GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 24, 2022

Nathan Boyle
ARHC ARCLRMI01 TRS, LLC
106 York Road
Jenkintown, PA 19046

RE: License #: AL630365576
Investigation #: 2022A0611011
Addington Place of Clarkston 2

Dear Mr. Boyle:

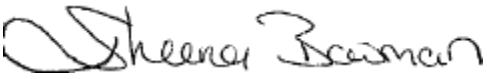
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,



Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**
**BUREAU OF COMMUNITY AND HEALTH SYSTEMS**
**SPECIAL INVESTIGATION REPORT**

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AL630365576 |
| | |
| **Investigation #:** | 2022A0611011 |
| | |
| **Complaint Receipt Date:** | 01/11/2022 |
| | |
| **Investigation Initiation Date:** | 01/13/2022 |
| | |
| **Report Due Date:** | 03/12/2022 |
| | |
| **Licensee Name:** | ARHC ARCLRMI01 TRS, LLC |
| | |
| **Licensee Address:** | 106 York Road<br>Jenkintown, PA 19046 |
| | |
| **Licensee Telephone #:** | (248) 625-0500 |
| | |
| **Administrator:** | Nathan Boyle |
| | |
| **Licensee Designee:** | Nathan Boyle |
| | |
| **Name of Facility:** | Addington Place of Clarkston 2 |
| | |
| **Facility Address:** | 5800 Water Tower Pl<br>Clarkston, MI 48346 |
| | |
| **Facility Telephone #:** | (248) 625-0500 |
| | |
| **Original Issuance Date:** | 06/19/2015 |
| | |
| **License Status:** | REGULAR |
| | |
| **Effective Date:** | 01/22/2021 |
| | |
| **Expiration Date:** | 01/21/2023 |
| | |
| **Capacity:** | 20 |
| | |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>MENTALLY ILL<br>AGED<br>ALZHEIMERS |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| There are two male residents who go into other female resident's bedrooms during bedtime. A male resident was found in bed with a female resident. A male resident was observed kissing on another resident. | Yes |
| There were feces all over a male resident's bedroom. | No |
| The facility is accepting residents that may be inappropriately placed as they are harmful and disruptive to other residents and staff. Management is not supportive or helpful regarding issues or concerns. | Yes |
| Additional Findings | Yes |

## III. METHODOLOGY

| | |
|---|---|
| 01/11/2022 | Special Investigation Intake<br>2022A0611011 |
| 01/13/2022 | Special Investigation Initiated - Letter<br>I emailed the licensee designee, Nathan Boyle to inquire if anyone in the AFC group home was sick or showing any symptoms of COVID-19. |
| 01/20/2022 | Inspection Completed On-site<br>I completed an unannounced onsite. I interviewed Staff 1, the Executive Director, Tyler May, and the Director of Nursing, Lucy Noble. I briefly spoke with Staff 2 and obtained her contact information in order to contact her for an interview. I reviewed residents face sheets in order to determine who the allegations were about. |
| 01/21/2022 | Contact - Document Received<br>I received a copy of Resident F, Resident S, and Resident G ISP's and a nurse note regarding Resident F. |
| 02/01/2022 | Contact - Document Received<br>I received a copy of an incident report from the assigned licensing consultant, Cindy Berry regarding Resident S. |
| 02/03/2022 | Contact - Telephone call made<br>I left a voice message for Staff 2 requesting a call back. |

| | |
|---|---|
| 02/03/2022 | Contact - Telephone call made<br>I made a telephone call to the Resident Case Manager, Jasmine Croteau. The allegations were discussed. |
| 02/03/2022 | Contact - Document Sent<br>I sent an email to the Executive Director, Tyler May inquiring if Resident F, Resident S, Resident G, Resident B, Resident T, Resident D, or Resident M are capable of being interviewed given their diagnosis of Alzheimers. |
| 02/04/2022 | Contact - Telephone call made<br>I made a telephone call to Staff 2. The allegations were discussed. |
| 02/08/2022 | Contact - Telephone call made<br>I made a telephone call to the Executive Director, Tyler May. Additional questions were asked regarding the allegations. |
| 02/08/2022 | Contact - Telephone call made<br>I left a voice message for Resident S psychiatrist Dr. Rosenbaum requesting a call back. |
| 02/08/2022 | Exit Conference<br>I completed an exit conference with the licensee designee, Nathan Boyle via email as he did not answer my phone call. |
| 02/09/2022 | Contact- Telephone call received<br>I received a return phone call from Resident S psychiatrist Dr. Rosenbaum. The allegations were discussed. |

**ALLEGATION:**

- **There are two male residents who go into other female resident's bedrooms during bedtime. A male resident was found in bed with a female resident. A male resident was observed kissing on another resident.**
- **There were feces all over a male resident's bedroom.**

**INVESTIGATION:**

On 01/11/22, I received an intake regarding the abovementioned allegations. The reporting source is anonymous. The allegations are about two male residents and one female resident. Their names were not provided.

The staff names are coded in this report per their request.

On 01/20/22, I completed an unannounced onsite. I interviewed Staff 1, the Executive Director, Tyler May, and the Director of Nursing, Lucy Noble. I briefly spoke with Staff 2

and obtained her contact information in order to contact her for an interview. I reviewed residents face sheets in order to determine who the allegations were about. The bedroom that I observed was clean and in good condition.

On 01/20/22, I interviewed Staff 1. Regarding the allegations, Staff 1 has observed Resident G grabbing and kissing on Resident T. Resident T also grabs and kisses on Resident G. Staff 1 stated Resident T also kisses on every male resident in the AFC group home. Resident T will kiss the male residents on their neck, head, and cheek. Staff 1 stated the male residents do not appear to mind Resident T kissing them as they do not get upset or complain. Staff 1 stated Resident F has gone into Resident B's bedroom and stood in front of her. Staff 1 stated she can't remember specifically what Resident F was wearing while he was standing in front of Resident B but, she thinks he had on a t-shirt and a brief on. Resident B was yelling out for help. This incident occurred at bedtime. The residents go to bed between 8:00pm-9:30pm. Staff 1 stated this occurred on two separate occasions. On one occasion, Staff 1 was present and the second occasion Staff 1 heard about the incident. Staff 1 stated when she was present for this incident, she and Staff 2 escorted Resident F out of Resident B's bedroom.

Staff 1 stated she also heard about Resident F going into Resident D's bedroom. Resident F also went into Resident M's bedroom while she was asleep. Staff 1 heard Resident M talking and asking Resident F what was going on. Staff 1 stated she thinks Resident F had on a t-shirt and pants. Staff 1 stated she doesn't think Resident F touched or hurt Resident M as she did not say anything happened. Staff 1 stated all of the above-mentioned incidents occurred in December 2021. Staff 1 does not know if an incident report was written regarding any of these incidents as the medication technicians are responsible for writing incident reports. Staff 1 stated staff members are required to document incidents in a log book. Staff 1 denied any feces in any of the resident's bedrooms. The resident's bedrooms are kept clean.

On 01/20/22, I interviewed the Director of Nursing, Lucy Noble. Regarding the allegations, Ms. Noble stated Resident F and Resident G have wandered around and entered other male and female resident's bedrooms. The staff members have been advised to lock the outside of the resident's bedrooms when this occurs. During my onsite, I confirmed that the resident's bedroom locks are non-locking against egress. Ms. Noble also stated the staff members are advised to redirect Resident F and Resident G to their bedrooms when they are wandering around. Ms. Noble is not aware of any male resident getting in a female resident's bed.

On 01/20/22, I interviewed the Executive Director, Tyler May. Regarding the allegations, Mr. May stated he is not aware of any male resident going into a female resident's bedroom, nor is he aware of a female resident yelling for help or saying she is being raped. Mr. May stated he is not aware of feces being in any of the resident's bedrooms.

On 01/21/22, I received a copy of a nurse note regarding Resident F. According to the nurse note dated 12/28/21, a staff member reported Resident B was in bed calling out for help as another resident went into her room and was standing over her holding her

wrist. Staff re-directed the resident out of Resident B's bedroom. Resident B was assessed and there were no signs of distress. Resident B's skin was clear. Staff were instructed to observe the residents every two hours.

On 02/03/22, I made a telephone call to the Resident Case Manager, Jasmine Croteau. Ms. Croteau stated she is not aware of any male residents entering any female resident's bedrooms. Ms. Croteau denied knowing about any male residents kissing any female residents, or any male or female resident's grabbing or touching any residents inappropriately. Ms. Croteau denied knowing about any feces being in Resident F's bedroom.

On 02/03/22, I received a response from the Director of nursing, Ms. Noble regarding my question whether or not Resident F, Resident S, Resident G, Resident B, Resident T, Resident D, or Resident M have the mental capacity to be interviewed. Ms. Noble stated all of the residents are confused to their surroundings and time of day. Some of the residents can answer yes or no and carry-on short conversations but this varies on the time of day and sometimes day of week.

On 02/04/22, I made a telephone call to Staff 2. Regarding the allegations, Staff 2 stated there are two staff members scheduled to work the day shift and midnight shift. Staff 2 stated recently a third staff member was added to the afternoon shift as the afternoon shift gets busy due to the residents sundowning. Staff 2 heard about Resident F going into Resident B's bedroom during the day shift. Staff 2 stated she was told that when Resident F went into Resident B's bedroom, Resident B started yelling. Staff members removed Resident F from Resident B's bedroom. Staff 2 stated this incident happened again in December 2021 on her shift during bedtime. Resident F went into Resident B's bedroom and a staff member heard Resident B talking. Resident F was removed from Resident B's bedroom. Staff 2 stated Resident F had his pants on but she is unsure if he had a shirt on. Staff 2 stated as far as she knows Resident B was not harmed or touched. Staff 2 stated Resident F's bedroom was moved to the other end of the hallway. Staff 2 stated as far as she knows, there hasn't been any more problems with Resident F going into anyone else bedroom.

Staff 2 stated the residents go to be between 7:30pm-8:00pm. Once the residents are in bed the staff check on them every two hours. Staff 2 stated the residents are checked on more than every two hours as the staff are in and out of the bedrooms putting up their laundry. The midnight staff check on the residents every two hours while they are sleeping. During the waking hours, the residents are supervised in the common areas. Staff 2 stated she no longer feels the afternoon shift is understaff as now there is a third staff member added to the afternoon shift. Staff 2 stated her co-workers are equipped and trained to manage the residents as everyone has experience with working with residents with Dementia.

Staff 2 stated Resident T kisses on the male residents and the male residents kiss on Resident T too. Staff 2 stated Resident T does not get upset when the male residents kiss her and the male residents don't get upset when Resident T kisses them. Staff 2

stated there was an incident when Resident F urinated on his bedroom chair. Staff 2 does not know if it was an accident or not but, she cleaned it up. Staff 2 denied any feces being in Resident F's bedroom.

On 02/08/22, I made a telephone call to the Executive Director, Tyler May. Mr. May included Ms. Noble in the conversation. I mentioned that the resident's individual service plans (ISP) do not address the supervision requirements and/or needs for each resident. Mr. May confirmed that after the incidents that occurred in December 2021 regarding Resident F going into female resident's bedrooms, his ISP was not revised to address the amount of supervision needed in order for him to be monitored more effectively. Ms. Noble stated the staff are required to check on each resident every two hours. Ms. Noble stated the residents who are in the common area and/or dining area are monitored more frequently than the residents who are in their bedrooms. Ms. Noble provided the phone number for Resident S psychiatrist, Dr. Rosenbaum.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.15305** | **Resident protection.** |
| | **(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.** |
| **ANALYSIS:** | Based on my investigation and information gathered, Resident F did not have feces all over his bedroom. Staff 2 described an instance where Resident F urinated on his bedroom chair. It is unknown if Resident F intentionally urinated on his chair. However, Staff 2 cleaned it up.<br><br>Staff 1 confirmed that Resident F has entered into multiple female resident's bedroom on multiple occasions during sleeping hours. There was an instance where Resident F went into Resident B's bedroom and stood in front of her and she started yelling out for help. Staff 2 also confirmed Resident F going into Resident B's bedroom and Resident B started yelling. Resident F has also went into Resident M and Resident D's bedroom during bedtime. It was documented on a nurse note dated 12/28/21, that Resident B was calling out for help as Resident F went into her room and was standing over her holding her wrist. Therefore, Resident B, Resident D, and Resident M's protection and safety has not been attended to at all times as Resident F has violated their personal space and/or privacy. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

| APPLICABLE RULE | |
|---|---|
| **R 400.15301** | **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.** |
| | **(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: (a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.** |
| **ANALYSIS:** | On 01/21/22, I observed the individualized service plans (ISP) for Resident F, Resident S, and Resident G. The ISP's do not address the amount of supervision needed for each resident. The ISP's only address personal care, medication needs, elopement risk, evacuation, and problematic expressions.<br><br>Following the multiply incidents that took place in December 2021 regarding Resident F going into several female residents bedrooms at bedtime, his ISP was not modified to address his supervision needs. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

**ALLEGATION:**

**The facility is accepting residents that may be inappropriately placed as they are harmful and disruptive to other residents and staff. Management is not supportive or helpful regarding issues or concerns.**

**INVESTIGATION:**

On 01/20/22, Staff 1 denied the AFC group home being understaffed as there are two staff members assigned to work for each shift. Staff 1 stated Resident S is currently at the hospital. Staff 1 stated the police were called due to Resident S hitting and spitting on staff. Resident S was also displaying psychotic behavior as she was saying that she ate her family, there is cocaine in the water, and she ate a cat and a dog. Resident S also went to the hospital last week for throwing things and hitting staff. Resident S returned from the hospital the next day. When Resident S is at the AFC group home, she will try to run out the door and she will spit out her medications. Staff 1 denied ever seeing Resident S trying to hurt any of the other residents. Staff 1 does not know if Resident S will return to the AFC group home.

On 01/20/22, I interviewed the Executive Director, Tyler May. Regarding the allegations, Mr. May stated there are 13 residents in the AFC group home. Mr. May confirmed there are two staff members assigned to work for every shift. Mr. May stated Resident S is currently at St. Joseph hospital for psychiatric issues. Mr. May stated incident reports have been submitted to the assigned licensing consultant regarding Resident S hitting residents, pulling her hair out, and hitting staff members. Mr. May stated an internal evaluation will be completed with Resident S's primary care physician and possibly her psychiatrist to determine if it is appropriate for her to remain at the AFC group home. Mr. May stated Resident S is the only resident who has psychiatric problems.

On 01/20/22, I spoke with Staff 2. Staff 2 stated she is not trained in crisis prevention training (CPI) or in any behavior intervention training. Staff 2 stated staff members are expected to complete online trainings through Relias learning classes. However, these courses are not required before a staff member is hired. These courses cover a variety of different topics including behavior intervention. Staff 2 provided her contact information so that she can be contacted for an interview.

On 01/21/22, I received a copy of Resident F, Resident S, and Resident G Individualized Service Plan (ISP). According to the ISP for Resident G, his primary diagnosis is Dementia. Resident G is 96 years old. According to Resident S ISP, her primary diagnosis is Bipolar and Parkinson's. Resident S is 62 years old. According to Resident F ISP, his diagnosis is Dementia. Resident F is 73 years old. The program type for the AFC group home is physically handicapped, mentally ill, aged, and Alzheimers. Based on the information provided on all of the ISPs, all of the residents meet one or more of the program type requirements for the AFC group home.

On 02/01/22, I received a copy of an incident report from the assigned licensing consultant, Cindy Berry regarding Resident S. The incident report is dated 01/13/22. According to the incident report, Staff member Xeaonna Arnold, reported that Resident S was agitated, yelling out, and striking hand down on table. Resident S was also aggressively pulling her own hair saying I don't want this. Resident S was escorted to her bedroom to get ready for bed. Resident S started striking Ms. Arnold chest and arms. Ms. Nobles instructed Ms. Arnold to call 911. Resident S was sent to the hospital on 01/11/22 and she was admitted to the psychiatric unit on 01/13/22. According to Dr. Matharu, Resident S is diagnosed with Bipolar affective disorder type one Mania severe and Dementia.

On 02/03/22, I made a telephone call to the Resident Case Manager, Jasmine Croteau. Regarding the allegations, Ms. Croteau stated she works on the floor at the AFC group home about once every other week. Resident S returned to the AFC group home last week from the hospital. Resident S was evaluated prior to returning to the AFC group home. Resident S medications were modified. Ms. Croteau stated Resident S has not displayed any aggressive or violent behaviors since her return. Resident S is displaying typical dementia behaviors as she likes to wander around. Ms. Croteau stated other than Resident S, no other resident in the AFC group home has any psychiatric issues.

Ms. Croteau stated the staff are properly trained to manage and handle the resident's behaviors. Ms. Croteau stated new staff members are trained for five days with a lead caregiver on the floor. New staff members are also required to complete Relias Learning Classes online before they start working and monthly thereafter. The Relias Learning Classes consist of behavior management trainings and crisis interventions. Ms. Croteau stated the HR department monitors the monthly trainings completed by staff. Ms. Croteau stated there are 13 residents at the AFC group home. Ms. Croteau stated at the beginning of this week the afternoon shift was increased from two staff members to three staff members due to the residents start to sundowning during those hours. Ms. Croteau stated everyone at this AFC group home has Alzheimers. The day shift and midnight shift consist of two staff members. Ms. Croteau denied any complaints made to her from any staff members.

On 02/08/22, I made a telephone call to the Executive Director, Tyler May. Mr. May included Ms. Noble in the conversation. Regarding the allegations, Mr. May stated the physical accommodations that are provided in the home for the residents includes a code on every door in order to enter and/or exit, and Resident F has a bed pad alarm that is placed underneath his sheets on a as needed basis when he is agitated or his gait is unsteady. Resident F bed pad alarm was recommended by his hospice provider. Mr. May stated that all of the staff members are trained to work with residents who have a diagnosis with Alzheimers/Dementia.

On 02/08/22, I completed an exit conference with the licensee designee, Nathan Boyle via email. Mr. Boyle was informed that the allegations will be substantiated and a corrective action plan will be required.

On 02/09/22, I received a return phone call from Resident S psychiatrist Dr. Rosenbaum. Dr. Rosenbaum stated he has seen Resident S once since she has been released from the hospital for the second time. Resident S is now sedated and she appears to be more comfortable at the AFC group home. Dr. Rosenbaum stated Resident S is diagnosed with Dementia. Dr. Rosenbaum has treated Resident S for over 30 years however, he cannot give an opinion as to whether or not the AFC group home is an appropriate placement for her. Dr. Rosenbaum stated he does not think Resident S will be tapered off her medications.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.15301** | **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.** |
| | **(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions: (b) The kinds of services, skills, and physical** |

| | |
|---|---|
| | **accommodations that are required of the home to meet the resident's needs are available in the home.** |
| **ANALYSIS:** | Based on my investigation and information gathered, the staff are trained and equipped to work with residents who are diagnosed with Alzheimers and/or Dementia. The AFC group home is also equipped with physical accommodations such as door alarms on the exits to prevent the residents from wandering into the community. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

| **APPLICABLE RULE** | |
|---|---|
| **R 400.15301** | **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.** |
| | **(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:**<br>**(c) The resident appears to be compatible with other residents and members of the household.** |
| **ANALYSIS:** | On 01/21/22, I received a copy of Resident F, Resident S, and Resident G Individualized Service Plan (ISP). Based on the information provided on all of the ISPs, all of the residents meet one or more of the program type requirements for the AFC group home. However, Resident S ISP does not report any of her psychotic behaviors, violent and/or aggressive behaviors. There is a section in the ISP regarding elopement risk. However, in this section it does not address whether or not Resident S has a history with eloping.<br><br>Since Resident S admission on 12/16/21, she has been hospitalized twice for psychiatric issues. Resident S has displayed violent behaviors towards herself and staff members and she is an elopement risk. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

During my onsite on 01/20/22, I requested to review the resident register. The Executive Director stated the AFC group home does not have nor do they use a resident register.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.15210** | **Resident register.** |
| | **A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:**<br>**(a) Date of admission.**<br>**(b) Date of discharge**<br>**(c) Place and address to which the resident moved, if known.** |
| **ANALYSIS:** | The home does not have a resident register that contains a chronological record of past and current AFC residents in the home. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

**INVESTIGATION:**

On 01/20/22, I requested a copy of Resident F, Resident S, and Resident G's assessment plans and/or their individualized plan of service (IPOS). On 01/21/22, I received a copy of Resident F, Resident S, and Resident G Individualized Service Plan (ISP).

| **APPLICABLE RULE** | |
|---|---|
| **R 400.15301** | **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.** |
| | **(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the provisions.** |

| | |
|---|---|
| **ANALYSIS:** | An assessment plan was not completed for Resident G prior to his admission into the AFC group home. Resident G was admitted on 11/07/21 and his ISP was completed on 11/08/21. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

| **APPLICABLE RULE** | |
|---|---|
| **R 400.15301** | **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.** |
| | **(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.** |
| **ANALYSIS:** | The ISP's for Resident F, Resident S, and Resident G were not signed by the resident and/or their guardian, or the licensee designee. The only signature on the ISP's were the director of nursing. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the license status.

Sheena Bowman 02/08/22
Licensing Consultant Date

Approved By:

03/24/2022
_____
Denise Y. Nunn Date
Area Manager