

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kunia Hale LLC	CHAPTER 100.1
Address: 94-695 Kaaka Street, Waipahu, Hawaii 96797	Inspection Date: January 13, 2022 Initial

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.

OFFICE OF HEALTH CARE ASSURANCE
STATE OF HAWAII
MAY 23 AM 8:59

	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> Substitute care giver (SCG) #2 - No documentation of a chest x-ray following the positive tuberculosis (TB) skin test on 12/30/21. Chest x-ray was dated 7/16/21 (prior to the 12/30/21 skin test). Submit a copy of the chest x-ray with the plan of correction (POC).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Pls. see attached</i></p> <p><i>→ called SCG2 to do the chest X-ray right away and to go to her PCP for the correction of the year instead of 2022 supposed to be 2021.</i></p>	<p style="text-align: center;"><i>1/19/22</i></p> <p style="text-align: right; vertical-align: bottom;"> <small>STATE ARCHIVES</small> '22 JAN 31 P4:31 </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> Substitute care giver (SCG) #2 - No documentation of a chest x-ray following the positive tuberculosis (TB) skin test on 12/30/21. Chest x-ray was dated 7/16/21 (prior to the 12/30/21 skin test). Submit a copy of the chest x-ray with the plan of correction (POC).</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>What will I do to ensure that it doesn't happen again is, if SCG tested positive for TB skin test, she should have a chest x-ray right away and tell her to furnish us copy of the result</p>	<p>05/23/22</p> <p style="text-align: right;">22 MAY 23 09:40 STATE OF PENNSYLVANIA DEPARTMENT OF REVENUE</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)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 and SCG #2 - No training by the primary care giver (PCG) to make prescribed medication available to residents. Submit a copy of the training for each with the POC.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Pls. see attached</i></p> <p><i>> called SCG2 her available time for her to do the training with SCG1. ASAP.</i></p>	<p><i>1/15/22</i></p> <p style="text-align: right;">22 JAN 31 P4:31</p> <p style="text-align: right; font-size: small;">STATE OF MASSACHUSETTS DEPARTMENT OF REGULATION</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)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 and SCG #2 - No training by the primary care giver (PCG) to make prescribed medication available to residents. Submit a copy of the training for each with the POC.</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 use a New Employee checklist so that all health clearances and training is completed before they start work</i></p>	<p style="text-align: center;"><i>05/23/22</i></p> <p style="text-align: right;"> <small>STATE OF PENNSYLVANIA DEPARTMENT OF COMMUNITY DEVELOPMENT</small> 22 MAY 23 10:40 </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Posted menu was not followed.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>↳ Sorry was mistake. There was no available waffle that time so I made pancake and on the menu list was 1 sausage and I put 4 sausages.</p> <p>I post^{post} made a substitution lists in case I run out of the menu listed and make sure I have enough to cook. so I can follow the posted menus.</p>	<p>1/14/22</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF FOOD SAFETY AND INSPECTION JAN 31 4:31 PM '22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Posted menu was not followed.</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 use the menu to shop for food supply.</p> <ul style="list-style-type: none"> - Provided training to SCG to follow the menu and to record menu substitutions. - PCG will check with SCG meal served if substitution was necessary. PCG will check if recorded on substitution list. 	<p style="text-align: center;">05/23/22</p> <p style="text-align: right;">22 MAY 23 PM 2:40 STATE OF ILLINOIS STANDARD</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 <u>Nutrition</u> . (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.	<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>Yes. I corrected the deficiency. I made a substitution list. Contacted the dietitian who provided calcium substitutes. I will have ^{more} substitutes substitutes on hand.</p>	<p style="text-align: center;">05/23/22</p> <p style="text-align: center;">22 MAY 23 AM 4:0</p> <p style="text-align: center;">STATE OF FLORIDA DEPT OF STATE HEALTH</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> No substitutions listed when the menu is not followed. There was no calcium substitute listed.</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 will consult w/ the DtCA nutritionist if the resident refuses menu items and substitutions are needed.</p>	<p style="text-align: center;">05/23/22</p> <p style="text-align: right;">72 MAY 23 10:40 STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LABORATORY</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 - Diet order of 11/15/21 was "diabetic diet" and "1800 cal ADA;" however, the PCG is not approved for special diets.</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 completed special diet training last April 2022.</i></p>	<p style="text-align: center;"><i>05/23/22</i></p> <p style="text-align: right;">22 MAY 23 10:40 STATE OF NEW YORK EDUCATION STATE JUDICIAL</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 - Diet order of 11/15/21 was "diabetic diet" and "1800 cal ADA;" however, the PCG is not approved for special diets.</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 completed ^{special} diet training April 2022. I am approved ^{with} for special diets.</p>	<p style="text-align: center;">01/23/22</p> <p style="text-align: center;">22 NOV 23 10:40</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH SPECIAL SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Toxic chemicals & cleaning agents are not securely stored. A plastic container is used; however, not locked, in the laundry area.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>→ moved all the cleaning agents in the locked store room right away</p>	<p>1/13/22</p> <p>22 JUN 31 P4:31</p> <p>STATE OF MARYLAND STATE DEPARTMENT OF HEALTH</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Toxic chemicals & cleaning agents are not securely stored. A plastic container is used; however, not locked, in the laundry area.</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>→ put all the cleaning agents in a locked area (storeroom) not in a container with lid, should have lock on it.</p>	<p style="text-align: center;">1/13/22</p> <p style="text-align: center;">22 JAN 31 P4:31</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH COMMUNITY SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Upon arrival, the key was in the medication cabinet locking device. The key was removed when brought to the attention of the PCG.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>1/13/22</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE HEALTH OFFICE</p> <p>22 JAN 31 P4:31</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Upon arrival, the key was in the medication cabinet locking device. The key was removed when brought to the attention of the PCG.</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 will place a sign on the medication cabinet door to remind caregivers to lock and remove key after medication taken by resident.</p> <p>-I will train all SCG's - PCG will check that the door is locked when I pass by.</p>	<p style="text-align: center;">6/3/22</p> <p style="text-align: right;">22 MAY 23 11:40 STATE OF OHIO BOARD OF STATE LICENSING</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 - "Simvastatin 20 mg daily for cholesterol" ordered 11/15/21; however, the medication record indicated "HS." The time of day was not specified. No legend for "HS."</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 will ^{err am} recording the time of day medication is taken by the resident on the medication record.</i></p>	<p style="text-align: center;"><i>05/23/22</i></p> <p style="text-align: right;"> <small>STATE OF CONNECTICUT DEPARTMENT OF SPECIAL SERVICES</small> '22 MAY 23 10:40 </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 - "Simvastatin 20 mg daily for cholesterol" ordered 11/15/21; however, the medication record indicated "HS." The time of day was not specified. No legend for "HS."</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>I will record the time of the day the medication is taken by the resident on the medication record.</i></p>	<p style="text-align: center;"><i>05/23/22</i></p> <p style="text-align: right;">22 MAY 23 10:40</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Hot water temperature was 122° F.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>YES</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>> called the electrician right away to come + check the temperature for the hot water. (the temperature was adjusted the same day) (119° F)</i></p>	<p><i>1/13/22</i></p> <p style="text-align: right;">22 JAN 31 P 4:31</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><u>FINDINGS</u> Hot water temperature was 122° F.</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>2 Frequently check ^{temp} the hot water temperature and will be regulated + maintained within the range of 100°-120° F.</p>	<p>1/13/22</p> <p>22 JAN 31 P4:31</p> <p>STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE ILLINOIS</p>

	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><u>FINDINGS</u> Bedroom #2 - No pliable plastic pillow protectors for two (2) pillows.</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 put the plastic pliable pillow protectors on the 2 pillows.</p>	<p style="text-align: center;">05/23/22</p> <p style="text-align: center;">22 MAY 23 AM 9:40</p> <p style="text-align: center;">STATE OF NEW YORK DEPARTMENT OF STATE LIBRARIANO</p>

	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><u>FINDINGS</u> Bedroom #2 - No pliable plastic pillow protectors for two (2) pillows.</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 will train SCG's to replace pliable plastic pillows on pillows when removed.</p> <p>I will check the pillows if it is being replaced^{used} in place. everyday or when in the room.</p>	<p style="text-align: center;">05/23/22</p> <p style="text-align: center;">22 MAY 23 110:40</p> <p style="text-align: center;">STATE OF IOWA DOH-0007 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p>FINDINGS Bedroom #1 - Smoke detector was beeping throughout the inspection.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>my husband changed the battery right away</p>	<p>1/13/22</p> <p>22 JAN 31 P 4:32</p> <p>STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Bedroom #1 - Smoke detector was beeping throughout the inspection.</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>Will change the battery right away when heard it beeping. even ^{for} only only once.</i></p>	<p><i>1/13/22</i></p> <p style="text-align: right;">22 JAN 31 P 4:32 STATE OF MICHIGAN DOMestic STATE LINDSAY</p>

Licensee's/Administrator's Signature: *fullice*

Print Name: MARIA CRISTINA P. VICENTE

Date: 1/27/2022

Licensee's/Administrator's Signature: *fullice*

Print Name: MARIA CRISTINA VICENTE

Date: 01/23/22

22 JAN 31 P 4:32
STATE OF HAWAII
DORIS M. CHAN
STATE LICENSING