

Foster Family Home - Deficiency Report

Provider ID: 1-622309

Home Name: Sherry-Anne Viernes, RN

Review ID: 1-622309-13

94-117 Kaupu Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/16/2024

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days from date of inspection (issued on 2/16/24).

Foster Family Home Background Checks [11-800-8]

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

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

Comment:

8.(a)(1), (2)- CG#4 without the 2nd set of APS/CAN/Fingerprint result. CG#5 without the 1st and 2nd set of APS/CAN/Fingerprint results.

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

41.(b)(7) Have a current tuberculosis 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.

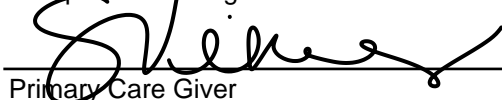
Comment:

41.(b)(7)- CG#5's TB clearance lapsed on 3/21/23 and was not renewed until 7/28/23.

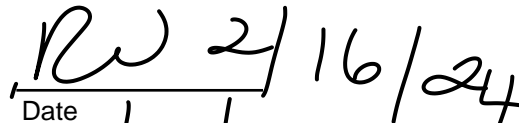
41.(b)(8)- CG#1's blood borne pathogen and infection control training lapsed on 5/23/23; CG#2, CG#3, CG#4, and CG#5 all lapsed on 1/28/24 and no current certifications were present.



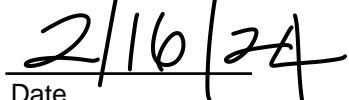
Compliance Manager



Primary Care Giver

 RW 2/16/24

Date



Date