

Foster Family Home - Deficiency Report

Provider ID: 1-100072

Home Name: Girlie Bigornia, CNA

Review ID: 1-100072-19

94-716 Honowai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/15/2026

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 made for a 3-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction to CTA within 10 business days (issued on 4/15/26).

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)- CG#2, CG#3, CG#4, CG#5, and CG#6 without evidence of having had the RN delegations on oral medication administration for Client #2.

Foster Family Home Medication and Nutrition [11-800-47]


47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:


47.(e)- Client #1 on a specialized diet of pureed and Pudding consistency liquid. No training present for CG#1, CG#2, CG#3, CG#4, CG#5, and CG#6.



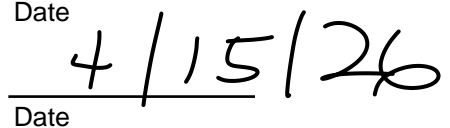
Compliance Manager



Primary Care Giver



Date 4/15/26



Date 4/15/26