

Foster Family Home - Corrective Action Report

Provider ID: 1-100072

Home Name: Girlie Bigornia, CNA

Review ID: 1-100072-7

94-442 Alpine Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/27/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

No deficiencies found. CCFFH is in compliance with all requirements.

Maribel Nakamine, RN 4/27/2021
Compliance Manager Date

Girlie Bigornia 4/27/2021
Primary Care Giver Date