

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pearl City Specialized Residential Services Population	CHAPTER 98
Address: 1668 Hoohulu Street, Pearl City, Hawaii 96782	Inspection Date: October 16, 2018 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.

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

19 JAN 30 09:40

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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> (11) Individual records shall be kept on each resident which contain the following:</p> <p>Height and weight, which shall be recorded, upon admission and thereafter, quarterly;</p> <p><u>FINDINGS</u> Resident #1 – No quarterly height recorded from January 2018 – September 2018</p> <p>Resident #3 – No quarterly height recorded from April 2018 - September 2018</p> <p>Resident #4 – No quarterly height recorded from April 2018 – September 2018</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>19 JAN 30 A9:40</p>

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REOPENED

Licensee's/Administrator's Signature: 

Print Name: Angelina Dickson, PsyD

Date: 1-29-19

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