

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

24 MAR - 7 11 57

<b>Facility's Name: Rose P. Lee DDD-Home, LLC</b>	<b>CHAPTER 89</b>
<b>Address: 99-838 Hulumanu Street, Aiea, Hawaii 96701</b>	<b>Inspection Date: September 26, 2023 Annual</b>

**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>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Eye drop medication orders need clarification.</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;"><i>I corrected this deficiency by contacting her legal guardian, her sister, to reach out to the doctor's office and request an updated order with specifications on the use of eyedrops.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right;"><i>2/1/24</i></p> <p style="text-align: right; font-size: small;">24 MAR -7 P 1:57</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Eye drop medication orders need clarification.</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>To ensure that this does not happen again, I will establish better communication with her legal guardian, her sister, and remind her to review the doctor's order before leaving the office. I will also review the order to make sure that the instructions are specified. I have written a reminder note in front of the chart to help me remember to review orders when the guardian brings it back.</p>	04/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Please clarify order for Geodon. It may need a parameter added to take with food.</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;"><i>To correct this deficiency, I have contacted the doctor's office to request more specifications, such as an added parameter, for the Geodon / Ziprasidone order. The doctor has stated that it would not make sense to correct the current order because the medication has been cancelled entirely.</i></p> <div style="text-align: right; font-size: small;">       STATE OF HAWAII        POLICE        STATE OFFICERS     </div>	<p style="text-align: right;"><i>1-29-2024</i></p> <p style="text-align: right;">24 MAR -7 P1:57</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Please clarify order for Geodon. It may need a parameter added to take with food.</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>To ensure that this does not happen again, I will remind her guardian to ask the doctor if there are any new prescriptions being added after the visit. I will review the after visit summary for any changes to orders or new orders. If there are medications that is not clear to me, I will call the doctor to clarify. A reminder note will be placed in front of the chart to remind me to review the doctors notes.</p>	<p>04/18/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Resident #1 – Medication Administration Record (MAR) entry for Senexon must include an indication for PRN.</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>To ensure that this does not happen again, I will review and update the record immediately and indicate notes on MAR. I will also include the purpose of the medication and if it's ordered as prn, to note in MAR. I included a reminder in front of the chart to make sure that any PRN medications have an indication.</p>	<p>04/18/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Resident #1 – Medication Administration Record (MAR) entry for Senexon must include an indication for PRN.</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>To ensure that this does not happen again, I will review and update the record immediately and indicate notes on MAR. I will also include the purpose of the medication and if it's ordered as prn, to note in MAR. I included a reminder in front of the chart to make sure that any PRN medications have an indication.</p>	04/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b>FINDINGS</b> Resident #1 – Polyethylene Glycol is on electronically signed visit summary dated 12/7/22, however it is not on the Medication Administration Record (MAR) for the months of December 2022 through June 2023 when it is ordered again.</p>	<p>PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DUFF-ORCA STATE LICENSING</p>	<p style="text-align: right;">24 MAR -7 P 1:57</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Polyethylenē Glycol is on electronically signed visit summary dated 12/7/22, however it is not on the Medication Administration Record (MAR) for the months of December 2022 through June 2023 when it is ordered again.</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>To ensure that this does not happen again, I will double check and read in the summary report's doctor notes and order. I will write any new orders from the doctor immediately in the MAR. I wrote a reminder note in front of the chart to remind to update MARs when there are new orders.</p>	<p>04/18/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(1)            Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:</p> <p>Records which identify the resident's name, social security number, marital status, date of birth, sex, next of kin or guardian, and religious preference, if any. A record of the address and telephone number of the referral agency or source by which the resident was admitted, the attending physician, dentist, and other medical or social service professionals who are currently involved in providing services to the resident, as well as a record of the agency responsible for financial payment, and the medical insurance plan;</p> <p><b>FINDINGS</b>            Resident #1 – emergency information sheet not updated.</p>	<p style="text-align: center;">PART 1</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;"><i>I corrected this deficiency by reviewing her file record and making the necessary adjustments to bring it up to date.</i></p>	<p style="text-align: right;"><i>2/1/24</i></p> <p style="text-align: right;">24 MAR -7 P 1:56</p> <p style="text-align: right;">STATE OF HAWAII  <small>Department of Health</small>            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(1)            Individual records shall be maintained for each resident.            Upon admission or readmission, the facility shall maintain:</p> <p>Records which identify the resident's name, social security number, marital status, date of birth, sex, next of kin or guardian, and religious preference, if any. A record of the address and telephone number of the referral agency or source by which the resident was admitted, the attending physician, dentist, and other medical or social service professionals who are currently involved in providing services to the resident, as well as a record of the agency responsible for financial payment, and the medical insurance plan;</p> <p><b>FINDINGS</b>            Resident #1 – emergency information sheet not updated.</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 style="text-align: center;"><i>To ensure that this does not happen again, I will review and update the record every 6 months / or most current changes.</i></p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS            DEPARTMENT OF            STATE LICENSING</p>	<p style="text-align: center;"><i>2/12/24</i></p> <p style="text-align: center;">24 MAR -7 P1 56</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Progress notes do not mention resident's progress towards ISP goals.</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>24 MAR -7 P 1 :56</p> <p>STATE OF MICHIGAN            DON-DICKA            STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:  Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;  <u>FINDINGS</u> Resident #1 – Progress notes do not mention resident's progress towards ISP goals.	<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 style="text-align: center;"><i>To ensure that this does not happen again, I will focus more on the goal, as noted in the ISP. I will apply the observations and make note of it in the daily Progress Note immediately. I will be more consistent in having all necessary information noted in the progress notes, every month.</i></p>	<p style="text-align: center;"><i>2/1/24</i></p> <p style="text-align: center;">24 MAR -7 P1:56</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b>FINDINGS</b>            Resident #1 - Progress notes do not consistently cover all aspects required by chapter 89 rules.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;">2/1/24</p> <p style="text-align: right;">24 MAR -7 P 1 56</p> <p style="text-align: center; font-size: small;">STATE OF HAWAII            ODH-OHCA            STATE LICENSING</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b></p> <p>Resident #1 - Progress notes do not consistently cover all aspects required by chapter 89 rules.</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>To ensure that this does not happen again, I will be very concentrating on the ISP aspects and goals and write it down in caregiver's notes. I will mark my calendar my observations every day and summarize my observations at the end of the month. I have copied my citation to remind of the rules and what I need to write in my caregiver's notes.</p>	04/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(4)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Medications made available;</p> <p><b><u>FINDINGS</u></b>            Resident #1 -- Polyethylene Glycol is on electronically signed visit summary dated 12/7/22, however it is not on MAR to document that medication is being made available for the months of December 2022 through June 2023 when it is ordered again.</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>STATE OF HAWAII            DDP-ORCA            STATE LICENSING</p>	<p>'24 MAR -7 P1:55</p>



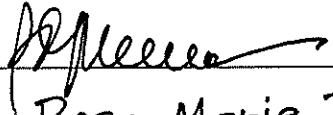
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(4)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Medications made available;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Polyethylene Glycol is on electronically signed visit summary dated 12/7/22, however it is not on MAR to document that medication is being made available for the months of December 2022 through June 2023 when it is ordered again.</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>To ensure that this does not happen again, I will advise her legal guardian to check and read the doctors summary report before leaving doctors office. And to make sure, to ask doctor of new meds prescribed. When I receive orders from guardian, I will then update records in MAR of doctors order. I wrote in front of my calendar to remind guardian to bring back doctor's summary for me to review and update my MAR of any new new or updated orders.</p>	<p>04/18/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Please include Care Giver names or initials when they participate in monthly fire drills</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>24 MAR -7 P 1:55</p> <p>STATE OF HAWAII DOH-DRQA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Please include Care Giver names or initials when they participate in monthly fire drills</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 style="text-align: center;"><i>To ensure that this does not happen again. I will ask the other person to initial one to confirm that it was attended by 2 people. If it is just one, my initials should complete the transactions.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOM-ORCA STATE LICENSING</p>	<p style="text-align: right;"><i>2/1/24</i></p> <p style="text-align: right;">24 MAR -7 P1 55</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (o)  Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit.</p> <p><b>FINDINGS</b>  Resident #1 – Please clarify diet order as ISP says resident should be on Low Carb diet.</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;"><i>I corrected this deficiency, I contacted her case manager and informed her that the information on the "ISP" needed to be corrected because it does not align with the doctor's order.</i></p>	<p style="text-align: right;"><i>2/1/24</i></p> <p style="text-align: right;">24 MAR -7 P 1:55</p> <p style="text-align: right; font-size: small;">STATE OF MONTANA  DOMESTIC  STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (o)  Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Please clarify diet order as ISP says resident should be on Low Carb diet.</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 style="text-align: center;"><i>To ensure that this does not happen again, I will review the "ISP" and doctor's order to make sure there aren't any discrepancies. If there are any, I will contact the Case Manager immediately.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DOH-ONCA  STATE LICENSING</p>	24 MAR - 7 P 1:55

Licensee's/Administrator's Signature:   
Print Name: Rose Marie P. Lee  
Date: 03-05-2024

'24 MAR -7 P1 55  
STATE OF HAWAII  
BOH-0101A  
STATE LICENSING

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

Print Name: Rose Marie P. Lee

Date: Apr 18, 2024