

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Indel's	CHAPTER 100.1
Address: 58-109 Kaunala Street, Haleiwa, Hawaii 96712	Inspection Date: November 15, 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, #2, #3 and #4 – No annual physical exam.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCG, SCG #1, #2, #3, #4 had seen the doctor for Annual P.E and TB test.</i></p> <p><i>Copies of completed forms are submitted.</i></p>	<p style="text-align: right;">JAN 31 2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, #2, #3 and #4 – No annual physical exam.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I have created a list of all care givers with expiration dates of required clearances. I will put this list at the front of my care home binder and will review it quarterly to ensure all clearances are up to date. I will give weekly reminders to my care givers at least 1 month prior to any clearance expiration date. I will also have a substitute care giver double check the clearances quarterly as well.</i></p>	<p>12-15-22</p> <p style="text-align: right;">20100-1-10000</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> PCG, SCG #1, #2, #3 and #4 – No annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCG, SCG #1, #2, #3, #4 went to see the doctor for annual PE & TB clearance.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> PCG, SCG #1, #2, #3 and #4 – No annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I have created a list of all my care givers with expiration dates of required clearance. I will put this list at the front of my care home binder and will review it quarterly to ensure all clearances are up to date. I will give weekly reminders to my care givers at least 1 month prior to any clearance expiration date. I will also have a substitute care giver double check the clearances quarterly as well.</i></p>	<p style="text-align: right;">(2-15-22)</p> <p style="text-align: right;">2022-02-15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u> PCG, SCG #1, #2, #3 and #4 – No current first aid certification.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>PCG, SCG #1, #2, #3, #4 have CPR and First Aid every 2 years. We are due this year September. Copies are sent.</i></p> <p><i>all of us will check desk calendar for schedule.</i></p>	<p style="text-align: right;">JAN 31 2023</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; <u>FINDINGS</u> PCG, SCG #1, #2, #3 and #4 – No current cardiopulmonary resuscitation certification.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>yes, in fact we all have a copy of PCG, SCG #1, #2, #3, #4 CPR certificates, copies are to send.</i></p>	1

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> PCG, SCG #1, #2, #3 and #4 – No current cardiopulmonary resuscitation certification.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I have created a list of all my care givers with expiration dates of required clearances. I will put this list at the front of my case binder and will review it quarterly to ensure all clearances are up to date. I will give weekly reminders to my care givers at least 1 month prior to any clearance expiration date. I will also have a substitute care giver double check the clearances quarterly as well.</i></p>	<p style="text-align: right;"><i>12-15-22</i></p> <p style="text-align: right;"><i>02/10/23</i></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 – Acetaminophen not available.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I went to see Dr. I-Huang to asked for a new prescription of Acetaminophen for Resident 1 and pick up from the pharmacy.</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medications not reevaluated from 9/29/2021 to 3/9/2022. In addition, subsequent medication orders were not physically or electronically signed by a physician or APRN.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>Each time Resident I or any Residents will go for 4 months check to re-evaluate all medicines or vitamins is needed. I will tell my Substitutes to do the same.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medications not reevaluated from 9/29/2021 to 3/9/2022. In addition, subsequent medication orders were not physically or electronically signed by a physician or APRN.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I have created a list for each resident which includes clearance expiration reevaluations are due. I will put this list at the front of each resident's binder and review it at the beginning of each month.</i></p>	<p style="text-align: right;"><i>1-2-23</i></p> <p style="text-align: right;"><i>23 JAN 4 10 28 AM '23</i></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>FINDINGS Resident #1 – January and February 2022 medication administration records only filled out until the 18th of both months.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>I will tell my substitutes and my rep to check or mark MAR each time after giving medicines -</i></p>	

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<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 – January and February 2022 medication administration records only filled out until the 18th of both months.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will initial MARs immediately after medications are administered. Also, at the end of each day, I will review all residents' MARs to ensure no initials are missing for medications administered.</i></p>	<p style="text-align: right;">12-2-22</p> <p style="text-align: right;">23 107-18 P.3-27</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p>FINDINGS</p> <ul style="list-style-type: none"> • Resident #1 – No monthly progress note written for October 2022 available. • Multiple monthly progress notes did not include observations of the resident's response to diet or medications. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>my rep and substitutes have talked about completing Progress note of month and include all dates, time if there is any unusual happened.</i></p>	<p style="text-align: right;"><i>JAN 31 2023</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u></p> <ul style="list-style-type: none"> • Resident #1 – No monthly progress note written for October 2022 available. • Multiple monthly progress notes did not include observations of the resident's response to diet or medications. 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>The PCG will be responsible to complete monthly progress notes. At the end of each month, one SGG will review the monthly progress note to ensure they have been completed and are filled out accurately & appropriately.</i></p>	<p style="text-align: right;"><i>1-31-23</i></p> <p style="text-align: right;"><i>23 100-4 P. 27</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> No monthly weights recorded for any resident in September and October 2022.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>I asked my Substitutes to help me remember to do weights of month. And check desk calendar.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> No monthly weights recorded for any resident in September and October 2022.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Taking residents weights has been added to my monthly checklist. One SCG will be assigned to double check that all weights have been recorded by the 15th of each month.</i></p>	<p><i>12-31-22</i></p> <p style="text-align: right;"><i>23 11:41 12:27</i></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><u>FINDINGS</u> Resident #1 – Emergency information sheet incomplete as it did not include the resident’s primary doctor, psychiatrist, or current medications.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I completed an emergency information for resident 1, with all his doctors, psychiatrist and current medication.</i></p>	

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<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><u>FINDINGS</u> Resident #1 – Emergency information sheet incomplete as it did not include the resident’s primary doctor, psychiatrist, or current medications.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will add a note to the front of my residents' binder that says, "Review/update emergency information sheet quarterly, along with medication reevaluations". This note will remind the PC to review and update (if applicable) the emergency info sheet every four months or so.</i></p>	<p style="text-align: right;"><i>12-5-22</i></p> <p style="text-align: right;"><i>23 NOV-8 13:27</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage;</p> <p><u>FINDINGS</u> Dust and spiderwebs visible in various areas of the facility.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Myself and my substitutes sweep, mop, dust around everyday.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (b) The Type I ARCH shall be free of excessive noise, dust, or odors and shall have good drainage;</p> <p><u>FINDINGS</u> Dust and spiderwebs visible in various areas of the facility.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Clean and dust facility as much as I can, even my substitutes help clean also.</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>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.</p> <p>FINDINGS SCG #2 – Four (4) out of twelve (12) continuing education hours completed.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>SCG #2 had completed 12 hrs. of continuing education; however, the certificates were misplaced. I have found them and sent them in.</i></p>	<p><i>1-10-23</i></p> <p style="text-align: right;"><i>23 JAN -8 P 3:27</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>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.</p> <p><u>FINDINGS</u> SCG #2 – Four (4) out of twelve (12) continuing education hours completed.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Continuing education hours will be added to my list of requirements for care givers. I will review this list quarterly and ask my care givers to complete their 12 hours of continuing education by September of each year. If 12 hours have not been completed, I will give weekly reminders to do so, until all hours are complete.</i></p>	<p><i>9-15-22</i></p> <p><i>23 NOV -8 P 2:27</i></p>

Licensee's/Administrator's Signature: Indelicia Brillante

Print Name: INDELICIA BRILLANTE

Date: 1-27-2023

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Licensee's/Administrator's Signature: Indelicia Brillante

Print Name: INDELICIA BRILLANTE

Date: March 4, 2023

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OFFICE