

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ragonjan Care Home	CHAPTER 100.1
Address: 94-335 Kahualena Street, Waipahu, Hawaii 96797	Inspection Date: September 25, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	§11-100.1-15 <u>Medications</u> , (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications. FINDINGS [REDACTED]	[REDACTED] <i>In the future make sure to check all medications, including OTC's. have MD review + reorder every quarterly.</i>	<i>9/30/15</i>

Licensee/Administrator's Signature: *Yolanda Ragonjan*
Print Name: YOLANDA RAGONJAN
Date: *9/30/15*