Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Paranada #2	**CHAPTER 100.1**
Address: **16 Hoolaulea Street, Hilo, Hawaii 96720**	**Inspection Date: April 24, 2015 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** [redacted]	If Physician, at the time of annual physical, deem unnecessary to see individual on a quarterly basis, all medications will be checked and verified at that time. Signed Physician orders will not exceed a 12 month period	05-28-2015

RECEIVED
'15 JUN -1 P1:46
STATE OF HAWAII
DOH-OHCA LICENSING

Licensee/Administrator's Signature: [redacted]

Print Name: [redacted]

Date: 05-28-2015