

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Angel Home For Seniors	<b>CHAPTER 100.1</b>
<b>Address:</b> 1315 Kupau Street, Kailua, Hawaii 96734	<b>Inspection Date:</b> February 11, 2022 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.**

MAR - 8 P 2:05  
STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (h) Residents requiring emergency admission to an ARCH or expanded ARCH, due to removal from their current placement by the department or other state agency and who lack immediate access to a physician or emergency room, and who are unable to provide a report of tuberculosis clearance within one year of admission, may be admitted to the ARCH or expanded ARCH if the resident obtains a chest x-ray indicating freedom from communicable tuberculosis within twenty-four hours after admission. The resident shall obtain a tuberculin skin test within three days after admission, as per departmental procedure. The resident shall also submit to a physical examination within one week after admission unless he or she has done so within three months prior to admission.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physical exam unavailable upon admission to present day (2/11/21). Submit a copy with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>see attached</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;">22 MAR -8 P2:05</p>

Inspection date: 2.11.22

11-100.1-10 Admission Policies (h)

**Part I**

Resident #1 – Physical exam unavailable upon admission to present day (2//11/22).

Called PCP explain that Resident #1 Physical Exam is not completed from the The Villas.  
Ask that if he could complete the Physical Exam. Fax Physical exam form to be completed and waiting for documents to come back. / 

STATE OF HAWAII  
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22 MAR -8 P2:05


SCG = sub-care giver/PCG =primary care giver/PCP = primary care physician/CM = case manager

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11-100.1-10 Admission Policies (h)

Resident #1 – Physical exam unavailable upon admission to present day (2/11/22)

**Part 2**

To prevent his situation from happening again. I'll make sure before admitting a resident, I will re-check all admission documents are receive and properly filled out and have a check list to see that all documents are completed properly and received before admission. 

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'22 MAR -8 P2:05

STATE OF HAWAII  
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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 2/9/22 states, “Regular soft bite size”; however, special diet menu unavailable for review.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>see attached</i></p>	<p>22 MAR -8 P2:05</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

11-100.1-13 Nutrition (b)

**Part 1**

Resident #1 – Physician's order dated 2/9/22 states, "Regular soft bite size", however, special diet menu unavailable for review.

Will call DOH Nutritionist (Ms. Jackson) help by 3/7/21 to review the special diet guideline and what's included or consist of. I will prepare a menu available for the Resident with a special diet. 

'22 MAR -8 P2:05

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11-100.1-13 Nutrition (b)

**Part 2**

Resident #1 – Physician’s order dated 2/9/22 states, “Regular soft bite size”, however, special diet menu unavailable for review.

To prevent this from happening again, PCG will thoroughly check all physician orders before admission to the care home as well as any changes/updates for the residents. PCG will create and update menu for any resident with special diets and a check list to ensure all changes for diets are completed and updated on a timely manner. In the event PCG are unsure of any special diet requirements, PCG will call DOH dietitian to clarify special diet menus for guidance and clarifications.

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STATE OF HAWAII  
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22 APR -4 P 4:27

	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><b><u>FINDINGS</u></b>  Resident #3 – The following medications found unsecured on resident's dresser in bedroom: Sodium chloride eye drops, prednisone eye drops, and triamcinolone cream.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>See attached</i></p> <p style="text-align: right;">STATE OF HAWAII  DOH-CHCA  STATE LICENSING</p>	<p style="text-align: center;">22 MAR -8 P2:06</p>

11-100.1-15 Medication (a)

**Part 1**

Resident #3 – The following medications found unsecure on resident's dresser in bedroom:  
Sodium chloride eyedrops, Prednisone eye drops and Triamcinolone cream.

Removed all eye drops from the bedroom dresser and locked them right away.



'22 MAR -8 P2:06

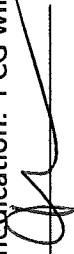
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11-100.1-15 Medication (a)

**Part 2**

To prevent this from happening again, I will retrain all SCG to ensure all medication are lock all medication after administering and provide an end of shift check list for medication to be lock at all time. I will assign one SCG to be responsible to check each room at the end of shift and to lock all unsecured medication. PCG will follow up on an ongoing basis to prevent this from happening again. 

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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><b><u>FINDINGS</u></b> Resident #1 – Per medication administration record (MAR), no documented evidence resident has received medications from the evening of 2/8/22 through noon on 2/11/22, as ordered by the physician.</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> <p><i>See Attachment</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>22 MAR -8 P 2:06</p>

11-100.1-15 Medication (e)

Part 1

ONLY FUTURE PLAN IS REQUIRED. 

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11-100.1-15 Medications. (e)

Part 2

To prevent this from happening again, I will assign one SCG to be responsible and have a scheduled time of the day to complete daily documentations. PCP will have a check list to ensure all document are completed time and have SCG initial check list when completed.



STATE OF HAWAII  
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MAR -8 P2 6

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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)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of physician orders for the maintenance of resident's PEG tube while resident had PEG tube between 7/24/21-8/19/21.</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> <p><i>su of adue</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>22 MAR -8 P2:06</p>

11-100.1 – 17 Records and Reports. (a)(6)

Part 1

Only future plan is required.

'22 MAR -8 P2:06

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11-100.1 – 17 Records and Reports. (a)(6)

Part 2

To prevent this from happening again, I will review all orders carefully and ensure that all medications, diet, and treatments order with instruction from a physician are signed. PCG will have a check list for all medications and treatments in place. \_\_\_\_\_

'22 MAR -8 P2:06

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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> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of monitoring of PEG tube or its removal between admission (7/24/21) until 8/19/21.</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> <p><i>see attached</i></p>	<p>22 MAR -8 P2:07</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

11-100.1-17 Records and reports (b)(4)

Part 1

Resident #3 No documentations evidence of monitoring of PEG tube or it's removal between admission (7/24/21 to 8/19/21).

Only future plan is required. 

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22 MAR -8 2:07

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11-100.1 – 17 Records and Reports. (b)(4)

Part 2

To prevent this from happening again, PCG will ensure to create/develop a monitoring chart to include in the monthly MAR for daily documentation which to include to check for any sign of infections or any problem related to the issue. Documents such information to include in the progress note.

PCG will also ensure to have Physician Orders signed for any type of procedures perform to any residents as required. If the event PCG is not sure to contact case manager for guidance and clarification.

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22 APR -4 P 4:27  
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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> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes between 8/2021-1/2021 state physical therapy services are provided in-home twice weekly; however, no documented evidence of PT sessions provided.</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> <p><i>See attached</i></p>	<p>22 MAR -8 P2:07</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

11-100.1 – 17 Record and Reports (b)(8)

Part 1

Only future plan is required.



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11-100.1 – 17 Record and Reports (b)(8)

Part 2

To prevent this from happening again, PCG will have a monthly calendar to log in the date and time PT is being provided to the residents. Assign a SCG to check and monitor PT and PCG follow up weekly for PT resident up dates.. 

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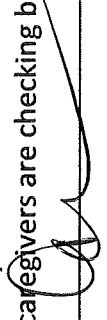
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Resident #2 – Motion sensor signaling device was not facing resident or within reach at bedside; thus, resident would not be able to utilize signaling device to call for help at bedside.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>See attached</i></p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p>22 MAR -8 P 2:07</p>

11-100.1 – 23 Physical environment. (p)(5)

Part I

PCG reposition motion sensor facing the resident and place a bell on resident bed for resident easy access. PCG and SCG will monitor daily to ensure motion sensor are always facing resident. A check list to sign to ensure caregivers are checking bells and any signal devices are working and reachable by the resident.



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11-100.1-23 Physical environment. (p)(5)

Part 2

To prevent this from happening again, PCG and SCG will monitor daily morning and bedtime that the sensor is facing the residents. Every 2 hours SCG will check that the position on the motion sensor is still facing each resident. PCG will also, attached a bell to the resident beds to ensure that the resident can reach a calling system when they need, additional to the motion sensor. A check list for each room for SCG to check all signal device are working and within reach by the resident at the end of each shift. PCG will follow up on the check list to ensure SCG are performing their duties properly each day and retrain SCG.

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b>FINDINGS</b> Resident #1 – Care plan dated 8/16/21, 9/29/21, 10/30/21, 11/19/21, 12/9/21, and 1/28/21 states, "Assist/remind client to change position every 2 hours in bed or ½ hour while in chair"; however, no documented evidence timely repositioning is being performed.</p> <p>Resident #1 – Care plan dated 8/16/21, 9/29/21, 10/30/21, 11/19/21, 12/9/21, and 1/28/21 states, "Change diaper every 2 hours and as needed while awake and every 4-8 hours and as needed at night"; however, no documented evidence timely diaper changes are being performed.</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> <p><i>see attached</i></p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>22 MAR -8 P2:07</p>

11-100.1 – 87 Personal care services. (a)

Part I

Only future plan is required.



'22 MAR -8 P2:07

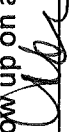
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STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a)            The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Care plan dated 8/16/21, 9/29/21, 10/30/21, 11/19/21, 12/9/21, and 1/28/21 states, “Assist/remind client to change position every 2 hours in bed or ½ hour while in chair”; however, no documented evidence timely repositioning is being performed.</p> <p>Resident #1 – Care plan dated 8/16/21, 9/29/21, 10/30/21, 11/19/21, 12/9/21, and 1/28/21 states, “Change diaper every 2 hours and as needed while awake and every 4-8 hours and as needed at night”; however, no documented evidence timely diaper changes are being performed.</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 style="text-align: center;"><i>See attached</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: right;">22 MAR -8 P2:08</p>

11-100.1 – 87 Personal care services. (a)

Part 2

To prevent this from happening again, PCG will create a chart to log in time for resident position and diaper change log. PCG will train all caregivers to log down time of repositioning and diaper change on the chart. PCG will follow up on an ongoing basis to ensure residents needs are met, performed documented. 

22 MAR -8 P2:08

STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

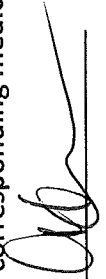
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Care plan developed on 8/16/21 and updated monthly does not address resident's diagnoses of hypertension and corresponding medication orders, measurable goals/outcomes, and interventions</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>See attached</i></p> <p>STATE OF HAWAII  DOH-CHCA  STATE LICENSING</p>	<p>22 MAR -8 P 2:08</p>

11-100.1 – 88 Case management qualifications and services. (c)(2)

Part I

Called RN, CM to discuss and develop and update monthly care plan to address resident diagnoses of hypertension and corresponding medication orders and to include a measurable goals and interventions.

Care Plan updated for 3/22. 

'22 MAR -8 P2 :08

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Care plan developed on 8/16/21 and updated monthly does not address resident's diagnoses of hypertension and corresponding medication orders, measurable goals/outcomes, and interventions</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>see attached</i></p>	<p>22 APR -4 P 4:28</p> <p>STATE OF HAWAII DOH-DPCA STATE LICENSING</p>



11-100.1 – 88 Case management qualifications and services. (c)(2)

Part 2

To prevent this from happening again, PCG will review all documents and complete a check list, discuss with CM care plan closely to ensure care plans are updated monthly according to the residents diagnoses to include any medication, corresponding to medication orders with goals and any interventions required by CM. PCG will inform CM for any changes and for the CM to update care plan according to residents needs and physician orders. PCG will review all changes and updates to the care plan, initial a check list that the care plan is read and followed according to the care plan.

Discuss changes and updates with the CM on their visits.

STATE OF HAWAII  
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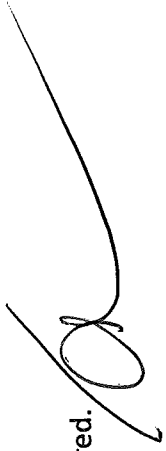
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)            Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence of training on PEG tube care and maintenance by case manager while resident had a PEG tube between 7/24/21-8/19/21.</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> <p><i>See attached</i></p>	<p>22 MAR -8 P 2:08</p> <p>STATE OF HAWAII            DON-ORCA            STATE LICENSING</p>

11-100.1 – 88 Case management qualifications and services. (c)(6)

Part I

Only future plan is required.



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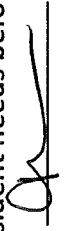
STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(6)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence of training on PEG tube care and maintenance by case manager while resident had a PEG tube between 7/24/21-8/19/21.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>see attaching</i></p>	<p>22 MAR -8 P2:08</p> <p>STATE OF HAWAII  DOH-CHCA  STATE LICENSING</p>

11-100.1 – 88 Case management qualifications and services. (c)(6)

Part 2

To prevent this from happening again, PCG will ensure to have case manager to do training for any specialty services/treatment for the resident before admission. CM will provide a written documentation to show that such training was complete before admission. PCG will have a check list for Resident needs before admitting to ensure all documentation are complete on the admission time. 

'22 MAR -8 P2 :08

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SCG = sub-care giver/PCG =primary care giver/PCP =primary care physician/CM = case manager

Licensee's/Administrator's Signature: Amelia Cabal

Print Name: Amelia Cabal

Date: 3/1/22

22 MAR -8 P 2:08  
STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

Licensee's/Administrator's Signature: Araceli Cabal

Print Name: Araceli Cabal

Date: 3/21/22

STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

22 APR -4 P4:28