTA by 4/29/17.

6.(d)(1) - see applicable sections of the review

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;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1),(2) - No current APS/CAN and fingerprints for CG #3(expired on 9/11/16).

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

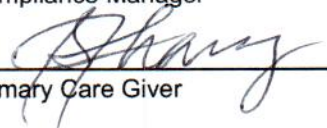
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #5(expired on 3/20/16).

Compliance Manager

Primary Care Giver



Date

Date

3/29/17

Foster Family Home- Corrective Action Report

7.1.(a)(1)(2)- I got a current APS/CAN and fingerprints for CGA 3 and placed in my CTA binder and send a copy to CTA.

4.1. (b)(7)- I got a current TB clearance from CG#5 and placed in my CTA binder.

I have placed expiration dates for APS/CAN and fingerprints and TB for all CG's on my wall calendar and will check it monthly.


Joyce Sharsy

03/31/2017