

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Apuya, Roger (ARCH)	CHAPTER 100.1
Address: 2517 Hoenui Street, Honolulu, Hawaii 96819	Inspection Date: July 13, 2023 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 LICENSING

23 AUG 16 P 1:42

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #2: Resident certified and ICF level of care. ARCH only licensed for ARCH level of care residents.</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><i>Yes it has been corrected. I called his PCP for him to get re-evaluated for his level of care. Resident #2 LOC now is ARCH level. Form was picked up on 7/17/23.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII OH-OHCA STATE LICENSING</p>	<p><i>7/13/23</i></p> <p style="text-align: right;">23 AUG 16 P 1:42</p>

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STATE OF HAWAII
 DEPARTMENT OF HEALTH
 STATE LICENSING

23 AUG 16 11:42

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-80 <u>Licensing</u> (e) At no time shall the total bed capacity of the expanded ARCH exceed the licensed capacity under the original ARCH license.</p> <p><u>FINDINGS</u> Resident sleeping in unlicensed bedroom within care home.</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><i>Yes, it is corrected. Resident was transferred to a licensed bedroom. A request for Room #15 to be checked/licensed has been submitted.</i></p>	<p style="text-align: center;"><i>7/13/23</i></p> <p style="text-align: right;">23 AUG 16 P 1:42</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: Rye Agye

Print Name: ROGER P. APUYA

Date: 8/14/2023

STATE OF HAWAII
DOR-CHCA
STATE LICENSING

23 AUG 16 P1:42