

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Habilitat, Inc.	CHAPTER 100.1
Address: 45-035 Kuhonu Place, Kaneohe, Hawaii 96744	Inspection Date: January 29 and 30, 2015 Annual

	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>FINDINGS Pertaining to the Habilitat, Inc. Medical Department Policy and Procedures and Medical Responsibility Training: Stock medication supply:</p> <p>Medications/treatments (hydrogen peroxide, waxing strips, chemical contact disinfectants, etc.) stored with stock medications. No physician orders to administer.</p>		
<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (e)(10)(F) 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>Policies and procedures relative to general rules regarding residents' records, including:</p> <p>Policies protecting the confidentiality of resident information;</p> <p><u>FINDINGS</u> Over-the counter medication orders listed the residents' names and were filed in at least four resident records. Be advised, due to confidentiality, residents' names should not be disclosed in other residents' files.</p>		
<input checked="" type="checkbox"/>	<p>§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Per Sanitation Report dated January 29, 2015, no refrigerator thermometers for the refrigerators located in the Penthouse dorm and the Vista dorm.</p>		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____