

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Editha Rogelio Tapat ARCH, LLC	CHAPTER 100.1
Address: 94-432 Kipau Street, Waipahu, Hawaii 96797	Inspection Date: March 7, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1, signed physician note dated 7/10/17 reads, "instructed in low fat diet." However no evidence that a low fat diet was provided.</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 style="text-align: center;"><i>On 3/08/18, this care giver #1 accompanied resident #1 to PMD clinic for Annual Physical Examination. This care giver #1 discussed and clarified with PMD resident #1 special diet order. This care giver #1 documented resident #1 special diet ordered by PMD on the March 2018 progress note and weekly menu was posted by the kitchen and at the residents dining area.</i></p>	3/08/18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1, signed physician note dated 7/10/17 reads, "instructed in low fat diet." However no evidence that low fat diet was provided</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><i>This care giver #1 will review MD progress notes and orders and will document all changes and pertinent information on the care giver's progress note, about, i.e. special diet, prescriptions and MD recommendations. This care giver #1 will update diet plan in accordance to MD order. Furthermore, This care giver #1 will discuss and review with substitute care givers regarding changes as well as proper documentation on the progress note. This care giver #1 will consult with State OHCA nutritionist to ensure that proper diet will be ^{properly} provided.</i></p>	<p style="text-align: center;">3/8/18</p>

Licensee's/Administrator's Signature: *Editha I. Tapat*

Print Name: Editha I. Tapat

Date: 09/18/18

Licensee's/Administrator's Signature: *Editha I. Tapat*

Print Name: Editha I. Tapat

Date: 10/01/18