

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
DHHS-ORCA LICENSING

Facility's Name: Marina Manuel Care Home	CHAPTER 100.1
Address: 94-1035 Lumikula Street, Waipahu, Hawaii 96797	Inspection Date: April 22, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>            All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b>FINDINGS</b>            Resident records were not secured.</p>	<p>1) All residents records were placed in a secured file cabinet with a lock &amp; key in primary caregiver's bedroom.</p> <p>2) In the future I will ensure that all records are stored safely &amp; surely in the file cabinet.</p>	<p>4/24/15</p>

Date of purchase for New Filing cabinet

Licensee's/Administrator's Signature: Marina Manuel

Print Name: MARINA MANUEL

Date: 8/8/14