

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 18, 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) WORKING 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> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><u>FINDINGS</u> Numerous stock medications noted to be expired.</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>Nursing staff now conduct biweekly reviews of stock medications to verify that all medications remain within their expiration period. This ongoing monitoring process ensures timely removal and replacement of medications prior to expiration and supports sustained compliance with medication management standards</p>	9/29/2025

Licensee's/Administrator's Signature: Yasmeen LaTore

Print Name: Yasmeen LaTore

Date: 4/10/2026