

Foster Family Home - Deficiency Report

Provider ID: 1-560369

Home Name: Zeny Duropan, CNA

Review ID: 1-560369-16

86-168 Mailiili Road

Reviewer: Maribel Nakamine

Waianae HI 96792

Begin Date: 2/8/2024

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days from date of inspection (issued on 2/8/24).

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

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

Comment:


8.(a)(1)- CG#2 and CG#3 were without any Fingerprinting results present. CG#2's Ecrim lapsed on 9/16/23 and was renewed late on 1/16/24.

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


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

Comment:

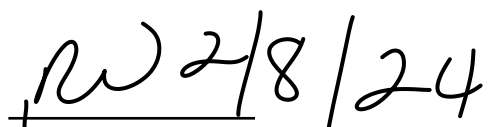
41.(b)(7)- CG#3's TB clearance result lapsed on 2/10/23 and no current clearance was present.

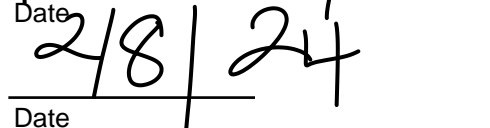


Compliance Manager



Primary Care Giver


Date 2/8/24


Date 2/8/24