

# Foster Family Home - Deficiency Report

Provider ID: 1-250061

Home Name: Mylene Dalere, CNA

Review ID: 1-250061-1

94-103 Pupuole Place Unit B

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/17/2025

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 1 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 10/1/25.

## 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;

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

Comment:

8.(a)(1)(2) - No current APS/CAN/Fingerprints and eCrim for HHM #1 and HHM#2.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - CG #1 and CG #2 need current TB clearance.

41.(b)(8) - CG #2 needs current CPR/First Aid and Blood Borne Pathogen.

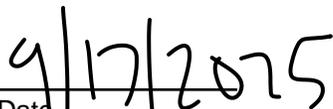
## Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e) - The CCFFH had a gate outside restricting access to the front door that did not have a form of communication which inhibited the announcement of a visitor's arrival to the CCFFH.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date