STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

11/10/2025

WOODLAND ASSISTED LIVING CENTER INC
WOODLAND ASSISTED LIVING
PO BOX 69
WOODLAND, WA 98674

RE: WOODLAND ASSISTED LIVING # 1028

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 68496 (Completion Date 11/10/2025) and 65416 (Completion Date 09/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/10/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2466 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 assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has

a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

(2) Nothing in this section should be interpreted as requiring the employment of any person against the better judgment of the assisted living facility.

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Not required.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

(b) Assisted living facility administrator or administrator designee. A qualified assisted living facility administrator or administrator designee who does not meet the criteria in subsection (1)(a)(i), (ii), or (iii) of this section. Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 .

(c) Volunteer staff in assisted living facility. An unpaid person. Required per WAC 388-112A-0200 (1). Not required. Not required. Not required. Not required. Not required.

(2) The remainder of this chapter describes the training and certification requirements in more detail.

(3) The following training requirements are not listed in the charts in subsection (1) of this section but are required under this chapter:

(a) First aid and CPR under WAC 388-112A-0720 ;

(b) Nurse delegation under WAC 388-112A-0500 and 388-112A-0560 ;

(c) Assisted living facility (ALF) administrator training under WAC 388-78A-2521 .

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers 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:

(d) Cardiopulmonary resuscitation and first aid; and

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(i) A current assisted living facility license, including any related conditions on the license;

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

The Department staff who did the On Site verification:
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit E

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 09/16/2025 and 09/18/2025 of:
WOODLAND ASSISTED LIVING
310 4th St
Woodland, WA 98674

The following sample was selected for review during the unannounced on-site visit: 5 of 25 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Jacob Ubl, ALF NCI CI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Clinton Fridley
Residential Care Services

09/26/2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

completed 9/25

Administrator (or Representative)

9/29/25
Date

WAC 388-78A-2466 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 assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete and/or document a Washington state name and date of birth background check and/or a national fingerprint background check per regulation for 2 of 5 sampled staff (Staff C and F). This failure placed all residents and staff at risk for harm by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

During an unannounced licensing full inspection on 09/17/2025 at 12:30 PM, the department received the requested staff documents.

Staff C

Record review for Staff C, Nursing Aide, showed that
Staff C was hired on 10/15/2024. No documentation of a national fingerprint background check was found for Staff C.

On 09/17/2025 at 2:27 PM, Staff A, Executive Director stated,
"We messed up on that one," when the department informed Staff A that no fingerprint background check was found for Staff C.

Staff F

Record review for Staff F, Medication Technician, showed
that Staff F was hired on 04/19/2021. Review of Staff F's employee documents showed a Washington State name and date of birth background check completed on 08/04/2024 and 04/26/2021. No documentation was found to show that a Washington State name and date of birth background check was completed in 2023, two years after the one completed in 2021, when it had expired.

On 09/18/2025 at 12:00 PM, Staff A, Executive Director,
acknowledged that a Washington State name and date of birth background check

was not completed for Staff F in 2023 when their previous background check had expired.

Plan/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, WOODLAND ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 9/25/25 .

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

Completed 9/25

Administrator (or Representative) Date 9/29/25

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

(2) Nothing in this section should be interpreted as requiring the employment of any person against the better judgment of the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a character, competence, and suitability (CCS) determination was completed when an employee's background check came back with a "reviewed required" result for 1 of 1 sampled staff (Staff F). This failure placed all residents and staff at risk for harm by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

WAC 388-113-0060
How and when must a character, competence, and suitability determination be conducted by the department or an authorized entity?
(1) The department or an authorized entity must conduct a character, competence, and suitability determination of an employee, prospective employee, or other individual who is required to undergo a background check when the applicant has received a "review required" result as defined in WAC 388-113-0101(b).
(2) If the department or an authorized entity is required to conduct a character,

competence, and suitability determination under this section, the person or entity responsible must document in writing the following information:
(a) Reason for the decision;
(b) Whether or not the applicant may have unsupervised access to minors and vulnerable adults;
(c) The date the character, competence, and suitability determination was completed; and
(d) The name and signature of the person or persons who performed the determination.
(3) If an applicant is required to have a character, competence, and suitability determination under this section, the applicant may not have unsupervised access to minors or vulnerable adults unless the character, competence, and suitability determination has:
(a) Been completed and documented in writing.
(b) Concluded the applicant may have unsupervised access to minors or vulnerable adults.
(4) A character, competence, and suitability determination may not be conducted if an applicant has an automatically disqualifying conviction or pending charge under WAC 388-113-0020 or has an automatically disqualifying negative action under WAC 388-113-0030.

During an unannounced licensing full inspection on 09/17/2025 at 12:30 PM, the department received the requested staff documents.

Staff F

Record review for Staff F, Medication Technician, showed that Staff F was hired on 04/19/2021. Review of Staff F's employee documents revealed a Washington State name and date of birth background check, which indicated a CCS was required, was completed on 08/04/2024 and 04/26/2021. A CCS review was completed on 04/16/2021. No other CCS reviews were found to show that a review was completed when the facility completed the background check in 2024.

On 09/18/2025 at 12:00 PM, Staff A, Executive Director, acknowledged that a CCS review was not completed for Staff F in 2024.

Plan/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, WOODLAND ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 9/25/25 .

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

Administrator (or Representative) _____ Date 9/29/25

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Not required.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

(b) Assisted living facility administrator or administrator designee. A qualified assisted living facility administrator or administrator designee who does not meet the criteria in

subsection (1)(a)(i), (ii), or (iii) of this section. Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 .

(c) Volunteer staff in assisted living facility. An unpaid person. Required per WAC 388-112A-0200 (1). Not required. Not required. Not required. Not required. Not required.

(2) The remainder of this chapter describes the training and certification requirements in more detail.

(3) The following training requirements are not listed in the charts in subsection (1) of this section but are required under this chapter:

(a) First aid and CPR under WAC 388-112A-0720 ;

(b) Nurse delegation under WAC 388-112A-0500 and 388-112A-0560 ;

(c) Assisted living facility (ALF) administrator training under WAC 388-78A-2521 .

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain or ensure that employees maintained in good standing the credentials required to work in an assisted living facility for 1 of 5 sampled staff (Staff D). This failure placed all residents at risk for harm due to staff not being properly trained or credentialed.

Findings included...

During an unannounced licensing full inspection on 09/17/2025 at 12:30 PM, the department received the requested staff documents.

Staff D

Record review for Staff D, Nursing Aide, showed that Staff D was hired on 06/28/2025. Review of Staff D's credentials showed that Staff D has a nursing assistant registered (NAR) certification with an expiration date of 09/11/2025. The facility also provided a pending home care aide (HCA) credential for Staff D. No documentation was found to show that the NAR was renewed by the expiration date.

On 09/18/2025 at 12:00 PM, Staff A, Executive Director, acknowledged that Staff D's NAR certification was expired at the time of the full inspection.

Plan/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, WOODLAND ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 9/15/25 .

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

Administrator (or Representative) Date 9/29/30

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers 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:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 5 sampled staff (Staff F) had completed and/or had documentation of them completing cardiopulmonary resuscitation (CPR) and basic first aid training. This failure placed all residents at risk for harm due to staff not being properly trained.

Findings included...

During an unannounced licensing full inspection on 09/17/2025 at 12:30 PM, the department received the requested staff documents.

Staff F

Record review for Staff F, Medication Technician, showed that Staff F was hired on 04/19/2021. Review of Staff F's employee documents showed a first aid and CPR training certification with an expiration date of 06/19/2025.

On 09/17/2025 at 2:30 PM, Staff B, Director of Nursing Services stated, "Oh yes, we were alerted about that."

Plan/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, WOODLAND ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 10/30/25.

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

Compliance date: 10/30/25

Administrator (or Representative) Date 9/29/25

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(i) A current assisted living facility license, including any related conditions on the license;

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that a current assisted living facility (ALF) license was in place and that a copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department was available for the public to review for 1 of 1 ALFs. This failure placed all residents at risk of not knowing the facilities' deficiencies and receiving care from a facility without a current license.

Findings included...

During an unannounced licensing full inspection tour on 09/16/2025 at 10:35 AM, the department observed the ALF license posted on the wall with an expiration date of April of 2025 and in a state survey binder by the front door, the last full inspection present was from 2017.

Record review of the facility's full inspections show that a previous full inspection was completed on 12/06/2023.

Record review of the facility's full inspection binder showed the ALF license with an

expiration date of April of 2025.

On 09/18/2025 at 11:40 AM, Staff A, Executive Director, reported that they were working on obtaining a current ALF license.

On 09/18/2025 at 12:00 PM, Staff A stated they were unaware that the most current licensing full inspection is required to be available for the public to review.

Plan/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, WOODLAND ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 10/3/25.

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

Administrator (or Representative) [signature] Date 9/29/25

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure 5 of 8 observed fire extinguishers had been inspected monthly to verify they were operating adequately. This failure placed all residents at risk for injury and possible harm from defective or non-functioning extinguishers in the event of a fire in the facility.

Findings included...

State Fire Marshall regulation code IFC 906.2 2015,2018
Portable fire extinguishers shall be selected, installed, and maintained in accordance with this section and NFPA 10.

During an unannounced licensing full inspection tour on 09/16/2025 at 10:35 AM, the fire extinguishers were observed both upstairs and downstairs, each with inspection tags. All inspection tags documented that the fire extinguishers had maintenance in

September of 2024.

The extinguisher in the hallway by the kitchen had tags that documented that it was inspected on 10/29/2024, 12/02/2024, 01/01/2025, 02/05/2025, 03/05/2025, 04/04/2025, 05/01/2025, 06/03/2025, 07/15/2025, 08/12/2025, and 09/10/2025. No documentation was found to show that the fire extinguisher had been inspected in November of 2024.

The fire extinguisher on the first floor by room 102 had tags that documented that it was inspected on 09/25/2024, 11/06/2024, 12/01/2024, 01/03/2025, 02/05/2025, 03/01/2025, 04/01/2025, an illegible day in 05/2025, 06/13/2025, 07/15/2025, 08/12/2025. No documentation was found to show that the fire extinguisher had been inspected in October of 2024.

The fire extinguisher on the first floor in the elevator room had tags that were blank and showed no documentation that it had been inspected monthly.

The fire extinguisher on the first floor by room 113 had tags that documented that it was inspected on 10/29/2024, 11/20/2024, 12/02/2024, 05/07/2025, 06/13/2025, 07/15/2025, and 08/12/2025. No documentation was found to show that the fire extinguisher had been inspected in January through April of 2025.

The fire extinguisher on the second floor by the break room had tags that documented that it was inspected on 10/29/2024, 01/01/2025, 02/05/2025, 03/05/2025, 04/01/2025, 05/07/2025, 06/13/2025, 07/06/2025, 08/05/2025, and 09/10/2025. No documentation was found to show that the fire extinguisher had been inspected in November and December of 2024.

On 09/18/2025 at 12:00 PM, Staff A, Executive Director, acknowledged the department's findings.

Plan/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, WOODLAND ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 10/15/25.

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

Administrator (or Representative) Date 9/29/25

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing per regulation for 1 of 3 sampled staff (Staff C).This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing full inspection on 09/17/2025 at 12:30 PM, the department received the requested staff documents.

Staff C

Record review for Staff C, Nursing Aide, showed that Staff C was hired on 10/15/2024. Review of Staff C's TB testing records showed that their first step TB skin test was completed on 10/15/2024 and read on 10/17/2024. Documentation showed another TB skin test completed on 11/25/2024 and read on 11/27/2024. No documentation was found to show that a second step TB skin test was completed within one to three weeks from the first step per regulation.

On 09/18/2025 at 12:00 PM, Staff A, Executive Director, acknowledged that the TB test for Staff C was not completed per regulation.

Plan/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, WOODLAND ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 10/15/25

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

Administrator (or Representative) [signature] Date 9/15/25