

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rogelio/Editha Tapat ARCH	CHAPTER 100.1
Address: 94-432 Kipau Street, Waipahu, Hawaii 96797	Inspection Date: March 9, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident [redacted] the level of care assessment completed after admission.</p>	<p>On [redacted] This caregiver reviewed § 11-100.1-10 the admission policies. In the future, each time I (caregiver) have an admission, I will review the admission policies as stated in Section 11-100.1-2. I will make sure that all documents needed are signed prior to admission and available for review by the resident's circle of support.</p>	05-05-15

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Bedroom #1- Top drawer in the bedside stand was broken.</p>	<p><i>The top drawer in the bedside stand at bedroom #1 was already fixed by substitute caregiver on 03-10-15. In the future this caregiver will always check and make sure that the entire facility and all equipments that include furniture are safe and comfortable to use for residents and care givers. If there's one found not working well, will replace or repair immediately.</i></p>	<p>05-05-15</p>

Licensee/Administrator's Signature: *Editha Tapat*

Print Name: Editha Tapat

Date: 05-05-15