

# Foster Family Home - Deficiency Report

Provider ID: 1-260016

Home Name: Myrna Vigilla, NA

Review ID: 1-260016-1

94-535 Pilimai Street

Reviewer: Laurie Vosler

Waipahu HI 96797

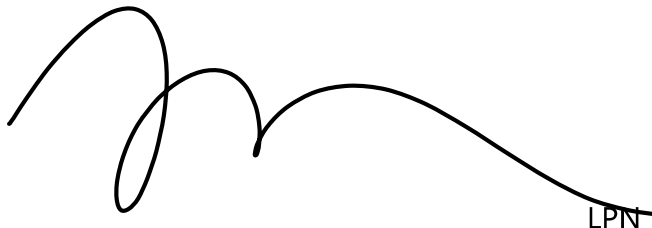
Begin Date: 3/17/2026

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



LPN

Compliance Manager  


Primary Care Giver

03/17/2026

Date

03/17/2026

Date