

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Editha Rogelio Tapat ARCH, LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-432 Kipou Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: March 10, 2026 Annual</b>

**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).**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b>FINDINGS</b>            Resident #1— Records to verify 30-day face-to-face contact with the case manager are unavailable for review.</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>Received copies of monthly home visit log-in records from June 2025 to February 2026 from the Case Manager/Service Supervisor, RN on 3/20/2026</i></p> <p><i>Monthly home visits records were filed in resident binder and available for review.</i></p>	<p><i>3/24/2026</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(8)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Have face-to-face contacts with the expanded ARCH resident at least once every thirty days, with more frequent contacts based on the resident's needs and the care giver's capabilities;</p> <p><b>FINDINGS</b>  Resident #1— Records to verify 30-day face-to-face contact with the case manager are unavailable for review.</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>This care giver will ensure that Case Manager / Service Supervisor, RN will document their monthly home visits in the care giver log / interdisciplinary entry.</i></p> <p><i>This care giver will also obtain a copy of monthly visit notes and file it in the client binder on timely basis.</i></p> <p><i>This care giver will inform and discuss with all substitute care giver to make sure Case Manager / SS, RN will document their monthly home visits in the care giver's interdisciplinary entry and obtain a copy of home visit notes and file it in the client's binder.</i></p>	<p>3/24/2026</p>

Licensee's/Administrator's Signature: Editha Tapat

Print Name: Editha Tapat

Date: 03-24-2026