



## Ohio Board of Nursing

[www.nursing.ohio.gov](http://www.nursing.ohio.gov)

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

### MEMORANDUM

To: Board Members

From: Lisa Hashemian, Education Regulatory Surveyor  
Lisa Emrich, Program Manager

Date: December 27, 2021

RE: Paradigm Health Services, LLC

---

Attached, please find the application submitted by Paradigm Health Services, LLC (Program), seeking the Board's approval of its Medication Aide Training Program.

Board staff reviewed the application and documentation submitted by the Program. The Program has met the approval requirements in accordance with Rule 4723-27-07, Ohio Administrative Code.



## Ohio Board of Nursing

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

### MEDICATION AIDE TRAINING PROGRAM APPLICATION

#### Program Contact Information

Legal/Official name of Program Paradigm Health Services, LLC  
 Address 1325 E. Kemper Road Suite # 200 City Cincinnati State OH Zip Code 45246  
 Telephone Number (513) 360-3140 Fax Number (513) 360-3140 Email Address info@ParadigmHealthServices.com  
 Name of Organization Providing Program Paradigm Health Services, LLC  
 Address 1325 E. Kemper Road Suite # 200 City Cincinnati State OH Zip Code 45246  
 Telephone Number (513) 360-3140 Fax Number (513) 360-3140 Email Address info@ParadigmHealthServices.com  
 Anticipated Start Date: March 2022

#### Program Administrator Contact Information

Program Administrator (Must be an Ohio Registered Nurse) Michael Hanson, MSN, RN, LNHA, WCC, LNCC  
 Telephone Number (937) 217-9330 Fax Number (513) 718-4729 Email Address MHanson@ParadigmHealthServices.com

#### SUPERVISED CLINICAL PRACTICE

Rule 4723-27-07(C)(5), Ohio Administrative Code (OAC), the supervised clinical practice component shall be provided in a nursing home that the Ohio Department of health has found to be free from deficiencies related to the administration of medications in the two most recent annual surveys, or in residential care facilities that the Ohio Department of health has found to be free from deficiencies, related to the administration of medications and the provision of skilled nursing care, in the two most recent annual surveys. **Please list all facilities used. Please attach a separate piece of paper for additional listings.**

Type of Facility:  Nursing Home  Residential Care Facility (RCF)

Name of Clinical Site Central Parke Assisted Living & Memory Care  
 Contact Person Penny Coffey, Executive Director  
 Address 7495 Central Parke Blvd. City Mason State OH Zip Code 45040  
 Telephone Number (513) 398-4400 Fax Number (513) 398-3898 Email Address Penny.Coffey@SunshineRet.com



# Ohio Board of Nursing

[www.nursing.ohio.gov](http://www.nursing.ohio.gov)

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

**Attestation:**

The Applicant has reviewed Ohio law and rules relating to requirements for the administration of a Medication Aide Training Program and attests that the Training Program it proposes meets and will maintain these requirements. The information submitted in this Application is true and accurate.

Michael Hanson

Name

Program Administrator / Owner

Title

Signature

11/15/2021

Date

**Please submit the application, documents and credit card authorization form in the amount of \$1000 to the Board.**  
**Incomplete submissions will NOT be processed.**