STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Sylvia's Place LLC

Sylvia's Place LLC
7113 65th Ave W
Lakewood, WA 98499

RE: Sylvia's Place LLC License # 751084

Dear Provider:

This letter addresses Compliance Determination(s) 37152 (Completion Date 02/23/2024) and 33974 (Completion Date 12/18/2023).

The Department completed a follow-up inspection of your Adult Family Home on 02/23/2024 and found that you have corrected the violations listed in the Full report dated 12/18/2023. Your home is back in compliance as of 02/01/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10146-1, WAC 388-76-10146-2, WAC 388-76-10146-2-a, WAC 388-76-10146-2-b, WAC 388-76-10146-2-c, WAC 388-76-10146-2-d, WAC 388-76-10146-2-e, WAC 388-76-10146-3, WAC 388-76-10146-3-a, WAC 388-76-10146-4, WAC 388-76-10146-6, WAC 388-76-10146-5, WAC 388-76-10146, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10191, WAC 388-76-10191-1, WAC 388-76-10191-1-a, WAC 388-76-10191-1-b, WAC 388-76-10191-2, WAC 388-76-10191-2-a, WAC 388-76-10191-2-b, WAC 388-76-10191-3, WAC 388-76-10191-4, WAC 388-76-10198-2-c, WAC 388-76-10198-2-b, WAC 388-76-10198-2-a, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10201, WAC 388-76-10201-1, WAC 388-76-10201-2, WAC 388-76-10310-1, WAC 388-76-10310-2, WAC 388-76-10584, WAC 388-76-10620-1, WAC 388-76-10620-2-c, WAC 388-76-10650-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-d, WAC 388-76-101632-1, WAC 388-76-10380-2, WAC 388-76-10380-4

The Department staff who did the on-site verification:
Ibe Hatch, Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 751084	Compliance Determination # 33974
Plan of Correction	Sylvia's Place LLC	Completion Date
Page 1 of 15	Licensee: Sylvia's Place LLC	12/18/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 12/14/2023 and 12/18/2023 of:
Sylvia's Place LLC
12525 Vine Maple Dr SW
Lakewood, WA 98499

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Ibe Hatch, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services

01/04/2024
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Sylvia Zullo
Provider (or Representative)

1-8-2024
Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

(4) Even if an adult family home applicant does not intend to provide direct personal care, the applicant must meet the long-term care worker training and home-care aide certification requirements under chapter 388-112A WAC to the same extent that the requirements would apply if the applicant was a long-term care worker.

(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals, including registered nurses, licensed practical nurses, certified nursing assistants or persons who are in an approved certified nursing assistant program, are exempt from home-care aide certification and long-term care worker training requirements. This exemption does not apply to continuing education; these individuals must comply with continuing education requirements under chapter 388-112A WAC.

(6) The adult family home must ensure that all staff receive the orientation and training necessary to perform their job duties.

This requirement was not met as evidenced by:

Based on observation, interviews and record reviews the adult family home (AFH) failed to ensure 3 of 7 caregivers, (Staff B, Staff C and Staff D) met training and qualification requirements. This failure placed six of six current residents at risk of receiving care from

unqualified caregivers.

Findings included...

Staff B
According to the Entity
Representative (ER) on 12/14/2023, at 1:45 p.m., Staff B was hired 05/30/2023.

On 12/14/2023, at 10:05 a.m., Staff B was observed on-duty providing care to residents. Review of Staff B's employee file showed they took core basic training on 10/10/2014. No attestation statement was found in Staff B's file they worked prior to 01/07/2012. There was no documentation to show Staff B completed the home care aide training which was due to be completed by 11/30/2023.

During an interview on 12/14/2023, at 2:45 p.m., Staff B stated they did not work as a caregiver before 10/10/2014.

Staff C
Review of Staff C's file showed they were hired 02/23/2018, and completed eight and one-half hours of the required twelve (12) hours of continuing education 2023. Documentation showed Staff C completed the basic home care aide training 05/02/2018; however, there was no documentation Staff C completed the home care aide certification requirement.

Staff D
According to the Entity Representative (ER) on 12/14/2023, at 1:45 p.m., Staff D was hired 07/15/2023, and worked Thursday and Friday nights. Review of Staff D's file showed no documentation Staff D completed basic training, five-hour orientation and safety training, facility orientation, cardiopulmonary resuscitation (CPR)/first-aid training or specialty training. Staff D's file included no training certification, which was due 120 days from their hire date.

On 12/14/2023, at 2:50 p.m., when asked for the documentation, the Entity Representative said they would send the documentation. As of 5:00 p.m., on 12/18/2023, the department did not receive the requested documentation.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sylvia's Place LLC is or will be in compliance with this law and / or regulation on (Date) ~~02-20-2024~~ 2.1.24 per provider na

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Sylvia Zullo
Provider (or Representative)

1-8-2024
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview and record reviews the adult family home (AFH) failed to ensure background checks were renewed for 3 of 6 caregivers, (Staff A, Staff C and Staff E). This failure placed 6 of 6 current residents at risk of receiving care from individuals with disqualifying crimes.

Findings included...

Staff A
On 12/14/2023, at 10:05 a.m., Staff A answered the door and was observed on-duty providing care to residents.

Review of Staff A's file showed they were hired 09/25/2019. Review of Staff A's file showed their background check expired 11/11/2023.

Staff C
Review of Staff C's file showed they were hired 02/23/218, and their background check expired 11/12/2023.

Staff E
Review of Staff E's file showed their background check expired 08/04/2022.

During an interview on 12/14/2023, at 2:47 p.m., the ER stated they forgot to renew the background checks.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sylvia's Place LLC is or will be in compliance with this law and / or regulation on (Date) ~~02-20-2024~~ 2.1.2024 per provider

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Sylvia Zullo
Provider (or Representative)

0-08-2024
Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

(2) Obtain the liability insurance required in subsection (1) of this section before whichever of the following events happens first:

(a) Admitting the first resident after issuance of a new adult family home license; or

(b) 10 working days have passed since the issuance of the license.

(3) Have evidence of liability insurance coverage available if requested by the department.

(4) Notify the department's complaint resolution unit if there is any lapse in required liability insurance coverage.

This requirement was not met as evidenced by:

Based on interviews and record review the adult family home (AFH) failed to ensure the AFH had liability insurance. This failure placed 6 of 6 current residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) at risk for lack of coverage for errors and/or omissions for bodily injury, property damage and contractual liability.

Findings included...

On 12/14/2023, review of the AFH's liability insurance showed it expired 12/11/2023. On 12/11/2023, at 2:45 p.m., the Entity Representative (ER) said, "We're doing the paperwork."

In an interview on 12/15/2023, at 1:30 p.m., the insurance agent stated they were waiting for the ER to provide additional information which was received today. They said they were waiting for a quote and that the AFH was currently not covered by liability insurance. done

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sylvia's Place LLC is or will be in compliance with this law and / or regulation on (Date) ~~02-20-2024~~ 2.1.2024 per provider

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Sylvia Zelly — Provider (or Representative)

1-8-2024 — Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, interview and record reviews the adult family home (AFH) failed to ensure documents related to staff qualifications were readily accessible for 4 of 7

Caregiving Staff (Resident Manager, Staff B, Staff C, and Staff D). This failure prevented the Department from being able to determine if the caregivers were qualified, and placed six current residents at risk of receiving care from unqualified staff.

Findings included...

Staff B
On 12/14/2023, at 10:10 a.m., Staff B was observed walking with Resident 6 to the dining room table.

Review of Staff B's employee file showed no facility orientation documentation, no tuberculosis [infectious disease (TB)] testing, and no attestation of work history prior to 01/07/2012.

Staff C
Review of Staff C's file showed they were hired 02/23/2018, and took the home care aide (HCA) training in 2018. There was no documentation Staff C had HCA certification.

Staff D
Review of Staff D's file showed no fingerprint background check, no TB testing documentation, no cardiopulmonary resuscitation (CPR)/first-aid certification, no caregiver training certificates and no specialty training certificates.

Resident Manager (RM)
Review of the RM's file included no documentation of current food handling training.

On 12/14/2023, the Entity Representative said they would send the requested documentation by the end of the day 12/15/2023. As of 12/18/2023, at 5:00 p.m., the requested information was not received by the Department.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sylvia's Place LLC is or will be in compliance with this law and / or regulation on (Date) ~~1-20-2024~~ 2.1.2024 per provider

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Sylvia 1-8-2024
Provider (or Representative) Date

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to have a written succession plan. This failure placed 6 of 6 current residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) at risk for unmet care needs in the event the Entity Representative would be unable to fulfill their duties in the AFH.

Findings included...

Review of facility administrative records showed there was no written succession plan. On 12/14/2023, at 2:50 p.m., when asked if they had a succession plan, the Entity Representative said they did not know about that.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sylvia's Place LLC is or will be in compliance with this law and / or regulation on (Date) 1-8-2024

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Sylvia Zullo 1-8-2024
Provider (or Representative) Date

WAC 388-76-10310 Tuberculosis Test records. The adult family home must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;

(2) Make the records readily available to the appropriate health authority and licensing agency;

This requirement was not met as evidenced by:

Based on observation, interview and record reviews the adult family home (AFH) failed to have tuberculosis [(TB), an infectious disease], records available to the Department for 2 of 7 staff, (Staff B and Staff D). This failure prevented the Department from being able to determine if the caregivers had an infectious disease and placed all six current residents at risk of contracting an infectious disease.

Findings included...

On 12/14/2023, at 10:10 a.m., Staff B was observed walking with Resident 6 to the dining room table.

Review of Staff B's record showed no documentation for TB testing. Review of Staff D's record showed no TB testing.

On 12/14/2023, at 1:45 p.m., the Entity Representative said Staff B was hired 05/30/2023, and Staff D was hired 07/15/2023. The ER said they would send the information to the Department by the end of the day 12/15/2023. As of 12/18/2023, at 5:00 p.m., the requested information was not received by the Department.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sylvia's Place LLC is or will be in compliance with this law and / or regulation on (Date) ~~02-20-2024~~ 2.1.2024 per provider

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Sylvia Zullo — Provider (or Representative)

01-08-2024 — Date

WAC 388-76-10584 Resident rights Examination of license. The adult family home must place its license to operate and any conditions on the license, in a visible location in a common use area where it can be examined by residents, resident representatives, the department and anyone interested without having to ask for them.

This requirement was not met as evidenced by:

Based on observation and interview the adult family home (AFH) failed to ensure their AFH license was posted visibly in a common use area. This failure prevented anyone from being able to view the license without having to ask for it.

Findings included...

On 12/14/2023, at 10:25 a.m., observation showed the AFH license was not posted in a visible location.

On 12/14/2023, at 10:30 a.m., the Entity Representative (ER) looked through a stack of papers and found the license. When asked why it was not posted, the ER said they were going to buy a frame for it.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sylvia's Place LLC is or will be in compliance with this law and / or regulation on (Date) 12-19-2024

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Sylvia Zullo — Provider (or Representative)

1-8-2024 — Date

WAC 388-76-10620 Resident rights Quality of life General.

(1) The adult family home must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

(2) The home may design home rules that protect the rights and quality of life of residents. Within these rules, the home must ensure the resident's right to:

(c) Make choices about aspects of life in the home that are significant to the resident;

This requirement was not met as evidenced by:

Based on observations,
interviews and record reviews the adult family home (AFH) failed to promote care in an environment that maintained and enhanced each resident's dignity and respect in full recognition of his or her individuality for 2 of 2 residents, (Resident 3 and Resident 4). This failure resulted in tearful distress
to the residents and decreased their quality of life.

Findings included...

Resident 3 (R3)

On 12/14/2023, at 1:15
p.m., observation showed R3 lying in their bed.

On 12/14/1013, at 1:15 p.m.,
when asked if they could change one thing about living in the AFH, R3 said, "stop talking in their language." R3 said they liked it at the AFH but "hate" they're (staff) always talking in their language. R3 said at night when Staff C came in to change them, Staff C had "things in their ears" and was taking to someone in the Philippines. R3 said, "It's not right, I hate it." R3 said sometimes staff had the phone on their shoulder and they were afraid someone on the phone could see them naked. R3 became tearful. R3
said they wanted it to stop but were afraid if they said anything the caregivers would retaliate.

Resident 4 (R4)

On 12/14/2023, at 1:45
p.m., observation showed R4 wheeling themselves to their room from the dining room and transferring independently from their wheelchair to their bed.

During an interview on
12/14/2023, 1:50 p.m., when asked if they could change one thing about living at the AFH, R4 said, "They (staff) speak Filipino all the time 24/7, I hate it. When you don't know what they're saying, I just hate it." R4 said they wanted to say something but were afraid of retaliation. R4 was tearful during the interview.

On 12/14/2023, at 3:40 p.m., when brought to their attention, the Entity Representative said they had previously talked to the caregivers and told them to make phone calls on their breaks.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sylvia's Place LLC is or will be in compliance with this law and / or regulation on (Date) 12- 15 - 2023

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Sylvia Zullo
Provider (or Representative)

1-8-2024
Date

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home (AFH) failed to ensure an assessment was completed and risks/benefits of bedrail use was consented to, for 1 of 1 resident, [Resident 3 (R3)]. This failure placed R3 at risk for injury.

Findings included...

On 12/14/2023, at 1:15 p.m., observation showed R3 lying in their bed. Observation showed R3's bed against the wall and a side bedrail with open spaces of approximately four inches between the bars.

Review of R3's record failed to include an assessment for the side rails or note R3 knew the risks and benefits to having the side rails on their bed.

On 12/14/2023, at 3:00 p.m., the ER said they thought they had an assessment by physical therapy (PT) for the side rail and had a doctor's order. Record review showed there was not a PT assessment for the side rail.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sylvia's Place LLC is or will be in compliance with this law and / or regulation on (Date) ~~2-20-2024~~ 2.1.2024 per provider

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Sylvia Zallo — Provider (or Representative)

1-8-2024 — Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to ensure 1 of 2 caregivers (Staff D) hired in 2023, had a fingerprint background check. This failure placed all six current residents at risk of receiving care from an individual with possible disqualifying information.

Findings included...

According to the Entity Representative (ER) on 12/14/2023, at 10:50 a.m., Staff D worked Thursday and Friday nights.

Review of Staff D's file did not include a fingerprint background check.

On 12/14/2023, at 1:45 p.m., the ER said Staff D was hired 07/15/2023. The ER said they would send the information to the Department by the end of day 12/15/2023. As of 12/18/2023, at 5:00 p.m., the requested information was not received by the Department.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sylvia's Place LLC is or will be in compliance with this law and / or regulation on (Date) 12-16-2023

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Sylvia Zulli
Provider (or Representative)

01-08-2024
Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review the adult family home failed to ensure the negotiated care plan (NCP) for 1 of 2 residents, Resident 4 (R4) was updated. This failure placed R4 at risk for unmet care needs.

Findings included...

On 12/14/2023, at 1:45 p.m., observation showed R4 wheeling themselves to their room from the dining room and transferring independently from their wheelchair to their bed. Observation showed an oxygen concentrator at R4's bedside.

During an interview on 12/14/2023, at 1:50 p.m., R4 stated they did everything for themselves except needed some assistance when they returned from dialysis on Tuesdays and Saturdays. R4 said they used the concentrator only sometimes at night and could apply the oxygen themselves. When asked about food, R4 said they liked American food

including ham, roast beef, steak, turkey and meatloaf.

Record review showed nurse delegation was in place for caregivers to administer rectal suppositories. R4's NCP noted a home health nurse came two times a week.

During interview on 12/14/2023, at 10:30 a.m., the ER said no outside agencies were coming in to see any residents in the adult home including no home health for R4. The ER said R4 used oxygen infrequently.

Review of R4's NCP noted R4 was unable to reposition and transfer themselves. During interview on 12/14/2023, at 12:10 p.m., the ER said R4 could transfer themselves, were independent in bed mobility and only needed assistance when they returned from dialysis on Tuesdays and Saturdays.

Review of R4's NCP noted R4 needed assistance with dressing and was dependent for personal hygiene. During an interview on 12/14/2023, at 1:50 p.m., R4 stated they dressed themselves.

During interview on 12/14/2023, at 12:10 p.m., the ER said R4 could do their personal hygiene but needed a lot of encouragement.

Review of R4's NCP noted R4 liked to eat sweet and junks [sic] snacks and did not include that R4 liked ham, roast beef, meatloaf, turkey and steak.

On 12/14/2023, at 3:15 p.m., when asked why the NCP had not been updated, the ER said they thought they had updated it.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sylvia's Place LLC is or will be in compliance with this law and / or regulation on (Date) 12-18-2024

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Sylvia Zullo
Provider (or Representative)

01-08-2024
Date