

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Emergency Shelter/Emergency Respite	CHAPTER 98
Address: 94-483 Apowale Street, Waipahu, Hawaii 96797	Inspection Date: October 7, 2025 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>§11-98-12 <u>Minimum standards for licensure: services.</u> (1) Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p>FINDINGS Resident #2: No documented evidence of annual physical exam.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Due to behaviors, the annual physical exam was unable to be completed. Due to length of stay, Resident #2's physical exam expired while residing in the Emergency shelter. Program Director scheduled an exam to be completed with a traveling APRN. Resident #2 was admitted to Castle Behavioral Unit prior to the scheduled date of the exam.</p>	<p>10/17/25 Error (MP) Not completed</p>

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure: services.</u> (1) Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p><u>FINDINGS</u> Resident #2: No documented evidence of annual physical exam.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward, Agency will keep a closer eye on expiration dates of Physical exams and TB 2 step clearances for individuals receiving a lengthy stay in the Emergency shelter Program. Director will schedule in advance with a traveling APRN to complete prior to expiration.</p>	<p>10/9/25</p>

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (1) Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p><u>FINDINGS</u> Resident #3: No documented evidence of annual physical exam.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Physical Exams and TB clearances are always collected prior to admission, and typically do not need to be updated while staying at the Emergency shelter. The length of stay for most individuals is short term. Due to the lack of placement options and complexity of behaviors exhibited by Resident #3, the annual physical exam expired. CARE Hawaii was able to identify a traveling APRN to complete and update Resident #3's physical exam. See attached physical exam that was completed on 11/21/25. This was the soonest date that the APRN was available.</p>	<p>11/21/25</p>

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (1) Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p><u>FINDINGS</u> Resident #3: No documented evidence of annual physical exam.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward, CARE Hawaii will keep a closer watch on all residents' length of stay. In the event a resident has an physical or TB clearance that is about to expire, Agency will schedule and transport to complete and update prior to expiration. In the event a resident's behaviors are unsafe for transport, A traveling ARRN will be identified and testing will be completed on-site.</p>	<p>10/8/25</p>

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (1) Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p><u>FINDINGS</u> Resident #4: No documented evidence of annual physical exam.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>CARE Hawaii identified a traveling APRN to complete the expired physical exam. Resident #4's physical exam was completed and updated on 11/21/25. This was the soonest date that the APRN was available. See attached physical exam for Resident #4.</p>	<p>11/21/25</p>

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (1) Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p><u>FINDINGS</u> Resident #4: No documented evidence of annual physical exam.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward, CARE Hawaii will keep a closer watch on all residents length of stay. In the event a resident has a physical or TB clearance that is about to expire, Agency will schedule and transport to complete and update prior to expiration. In the event a resident can't be transported due to safety concerns centered around a resident's behaviors, a traveling APRN will be identified and testing will be completed on-site.</p>	<p>10/8/25</p>

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p>FINDINGS Resident #4: No documented evidence of annual physical./ TB Clearance</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>CARE Hawaii identified a traveling APRN to complete the expired TB Clearance for Resident #4. The TB screening date took place on 11/24/25. See attached TB clearance for Resident #4.</p>	<p>11/24/25</p>

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p><u>FINDINGS</u> Resident #4: No documented evidence of annual physical.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward, CARE Hawaii will keep a closer watch on all residents length of stay. In the event a resident has an outstanding clearance or on the verge of expiring, Agency will schedule and transport to complete and update prior to expiration. If a resident is unsafe to transport due to behavioral concerns, Agency will appoint a traveling APRN to come on-site and complete.</p>	<p>10/8/25</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (5) Individual records shall be kept on each resident which contain the following:</p> <p>Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;</p> <p><u>FINDINGS</u> Resident #1: No documented evidence that a Physician was consulted within five (5) days of admission.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Program Director contacted Resident #1's PCP via phone and made contact with the Doctor's office to inform Doctor that Resident #1 is residing in the Emergency shelter.</p>	<p>10/9/25</p>

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (5) Individual records shall be kept on each resident which contain the following:</p> <p>Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;</p> <p><u>FINDINGS</u> Resident #2: No documented evidence that a Physician was consulted within five (5) days of admission.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Program Director contacted Resident #2's PCP via phone and made contact with the Doctor's office to inform Doctor that Resident #2 was residing in the Crisis/Emergency shelter and in our care.</p>	<p>10/9/25</p>

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Licensee's/Administrator's Signature: Mark Pintauro

Print Name: Mark Pintauro

Date: 1/20/26

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