

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| <b>Facility's Name: Paranada #2</b>                         | <b>CHAPTER 100.1</b>                           |
| <b>Address:<br/>16 Hoolaulea Street, Hilo, Hawaii 96720</b> | <b>Inspection Date: April 8, 2021 – 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date |
|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (g)<br/> 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.</p> <p><b><u>FINDINGS</u></b><br/> Resident #1 – medications were not re-evaluated between 03-30-20 and 04-06-21.</p> | <p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

| RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date                           |
|---|--|---|
| <input checked="" type="checkbox"/> <p>§11-100.1-15 <u>Medications.</u> (g)<br/>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.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – medications were not re-evaluated between 03-30-20 and 04-06-21.</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>- Phone arrangement with Kaiser Permanente, Dr. Alik made this day, to ensure medication verification is sent every 4 months.</p> <p>- also noted on calender.</p> | <p style="text-align: center;">4.8.21</p> |

Licensee's/Administrator's Signature: Paranada

Print Name: LEANDRO PARANADA

Date: 04.08.2021