

Foster Family Home - Deficiency Report

Provider ID: 1-250078

Home Name: Shirley Viernes, CNA

Review ID: 1-250078-1

94-951 Kaaholo Street

Reviewer: Laurie Vosler

Waipahu HI 96797

Begin Date: 10/28/2025

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

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

Comment:

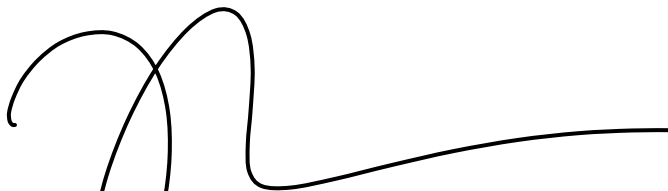
6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/14/2025.

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

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for CG# 1 and 3.



LPN

Compliance Manager

10/28/2025

Date

Primary Care Giver

10/28/2025

Date