

# Foster Family Home - Corrective Action Report

Provider ID: 1-560369

Home Name: Zeny Duropan, CNA

Review ID: 1-560369-5

86-168 Mailili Road

Reviewer:

Waianae HI 96792

Begin Date: 3/18/2016

End Date: 3/19/16

## 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 [REDACTED] Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

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

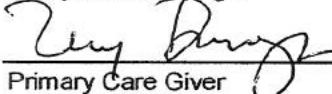
## Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) - No emergency management policies and procedures for emergency situations that may affect the client. Needs to be read and signed by all CG's.

Compliance Manager



Primary Care Giver

Date

3/18/16

Date

48.1. (a) - I send CTA a sign copy of my  
Emergency Preparedness Plan [REDACTED]

I will keep my copy in my CTA  
binder and have all new CG's  
read and sign when I add  
them to my CCFFH as SCG's

Viv Dwyer  
3/19/16