

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Senior Care A	CHAPTER 100.1
Address: 2250 Oahu Avenue, Honolulu, Hawaii 96822	Inspection Date: March 4, 2026 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).**

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) #1 – Current Fieldprint clearance unavailable</p> <p>Submit a copy with plan of correction</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>*Caregiver spoken to regarding Fieldprint and given deadline for completion of appointment by 03/13/26. *Caregiver reported she attended appointment however, PCG did not receive confirmation or TCN number. Caregiver to provide those details on 03/17/26. *Caregiver aware she will be removed from schedule if fails to complete required qualifications. *Upon receipt, PCG will email clearance or progressed plan to DOH auditor.</p>	<p>03/17/26</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§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><b><u>FINDINGS</u></b> Substitute Caregiver (SCG) #1 – Current Fieldprint clearance unavailable</p> <p>Submit a copy with plan of correction</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>*Management team has adjusted to include DON (PCG) and two ADONs (SCGs), one focused on clinical components of care and one on logistics.</p> <p>*Logistics ADON focuses on staff qualifications. ADON/new hire to schedule field print appointment together. Logistics ADON to follow up day of appointment for confirmation appointment was attended and obtain results once received by employee. Since Logistics ADON apart of process from start to finish with new hires, follow up and completion of qualifications to become consistent.</p> <p>*For current employees, quarterly reminders to be placed in paychecks with reminders one which qualifications are due and when. If overdue, follow up performed with staff and benefits reviewed as incomplete qualifications can impact those.</p> <p>*PCG and Logistics ADON to partner closely in staff qualifications and timeframe from hire to completion. If necessary, staff will be removed from schedule or never placed on schedule for incomplete qualifications.</p>	03/19/26

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> SCG #1 – Current annual physical exam unavailable</p> <p>Submit a copy with plan of correction</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>*Caregiver spoken to regarding Physical and given deadline for completion of appointment by 03/13/26. *Caregiver sent over H&amp;P from 10/2025. *See attachment emailed to DOH auditor.</p>	<p>03/17/26</p>

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<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><b><u>FINDINGS</u></b> SCG #1 – Initial and annual TB clearance unavailable</p> <p>Submit a copy with plan of correction</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>*Caregiver spoken to regarding TB and given deadline for completion of appointment by 03/13/26. *Caregiver sent TB test to PCG from 10/2025. However, only one step. Caregiver spoken to and given deadline for second step completion. *Caregiver aware she will be removed from schedule if fails to complete required TB. *Upon receipt, PCG will email clearance or progressed plan to DOH auditor.</p>	<p>03/17/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> SCG #1 – Valid first-aid certification unavailable</p> <p>Submit a copy with plan of correction</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>*Caregiver spoken to regarding first aid and given deadline for completion of appointment by 03/13/26. *Caregiver reported she has CPR/First aid scheduled for 03/23/26. *Caregiver aware she will be removed from schedule if fails to complete required qualifications. *Upon receipt, PCG will email clearance or progressed plan to DOH auditor.</p>	<p>03/17/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> SCG #1 – Valid CPR certification unavailable</p> <p>Submit a copy with plan of correction</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>*Caregiver spoken to regarding CPR and given deadline for completion of appointment by 03/13/26. *Caregiver reported she has CPR/First aid scheduled for 03/23/26. *Caregiver aware she will be removed from schedule if fails to complete required qualifications. *Upon receipt, PCG will email clearance or progressed plan to DOH auditor.</p>	<p>03/17/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Case of Sprite soda stored on pantry floor under stairwell</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>*Case of Sprite removed from pantry floor and placed upon self 6 inches or more above ground on day of audit, 03/04/26, after citation noted.</p>	<p>03/27/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (a) All food shall be procured, stored, prepared and served under sanitary conditions.</p> <p><b><u>FINDINGS</u></b> Case of Sprite soda stored on pantry floor under stairwell</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>*Laminated signs in place at care home as visual reminder. *PCG and Office Manager provided thorough House Supervisor training with previous Office Manager at beginning of 2026 to partner closely together moving forward in managing house operations that concern components such as this, food storage or pantry organization. *House Supervisor retraining to occur Tuesday, March 24th with Office Manager.</p>	03/17/26

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Laundry closet found unsecured containing toxic cleaning agents (e.g., bottles of Clorox bleach, Clorox clean up spray, Virex disinfectant, Lysol toilet bowl cleaner, Lysol disinfectant spray)</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>*Laundry closet secured shut on day of audit, 03/04/26, after citation noted.</p>	<p style="text-align: center;">03/27/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Laundry closet found unsecured containing toxic cleaning agents (e.g., bottles of Clorox bleach, Clorox clean up spray, Virex disinfectant, Lysol toilet bowl cleaner, Lysol disinfectant spray)</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>*Re-training provided to staff members on 03/17/26. *House Supervisor training to be done with House Supervisor on Tuesday 03/24/26. Emphasis to be placed on safety within the home and storing of cleaning supplies. *Random audits to be performed in the home by House Supervisor, Logistics ADON, Clinical ADON, and DON. *If cabinets found unlocked, verbal discussion to take place and if continues, written discipline to occur.</p>	<p>03/19/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            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><b><u>FINDINGS</u></b>            Medication closet found open and unattended upon arrival</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>*Medication closet secured shut on day of audit, 03/04/26, on day of audit.</p>	<p>03/27/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (b)            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><b><u>FINDINGS</u></b>            Medication closet found open and unattended upon arrival</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>*Re-training provided to staff members on 03/17/26.            *House Supervisor training to be done with House Supervisor on Tuesday 03/24/26. Emphasis to be placed on safety within the home and storing of cleaning supplies.            *Random audits to be performed in the home by House Supervisor, Logistics ADON, Clinical ADON, and DON.            *If cabinets found unlocked, verbal discussion to take place and if continues, written discipline to occur.</p>	<p>03/19/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes do not reflect diet change to “NAS/Low cholesterol Regular consistency for all foods but meats chopped meats” dated 10/9/25. Per monthly progress notes from 10/25-current, resident being served regular chopped diet</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Monthly progress notes do not reflect diet change to “NAS/Low cholesterol Regular consistency for all foods but meats chopped meats” dated 10/9/25. Per monthly progress notes from 10/25-current, resident being served regular chopped 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>*In past few years, monthly progress notes changed from handwritten to now being completed on iPad. Once complete staff print and place in resident chart. *Since implemented, it has been noted that staff copy and paste from last month to current month and adjust whatever portions of care have altered in the last month via iPad. *Routine assessment of documentation has shown that resident information may easily be overlooked with the copy and paste method. Therefore, form to be changed to PDF for handwritten completion. *In addition, management team has adjusted to include DON (PCG) and two ADONs (SCGs), one focused on clinical components of care and one on logistics. *Logistics ADON to audit routinely as sole purpose in homes to provide second set of eyes as substitute caregivers complete monthly documentation. PCG and logistics ADON to partner closely in debrief after routine audit completed.</p>	03/17/26

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4) 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>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Hot water temperature measured at 130.2°F, above the 120°F limit</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>*Maintenance notified and adjusted water.</p>	<p>03/17/26</p>

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MAR 19 2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence training was provided to caregivers on specialized care related to preparing and administering crushed medications</p> <p>Submit a copy of completed training with plan of correction</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>*Case manager emailed to provide training to PCG and SCGs for administering crushed medications. *Case manager training to be emailed to auditor upon receipt.</p>	<p>03/17/26</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements</u>, (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence training was provided to caregivers on specialized care related to preparing and administering crushed medications</p> <p>Submit a copy of completed training with plan of correction</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/when resident assessed to be at Expanded level, Logistics ADON and DON to partner closely to review resident care/plan. *ADON/DON to identify specifics trainings that will become apart of care plan produced by CM and note on training checklist/sign off. *Once CM schedules initial visit, ADON or DON to be present to ensure set up of care plan complete with all required trainings and signed off on.</p>	<p>03/19/26</p>

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1 – Current medication orders not reflected in care plan</p> <p>Submit a copy of revised care plan with plan of correction</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>*Case manager emailed to correct care plan with medications order reflected. *Case manager correction to be emailed to auditor upon receipt.</p>	<p>03/17/26</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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MAR 19 2026

Licensee's/Administrator's Signature: Ashley Hiljus

Print Name: Ashley Hiljus

Date: 03/19/26

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MAR 19 2026

Licensee's/Administrator's Signature: Ashley Hiljus

Print Name: Ashley Hiljus

Date: 03/27/26

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