Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: J & A	**CHAPTER 100.1**
Address: **45-349 Kenela Street, Kaneohe, Hawaii 96744**	**Inspection Date: February 4, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** SCG #2 – Annual physical exam 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** Secured annual Physical Exam from PCP. Copy attached.	2/9/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** SCG #2 – Annual physical exam 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?** I will create a checklist of all caregiver's physical exams due dates & review the checklist monthly to ensure physical exams are obtained timely.	4/27/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1 – Physician diet order dated 2/17/21 states, "Regular, chopped texture"; however, no diet menu for special diet available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Regular chopped texture diet for resident #1 available & posted it by the kitchen. STATE OF HAWAII DOH-HSEDA STATE LICENSING '22 FEB 22 A9:15	2/15/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (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. **FINDINGS** Resident #1 – Physician diet order dated 2/17/21 states, "Regular, chopped texture"; however, no diet menu for special diet available.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make a reminder on the refridge that all diets other than regular need a special diet menu we will contact a dietician if I will need one.	4/27/22

STATE OF HAWAII
DEPT OF HUMAN SERVICES
'22 APR 27 A10:42

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 – Monthly progress notes between 2/2021 – 1/2022 do not contain resident's response to daily and as needed medications	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DEPARTMENT OF STATE LICENSING '22 FEB 22 A9:15	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 – Monthly progress notes between 2/2021 – 1/2022 do not contain resident's response to daily and as needed medications	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will create a checklist that includes a reminder to document medication responses in monthly progress notes. I will review checklist monthly.	4-27-22

STATE OF HAWAII
DOH-OHCA
STATE LICENSURE

22 APR 27 A10:42

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – Per progress notes, resident began refusing medications frequently on 10/21/21, 10/24/21, 10/25/21, 11/7/21, 11/17/21, 12/4/21, 12/10/21, 12/24/21, however, no documented evidence physician was notified of change in behavior.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 was seen by PCP for routine visit follow-up + Annual physical exam on 2/11/22. PCP notified MD regarding resident frequent refusals of medications on 10/21,24,25/21, 11/7,17/21, 12/4,10, 24/21. Physician comments were documented right after the visit. STATE OF [illegible] DEPARTMENT STATE LICENSING	2/11/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – Per progress notes, resident began refusing medications frequently on 10/21/21, 10/24/21, 10/25/21, 11/7/21, 11/17/21, 12/4/21, 12/10/21, 12/24/21, however, no documented evidence physician was notified of change in behavior.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will create a reminder note to immediately notify physician on any changes in behavior & condition & document this in resident's progress notes.	4/27/22

STATE OF HAWAII
DON-DHPA
STATE LICENSING
22 APR 27 AM 9:42

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – Per progress notes, resident began experiencing hallucinations on 8/31/21, 12/9/21, 12/11/21, 12/21/21, however, no documented evidence hallucinations were reported timely to physician until 1/24/21 at medical appointment.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII BOARD OF NURSING STATE LICENSING '22 FEB 22 A9:15	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – Per progress notes, resident began experiencing hallucinations on 8/31/21, 12/9/21, 12/11/21, 12/21/21, however, no documented evidence hallucinations were reported timely to physician until 1/24/21 at medical appointment.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will create a reminder note to notify doctor of any changes in behavior & document this in resident's progress notes.	4/27/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – Progress note dated 12/31/21 states, "Forgetful and more confused than usual"; however, no documented evidence physician was notified of noticeable change in condition.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHQA STATE SURVEYORS	22 FEB 22 A9:15

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – Progress note dated 12/31/21 states, "Forgetful and more confused than usual"; however, no documented evidence physician was notified of noticeable change in condition.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will create a reminder note to notify doctor of any changes in behavior & document this is NP in resident's progress notes.	4/27/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(D) Residents' rights and responsibilities: Each resident shall: Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department; **FINDINGS** Resident #1 – Resident prescribed a wheelchair seat belt on 4/7/21 by physician. Physician note states, "no longer needing special seatbelt for WC". However, resident observed using seatbelt in wheelchair during inspection.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DEPARTMENT OF STATE HOSPITALS	22 FEB 22 A9:15

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(2)(D) Residents' rights and responsibilities: Each resident shall: Physical restraints may only be used in an emergency when necessary to protect the resident from injury to self or to others. In such a situation the resident's physician or APRN shall be notified immediately to obtain an assessment for least restrictive alternatives to restraint use. If restraint use is determined to be necessary, written orders shall be obtained from the resident's physician or APRN indicating the form of restraint to be used, the length of time restraint shall be applied, the frequency of use and the alternative care that can be provided to the resident. If a less restrictive alternative to restraint exists, it must be used in lieu of the restraint. The resident's family, legal guardian, surrogate or representative, and case manager shall be notified if no alternative to restraint exists and a written consent shall be obtained for restraint use. The restraint use shall be in compliance with the Type I ARCH's written policy, as approved by the department; **FINDINGS** Resident #1 – Resident prescribed a wheelchair seat belt on 4/7/21 by physician. Physician note states, "no longer needing special seatbelt for WC". However, resident observed using seatbelt in wheelchair during inspection.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** STATE OF HAWAII DOH-OHCA STATE LICENSING I will make a reminder note to check a physician seatbelt order every first of the month. to ensure have a current order on file. If i don't have one i will contact a physician for order.	'22 APR 27 AM10:42 4/27/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** SCG #1 – Twelve hours of annual continuing education training unavailable	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH/HFDA STATE LICENSING '22 FEB 22 A9:15	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** SCG #1 – Twelve hours of annual continuing education training unavailable	**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, PCG must be aware that all SCG must have the 12 hours of continuing education courses per hsp year & file copies in the care-home book ready & available before the annual inspection of the facility. MB~~ PCG will create a checklist for all substitute caregivers ~~expiration~~ MB of completing their twelve hours of annual continuing education training and also mark on the calendar to avoid any deficiency of completion.	'22 MAR 21 A9:41 STATE OF HAWAII DOH-OHCA FACILITY LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (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. **FINDINGS** Resident #1 – Care plan dated 8/18/21 states, "Caregiver to check client visually every 2 hours during the day and every 4 hours at night" due to falls risk; however, no documented evidence checks are being performed as indicated. Resident #1 – Care plan dated 8/18/21 states, "caregiver will check [resident's name] pull ups/diaper every 2 hours or as needed"; however, no documented evidence incontinence checks are being performed as indicated. Resident #1 – Care plan dated 8/18/21 states, "Turning and Repositioning every 2 hours and PRN"; however, no documented evidence assistance with turning and repositioning performed as indicated.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** > Caregiver's documentation began 2/5/22- daily > Caregiver's documentation began 2/5/22 daily > Caregiver's documentation began 2/5/22 daily	on going on going on going

STATE OF HAWAII
STATE LEGISLATURE
'22 FEB 22 A9:15

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-87 Personal care services. (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. **FINDINGS** Resident #1 – Care plan dated 8/18/21 states, "Caregiver to check client visually every 2 hours during the day and every 4 hours at night" due to falls risk; however, no documented evidence checks are being performed as indicated. Resident #1 – Care plan dated 8/18/21 states, "caregiver will check [resident's name] pull ups/diaper every 2 hours or as needed"; however, no documented evidence incontinence checks are being performed as indicated. Resident #1 – Care plan dated 8/18/21 states, "Turning and Repositioning every 2 hours and PRN"; however, no documented evidence assistance with turning and repositioning performed as indicated.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will create a checklist as a reminder for all caregivers on residents turning & reposition, incontint changing & visual check that these tasks are being performed by them & will document & initial. STATE OF HAWAII DOH-OHCQ STATE LICENSING 22 APR 27 AM 10:42	4/27/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(1) 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: Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects; **FINDINGS** Resident #1 – No documented evidence a comprehensive assessment was conducted prior to resident's admission into the care home.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** NCM completed as evidenced by documentation in binder on day of admission STATE OF HAWAII DEPT OF HEALTH STATE LICENSING	'22 FEB 22 A9:16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(1) 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: Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects; **FINDINGS** Resident #1 – No documented evidence a comprehensive assessment was conducted prior to resident's admission into the care home.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I added the pre-admission assessment on to my admission checklist for residents. STATE OF HAWAII OOH-CHCA STATE LICENSING '22 APR 27 AM 9:42	4/27/28

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(3) 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: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1 – No documented evidence the care plan was reviewed monthly. Care plan reviewed on 2/18/21 and 8/18/21.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Case manager came & reviewed, updated & documented care plan with PCG. PCG has created a checklist as a reminder that care plan for resident #1 will be reviewed, updated and documented with PCG during the case manager monthly visit.	2/18/22

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

'22 MAR 21 A9:41

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(3) 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: Review the care plan monthly, or sooner as appropriate; **FINDINGS** Resident #1 – No documented evidence the care plan was reviewed monthly. Care plan reviewed on 2/18/21 and 8/18/21.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG created a checklist, & will check after care plan has been reviewed w/ PCG will be initialed & dated at the end of each her month visit. STATE OF HAWAII DOH-OHCA STATE LICENSING '22 MAR 21 A9:41	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – Care plan dated 8/18/21 was not updated to reflect occurring hallucinations that started primarily in 12/2021.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** NCM updated Care plan on 2/18/22 to include hallucinations STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING	'22 FEB 22 A9:16

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; **FINDINGS** Resident #1 – Care plan dated 8/18/21 was not updated to reflect occurring hallucinations that started primarily in 12/2021.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make a reminder note to review ~~care plan~~ with case manager to ensure changes in resident's condition is reflected in the care plan. STATE OF HAWAII DOH-OHCA STATE LICENSING '22 APR 27 A10:42	4/27/22

Licensee's/Administrator's Signature: Susan B. Bondoc

Print Name: SUSAN B. BONDOC

Date: 2/18/2022

Licensee's/Administrator's Signature: Susan B. Bondoc

Print Name: SUSAN B. BONDOC

Date: 3/17/22

'22 MAR 21 A9:41

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

Licensee's/Administrator's Signature: Susan B. Bondoc

Print Name: SUSAN B. BONDOC

Date: 4/27/22

'22 APR 27 A10:42

STATE OF HAWAII
DCR-OHCA
STATE LICENSING