

# Foster Family Home - Deficiency Report

Provider ID: 1-150035

Home Name: Joyce Sharsy, CNA

Review ID: 1-150035-19

87-556 Manuu Street

Reviewer: David Ayling

Waianae

HI 96792

Begin Date: 2/11/2026

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 2/25/26.

## 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;

Comment:

8.(a)(1) - Sex Offender checks for CG #1, CG #2, CG #3, and HHM #1 need to remove zip code from 96792 to show "all".

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.


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


Comment:

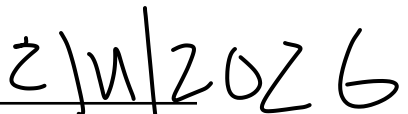
41.(a)(2) - CG #3 needs a current Prometric verification check.

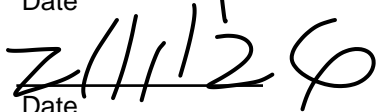
41.(b)(5) - CG #1 needs proof of current auto insurance with correct amount of coverage.

41.(b)(8) - CG #1 needs a current Blood Borne Pathogen certificate. Expired on 6/10/2025.

  
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Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date