Foster Family Home - Deficiency Report

Provider ID:	**1-250061**		
Home Name:	**Mylene Dalere, CNA**	**Review ID:**	**1-250061-2**
94-103 Pupuole Place Unit B		Reviewer:	Po Lim
Waipahu HI 96797		Begin Date:	5/12/2026

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 inspection for a 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 5/12/2026 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;

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Sex Offender check are not present for CG#2.

8(a)(2) APS/CAN checks were overdue for CG#3.
APS/CAN was due on or before 11/12/2025 and was not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue / lapsed for CG#3. State Name Check (eCrim) was due on or before 11/12/2025 and was not present in the CCFFH file.

Foster Family Home — Information Confidentiality — [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2, #3, and HHM#1, #2.

Foster Family Home - Deficiency Report

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

41.(a)(2)	Be a NA, an LPN, or RN;
41.(b)(4)	Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
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.
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.
41.(g)	The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#3.

41.b.4 No disclosure form present for CG#2 and CG#3.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. CG#3 TB expired, was due on/before 4/4/2026 and was not done.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#2. It was due on/before 1/1/2026.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2 and #3. CG#2 and #3 requires 8 hours of in-service training, but had only ZERO hours attended in 2025.

41.g. No basic skills check present in record for CG#3.

Foster Family Home	Client Care and Services	[11-800-43]

43.(c)(3)	Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client #1 for CG#3.

Compliance Manager

5/12/2026
Date

Primary Care Giver

05-12-2026
Date

CTA RN Compliance Manager: Po Lim, RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Mylene Dalere
(PLEASE PRINT)

CCFFH Address: 94-103 Pupuole Place, Unit B, Waipahu, Hawaii, 96-797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8. (a)(1)	CG#2 has been removed as SCG.	5/12/26	- PCG ensures that all caregivers at home have updated documents on file always. Will notify SCG atleast 2 months before the expiration due date, will use a wall calendar to put all due dates on to prevent from expiring.
8. (a)(2)	CG#3 has been removed as SCG.	5/12/26	- PCG ensures that all caregivers at home have always up to date documents on file. Will notify SCG atleast 2 months before the expiration due date.
8. (c)	CG#3 has been removed as SCG.	5/12/26	- PCG ensures that all caregivers at home have always up to date documents on file. Will notify SCG atleast 2 months before the expiration due date, will use a wall calendar to put all due dates on to prevent from expiring.
16. (b) (5)	All CGSs and HHMs were trained on confidentiality and signed the form. The forms are placed in the binder.	5/12/26	- Will ensure all CGs and HHMs will receice confidentiality training before they are added to the home. Forms will be signed and will be filed in the binder.

☑ All items that were corrected are attached to this POC

PCG's Signature: [signature] Date: 5/19/26

☑ CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim, RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Mylene Dalere
(PLEASE PRINT)

CCFFH Address: 94-103 Pupuole Place, Unit B, Waipahu, Hawaii, 96-797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(a)(2)	CG#3 has been removed as SCG.	5/19/26	- Ensure registry checks are completed and filed for all caregivers upon hire and at renewal. Will use a wall calendar to put all due dates to prevent from expiring.
41.b.4	CG#2 and CG#3 has been removed as SCG due to lack of documentations.	5/19/26	- CGs will complete, sign, and date the required disclosure form and place the completed disclosure form in the binder within 5 days of being added to the CCFFH.
41.(b)(7)	CG#2 and CG#3 has been removed as SCG due to lack of documentations.	5/12/26	- Will ensure all CGs TB clearances are up to date, will make a calendar in the wall and remind CGs to do TB clearance one month before the expiration.
41.(b)(8)	CG#2 has been removed as SCG due to lack of documentations.	5/12/26	- Will ensure all CGs Bloodborne Pathogen/Infection are up to date, will make a calendar in the wall and remind CGs to do TB clearance one month before the expiration.
41.(c)	CG#2 has been removed as SCG due to lack of documentations.	5/12/26	- Will ensure all CGs meet the required number of hours of training per calendar year, will make a calendar in the wall and remind all CGs to stay up to date.

☑ All items that were corrected are attached to this POC

PCG's Signature: _____ Date: 5/19/26

☑ CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim, RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Mylene Dalere
(PLEASE PRINT)

CCFFH Address: 94-103 Pupuole Place, Unit B, Waipahu, Hawaii, 96-797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.g.	CG#3 has been removed as SCG.	5/19/26	- Will ensure all CGs complete basic skills and will place the completed basic skills training forms into the binder. Will make a calender in the wall to track the expiration dates. - PCG will notify CMA RN that basic skills training for new CGs when they are added to the CCFFH.
43.(c)(3)	CG#3 has been removed as SCG.	5/19/26	- WIll ensure to check binder monthly to assure all RN delegations for all CGs for clients are updated with signature. - PCG will notify CMA RN when there is a change in services provide to client that requires RN delegation before CGs provides services to client.

☑ All items that were corrected are attached to this POC

PCG's Signature: _____ Date: 5/19/26

☑ CTA has reviewed all corrected items