

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Maunalei Hale	CHAPTER 89
Address: 3460 A Maunalei Avenue, Honolulu, Hawaii 96816	Inspection Date: May 29, 2024 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>§11-89-14 <u>Resident health and safety standards.</u> (e)(2) Medications:</p> <p>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> Resident #2 – Observed the following medications unsecured in the bathroom next to resident's bedroom:</p> <ul style="list-style-type: none"> • Hydrocortisone cream 1% • Children's Benadryl chewable • Children's Multisymptom cold daytime cough syrup • Children's Multisymptom cold nighttime cough syrup <p>*Medications were removed from the bathroom and secured during inspection.</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
☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)(2) Medications:</p> <p>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> Resident #2 – Observed the following medications unsecured in the bathroom next to resident’s bedroom:</p> <ul style="list-style-type: none"> • Hydrocortisone cream 1% • Children’s Benadryl chewable • Children’s Multisymptom cold daytime cough syrup • Children’s Multisymptom cold nighttime cough syrup <p>*Medications were removed from the bathroom and secured during 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>Resident has been informed that all medications , even those over the counter, must be stored securely in her bedroom. She has agreed to do so. A daily check of the bathroom for such items has been added to the manager’s list of tasks.</p>	08/28/2024

	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 – 2/23/24 physician order for “Saline Nasal Spray 0.65% inhale 2 sprays into nostrils PRN (as needed). No PRN indication noted in order.</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>New Physician order that included a PRN indication was received.</p>	<p>07/12/2024</p>

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<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 – 2/23/24 physician order for “Saline Nasal Spray 0.65% inhale 2 sprays into nostrils PRN (as needed). No PRN indication noted in order.</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>A printed list of all the Necessary information that must be included in a physician’s order (name of medication; dosage; route of administration; frequency of use; quantity to be dispensed; number of refills) will be placed in each residents binder so all new orders can be checked for completeness by the manager before placement in resident’s binder.</p>	08/28/2024

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<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 – Physician order for “Sumatriptan 25mg PO. Take 1 tab PO once daily as needed for migraines” dated 7/14/23. However, July 2023 MNR observed medication is being initialed as administered/being made available from July 1-10, 2023. No physician order observed before July 14 for medication.</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>Then physician had ordered sumatriptan earlier . I had called to report that Daryl was suffering an intense headache that was not alleviated by the naproxen she had earlier ordered. She had the pharmacy deliver the sumatriptan that Daryl took and provided the written order when he had his appointment. I wrongly assumed that if the physician ordered it delivered to us it was appropriate for use.</p>	<p>07/12/2024</p>

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<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 – Physician order dated 1/9/2024 states “Acetaminophen 500mg tablet. Take 2 tab PO Q6 hours PRN.” However, previous physician orders state “Acetaminophen 325mg. Take 2 tab PO PRN” and medication in resident’s bin is Acetaminophen 325mg. No documentation that clarification was obtained.</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 have replaced the 325 mg Acetaminophen tablets with 500 mg Acetaminophen tablets reflecting the most recent PRN.</p>	<p>07/12/2024</p>

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<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 – Physician order dated 1/9/2024 states “Acetaminophen 500mg tablet. Take 2 tab PO Q6 hours PRN.” However, previous physician orders state “Acetaminophen 325mg. Take 2 tab PO PRN” and medication in resident’s bin is Acetaminophen 325mg. No documentation that clarification was obtained.</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>In the future, the manager will revise the contents of the resident’s medication bins whenever a new physician’s order is received and when the 3 month review is physicians orders is completed.</p>	08/28/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> Resident #1 – Medication orders not being re-evaluated every three months or sooner.</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 have obtained current physician's orders for the residents' medications.</p>	<p>07/12/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> Resident #1 – Medication orders not being re-evaluated every three months or sooner.</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 have marked dates on my calendars to request updated physician orders. I will make a list of the current medications the resident uses and will send that to each doctor for their review and signature.</p>	<p>07/12/2024</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><u>FINDINGS</u> Resident #1 – The following medications ordered by the physician were not transcribed in the Medication Administration Record (MAR) for the month of March 2024:</p> <ul style="list-style-type: none"> • Sumatriptan 25mg 1 tab by mouth as needed daily for migraines. • Naproxen 500mg tab. 1 tab by mouth twice daily as needed for pain. 	<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>	

	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><u>FINDINGS</u> Resident #1 – The following medications ordered by the physician were not transcribed in the Medication Administration Record (MAR) for the month of March 2024:</p> <ul style="list-style-type: none"> • Sumatriptan 25mg 1 tab by mouth as needed daily for migraines. • Naproxen 500mg tab. 1 tab by mouth twice daily as needed for pain. 	<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>The manger will ensure that all medications listed in a physician's order are included in the monthly MAR report.</p> <p>Each time a new physicians order is received , the medication and instructions on the new order will be immediately recorded on the MAR by the manager.</p>	08/28/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-15 <u>Recreational and social activities.</u> (b) The caregiver shall provide and document social and recreational activities for residents on a regular basis and shall encourage participation in activities according to the resident's interest, needs, capabilities, and service plan.</p> <p><u>FINDINGS</u> Resident #1 – Current activities schedule not updated to reflect resident’s current employment program schedule.</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 have updated resident schedules to ensure they reflect their current activities.</p>	07/12/2024

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<input checked="" type="checkbox"/>	<p>§11-89-15 <u>Recreational and social activities.</u> (b) The caregiver shall provide and document social and recreational activities for residents on a regular basis and shall encourage participation in activities according to the resident's interest, needs, capabilities, and service plan.</p> <p><u>FINDINGS</u> Resident #1 – Current activities schedule not updated to reflect resident’s current employment program schedule.</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>A recurring event, “Review of Resident’s Schedules” has been placed on the house computer’s calendar for each Sunday and an alert of that event will be sent at 8 am each Sunday. In case that fails, the house Alexa is programmed to give a reminder at 7 pm on Sundays. The manager will update the schedules</p>	<p>08/28/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><u>FINDINGS</u> Resident #1 – Resident progress notes did not consistently note response to medications, diet, activities, changes in behavior patterns, and provisions of care monthly in the last twelve (12) months.</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>In addition to the progress notes form initially provided me, I have begun using forms provided to me usually used by Arch Homes that provide more prompts for the type of information I have previously omitted.</p>	07/12/2024

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	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><u>FINDINGS</u> Resident #1 – No documentation of resident’s response to PRN medications administered in the past 12 months. For example: Sumatriptan PRN administered July 1-10, 2023, however, no documentation of reason for administration and response to medication.</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 have written a summary of events for the July 1-10 period relying upon my original shorter progress notes to jog my memory.</p>	<p>07/12/2024</p>

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<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><u>FINDINGS</u> Resident #1 – No documentation of resident’s response to PRN medications administered in the past 12 months. For example: Sumatriptan PRN administered July 1-10, 2023, however, no documentation of reason for administration and response to medication.</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 be sure to record the reason for the administration of the medication and the response to it. I have developed a separate Medication form on which I will note the time, reason for and result of each medication that is administered.</p>	<p>07/12/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(7) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><u>FINDINGS</u> Resident #2 – No monthly weight recorded for the month of May 2023 and April 2024.</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>	

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☒	<p>§11-89-18 <u>Records and reports.</u> (b)(7) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician;</p> <p><u>FINDINGS</u> Resident #2 – No monthly weight recorded for the month of May 2023 and April 2024.</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>The manager will continue to have residents weighed at the nurse's monthly visits. Residents know of the requirement for monthly weights and that if they miss a weigh-in with the nurse they are required to weigh in within 72 hours of the nurse's visit. The house computer is set to issue an alert 48 hours after each nurse's visit for the manager to arrange a weigh-in if necessary.</p>	08/28/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (d) A current inventory of residents' possessions shall be maintained.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of possessions did not have a date of when it was 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 have had each resident revise their inventory and date the revision.</p>	<p>07/12/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (d) A current inventory of residents' possessions shall be maintained.</p> <p><u>FINDINGS</u> Resident #1 – Inventory of possessions did not have a date of when it was 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>The house computer's calendar has been set to issue an alert that residents' inventories need updating on January 15, April 15, July 15 and October 5. Additionally, residents are encouraged to change their inventory as items are acquired or discarded. The manager is responsible for the inventories.</p>	08/17/2024

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<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (d) A current inventory of residents' possessions shall be maintained.</p> <p><u>FINDINGS</u> Resident #2 – No current inventory of belongings. Last inventory conducted at admission.</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>Residents have completed new inventories, dating the list.</p>	07/12/2024

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<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (d) A current inventory of residents' possessions shall be maintained.</p> <p><u>FINDINGS</u> Resident #2 – No current inventory of belongings. Last inventory conducted at admission.</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>Residents have agreed to review and revise their inventory, dating the day it is done. They are aware that I will review the dated inventory to ensure it is revised at least every 6 months. The date is put on the calendar or everyone to see. I encourage them to add new possessions to their inventory as soon as they are acquired.</p>	<p>07/12/2024</p>

Licensee's/Administrator's Signature: Barbara Poole-Street

Print Name: Barbara Poole-Street

Date: 08/05/2024

Licensee's/Administrator's Signature: Barbara Poole-Street

Print Name: Barbara Poole-Street

Date: 08/28/2024