

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Benchmark Behavioral Health System	CHAPTER 98
Address: 2501 Waimano Home Road, Pearl City, Hawaii 96782	Inspection Date: July 23, 2021 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
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING

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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> (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 #4 – No documented evidence of a current annual physical examination clearance certified by a physician or advanced practice registered nurse (APRN).</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>The PE was scheduled & completed on 8/31. The PE record and consultation report has been filed in the medical record in the H&P section of the client's chart.</p> <p>Pls note that COVID-19 restrictions factored into scheduling & transporting clients to medical appts</p>	<p>08/31/21</p> <p style="text-align: right;">22 JAN 14 P4:14</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOI-ORCA STATE LICENSING</p>

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☒	<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 a current annual physical examination clearance certified by a physician or APRN.</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>The Case Manager schedules all medical/dental/PE appointments. The Director of Nursing will assist in identifying needed appts.</p> <p>Both have a spreadsheet with dates of appointments. Those dates will also be logged on MS Outlook.</p> <p>Both Case Mgr and Clinical Director use the same calendar and will receive calendar alerts.</p> <p>COVID restrictions could pose scheduling difficulties. Time will tell.</p>	<p style="text-align: center;">12/15/21</p> <p style="text-align: center;">22</p> <p style="text-align: center;">01/09/22</p> <p style="text-align: center;">14 P4:14</p>

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF PROFESSIONAL REGULATION
 NURSING

Licensee's/Administrator's Signature: SB Blotke

Print Name: Stephen B. Blotke

Date: 12/30/21

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