

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Benchmark Behavioral Health System, Inc.</b>	<b>CHAPTER 98</b>
<b>Address: 2501 Waimano Home Road, Pearl City, Hawaii 96782</b>	<b>Inspection Date: July 2, 2025 Annual</b>

**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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-04 <u>Administrative and statistical reports.</u> (b) Written records of the occurrence of fire safety and disaster drills shall be available for inspection.</p> <p><b>FINDINGS</b> No documented evidence of fire drills or disaster drills between 7/17/24 and 2/19/25.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>We hired a Plant Operations Mgr. April 2025, who has had disaster training and drill responsibilities. After many iterations, 2 documents a full drill assessment: Fire/Disaster Drill Alarm Rpt. and Fire/Disaster Evaluation and Questionnaire, both available upon request.</p> <p>A permanent log book was created which serves as a schedule reminder and documents date, time of day and what shift the drill was conducted on.</p>	<p>Oct. 20, 2025</p> <p>Apr 30, 2025</p>

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Licensee's/Administrator's Signature: Stephen R. Blotzie

Print Name: Stephen R. Blotzie

Date: 10/27/25