

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jesusa Quinabo ARCH #II	CHAPTER 100.1
Address: 1805 Hookupa Street, Pearl City, Hawaii 96782	Inspection Date: June 30, 2025 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 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).

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
3/4/26	<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>Substitute # 1 (ML) completed Field Print on July 18, 2024, Please refer to xerox copied result hand delivered on March 5, 2026 to the DOH OHCA office.</p> <p>Substitute #2 (RL) completed Field Print on July 18, 2025, Please refer to xerox copied result hand delivered on March 5, 2026 to the DOH OHCA office.</p> <p>Substitute #3 (GQ) completed Field Print on July 22, 2025, please refer to a xerox copied result hand delivered on March 5, 2026</p>	<p><input checked="" type="checkbox"/> §11-100.1-3 <u>Licensing</u>. (b)(1)(i) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or felony or abuse convictions in a court of law;</p> <p>FINDINGS Primary Caregiver (PCG), Substitute Caregivers (SCG) #1, #2 and #3 – Current FieldPrint background check clearance unavailable for review. <i>Submit a copy of the fieldprint results with plan of correction (POC).</i></p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
3/4/26	<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.) I will set clear deadlines and reminders by using the calendar checklist and write down reminders ahead of deadlines.</p> <p>2.) I will regularly review checklist monthly to track progress and to confirm all items are marked completed.</p> <p>3.) I will also be updating the checklist with any new requirements or change.</p> <p>4.) Collect all updated documents and file correctly on the CH charts.</p>	<p><input checked="" type="checkbox"/> §11-100.1-3 <u>Licensing</u>. (b)(1)(i) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p>FINDINGS Primary Caregiver (PCG), Substitute Caregivers (SCG) #1, #2, and #3 – Current FieldPrint background check clearance unavailable for review.</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> SCG #2 – Current tuberculosis (TB) clearance unavailable for review. <i>Submit a copy with your POC.</i></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>Sub caregiver #2 made an appointment to obtain TB clearance at Lanakila TB clinic on Aug. 1, 2025. Please refer to the copy of the TB Clearance result, hand delivered to DOH OHCA office on March 5, 2026</p>	3/4/26

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3/4/26	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will set a clear deadlines and reminders by using a calendar checklist on the care home wall to put down reminders ahead of deadlines.</p> <p>I will regularly review the calendar checklist to track progress and to confirm all items are marked completed.</p> <p>I will also be updating the calendar checklist with any new requirements or change.</p> <p>I will collect all updated documents and file it on the CH chart.</p>	<p><input checked="" type="checkbox"/> §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> SCG #2 – Current tuberculosis (TB) clearance unavailable for review.</p>

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	<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>	<input checked="" type="checkbox"/> <p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS Expired food items noted in the refrigerator: deli meats such as (turkey expired on 6/25/25) and ham (expired on 5/19/25). <i>PCG discarded the expired food items during this inspection.</i></p>

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3/4/26	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will make a checklist on the calendar I will check the refrigerator for expired/spoiled food at least once a week.</p>	<p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment. (h)(3)</u> The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS Expired food items noted in the refrigerator: deli meats such as (turkey expired on 6/25/25) and ham (expired on 5/19/25).</p>

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	<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><input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1 – Albuterol sulfate inhaler PRN for SOB/wheezing was ordered on 11/19/24, but the order was not listed on the medication administration record (MAR) until January 2025.</p>

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3/4/26	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will double check medication order against original prescription order for accuracy. I will transcribe all new medications into MAR immediately or within 1 hour of receiving the order. I will set my phone alarm to prompt me to complete MAR.</p>	<p><input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Albuterol sulfate inhaler PRN for SOB/wheezing was ordered on 11/19/24, but the order was not listed on the medication administration record (MAR) until January 2025.</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p>FINDINGS Resident #1, #2, #3, and #4 – Plan of care and activities unavailable for review. <i>Submit a copy with your POC.</i></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Evaluated all residents if they have any interest in any activity. Documented the activities. Encouraged all clients to do activities as tolerated. Schedules of activities that include personal services of all residents are listed in the Schedule of Activities Record on patients charts.</p>	<p>July 1, 2021</p>

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<input checked="" type="checkbox"/> <p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1, #2, #3, and #4 – Plan of care and activities unavailable for review.</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.) At admission, ask and evaluate client for any interest in any activity. 2.) If patient is confuse, ask family members. 3.) Document on client's chart- Admission Assessment Form 4.) I Added "Usual daily Activity of Patient at Home" in my admission checklist to remind me during admission. 	<p style="text-align: center;">July 1, 2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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 current inventory of money and valuables.</p> <p>FINDINGS Resident #3 – Inventory of belongings/possessions unavailable for review. <i>Submit a copy with your POC.</i></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>After the inspection, Resident #3 belongings were labeled and documented on the Resident's Valuable/Belongings. Filed on patient's chart.</p>	<p>6/30/25</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) 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 current inventory of money and valuables.</p> <p>FINDINGS Resident #3 – Inventory of belongings/possessions unavailable for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will include inventory of belongings in my admission checklist and use the checklist during admission process. I will recheck belongings on their birthdays to ensure all items are accounted for.</p>	6/30/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident #4 – Current physical exam (PE) unavailable for review. Last PE on file was dated 4/11/24. <i>Submit a copy with your POC.</i></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I called the PCP to schedule a yearly physical exam for client #4.</p>	<p>8/29/25</p>

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3/4/26	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I set a clear deadlines and reminders by using a calendar checklist on the care home wall to put down reminders ahead of deadlines.</p> <p>I will regularly review the checklist monthly to track progress and to confirm all items are marked completed.</p> <p>I will update the checklist with new requirements and any changes.</p> <p>I will collect all updated documents and file correctly on the Patient's chart.</p>	<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS</p> <p>Resident #4 – Current physical exam (PE) unavailable for review. Last PE on file was dated 4/11/24.</p>

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	<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><input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #2 – No incident report completed following a fall requiring hospitalization on 7/22/24.</p>

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3/4/25	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will do the following strategies:</p> <ol style="list-style-type: none"> 1.) I will make a standard checklist for all incidents including immediate actions and documentation steps and keep it readily available. 2.) For swamped schedules, I will set my phone alarm to prompt me to complete incident report. I will utilize the DOH OHCA Forms for complete filing. 3.) Completed form will be filed on the CH chart. 	<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports. (c)</u> Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #2 – No incident report completed following a fall requiring hospitalization on 7/22/24.</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><u>FINDINGS</u> Permanent register was not updated to reflect Resident #2's readmission and Resident #3's admission into the ARCH facility. <i>Submit a copy of your register with your POC.</i></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I wrote Resident #2 and #3 information in the Facility Registry Form after annual inspection.</p>	6/30/25

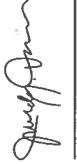
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent register was not updated to reflect Resident #2's readmission and Resident #3's admission into the ARCH facility.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I included Resident Register in my admission checklist, and will utilize it every admission. I will recheck with sub caregivers the patient chart and care home chart prior to filing it in the cabinet.</p>	<p>6/30/25</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-23 <u>Physical environment. (g)(3)(I)</u> Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Residents #1, #2, and #4 – Three (3) non-self-preserving (NSP) residents residing in the facility, exceeding the maximum (two residents) allowed.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #4 JT was discharged on July 3, 2025 to a Hospice Facility</p>	<p>7/3/25</p>

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3/4/26	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>In case one of my patients is in the process of declining, I will consult the PCP to make a thorough assessment of LOC to ensure eligibility with facility regulations.</p> <p>2.) I will discuss with POA about patient's status concerning preservation requirement.</p> <p>3.) I will formulate a plan temporarily to adjust with PIA plans and care home adjustments by:</p> <ul style="list-style-type: none"> a.) notifying the DOH OHCA in letter about the situation; b.) submit a written documentation about circumstance; c.) ask my Nurse Consultant if CHO is permitted to retain patient for impending death d.) submit a written waiver to reconsider patient or e.) discharge patient to a hospice facility 	<p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment. (g)(3)(i)</u> Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Residents #1, #2, and #4 – Three (3) non-self-preserving (NSP) residents residing in the facility, exceeding the maximum (two residents) allowed.</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan did not include medication/supplement: Vitamin B12 500 mcg; and did not address the resident's ADL needs and goals, including the provision of ADLs. <i>Submit a copy of the revised care plan with your POC.</i></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I called my CM and made appointment to update care plan .</p> <p>I reviewed updated care plan with CM to ensure all relevant aspects are clearly documented and reflects current resident's needs and goals.</p> <p>I educated my subcaregiver regarding updated care plan for resident car.</p> <p>I kept the updated care plan in the resident 's chart.</p>	<p>3/18/26</p>

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<input checked="" type="checkbox"/> <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 – Care plan did not include medication/supplement: Vitamin B12 500 mcg; and did not address the resident's ADL needs and goals, including the provision of ADLs.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will review with CM the care plan to cover all parts of the care plan like medications and daily activities and use them before finalizing.</p> <p>I will teach subcaregivers about resident 's needs and review care plan together often to spot and fix missing informations</p>	<p>3/18/26</p>

Licensee's/Administrator's Signature: 

Print Name: Jesusa Quinabo

Date: 09/09/2025

Jesusa G. Quinabo

Licensee's/Administrator's Signature: _____

Print Name: Jesusa G. Quinabo

Date: 03/04/2026

Licensee's/Administrator's Signature: 

Print Name: Jesusa G. Quinabo

Date: 03/19/2026