§11-94-3 LICENSING.

(a) The facility shall meet all requirements for licensure under state law. All skilled nursing and intermediate care facilities shall be licensed except those operated by the federal government or agency thereof. The proprietor, the governing body, or the person in charge shall file an application with the director on forms furnished by the department, and the facility shall be licensed pursuant to this chapter prior to admitting patients.
...(d) No facility licensed under the provisions of this chapter, shall deny admission to any individual on account of race, religion, ancestry, or national origin.
...(f) In the event of a change of name, location, ownership, or occupancy, the director shall be notified fifteen days prior to the change; an inspection at the discretion of the director, shall be conducted and, if the provisions of this chapter are met, a new license issued.
...(i) The current license shall be posted in a conspicuous place visible to the public within the facility. A facility which has fulfilled the requirements to be licensed both as a skilled nursing facility and as an intermediate care facility shall be known as an SNF/ICF swing bed facility and this shall be indicated on their license.

§11-94-5 ADULT DAY HEALTH CENTER.

If an SNF/ICF facility chooses to operate an adult day health center in its facility, the following must be observed:
(1) The space and staff requirements for the adult day health center activities shall not affect reduction in the space and staff requirements of the SNF/ICF facility.
(2) The medical records for the patients in the adult day health center shall satisfy the same requirements as the SNF/ICF facility, but must be filed separately from the medical records of the SNF/ICF facility.
(3) Where appropriate, as determined by the director, all or part of sections 11-94-1 through 11-94-32 shall apply to the adult day health center.

§11-94-6 ADMINISTRATOR.

The facility shall be administered on a full time basis by:
(1) A person licensed in the State of Hawaii as a nursing home administrator; or
(2) In the case of a hospital qualifying as a skilled nursing or intermediate care facility, by the hospital administrator; or
(3) In the absence of the administrator by a suitable employee who has been designated, in writing, to act on the administrator’s behalf.

§11-94-9 DENTAL SERVICES.

...(d) Nursing staff shall receive inservice training in oral hygiene and denture care at least annually.
§11-94-10 DISASTER PLANNING.

Appropriate policies shall be written to provide for cooperation with civil and military authorities in the event of an external disaster for disaster relief pursuant to chapter 127, HRS.

§11-94-11 DIETETIC SERVICES.

...(f) Food services, planning and storage.
...(4) Food service.
...(H) If the food service is directed by a person other than a qualified dietitian, there shall be frequent and regularly scheduled consultation by a dietitian or public health nutritionist. This consultation shall be given in the facility at the rate of four hours per every twenty-five patients per month and shall not be less than six hours per month. Consultation, training, and inservice education shall be appropriate to staff and patient needs and shall be documented.

§11-94-14 GENERAL POLICIES AND PRACTICES.

(a) There shall be written policies and procedures available to staff, patients, and the public which govern:
   (1) All services provided by the facility.
   (2) Admission, transfer, and discharge of patients.
(b) There policies shall insure that:
   (1) The facility shall not deny admission to any individual on account of race, religion, color, ancestry, or national origin...

§11-94-15 GOVERNING BODY AND MANAGEMENT.

(a) Each facility shall have an organized governing body, or designated persons so functioning, who has overall responsibility for the conduct of all activities. The facility shall maintain methods of administrative management which assure that the requirements of this section are met.
   ...(c) Personnel policies.
   (1) There shall be written job descriptions available for all positions. Each employee shall be informed of their duties and responsibilities at the time of employment.
   (2) All professional employees shall have appropriate licenses as required by law and their licenses shall be readily available for examination by the director or the director's representative.
   (3) Ethical standards of professional conduct shall apply in the facility.
   (4) The facility's personnel policies and practices shall be in writing and shall be available to all employees.
   (5) Written policy shall prohibit mistreatment, neglect, or abuse of patients. Alleged violations shall be reported immediately, and thoroughly investigated and documented. The results of any investigation shall be reported to the administrator or designated representative within twenty-four hours of the report of the incident; and appropriate sanctions shall be invoked when the allegation is substantiated.
   (6) There shall be an organization chart showing the major operating programs of the facility, with staff division, administrative personnel in charge of programs and divisions, and their lines of authority, responsibility, and communication.
§11-94-18 INSERVICE EDUCATION.

(a) There shall be a staff inservice education program that includes:
   (1) Orientation for all new employees to acquaint them with the philosophy, organization, program, policies, and procedures, practices, and goals of the facility.
   (2) Inservice training for employees who have not achieved the desired level of competence, and continuing inservice education to update and improve the skills and competencies of all employees.
   (3) Inservice training which shall include annually: prevention and control of infections, fire prevention and safety, accident prevention, patient’s rights, and problems and needs of the aged, ill, and disabled. Provision shall be made for training appropriate personnel in cardiopulmonary resuscitation and appropriate first aid techniques.
(b) Records shall be maintained for all orientation and staff development programs.

§11-94-20 LIFE SAFETY.

(a) Facilities licensed under this chapter shall be inspected at least annually by appropriate fire authorities for compliance with state and county fire and life safety rules and ordinances.
(b) Smoking rules shall be adopted. "No Smoking" §11-94-22 signs shall be posted where flammable liquids, combustible gases, or oxygen are used or stored. Smoking by patients shall be permitted only under supervision, and ash trays shall be provided.
(c) Electric heating pads shall be prohibited.
(d) Facilities shall have written procedures in case of fire and disasters.
(e) Evacuation plans shall be posted in prominent locations on each floor.
(f) Fire drills shall include the transmission of a fire alarm signal and be held at least quarterly, for each shift, under varied conditions. At least twelve drills shall be held every year and reports filed in the facility.
(g) All employees shall be instructed and kept informed respecting their duties under the fire and disaster programs.

§11-94-21 MEDICAL DIRECTOR.

Skilled nursing facilities shall have a physician to serve full time or part time as a medical director whose responsibilities are as specified in 42 C.F.R. §405.1122. Intermediate care facilities shall have a physician designated to serve as a medical advisor as needed for infectious disease control.

§11-94-22 MEDICAL RECORD SYSTEM.

(a) There shall be available sufficient, appropriately qualified staff and necessary supporting personnel to facilitate the accurate processing, checking, indexing, filing, and prompt retrieval of records and record data.
(b) If the employee who supervises medical records is not a registered records administrator, or accredited record technician, there shall be regularly scheduled visits by a consultant so qualified who shall provide reports to the administrator.
(c) The following information shall be obtained and entered in the patient's record at the time of admission to the facility:
Identifying information such as: name, date, and time of admission, date and place of birth, citizenship status, marital status, Social Security number or an admission number which can be used to identify the patient without use of name when the latter is desirable.

Name and address of next of kin or legal guardian.

Sex, height, weight, race, and identifying marks.

Reason for admission or referral.

Language spoken and understood.

Information relevant to religious affiliation.

Admission diagnosis, summary of prior medical care, recent physical examination, tuberculosis status, and physician’s orders.

Records during stay shall also include:

Appropriate authorizations and consents for medical procedures.

Records of all periods of restraints with justification and authorization for each.

Copies of initial and periodic examinations, evaluations, as well as progress notes at appropriate intervals.

Regular review or an overall plan of care setting forth goals to be accomplished through individually designed activities, therapies and treatments and indicating which professional services or individual is responsible for providing the care or service.

Entries describing treatments, medications, tests, and all ancillary services rendered.

When a patient is transferred to another facility or discharged, there shall be:

Written evidence of the reason.

Except in an emergency, documentation to indicate that the patient understood the reason for transfer, or that the guardian and family were notified.

A complete summary including current status and care, final diagnosis, and prognosis.

There shall be a master alphabetical index of all patients admitted to the facility.

All entries in the patient’s record shall be:

Legible, typed or written in ink.

Dated.

Authenticated by signature and title of the individual making the entry.

All entries shall be written completely without the use of abbreviations except for those abbreviations approved by a medical consultant or the medical director.

All information contained in a patient’s record, including any information contained in an automated data bank, shall be considered confidential.

The record shall be the property of the facility, whose responsibility shall be to secure the information against loss, destruction, defacement, tampering, or use by unauthorized persons.

There shall be written policies governing access to, duplication of, and dissemination of information from the record.

Written consent of the patient, if competent, or the guardian if patient is not competent, shall be required for the release of information to persons not otherwise authorized to receive it. Consent forms shall include:

Use for which requested information is to be used.

Sections or elements of information to be released and specific period of time during which the information is to be released.

Consent of patient, or legal guardian, for release of any medical record information.

Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with this chapter.
§11-94-24 OWNERSHIP AND FINANCIAL CAPABILITY.

(a) The facility shall provide to the department current information in regard to:
(1) The name of each person who has (directly or indirectly) an ownership interest of ten per cent or more in the facility.
(2) The name of each person who is the owner (in whole or in part) of any mortgage, deed or trust, note or other obligation secured (in whole or in part) by the facility.
(3) Officers and directors of the corporation in case a facility is organized as a corporation and any changes in the officers and directors.
(4) The name of each partner in case a facility is organized as a partnership.

§11-94-33 TRANSFER AGREEMENT.

The facility shall establish transfer agreements which makes feasible the transfer of patients and transfer summaries between hospitals, skilled nursing and intermediate care facilities.