

# Foster Family Home - Corrective Action Report

Provider ID: 1-564444

Home Name: Milagros Duropan, CNA

Review ID: 1-564444-6

87-170 Maipela Street

Reviewer: Lori O'Keefe

Waianae

HI 96792

Begin Date: 11/1/2018

End Date:

11/5/18

## Foster Family Home

## Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1)- Recertification inspection today. Corrective action report issued with return to CTA by 12/1/18.

## Foster Family Home

## Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)(1)- There was a lapse of the State Name Check for CG's 1,2,3,4, and HHM 1, due by 4/4/18 but not done until 8/31/18.

7.1.(a)(2) - There was a lapse of APS/CAN check for CG's 2,3,4, due by 4/7/18 but not done until 8/31/18.

*Lori O'Keefe RN*

Compliance Manager

*Milagros Duropan*

Primary Care Giver

11/1/18  
Date

11/1/18  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: **Milagros Duropan, CNA**  
CCFFH Address: **87-170 Maipela St. Waianae, HI 96792**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) and 7.1(a)(2)	Lapse cannot be corrected. Current APS/CAN and State name checks are on file.	11/1/18	Home will make a list of renewal dates at least 1 month prior to expiration dates for all caregivers, HHM for State name check and APS/CAN documents to prevent lapses in the future and place it in the front of the home administrative binder.

Primary Caregiver's Signature: Milagros Duropan

Print Name: Milagros Duropan, CNA

Date of Signature: Milagros Duropan 11/1/18