

# Foster Family Home - Deficiency Report

Provider ID: 1-200016

Home Name: Mylin Smith, CNA

Review ID: 1-200016-13

95-253 Kehepue Loop

Reviewer: Po Lim

Mililani HI 96789

Begin Date: 1/28/2026

## 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 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 1/28/2026 with Plan of Correction due to CTA within 10 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) Sex Offender check are not present for CG#2 and CG#4.

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

41.(b)(5)(C)(i) Have a valid driver's license;

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


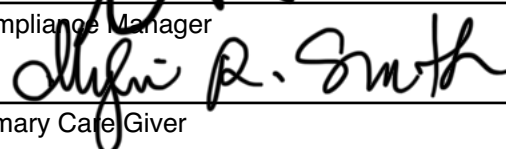
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.


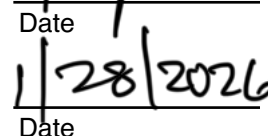
Comment:

41.b.5.c.ii. CG#4 and HHM#3 pictured identification was not present in the file.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#4. CG#4 TB clearance was not recorded on the state standardized forms.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#3. It was due on/before 10/31/2025 and no new in the file.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date