

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

24 OCT -4 AM '24

<b>Facility's Name: Safe Haven ARCH LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1080 Haalau Street, Waipahu, Hawaii, 96797</b>	<b>Inspection Date: July 22, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

**FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).**

	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><b><u>FINDINGS</u></b> No record that the Primary Care Giver (PCG) trained the Substitute Care Giver (PCG) to make medication available to residents.</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>PCG has trained SCG to administer medications and to record on medication administration record (MAR).</p> <p>Substitute caregiver training checklist was also done during the training.</p>	<p>08/02/2024</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHICA STATE LICENSING</p> <p style="text-align: right; font-size: small;">24 OCT -4 110:37</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><b><u>FINDINGS</u></b> No record that the Primary Care Giver (PCG) trained the Substitute Care Giver (PCG) to make medication available to residents.</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>Substitute Caregiver Training checklist will be added to the list of SCG requirements.</p> <p>All skills checklist should be done before SCG will start caring for the residents.</p>	<p>08/02/2024</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-011CA STATE LICENSING</p> <p style="text-align: right; font-size: small;">24 OCT -4 AMO :37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Resident’s wheelchair was not included on a list of valuables brought to the care home.</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>Resident's inventory of all personal items was updated. Wheelchair was added on the list.</p>	<p>08/02/2024</p>
			<p style="text-align: right;">24 OCT -4 A10:37 STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Resident’s wheelchair was not included on a list of valuables brought to the care home.</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>Upon admission, all personal belongings will be listed on the inventory form.</p> <p>When new items are brought by resident/ family, list will be updated by PCG.</p> <p><i>I will use admission check list as a reminder to take inventory at admission</i></p>	<p>08/02/2024</p> <p><i>10/4/24</i></p> <p style="text-align: right;">STATE OF OHIO DOH-ODCA STATE LICENSING</p> <p style="text-align: right;">24 OCT -4 10:37</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c)  The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b><u>FINDINGS</u></b>  No record that fire drill due in June 2024 was conducted. Residents' names who participated in fire drill on 3/1/2024 were not recorded. Only Residents' numbers #1, #2, #3 were recorded.</p>	<p style="text-align: center;"><b>PART 1</b></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;">24 OCT -4 AM 0:37</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>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (c)  The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b><u>FINDINGS</u></b>  No record that fire drill due in June 2024 was conducted. Residents' names who participated in fire drill on 3/1/2024 were not recorded. Only Residents' numbers #1, #2, #3 were recorded.</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>Personal calendar will be used as a reminder for drills that are due. Calendar will be checked daily for tasks to be done.</p> <p>On the next fire drill, full names of the residents will be included in the fire drill record.</p>	<p>08/02/2024</p>
			<p style="text-align: right;">*24 OCT -4 A10:37  STATE OF HAWAII  DOH-ONICA  STATE LICENSING</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><b><u>FINDINGS</u></b> Lunch menu included "FF Milk 1c." But milk or substitution was not offered/provided with lunch.</p>	<p style="text-align: center;"><b>PART 1</b></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;">24 OCT -4 AIO :37</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>



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<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><b><u>FINDINGS</u></b> Lunch menu included "FF Milk 1c." But milk or substitution was not offered/provided with lunch.</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>If food listed on menu is not available, PCG will provide substitution for that food item. <i>and document.</i></p> <p>SCGs will also be trained to do the same.</p> <p><i>If resident refuses, PCG will document on the progress note.</i></p>	<p>08/02/2024</p> <p><i>10/4/24</i></p> <p style="text-align: right;">24 OCT -4 AM 0:37</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF HAWAII DOH-CHCA STATE LICENSING</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><b><u>FINDINGS</u></b>  Lunch menu was “chicken (stir-fry noodles), Yam, Broccoli, Cabbage, Mixed fruits, Noodles.” Lunch provided was chicken BBQ, corn, Romaine lettuce, white rice, sweetened iced tea, and water. Only chicken BBQ was recorded in menu substitution.</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;">STATE OF NEW JERSEY  DEPARTMENT OF HEALTH  24 OCT -4 10:37</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><b><u>FINDINGS</u></b> Lunch menu was “chicken (stir-fry noodles), Yam, Broccolini, Cabbage, Mixed fruits, Noodles.” Lunch provided was chicken BBQ, corn, Romaine lettuce, white rice, sweetened iced tea, and water. Only chicken BBQ was recorded in menu substitution.</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>When doing food substitutions, PCG will list all food items that are replaced on the list.</p> <p>SCGs will also be trained.</p>	<p style="text-align: center;">08/02/2024</p> <p style="text-align: right;">STATE OF MD 24 OCT -4 AM 57</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b> Resident #1 – A list of all medication including names, frequency, and dosages was reviewed, signed, and dated by APRN on 11/30/2023, prior to admission. All medication was not listed since 11/30/2023.</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>An updated medication list including frequency and dosage was faxed to PCP for her to review and sign.</p> <p>When signed and approved list is sent back to PCG, a copy will be filed in the resident's chart as part of the record.</p> <p><i>PCG created list of medication and physician signed and dated.</i></p>	<p>08/04/2024</p> <p><i>10/4/24</i></p> <p style="text-align: right;">24 OCT -4 NO:37</p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF HEALTH STATE BOARD OF NURSING</p>

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		<p><i>PCG will use admission check list as a reminder to obtain medication order.</i></p>	<p><i>10/4/24</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">24 OCT -4 AMO:37</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – The report dated 11/14/2023 for chest x-ray stated “INDICATION: History of pulmonary TB tested in Korea (age 20), Encounter for screening for respiratory tuberculosis.” Tuberculosis (TB) test done outside of the US is not acceptable per DOH TB Control Branch. Thus, there is no initial TB clearance.</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>PCG has made an appointment with the PCP for the resident to have her initial TB clearance done.</p> <p><i>TB clearance was obtained.</i></p>	<p>08/04/2024</p> <p><i>10/4/24</i></p> <p style="text-align: right;">24 OCT -4 NO:57</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)  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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – The report dated 11/14/2023 for chest x-ray stated “INDICATION: History of pulmonary TB tested in Korea (age 20), Encounter for screening for respiratory tuberculosis.” Tuberculosis (TB) test done outside of the US is not acceptable per DOH TB Control Branch. Thus, there is no initial TB clearance.</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>All admission requirements will be reviewed by the PCG and make sure to obtain the right documents for the resident's record.</p> <p>All TB clearance's shall be done in the US only as required by the DOH TB Control Branch.</p>	<p style="text-align: center;">08/04/2024</p> <p style="text-align: right;">24 001 -4 MO 97</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT  DEPARTMENT OF  SOCIETY SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b><u>FINDINGS</u></b> Resident #1 – PCG recorded “unable to obtain weight client hold onto walker” for June 2024 and “unable to obtain accurate weight” for July 2024. Physician’s order for an alternate way to monitor weight was not obtained.</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>PCG has contacted PCP for a signed order of an alternate way of obtaining resident's weight.</p> <p>When signed order is received, a copy will be kept in the resident's chart for her records.</p> <p><i>Order was received.</i></p>	<p>08/04/2024</p> <p><i>10/4/24</i></p>
			<p style="text-align: right;">24 OCT -4 110:37 STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><b><u>FINDINGS</u></b> Resident #1 – PCG recorded “unable to obtain weight client hold onto walker” for June 2024 and “unable to obtain accurate weight” for July 2024. Physician’s order for an alternate way to monitor weight was not obtained.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>When resident is unable to bear weight or unable to stand freely on a scale, an alternate way of obtaining weight shall be done. PCP will be notified and PCG will obtain new order.</p>	<p>08/04/2024</p>
			<p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>24 OCT -4 10:37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No legend in medication administration record (MAR) for care givers who administer medication.</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>A legend for medication administration is noted at the bottom right corner of the MAR sheets.</p> <p>Full name and initial of caregivers who administer medications is noted on the legend.</p>	<p style="text-align: center;">08/04/2024</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DOH-ORCA STATE LICENSING</p> <p style="text-align: right;">24 OCT -4 AMO:37</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No legend in medication administration record (MAR) for care givers who administer medication.</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>Medication administration record sheets will be updated every first day of the month. Full names of caregivers and initial will be noted on the legend to identify the person administering meds on a certain date/day.</p>	<p>08/04/2024</p>
			<p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">24 OCT -4 AMO :38</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><b><u>FINDINGS</u></b> In the "HEIGHT AND WEIGHT RECORD" form, one (1) current resident not listed. The form was last recorded in February 2024.</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>Resident's height and weight record updated. Noted missing entry for current resident.</p>	<p>08/04/2024</p>
			<p style="text-align: right;">24 OCT -4 110:38 STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> In the "HEIGHT AND WEIGHT RECORD" form, one (1) current resident not listed. The form was last recorded in February 2024.</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>Admission checklist will be reviewed by the PCG and all required information shall be obtained and recorded.</p> <p>Upon admission, resident's weight and height will be obtained and recorded. And monthly weight and height check shall be done by PCG. All SCGs will also be trained to do it.</p>	<p>08/04/2024</p>
			<p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">24 OCT -4 110:38</p>

	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><b><u>FINDINGS</u></b> In Permanent Resident Register, marital status was not recorded for one (1) current resident. Full name was not recorded for one (1) current resident.</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>Resident's information was already updated on the Permanent Resident Register.</p>	<p>08/04/2024</p> <p style="text-align: right;"> <small>STATE OF HAWAII DOH-OHICA STATE LICENSING</small>            24 OCT -4 A10:38         </p>

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			<p><i>10/4/24</i></p> <p style="text-align: right;">24 OCT -4 AM 0:38 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>



Licensee's/Administrator's Signature:   10/4/24

Print Name: Athena Orden

Date: Aug 4, 2024

24 OCT -4 A10:38  
STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING