Foster Family Home - Deficiency Report							
Provider ID:	1-622309						
Home Name:	Sherry-Ani	ne Viernes, RN	Review ID:	1-622309-11			
94-117 Kaupu P	lace		Reviewer:	Maribel Nakamine			
Waipahu		HI 96797	Begin Date:	1/27/2023			
Foster Family	Home	Required Certi	ficate	[11-800-6]			
6.(d)(1) Comply with all applicable requirements in this chapter; and							
Comment:							
6.d.1- Unannou	unced visit n	nade to a 2-bed re	ecertification inspec	tion.			
Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued date: 1/27/23).							
Foster Family Home		Background Checks		[11-800-8]			
8.(a)(1)	(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;						
8.(a)(2)							
Comment:		· · · · · · · · · · · · · · · · · · ·					
8.(a)(1), (2)- Co	G#5's APS/0	CAN/Fingerprintin	g lapsed on 4/20/22	2 and no current results were present.			
Foster Family Home		Personnel and Staffing		[11-800-41]			
41.(b)(7)	Have a c	urrent tuberculosis o	clearance that meets	department guidelines; and			
41.(b)(8)		Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.					
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.						
Comment:							

41.(b)(7)- CCFFH did not have evidence of current TB clearance for CG#5.

41.(b)(8)- CCFFH did not have evidence of current CPR, basic first aid, and blood-borne pathogen and infection control training for CG#5. CPR and basic first aid were due on 10/2022. Blood-borne pathogen and infection control training was due on 1/14/23. CG#4 and CG#6's blood-borne pathogen and infection control training was due on 1/14/23. No current certificates were present.

41.(c)- CG#2 did not have the required of hours (8 hours) of in-service training for the year 2022.

Canine

moliance Manager.

Primary Care Giver

Date Date

CTA RN Compliance Manager:

Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC) Chapter 11-800

PCG's Name on CCFFH Certificate:		Sherry-Anne Viernes		
		(PLEASE PRINT)		
CCFFH Address:	94-117 Kaup	u Place Waipahu, HI 96797		
		(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.(a)(1). (2)	CG#1 Obtained a current APS/CAN fingerprint. Document was filed on CCFFH binder.	2/23/23	CG#1 Utilize calendar on cellphone to schedule due dates on background checks 2 months in advance to prevent future lapses.	
41.(b)(7)	2023 TB clearance was obtained for CG#5. It was place into home record.	2/23/23	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring.	
41.(b)(8)	2023 CPR, basic first aid, Blood-born pathogen and infection control training was done CG#5. Blood-borne pathogen and infection control training was done for CG#4 and CG#6. It was place into home record.	1/28/23	CG#1 will inform other caregivers when item is due 8 weeks before it is due. Home will use a spreadsheet on laptop to identify when requirements are due.	
41.(c)	8 hours of in-inservice training for CG#2 was done. It was placed into home foder.	1/30/23 2/5/23	CG#1 will remind other caregivers to attend in-service sessions with 2 months in advance to prevent future inservice lapses.	

All items that were connected are attached to this POC PCG's Signature:

Date: 2/24/2023

V CTA has reviewed all corrected items