

Foster Family Home - Deficiency Report

Provider ID: 1-622309

Home Name: Sherry-Anne Viernes, RN

Review ID: 1-622309-17

94-117 Kaupu Place

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 2/4/2026

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

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

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 02/04/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was overdue for CG#1. State Name Check (eCrim) was due on or before 10/21/2025 and was not present in the CCFFH file.

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

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

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#1 RN License expired on 6/30/2025. No new license was in the file.

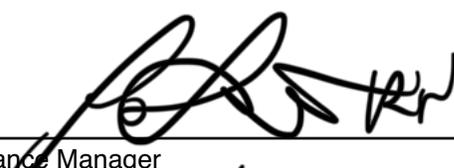
41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1, #2, #3, #4, and #5. It was due on/before 1/15/2026. No new in the file.

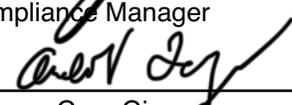
Foster Family Home Records [11-800-54]

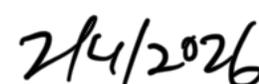
54.(c)(5) Medication schedule checklist;

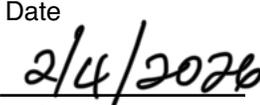
Comment:

54(c)(5) Client#1 MAR was not documented daily. Sheet not completed on 2/2/2026 and 2/3/2026.


Compliance Manager


Primary Care Giver


Date


Date