

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aida's (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 45-552 Liula Street, Kaneohe, Hawaii 96744	Inspection Date: November 22, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>            Primary Care Giver (PCG), Substitute Care Giver (SCG) #1 &amp; Household Member (HM) #1– No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p><b>Please provide a copy of the Fieldprint results with your plan of correction.</b></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>Fieldprint obtained to PCG            SCG #1 &amp; HM #1 - sec attached</p> <p>still pending - I'll submit when obtained.</p>	<p style="text-align: right; transform: rotate(90deg);">23 JUN 19 12:10</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(i) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><b><u>FINDINGS</u></b>            Primary Care Giver (PCG), Substitute Care Giver (SCG) #1 &amp; Household Member (HM) #1 - No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law.</p> <p>Please provide a copy of the Fieldprint results with your plan of correction.</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>In the future to prevent from happening again, I will check all caregivers credentials, trainings, and Annual Physical Exam. - see attach tool</p> <p>TO make sure this does not happen again I will add requirement to my check list &amp; make appointment couple of mths before it's due.</p>	<p>3/7/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Ensure bottle observed to be offered to resident during annual visit. No documented evidence of a physician order for Ensure formula. Per PCG, Ensure formula given once daily since last year.</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 had obtained Physician order for Ensure &amp; can daily on 12/29/22, transcribe in the chart.</p>	<p>1/30/2023</p> <p>23 JAN 19 PM 4:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Ensure bottle observed to be offered to resident during annual visit. No documented evidence of a physician order for Ensure formula. Per PCG, Ensure formula given once daily since last year.</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>- To prevent this citation to happen again, I will make sure that all medications &amp; formulas administer/give to clients has no order. I will do chart audit monthly.</p> <p>- See Attached Checklist too! -</p>	<p>1/13/23</p> <p>20 JAN 19 PM 2:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 - Ensure bottle observed to be offered to resident during annual visit. No record of ensure formula in medication sheet. Per PCG, Ensure formula given once daily since last year.</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>Order obtained 12/29/22, transcribed in the chart</p>	<p>1/13/23</p> <p>2023 JAN 19 11:21:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - Ensure bottle observed to be offered to resident during annual visit. No record of ensure formula in medication sheet. Per PCG, Ensure formula given once daily since last year.</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>- I will make sure that all meds &amp; formulas give to client has no order.</p> <p>- See Attached checklist.</p> <p>To make sure that this happen again I will add Ensure formula into my checklist to add in MAR</p>	<p>3/23</p> <p>3/7/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – There were no caregiver initials from February 24-28, 2022 for the following routine medications:</p> <ul style="list-style-type: none"> <li>• Escitalopram 5mg oral tab. Give one half tab by mouth daily.</li> <li>• Multivitamin-Minerals-Lutein (Theratrurn complete 50 plus). 1 tab by mouth daily.</li> <li>• Melatonin 3mg oral tab. Give 1 tab daily at bedtime.</li> <li>• Lisinopril 10mg oral tab. 1 tab by mouth daily.</li> <li>• Calcium Carb-Vitamin D3 600 – 400mg tab. Take 1 tab by mouth twice daily.</li> <li>• Vitamin B12 1,000 mcg. 1 tab by mouth once per week, every Monday.</li> </ul>	<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>23 JUN 19 PM 3:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – There were no caregiver initials from February 24-28, 2022 for the following routine medications:</p> <ul style="list-style-type: none"> <li>• Escitalopram 5mg oral tab. Give one half tab by mouth daily.</li> <li>• Multivitamin-Minerals-Lutein (Theratrurn complete 50 plus). 1 tab by mouth daily.</li> <li>• Melatonin 3mg oral tab. Give 1 tab daily at bedtime.</li> <li>• Lisinopril 10mg oral tab. 1 tab by mouth daily.</li> <li>• Calcium Carb-Vitamin D3 600 – 400mg tab. Take 1 tab by mouth twice daily.</li> <li>• Vitamin B12 1,000 mcg. 1 tab by mouth once per week, every Monday.</li> </ul>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>to prevent this from happening again, I will do MAZ audit monthly, and to daily medication reconciliation/check to make sure client is receiving the right medications.</p>	<p>1/13/23</p> <p>23 JAN 19 12:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Physician order for "Tylenol 500mg oral tab. 1 tab by mouth three time a day daily as needed for fever or pain." As needed (PRN) medication signed as administered three times a day, daily from February 1, 2022 till present. However no documented evidence of reason for taking medication as well as response to medication.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b> Resident #1 - Physician order for "Tylenol 500mg oral tab. 1 tab by mouth three time a day daily as needed for fever or pain." As needed (PRN) medication signed as administered three times a day, daily from February 1, 2022 till present. However no documented evidence of reason for taking medication as well as response to medication.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></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 will do pain assessment in the future as part of my vital signs to make sure that client needs pain medication. Document in my progress note including the effectiveness of pain meds. I will use pain assessment too.</p>	<p>1/3/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Case Management Plan of Care intervention for Hypertension dated 3/13/22 and signed as reviewed every month thereafter states “ Check B/P daily and as needed; call CM or MD if SBP &gt; 180 and DBP &lt;90 mmHg”, However, on the blood pressure monitoring sheet provided by the case manager; instructions state: “When to notify RN Case Manager or MD: if Systolic BP &gt;180&lt;90, Diastolic BP &gt;90-100. Care plan and blood pressure monitoring flow sheet instructions are inconsistent with each other.</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;">Service updated 1/3/2023 by RN CM.</p>	<p style="text-align: center;">1/3/23</p> <p style="text-align: center;">23 JAN 19 12:20</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> Resident #1 – Annual physical assessment by physician dated 8/23/22 has certified resident as self-preserving, however it was observed that resident is wheelchair dependent during annual visit. Per PCG resident requires partial to full assistance with transferring and resident is “mostly blind.”</p> <p><b>Please clarify with physician and provide an updated self-preservation.</b></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>Annual physical assessment &amp; self preservation will be re-evaluated by mo. Client has scheduled appointment 2/24/23.</p>	<p>23 JAN 19 PM 20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> Resident #1 – Annual physical assessment by physician dated 8/23/22 has certified resident as self-preserving, however it was observed that resident is wheelchair dependent during annual visit. Per PCG resident requires partial to full assistance with transferring and resident is “mostly blind.”</p> <p>Please clarify with physician and provide an updated self-preservation.</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, to prevent this citation happen again, I will make sure to check cmo the level of care + self preservation. And Annual physical exam be completed yearly. See attached checklist</p>	<p>1/13/23</p> <p>23 JAN 19 PM 2:20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u>  Monthly fire drill was not completed for the month of March 2022. Fire Drill log reflects fire drill recorded on 2/15/22 then again on 4/15/22.</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>23 JUN 19 PM 2:20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3)  A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b>  Monthly fire drill was not completed for the month of March 2022. Fire Drill log reflects fire drill recorded on 2/15/22 then again on 4/15/22.</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 will conduct yearly review to all my PCG, HM including PCG as to training, drill &amp; pe. See attached Checklist</p>	<p>1/13/23</p> <p>23 JAN 19 PM 20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b>FINDINGS</b>            Resident #1 – Care plan interventions for hypertension were not updated to reflect instructions provided on the flowsheet regarding blood pressure monitoring. Care plan states: "Check B/P daily and as needed; call CM or MD if SBP &gt; 180 and DBP &lt;90 mmHg", however blood pressure monitoring sheet provided by case manager states "When to notify RN Case Manager or MD: if Systolic BP &gt;180&lt;90, Diastolic BP &gt;90-100. Please clarify with RN Case Manager."</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 notified the RNcm to update Service plan. Corrected SP received 1/3/23. See Attached Corrected SP.</p>	<p>1/3/23</p> <p>Handwritten signature</p> <p>23 JAN 19 12:20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Care plan interventions for hypertension were not updated to reflect instructions provided on the flowsheet regarding blood pressure monitoring. Care plan states: "Check B/P daily and as needed; call CM or MD if SBP &gt; 180 and DBP &lt;90 mmHg", however blood pressure monitoring sheet provided by case manager states "When to notify RN Case Manager or MD: if Systolic BP &gt;180&lt;90, Diastolic BP &gt;90-100. <b>Please clarify with RN Case Manager.</b></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 will make sure to review care plan c ten cm monthly during visit, for care plan to be updated as ordered by MD</p>	<p>1/3/23</p> <p>23 JAN 19 PM 2:01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) 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>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No current comprehensive six (6) month re-assessment available for review by department. Last six month comprehensive available was dated 3/13/22. Only monthly assessment was noted on 9/1/22 in resident file.</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>23 JAN 19 PM 2:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10)            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>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No current comprehensive six (6) month re-assessment available for review by department. Last six month comprehensive available was dated 3/13/22. Only monthly assessment was noted on 9/1/22 in resident file.</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>- Will do monthly chart audit            to make sure than Comprehensive Assessment of 6 mos. present            - see attached checklist -</p>	<p>1/13/23</p> <p>23 JAN 19 PM 2:20</p>

Licensee's/Administrator's Signature: 35 Bautista  
Print Name: Zenaida T. Bautista  
Date: 3/7/23