

Foster Family Home - Corrective Action Report

Provider ID: 1-560369

Home Name: Zeny Duropan, CNA

Review ID: 1-560369-4

86-168 Mailili Road

Reviewer:

Waianae HI 96792

Begin Date: 3/12/2015

End Date:

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 3/12/15.

Corrective Action Report issued during home visit with all items due to CTA by 4/12/15.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

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

Comment:

7.1.(a)(2) - No 2nd year APS/CAN for CG #1 CG #2.

7.1(a)(2) - Send CTA APS/CAN
For CG #1 & CG #2
On date: 3/25/15

I will put expiration dates of ALL items
for CG'S & house hold members on my
Ipad.

Zeny Duropan 3/25/15

Compliance Manager
Zeny Duropan

Primary Care Giver

Date
3/12/15

Date
3/12/15