

Foster Family Home - Deficiency Report

Provider ID: 1-560369

Home Name: Zeny Duropan, CNA

Review ID: 1-560369-20

86-168 Mailiili Road

Reviewer: Po Lim

Waianae

HI 96792

Begin Date: 1/8/2026

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 re-certification inspection.

Client#2 Form 1147 is expired on 11/10/2025.

Deficiency Report issued during CCFFH inspection via email on 1/8/2026 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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)
Second Fingerprint check is overdue for CG#3, was due on/before 3/10/2025.

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

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1 and CG#3.
CG#1 TB clearance overdue, was due on/before 2/5/2025 and no new in the file.
CG#3 TB clearance overdue, was due on/before 3/7/2025 and no new in the file.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #2, and #3.

CG#1 requires 12 hours of in-service training, but had only 2 hours attended in 2025.
CG#2 and #3 was required to have 8 hours in 2025, and both only completed 2 hours.

Foster Family Home - Deficiency Report

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) - Last fire drill present in record was documented on 1/8/2025. No fire drill documentation present for February 2025 through December 2025.

46.(b)(2)- CG#1, #2, #3 did not have evidence of conducting a monthly fire drill within the past 12 months.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFH did not have evidence of a current liability insurance policy for the business. Expired on 11/30/2025.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - No fiscal records present for 2/2025 through 12/2025.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(2) No current signature of POA for service plan present for Client# 1.

54(c)(5) No MAR present for January 2026 for Client#1 and Client#2.

54(c)(6) No ADL/Vitals flow sheet present for Client# 1 and Client#2 for January 2026.

Client#1 ADL flowsheet was not documented daily. Sheet not completed from 3/04/25 to 12/31/25.

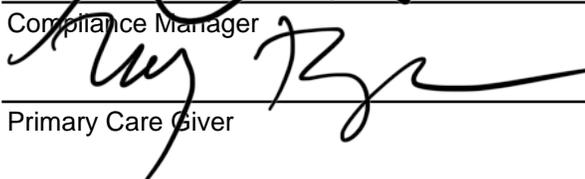
Client#2 ADL flowsheet was not documented daily. Sheet not completed from 2/07/25 to 12/31/25.

Client#1 Vitals flowsheet is not present from November 2025 to January 2026.

Client#2 Vitals flowsheet is not present from March 2025 to January 2026.

Client #2 did not have evidence of RN monthly visit notes for 02/2025 through 5/2025, and 11/2025.



Compliance Manager


Primary Care Giver

1/8/2026

Date
1/8/2026

Date