

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ramirez (DDDH)	CHAPTER 89
Address: 67-237 Kanalu Street, Waialua, Hawaii 96791	Inspection Date: March 19, 2019 Annual

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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RECEIVED
APR 16 10:00
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> In bathroom #2, all six (6) lights bulbs above the bathroom sink did not have covers.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>The vanity light in bathroom #2 was changed into another vanity light with covers.</i></p> <p style="text-align: right; font-size: small;">STATE OF CALIFORNIA DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center;"><i>3/23/19</i></p> <p style="text-align: center;">19 APR 16 AM 00</p> <p style="text-align: right; font-size: x-small; transform: rotate(-90deg);">REPORT...</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> In bathroom #2, all six (6) lights bulbs above the bathroom sink did not have covers.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>Will not allow the vanity lights into another bulbs besides the original bulb.</i></p>	<p style="text-align: center;"><i>3/23/19</i></p> <p style="text-align: center;">19 APR 16 10:00</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> In bathroom #2, spider webs on the wall by shower head inside the bath tub.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>The spider webs in bathroom #2 were removed and cleaned by the shower head inside the bath tub.</i></p>	<p style="text-align: center;"><i>01/19/19</i></p> <p style="text-align: center;"><i>18 APR 15 2019</i></p> <p style="text-align: center;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> In bathroom #2, spider webs on the wall by shower head inside the bath tub.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I will put in my reminder book to check the showers for spider webs everyday.</i></p>	<p style="text-align: right;"><i>3/19/19</i></p> <p style="text-align: center;"><i>19 APR 16 09:00</i></p> <p style="text-align: right;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> In bedroom #1, dust was accumulated on the floor inside the closet. There were spider webs on the wall by furniture.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Dust in bedroom #1 by the closet's floor was broomed. Spider webs were cleaned on the wall behind the table.</i></p>	<p style="text-align: right;"><i>blaha</i></p> <p style="text-align: center;">19 FEB 16 00:00</p> <p style="text-align: right; font-weight: bold;">RECEIVED</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> In bedroom #1, dust was accumulated on the floor inside the closet. There were spider webs on the wall by furniture.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I will include in the food list to check the room for dust and spider webs everyday.</i></p>	<p style="text-align: right;"><i>3/19/19</i></p> <p style="text-align: center;">19 APR 16 AM 9:00</p>

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<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> In bedroom #3, the electrical plate by the resident's bed was cracked.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>The cracked electrical plate in Bedroom #3 next to the bed was changed into a new one..</i></p>	<p style="text-align: right;"><i>01/20/19</i></p> <p style="text-align: right;">19 APR 15 09:00</p>

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<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> In bedroom #3, circle shapes of wall paint approximately 1.5 inches in diameter were peeled.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I will put in my reminder book to check everyday for any peeled paint in every residents room.</i></p>	<p style="text-align: right;"><i>3/20/19</i></p> <p style="text-align: center;">19 APR 16 10:00</p>

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<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> In bedroom #4, the ceiling light between bathroom and bedroom was not working.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I will put it in my reminder 3/23/19 back to ensure that all lights are working inside and outside the house.</i></p>	<p style="text-align: center;">19 APR 16 AM 11</p> <p style="text-align: right; font-size: small;">RECEIVED</p>

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<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Caregiver stated that dishes are sanitized once a week.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Dishes are sanitized after each meal.</i></p>	<p><i>3/19/19</i></p> <p>19 APR 16 AM 01</p> <p>RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-13 <u>Residents' rights.</u> (a) Written policies and procedures addressing the rights of residents during their stay in the facility shall be established and shall be made available to the resident, guardian, next of kin, responsible agency, and the public. It shall be the right of each resident admitted to the facility to:</p> <p><u>FINDINGS</u> The home policy states, "Facility restricted to 4 persons." The license capacity is five (5).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>The first page of the admission home policy was changed into a capacity of 5 persons.</i></p>	<p style="text-align: right;"><i>3/19/19</i></p> <p style="text-align: right;">19 APR 16 AM 02</p> <p style="text-align: right;">STATE OF MISSISSIPPI OFFICE OF THE ATTORNEY GENERAL STATE CAPITOL</p> <p style="text-align: right; writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Household member's supplement left unsecured in the cabinet under the sink in bathroom #2.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I gave my son's supplement to be locked upstairs in his room.</i></p>	<p style="text-align: right;"><i>3/29/19</i></p> <p style="text-align: center;">19 APR 16 AM 02</p> <p style="text-align: right; transform: rotate(90deg);">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Household member's supplement left unsecured in the cabinet under the sink in bathroom #2.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>I will educate household members to lock any supplements in their room.</i></p>	<p style="text-align: right;"><i>3/19/19</i></p> <p style="text-align: right;">19 APR 16 NO 102</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</p> <p style="text-align: right; font-size: x-small; transform: rotate(90deg);">REGISTRATION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – Annual tuberculosis clearance was incomplete. "Screening for Schools, Childcare Facilities or Food Handlers" were checked in the form "TB Document: F."</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Annual tuberculosis (TB document F) for resident #1 was returned to his doctor and checked the right box; "Annual screening for health care facilities or residential care settings." Marked boxes 3 & 4.</p>	<p style="text-align: right;">3/20/19</p> <p style="text-align: right;">19 APR 16 AM 10:02</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF HEALTH STATE LIAISON</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches, and all other poisons shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> In bathroom #2, a can of air freshener spray was left unsecured in a cabinet under the bathroom sink.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>The can of air freshener in bathroom #2 under the bathroom sink was removed and locked in the storage room with the rest of the chemicals.</i></p>	<p style="text-align: right;"><i>3/17/19</i></p> <p style="text-align: right;">19 APR 16 10:42</p> <p style="text-align: right; font-size: small;">STATE OF MONTANA FOOD AND DRUG STATE LICENSES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches, and all other poisons shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> In bathroom #2, a can of air freshener spray was left unsecured in a cabinet under the bathroom sink.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">I will put a bright note in the bathroom that air freshener spray will be locked in the storage room. Also, tell family members to lock the air freshener spray after each used.</p>	<p style="text-align: right;">3/19/19</p> <p style="text-align: right;">19 APR 16 110:02</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>

Licensee's/Administrator's Signature: _____

M Ramirez

Print Name: _____

MARILYN RAMIREZ

Date: _____

04-12-19

19 APR 16 AM 02

STATE OF MISSISSIPPI
DEPARTMENT OF
STATE LICENSING

RECEIVED

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aletha's Expanded ARCH	CHAPTER 100.1
Address: 99-631 Ulune Street, Aiea, Hawaii 96701	Inspection Date: March 7, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

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STATE LICENSING
SECTION
MARCH 11 2019

MAR 11 11:57

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident#1- Physician order dated 2/21/19 reads, "Calcium with Vitamin D3 (600mg/400IU) po BID"; however, medication bottle reads, "Calcium with Vitamin D3 (600mg/500IU) po BID." Physician order and medication record does not match.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>ye</p> <p>I called the physician on 3/11/2019. Clarify the order and change calcium 600 + D3 500 IU</p> <p>DC previous order of calcium 600 + D3 400 IU</p>	<p style="text-align: center;">3/11/2019</p> <p style="text-align: right;">19 MAR 11 P1 57</p> <p style="text-align: right;">STATE OF ARIZONA DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: right;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident#1- Physician order dated 2/21/19 reads, "Calcium with Vitamin D3 (600mg/400IU) po BID"; however, medication bottle reads, "Calcium with Vitamin D3 (600mg/500IU) po BID." Physician order and medication record does not match.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will check physician Order to ensure it matches the medication bottle. I will do this by checking everyday + I have my SCG to double check it as well</p>	<p style="text-align: right;">3/11/2019</p>

STATE OF MARYLAND
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

19 MAR 11 P1:57

PROFESSIONAL

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1- No documentation of training by the RN Case Manager in providing daily personal and specialized care.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>ye, Ow Case managed done to train on 3/10/2019 Documentation file</p>	<p style="text-align: right;">3/11/2019</p>

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
STATE BOARD OF NURSING

19 MAR 11 P1:57

PERSONNEL

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1- No documentation of training by the RN Case Manager in providing daily personal and specialized care.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will create a checklist for the case manager to complete, to include training for all SCG. I will check it monthly to ensure it is done.</i></p>	<p style="text-align: right;"><i>3/11/2019</i></p> <p style="text-align: right;">19 MAR 11 P1:57</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

Licensee's/Administrator's Signature: Florence O. Fylog

Print Name: FLORENCE O. Fylog

Date: 3/11/2019

RECEIVED

'19 MAR 11 P1:57

STATE OF OHIO
DEPT. OF REVENUE
STATE LICENSING