

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: 'Imi Ola Piha Homeless Triage Center	CHAPTER 98
Address: 551 Dillingham Boulevard, Honolulu, Hawaii 96817	Inspection Date: September 23, 2024 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (e) Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><u>FINDINGS</u> Six (6) different medications noted to be expired in medication cabinet.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>All medications that were identified as expired were removed from the medication inventory.</p>	09/01/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (e) Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><u>FINDINGS</u> Six (6) different medications noted to be expired in medication cabinet.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Inventory will be conducted by onsite nursing staff quarterly to identify and remove from stock any medications that have expired. Inventory will be tracked utilizing recurring calendar alerts.</p>	<p>10/1/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-04 <u>Administrative and statistical reports</u>. (b) Written records of the occurrence of fire safety and disaster drills shall be available for inspection.</p> <p><u>FINDINGS</u> No documented evidence of monthly fire drills and disaster drills log.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>In accordance with state requirements the maintenance director was reminded of the need to conduct fire drills monthly. The logs were not easily available for inspection. Logs have been made available for all staff to easily access and provide to the inspector</p>	<p>10/1/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-04 <u>Administrative and statistical reports.</u> (b) Written records of the occurrence of fire safety and disaster drills shall be available for inspection.</p> <p><u>FINDINGS</u> No documented evidence of monthly fire drills and disaster drills log.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In order to ensure that this does not happen again, operational staff will adopt the use of monthly calendar notifications/reminders to conduct the drill and document it on the log.</p>	10/1/2024

Licensee's/Administrator's Signature:

A handwritten signature in cursive script, appearing to read 'Yasmeen Latore', written over a horizontal line.

Print Name: Yasmeen Latore, DNP, FNP-BC

Date: 3/19/2025