

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Cottage	CHAPTER 100.1
Address: 2035 Kamehameha Avenue, Honolulu, Hawaii 96822	Inspection Date: July 17, 2023 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.

STATE OF HAWAII
DHHS-ORCA
STATE LICENSING

23 AUG 14 P 1:12

	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) #1 – No documented evidence of initial tuberculosis clearance, and annual tuberculosis clearance not signed by a physician or APRN.</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>1. On 01/25/2021, SCG #1 completed her initial tuberculosis clearance from Lanakila center and received a clearance certification from Department of Health. On 06/05/2023, SCG #1 completed her annual tuberculosis clearance. On 07/18/2023, SCG #1 annual tuberculosis clearance was signed by the physician.</p> <p>2. On 07/24/2023, the Director of Nursing (DON) reviewed and audit all Manoa Cottage employees initial and annual tuberculosis clearance to ensure that it has been completed and were signed by a physician or APRN.</p> <p>3. The DON found four other employees that did not have their initial tuberculosis clearance signed by the physician or APRN. On 07/25/2023, the initial tuberculosis clearance form for the four employees were signed by the physician. There were eight other employees that did not have their annual tuberculosis clearance signed by the physician or APRN. On 07/25/2023, the annual tuberculosis clearance form for the eight employees were signed the physician.</p>	<p>07/18/2023</p> <p>07/24/2023</p> <p>07/25/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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) #1 – No documented evidence of initial tuberculosis clearance, and annual tuberculosis clearance not 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> <ol style="list-style-type: none"> 1. The Human Resources (HR) or designee will continue to record and ensure that all new hire(s) has completed their initial tuberculosis clearance and signed by a physician or APRN before providing their training schedule. 2. The HR or designee will continue to record and monitor the employees credential log for annual tuberculosis clearance to ensure that all employees are current and annual tuberculosis clearance form is signed by a physician or APRN. 3. The HR or designee will begin to send notifications to employees needing completion of their annual tuberculosis clearance three months before its due date. The HR or designee will continue to send notifications bi-weekly until a completed and signed annual tuberculosis clearance has been received. Employees who fails to provide a completed and signed annual tuberculosis clearance by a physician or APRN by its due date will be taken off the schedule until a completed and signed annual tuberculosis clearance has been provided to the HR. 4. The Nurse Manager or designee will audit the employees credential log for initial and annual tuberculosis clearance every month to ensure that all employees has completed the initial and annual tuberculosis clearance and were signed by the physician or APRN. 	<p>07/25/2023</p> <p>07/25/2023</p> <p>07/25/2023</p> <p>07/25/2023</p>

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STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> No evidence that the meals served met the nutritional needs of the residents as the serving size guidelines provided by the Consultant Registered Dietitian were not followed. Some residents were served the correct 3-ounce serving size of burger with lettuce and tomato, while other residents were served half portions of the 3-ounce serving size of the burger, including half a bun and smaller portions of lettuce and tomato.</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>11/11/11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> No evidence that the meals served met the nutritional needs of the residents as the serving size guidelines provided by the Consultant Registered Dietitian were not followed. Some residents were served the correct 3-ounce serving size of burger with lettuce and tomato, while other residents were served half portions of the 3-ounce serving size of the burger, including half a bun and smaller portions of lettuce and tomato.</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> <ol style="list-style-type: none"> 1. On 07/25/2023, the Registered Dietitian (RD) provided an in-service training on the portion size to the dietary staff. 2. On 07/31/2023, the RD provided a copy of the six-week menu cycle with the portion size included. 3. The Nurse Manager or designee is to observe during meal times every month to ensure that all residents receives the same amount of portion unless it has been indicated and their is a order documentation for the resident to receive a smaller or half portion of served meals. 	<p>07/25/2023</p> <p>07/31/2023</p> <p>07/31/2023</p> <p style="text-align: right;">23 AUG 14 P 1:12 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	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>FINDINGS Resident #1 – Medications not reevaluated and signed every four months from 12/27/2022 to 6/29/2023.</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 style="text-align: center;">JUN 29 2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (g)</u> 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 and signed every four months from 12/27/2022 to 6/29/2023.</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>1. On 07/20/2023, the Director of Nursing (DON) reviewed the resident's medication order summary report to ensure their medication order summary report has been reevaluated and signed by their primary care physician every four months.</p> <p>2. On 07/20/2023, the DON created a medication order summary report tracking log to ensure the resident's medication order summary report have been reevaluated and signed every four months by their primary care physician. The nurse manager or designee will update the tracking log and mark "X" every time a medication order summary report has been reevaluated and signed by the resident's primary care physician.</p> <p>3. The Nurse Manager or designee will review and audit the order medication summary report tracking log every month to ensure all resident's medication order summary report have been reevaluated and signed by the resident's primary care physician.</p>	<p>07/20/2023</p> <p>07/20/2023</p> <p>07/20/2023</p> <p style="text-align: center;">23 AUG 14 P 1:12</p> <p style="text-align: center;">STATE OF HAWAII DON-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (a) Each resident shall be given proper daily personal attention and care including but not limited to skin, nails, hair, teeth, and oral hygiene in addition to any therapeutic regimen ordered by the resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – During lunch service, the department observed little to no encouragement and supervision by staff for resident with severe protein calorie malnutrition.</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 style="text-align: center;">12/18/2018</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (a) Each resident shall be given proper daily personal attention and care including but not limited to skin, nails, hair, teeth, and oral hygiene in addition to any therapeutic regimen ordered by the resident's physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – During lunch service, the department observed little to no encouragement and supervision by staff for resident with severe protein caloric malnutrition.</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>1. On 07/20/2023, the Director of Nursing (DON) reviewed all resident's monthly weight. The DON updated the nursing staff of the resident(s) with severe protein calorie malnutrition as evidence with their significant weight loss to ensure an assistance or an encouragement is provided during meal times.</p> <p>2. The Nurse Manager or designee will update the nursing staff on resident(s) with severe protein calorie malnutrition at the beginning of each month after completion of resident's monthly weight.</p> <p>3. On 07/25/2023 the Nurse Manager conducted an in-service to all nursing staff on providing assistance or encouragement during meal times for residents that are severe protein calorie malnutrition as evidence by their significant weight loss.</p> <p>4. The Nurse Manager or designee will observe during meal times to ensure that resident(s) with severe protein calorie malnutrition are assisted or provided with encouragement to increase meal intake.</p>	<p>07/20/2023</p> <p>07/20/2023</p> <p>07/25/2023</p> <p>07/25/2023</p> <p style="text-align: right;">23 AUG 14 P 1:12</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH - OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #2 – No documentation of primary care giver's assessment for resident upon 1/19/2023 readmission.</p>	<p>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 style="text-align: center;">01/19/2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #2 – No documentation of primary care giver's assessment for resident upon 1/19/2023 readmission.</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>1. The Nurse Manager will complete and document a new assessment for all residents that are readmitted back to Manoa Cottage.</p> <p>2. The Director of Nursing (DON) or designee will review and audit every month to ensure that a new assessment has been completed and documented for all readmission to Manoa Cottage.</p>	<p>07/20/2023</p> <p>07/20/2023</p> <p style="text-align: right;">23 AUG 14 P 1:12</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</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><u>FINDINGS</u> Resident #1 – Progress notes for February 2023 did not accurately reflect observations related to the resident's appetite. Monthly summary stated, "fair to good," however resident had 6 lb weight loss (7% in one month) from February 2023 (2/5/23, 86.1) to March 2023 (3/6/23, 80.1).</p>	<p>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 style="text-align: center;">CORRECTED DATE: 3/15/23 BY: [illegible]</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> Resident #1 – Progress notes for February 2023 did not accurately reflect observations related to the resident’s appetite. Monthly summary stated, “fair to good,” however resident had 6 lb weight loss (7% in one month) from February 2023 (2/5/23, 86.1) to March 2023 (3/6/23, 80.1).</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>1. The Nurse Manager is to continue to review the residents weight record every month and is to ensure that any significant weight changes will reflect accurately in the resident’s monthly summary/monthly progress notes.</p> <p>2. The Director of Nursing or designee is to review and audit the resident's weight record every month and the resident's monthly summary/monthly progress notes to ensure that resident's stated appetite accurately reflect if their is any significant weight changes noted.</p>	<p>07/20/2023</p> <p>07/20/2023</p> <p style="text-align: right;">23 AUG 14 P 1:12</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII BH-9102A STATE LICENSING</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 – Per November medication administration record, Doxycycline Hyclate 50 mg was administered between 11/18/2022 and 11/25/2022; however, no documentation of order available.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #2 – 1/17/2023 discharge and 1/19/2023 readmission, not reflected in general register.</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>1. On 06/12/2023, resident #2 moved to Manoa Cottage from Manoa Cottage Tree.</p> <p>2. On 07/18/2023, the Administrative Assistant updated the general registrar for Manoa Cottage Tree to reflect resident #2 discharge to Kaiser Hospital on 01/17/2023 and re-admission to Manoa Cottage Tree on 01/19/2023.</p> <p>3. On 07/18/2023, the Administrative Assistant reviewed all the general registrar to ensure that any resident that were discharge and re-admitted back to the facility accurately reflect in the general registrar.</p>	<p>07/30/2023</p> <p>07/18/2023</p> <p>07/18/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #2 – 1/17/2023 discharge and 1/19/2023 readmission, not reflected in general register.</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>1. The Administrative Assistant is to update the general registrar anytime a resident is admitted and readmitted to the facility and anytime a resident is discharge from the facility.</p> <p>2. The Nurse Manager or designee is to review the general registrar every month to ensure that it is maintained and accurately reflected anytime a resident is admitted and readmitted to the facility and anytime a resident is discharge from the facility.</p>	<p>07/30/2023</p> <p>07/30/2023</p> <p style="text-align: center; vertical-align: bottom;"> 23 AUG 14 P 1:12 STATE OF HAWAII DPH-ORCA STATE LICENSING </p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 No documented evidence that the facility notified the physician of a significant weight loss (7% in one month) from February 2023 (2/5/23, 86.1) to March 2023 (3/6/23, 80.1).</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 style="text-align: right;"> <small> THE STATE BOARD OF HEALTH CARE COMMUNITY CARE DIVISION 1500 EAST WYOMING SALT LAKE CITY, UT 84143 (801) 538-2200 www.healthcare.utah.gov </small> </p> <p style="text-align: right;"> <small> 3/14/2023 3:04 PM </small> </p>

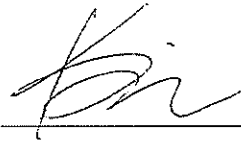
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's 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.</p> <p><u>FINDINGS</u> Resident #1 No documented evidence that the facility notified the physician of a significant weight loss (7% in one month) from February 2023 (2/5/23, 86.1) to March 2023 (3/6/23, 80.1).</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> <ol style="list-style-type: none"> 1. The residents' monthly weight are check every 1st of each month. 2. The Nurse Manager is to continue to review all residents monthly weight and is to notify their primary care physician in a timely manner for any resident with significant weight changes and is to document in the resident's progress note. 3. The Director of Nursing (DON) or designee is to review the resident's weight record every month for any significant weight changes and to ensure that their primary care physician has been notified and documented for any noted significant weight changes. 	<p>07/30/2023</p> <p>07/30/2023</p> <p>07/30/2023</p> <p style="text-align: right;">23 AUG 14 P 1:12</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><u>FINDINGS</u> Resident #1 No documented evidence that the facility utilized the Consultant Registered Dietitian to provide nutritional assessment for resident with low appetite and significant weight loss from February 2023 (2/5/23, 86.1) to March 2023 (3/6/23, 80.1).</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>3/23/23</p>

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23 AUG 14 P1:12

Licensee's/Administrator's Signature: _____



Print Name: _____

Kevin Wu

Date: _____

08/11/2023