

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bala, Leticia (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 1617 Machado Street, Honolulu, Hawaii 96819	Inspection Date: April 6, 2021 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-OSHA
STATE LICENSING

AUG -2 P 2:26

Pls. see attached

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 has an order for regular pureed diet; however, there was no pureed diet menu available.</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>As of 6/6/21, I spoke with Anette Jackson DOH Dietitian, explained Mrs. J. OTA's diet situation. She suggested to put Mrs. Ata on Regular Diet Regular Texture, Pwice Meats only and to mark red on each meat on the Menu. She instructed me to write Note on the Bottom of the Menu - 1 Resident, Reg. Diet Reg. Texture, except puree meat and mark red X. Menu is available posted by the Refrigerator at the Dining Area of my Residents</p>	<p>07-29-21</p>

p/s. see attached
8/13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 has an order for regular pureed diet; however, there was no pureed diet menu available.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>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, in order to prevent a similar deficiency from recurring I will devise an appropriate Special Diet Menu per pt. with the help of a Dietitian. I will ensure to always have a Special Diet Menu by keeping the one I will create & a Dietitian.</p> <p>Menu suggested by Diet is posted by my Refrigerator at the Dining area of my residents.</p> <p>Note. Error by crossing out</p>	<p>07-29-21</p> <p>Aug-21</p> <p>P2:26</p>

11-100-1-13 (Nutrition - (1))

I will follow the Diet ordered by the Physician, If the patient wants to eat a particular food in a particular way, I will be sure to obtain a Physician's order ~~for~~ before allowing the pt. a diet different from what the Physician ordered. It will be all documented in my progress notes whether the change is ok'd or not. - 07-29-21

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

21 AUG-2 P2:26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 has an order for regular pureed diet; however, observed substitute caregiver (SCG) served resident regular muffin for breakfast.</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><i>This particular resident can eat regular muffin without any problem from swallowing.</i></p> <p><i>In general I shall follow the Diet order per residents as ordered by her physician or APRN.</i></p>	<p><i>05-16-21</i></p> <p><i>05-16-19</i></p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING MAY 19 P2:54</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 has an order for regular pureed diet; however, observed substitute caregiver (SCG) served resident regular muffin for breakfast.</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>In order for my Substi- tute (SCG's) follow the correct Diet He or she will be involved in creating the appropriate Diet menu to the Dietitian.</i></p> <div style="text-align: right;"> <p>STATE OF HAWAII DOH-OSCA STATE LICENSING</p> </div>	<p style="text-align: right;">21 AUG -2 P2:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> The following expired food items were noted in the refrigerator:</p> <ul style="list-style-type: none"> • Smucker strawberry preserve (exp. 2/2020) • Miracle whip mayonnaise (exp. 2/2021) • Activia yogurt (exp. 2/21/21) 	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"><i>Yes, the expired food items were disposed of immediately after the visit by me,</i></p> <p align="right">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p align="right"><i>07-29-21</i></p> <p align="right">21 AUG -2 P2:26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><u>FINDINGS</u> The following expired food items were noted in the refrigerator:</p> <ul style="list-style-type: none"> • Smucker strawberry preserve (exp. 2/2020) • Miracle whip mayonnaise (exp. 2/2021) • Activia yogurt (exp. 2/21/21) 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will make sure all multi use food items have visible expiration dates. I will also do a weekly inventory check on all food items appropriately. It will be the job of both me and my SOG's. This will be part of our weekly checklist that we both sign off @ the end of the week</i></p> <p>STATE OF HAWAII D&H CHCA STATE LICENSING</p>	<p>07-29-21</p> <p>21 AUG -2 P2:26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</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>FINDINGS Unsecured toxic chemicals:</p> <ul style="list-style-type: none"> • Hot shot ant/roach killer located inside the kitchen's sink base cabinet. • Two (2) unlabeled spray of Clorox bleach located in the resident's bathroom under sink cabinet. 	<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>Yes, put them in a locked storage, labeled properly and stored securely away from any food supply.</i></p>	<p style="text-align: right;"><i>05-16-21</i></p> <p style="text-align: right;">21 MAY 19 P2:54</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</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> Unsecured toxic chemicals:</p> <ul style="list-style-type: none"> • Hot shot ant/roach killer located inside the kitchen's sink base cabinet. • Two (2) unlabeled spray of Clorox bleach located in the resident's bathroom under sink cabinet. 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Toxic chemicals will be locked in a safe place outside and make it adequately secured. It will be the responsibility of both me and my sub (SCG's) and part part of the weekly checklist.</i></p> <p>STATE OF HAWAII BIOHCHCA STATE LICENSING</p>	<p><i>0-29-21</i></p> <p>21 AUG -2 P2:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1- Medications were pre-poured in a weekly pill box container.</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>Yes, finished all the pre-poured meds in a weekly pill box container and never use again.</i></p>	<p style="text-align: right;"><i>05-16-21</i></p> <p style="text-align: right;">21 MAY 19 P 2:54</p> <p style="text-align: right;">STATE OF HAWAII DOH- OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1- Medications were pre-poured in a weekly pill box container.</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 have to ^{be} sure that all meds for each residents shall be removed and administered from the original labeled container go in a locked cabinet.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: right;"><i>05-16-21</i></p> <p style="text-align: right;">21 MAY 19 P2 54</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #1- Pre-poured medications in pill box container was found unsecured on the countertop by the dining area.</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>yes, put it back in my locked meds cabinet.</i></p>	<p style="text-align: right;"><i>05-16-21</i></p> <p style="text-align: right;">21 MAY 19 P2 54</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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's order dated 3/31/21 reads, "Ensure Plus 240 ml take 1 po BID." However, the stock supplement available is regular Ensure.</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>Yes, brought the corrected Ensure Plus 240 cc take po BID per order by PCP/APRN. I have to be sure to document consumed supplement in the medical record.</i></p>	<p><i>05-16-21</i></p> <p>21 MAY 19 P2:54</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 was hospitalized on 10/21/20 for urinary tract infection and pneumonia. The resident returned to the care home on 10/25/21 with orders for oral antibiotics Keflex and Zithromax to be taken for 5 days. There was no documented evidence that antibiotics were administered, and the course of antibiotic treatment was completed.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p>21 MAY 19 P2:54</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1- No documentation of annual tuberculosis (TB) clearance.</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>Sent These Two forms to PCP on the 7th of this month and received it back on 5/15/21. Sorry Mrs. Pascual for the delay.</i></p>	<p>05-16-21</p> <p>21 MAY 19 P2:55</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1- No documentation of annual tuberculosis (TB) clearance.</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>To insure all residents TB clearance is updated annually, I will create a separate log book of all pts, annual clearances, tests that requires annual updating. This log will be checked weekly to insure such deficiency from recurring.</i> </p> <p style="text-align: right;"> STATE OF HAWAII DOH-DHCA STATE LICENSING </p>	<p style="text-align: right;">21 AUG -2 P2:27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1- Two (2) incident reports were filed in the chart.</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>yes, filed it in a separate cover.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;"><i>05-16-31</i></p> <p style="text-align: right;">21 MAY 19 P2:55</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1- Two (2) incident reports were filed in the chart.</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 have to be sure that incident reports were put in a separate cover ready for the Dept. and other authorized personnel for review.</i></p>	<p style="text-align: right;"><i>95-16-21</i></p> <p style="text-align: center;">21 MAY 19 P2:55</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Leticia B. Bala
Print Name: Leticia B. Bala
Date: 05-16-21

21 MAY 19 P2:55
STATE OF HAWAII
DOH-CHCA
STATE LICENSING

Licensee's/Administrator's Signature: Leticia B. Bala

Print Name: Leticia B. Bala

Date: 07-30-21

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

21 AUG-2 P2:27