

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 Kipou Street, Waipahu, HI 96797	Inspection Date: March 14, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

**FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).**

APR 19 10:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of a current annual level of care evaluation osigned by a physician or advanced practice registered nurse (APRN).</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><i>This care gives accompanied resident to his PMO for his annual physical examination. OHCA Resident Annual Physical Examination records was completed properly.</i></p> <p><i>Attached copy of resident physical examination.</i></p>	<p style="text-align: center; vertical-align: top;">3/25/2024</p> <p style="text-align: right; vertical-align: bottom;">24 APR -9 11:45</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b>FINDINGS</b> Resident #1 – No documented evidence of a current annual level of care evaluation osigned by a physician or APRN.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>In the future, this care giver and substitute care giver will review and ensure that all medical forms, doctor visits / consultation, etc., will be documented and signed by a doctor (MD) / APRN.</i></p> <p style="text-align: center;"><i>Additionally this care giver and substitute caregivers will ensure that level of care documents will be filed in chart and readily available for review by appropriate individuals.</i></p>	<p style="text-align: center;">4/22/2024</p> <p style="text-align: right;">24 APR 23 08:54</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE POLICE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Observed white correction tape on several entries on facility's permanent "Resident Register."</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">24 APR -9 10:45</p> <p style="text-align: right; font-size: small;">STATE LIBRARIANS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u>  All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><b><u>FINDINGS</u></b>  Observed white correction tape on several entries on facility's permanent "Resident Register."</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future, when this care giver and or substitute care giver need to correct an error, she / they will not use a correction tape / white out. Instead, this care giver and or substitute care giver will draw a line across the word w sentence, write error beside it and put the date and initial.</i></p>	<p style="text-align: right;"><i>04/22/2024</i></p> <p style="text-align: right;">24 APR 23 18:54</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT  DEPARTMENT OF  STATE LICENSING</p>

Licensee's/Administrator's Signature:           *E. Tapat*          

Print Name:           Editha E. Tapat          

Date:           04/8/2024          

STATE OF MICHIGAN  
DEPARTMENT OF  
STATE LICENSING

24 APR -9 AM 0:45

Licensee's/Administrator's Signature: Editha Tapat

Print Name: Editha Tapat

Date: 04-17-2024

STATE OF CALIFORNIA  
DEPARTMENT OF  
STATE LICENSING

24 APR 17 AM 1:00

Licensee's/Administrator's Signature: Editha Tapat

Print Name: Editha Tapat

Date: 04-23-2024

STATE OF CALIFORNIA  
DEPARTMENT OF  
STATE LICENSING  
24 APR 23 18:54