Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ilima at Leihano	CHAPTER 90
Address: 739 Leihano Street, Kapolei, Hawaii 96707	Inspection Date: May 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RECEIVED
JUL 19 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(2) Service plan. A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible; **FINDINGS** Resident #1 – Diet order incorrect on service plan. Diet order from physician dated 8/12/20 states, "No added salt"; however, service plan states, "no added sugar".	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The deficiency was corrected on 5/07/2021, the day after the annual inspection of 5/06/21. The service plan was corrected by the Assisted Living Director (RN) to reflect no added salt instead of no added sugar. The service plan resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system with a hard-copy in the resident's confidential binder. The previous service plan has been shredded.	05/07/2021

RECEIVED

JUN 1 0 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(2) Service plan. A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible; **FINDINGS** Resident #1 – Diet order incorrect on service plan. Diet order from physician dated 8/12/20 states, "No added salt"; however, service plan states, "no added sugar".	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, the physician after-visit summary will be given to the RN-on-duty who will update the service plan to reflect the physician orders. A hard-copy of the physician after-visit summary will be given to the Assisted Living Director (RN) who will ensure that these orders are reflected in the service plan. Assisted Living Director will hold in-service training for the RNs on service plan updating which will be documented in an email to all RNs who each have a personal company email address. The service plan resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system with a hard-copy in the resident's confidential binder. The previous service plan will be shredded.	07/23/2021

21 JUL -7 A7:22
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(2) Service plan. A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible; **FINDINGS** Resident #1 – Service plan does not reflect resident's ongoing problem with edema to extremities, as noted by facility to physician on 12/6/20, 1/24/21, 2/8/21, 2/23/21, 3/4/2. Physician order on 2/26/21 states, "Daily weights, BP, and HR" for edema; however, not indicated in service plan.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The deficiency was corrected on 5/07/2021, the day after the annual inspection of 5/06/21. The service plan was updated by the Assisted Living Director (RN) to reflect the requirement to take daily weights, BP, and HR checks for edema. The service plan resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system with a hard-copy in the resident's confidential binder. The previous service plan has been shredded.	05/07/2021

RECEIVED
JUN 1 0 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(2) Service plan. A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible; **FINDINGS** Resident #1 – Service plan does not reflect resident's ongoing problem with edema to extremities, as noted by facility to physician on 12/6/20, 1/24/21, 2/8/21, 2/23/21, 3/4/2. Physician order on 2/26/21 states, "Daily weights, BP, and HR" for edema; however, not indicated in service plan.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, the physician after-visit summary will be given to the RN-on-duty who will update the service plan to reflect ongoing problems and physician orders. A hard-copy of the physician after-visit orders will be given to the Assisted Living Director (RN) who will ensure that these orders are reflected in the service plan. Assisted Living Director will hold in-service training for the RNs on service plan updating which will be documented in an email to all RNs who each have a personal company email address. The service plan resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system with a hard-copy in the resident's confidential binder. The previous service plan will be shredded.	07/23/2021

'21 JUL -7 A7:22
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

☒	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(2) Service plan. A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible; **FINDINGS** Resident #1 – Resident allergic to Tramadol; however, it is not indicated in her assessments or service plan.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The deficiency was corrected on 5/07/2021, the day after the annual inspection of 5/06/21. The service plan was updated by the Assisted Living Director (RN) to reflect the allergy to Tramadol. The service plan resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system with a hard-copy in the resident's confidential binder. The previous service plan has been shredded.	05/07/2021

RECEIVED
JUN 1 0 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(2) Service plan. A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible; **FINDINGS** Resident #1 – Resident allergic to Tramadol; however, it is not indicated in her assessments or service plan.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, the physician after-visit summary will be given to the RN-on-duty who will update the service plan to reflect ongoing problems and physician orders. A hard-copy of the physician after-visit orders will be given to the Assisted Living Director (RN) who will ensure that these orders are reflected in the service plan. Assisted Living Director will hold in-service training for the RNs on service plan updating which will be documented in an email to all RNs who each have a personal company email address. The service plan resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system with a hard-copy in the resident's confidential binder. The previous service plan has been shredded.	07/23/2021

'21 JUL -7 A7:22
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

☒	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(2) Service plan. A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible; **FINDINGS** Resident #2 – Service plan does not reflect issues with frequent falls (11/9/20, 1/22/21, 2/8/21, 2/24/21, 3/8/21, 4/5/21, 4/20/21, 5/5/21)	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The deficiency was corrected on 5/07/2021, the day after the annual inspection of 5/06/21. The service plan was updated by the Assisted Living Director (RN) to reflect the resident's frequent falls. The service plan resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system with a hard-copy in the resident's confidential binder. The previous service plan has been shredded.	05/07/2021

RECEIVED
JUN 1 0 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(2) Service plan. A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible; **FINDINGS** Resident #2 – Service plan does not reflect issues with frequent falls (11/9/20, 1/22/21, 2/8/21, 2/24/21, 3/8/21, 4/5/21, 4/20/21, 5/5/21)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, the physician after-visit summary will be given to the RN-on-duty who will update the service plan to reflect ongoing problems and physician orders. A hard-copy of the physician after-visit orders will be given to the Assisted Living Director (RN) who will ensure that these orders are reflected in the service plan. Assisted Living Director will hold in-service training for the RNs on service plan updating which will be documented in an email to all RNs who each have a personal company email address. The service plan resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system with a hard-copy in the resident's confidential binder. The previous service plan has been shredded.	07/23/2021

'21 JUL -7 A7 :22
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(2) Service plan. A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible; **FINDINGS** Resident #2 – Physician stated on physician fax sheet on 4/5/21, "I think she needs more supervision and a higher level of care" and on 4/7/21, "Recommend higher level of care besides independent living"; however, no changes to service plan were made to reflect physician's recommendations.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The deficiency was been corrected on 5/07/2021, the day after the annual inspection of 5/06/21. The higher level of care was determined and discussed with the resident's husband who resides with her. The husband wanted to provide the additional care which we advised was not possible as we are responsible for care. Due to financial constraints the husband will move-out on 08/01/2021 and the 2nd person monthly fee will be used for the increased care fee for his wife. From 5/07/2021 through 7/31/2021 we are providing the additional care at no additional fee. Assisted Living Director will hold in-service training for the RNs on service plan updating which will be documented in an email to all RNs who each have a personal company email address. The service plan resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system with a hard-copy in the resident's confidential binder. The previous service plan has been shredded.	05/07/2021

'21 JUL -7 A7:22
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(2) Service plan. A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible; **FINDINGS** Resident #2 – Physician stated on physician fax sheet on 4/5/21, "I think she needs more supervision and a higher level of care" and on 4/7/21, "Recommend higher level of care besides independent living"; however, no changes to service plan were made to reflect physician's recommendations.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, the physician after-visit summary will be given to the RN-on-Duty who will update the service plan to reflect the physician's orders.	7/19/21

RECEIVED
JUL 19 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(3) Service plan. The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed; **FINDINGS** Resident #2 – Initial service plan unavailable. Resident admission date was on 11/11/19, initial service plan dated 11/16/19.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** See Future Plan, plan of corrrection.	NA

RECEIVED
JUN 1 0 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(3) Service plan. The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed; **FINDINGS** Resident #2 – Initial service plan unavailable. Resident admission date was on 11/11/19, initial service plan dated 11/16/19.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, the Assisted Living Director (RN) will ensure that an initial service plan is completed upon admission of the resident to the community. The service plan will be completed based on the physician's and our care assessment. Assisted Living Director will hold in-service training for the RNs specifying that a service plan will be updated by the RN-on-duty based the physician after-visit summary to reflect ongoing problems and physician orders. This training will be documented in email to all RNs who each have a personal company email address. A hard-copy of the physician after-visit orders will be given to the Assisted Living Director (RN) who will ensure that these orders are reflected in the service plan. The service plan resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system with a hard-copy in the resident's confidential binder.	07/23/2021

'21 JUL -7 A7 :22
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

☒	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (b)(3)(B)(ii) Services. The assisted living facility shall have policies and procedures relating to medications to include but not be limited to: Administration of medication: The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules. **FINDINGS** Resident #1 – Resident's medications not reviewed within 90 days between 11/30/21 and 4/18/21.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** See Future Plan, plan of correction.	NA

RECEIVED
JUN 1 0 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (b)(3)(B)(ii) Services. The assisted living facility shall have policies and procedures relating to medications to include but not be limited to: Administration of medication: The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules. **FINDINGS** Resident #1 – Resident's medications not reviewed within 90 days between 11/30/21 and 4/18/21.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, the Assisted Living Director (RN) has established a quarterly audit of the medications taken by each resident. Audit will consist of this listed medications compared to the latest physician medication orders and the actual medication in our cart. The medication listing resides in our EHR & eMAR (Electronic Health Record & electronic Medical Administrative Record) system with a hard-copy in the resident's confidential binder.	05/17/2021

RECEIVED
JUN 1 0 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-9 Record and reports system. (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following: Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases; **FINDINGS** Residents #2,3,4,5,6,7,8 – Current physical examination unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The deficiency will be corrected by 7/19/2021. Copies of physical examination for residents #4,6,7,8 are attached. Residents #2,3,5 have pending physical examination appointments on 6/23/2021, 6/22/2021 and 7/19/21, respectively.	07/19/2021

RECEIVED
JUN 10 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-9 Record and reports system. (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following: Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases; **FINDINGS** Residents #2,3,4,5,6,7,8 – Current physical examination unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, our new EHR (Electronic Health Record) system sends a notice for our Assisted Living Director (RN) of upcoming due dates for the resident care level assessment and, at that same time, their physical examination will be checked if within the annual time period.	06/01/2021

RECEIVED
JUN 1 0 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-9 Record and reports system. (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following: Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases; **FINDINGS** Residents #3,4 – Initial 2-step TB Clearance unavailable for review. Submit a copy with plan of correction. Resident #9 – Annual TB clearance unavailable for review. Submit a copy with plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** For residents #3 and #4 the 2-step TB clearance completed. For resident #9 the annual TB clearance completed.	7/19/21

RECEIVED
JUL 19 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-9 Record and reports system. (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following: Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases; **FINDINGS** Residents #3,4 – Initial 2-step TB Clearance unavailable for review. Submit a copy with plan of correction. Resident #9 – Annual TB clearance unavailable for review. Submit a copy with plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Initial TB clearance protocal communicated via in-service training to all RNs. Annual TB clearance reminders on our EHR. to notify the Assisted Living Director of due date.	7/19/21

RECEIVED
JUL 19 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-9 Record and reports system. (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following: Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated. **FINDINGS** Resident #1 – Incident reports unavailable for the following events: ▪ 5/27/20 – ER visit ▪ 6/5/20 – Unwitnessed fall Resident #2 – Incident reports unavailable for falls on the following days: 5/5/21, 4/5/21	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** See Future Plan, plan of correction.	NA

RECEIVED
JUN 10 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-9 Record and reports system. (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following: Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated. **FINDINGS** Resident #1 – Incident reports unavailable for the following events: ▪ 5/27/20 – ER visit ▪ 6/5/20 – Unwitnessed fall Resident #2 – Incident reports unavailable for falls on the following days: 5/5/21, 4/5/21	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, all Resident Assistants (caregivers) and registered nurses have been reminded by the Assisted Living Director (RN) of the requirement to document all health condition/behavior incidents in an Incident Report which resides in our EHR (Electronic Health Record) system.	05/07/2021

RECEIVED
JUN 1 0 2021

Licensee's/Administrator's Signature: [signature]

Print Name: Mark Tsuda

Date: 7/19/2021

RECEIVED
JUL 19 2021