STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

CAMP I RICHLAND REAL ESTATE HOLDING CO, LLC
GUARDIAN ANGEL HOMES (THE COTTAGE)
245 VAN GIESEN ST
RICHLAND, WA 99352

RE: GUARDIAN ANGEL HOMES (THE COTTAGE) License # 1513

Dear Administrator:

This letter addresses Compliance Determination(s) 28600 (Completion Date 08/21/2023) and 26724 (Completion Date 07/18/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/21/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2450-2-b, WAC 388-78A-24701-1, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484, WAC 246-980-030-1-b, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-c, WAC 388-78A-2160, WAC 388-78A-2210-1-b

The Department staff who did the on-site verification:
Anna Cairns, ALF Long Term Care Surveyor

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: GUARDIAN ANGEL HOMES (THE COTTAGE)
License/Cert.#: 1513
Compliance Determination #: 26724
Investigator: Tracy Ramirez
Provider Type: Assisted Living Facility
Intake ID: 86640
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 07/10/2023 through 07/18/2023
Complainant Contact Date(s):

Allegation(s):
The facility had one staff member that provided care to the named resident that required a two-person assist.

Investigation Methods:

Sample:	Total residents: 71 Resident sample size: 9 Closed records sample size: 0
Observations:	The facility's common areas, resident rooms, resident to resident and staff to resident interactions were observed.
Interviews:	Facility staff, sampled residents, and others not associated with the facility.
Record Reviews:	Resident characteristic roster, resident records (face sheets, care plans, progress notes, medication administration records, change and service plans (temporary service plan), incident/investigation, and staff records.

Investigation Summary:
The facility failed to implement two-person cares as indicated in the Negotiated Service Agreement and failed practice identified WAC 388-78A-2160. Reference Statement of Deficiencies (SOD) 07/18/2023.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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CAMP I RICHLAND REAL ESTATE HOLDING CO, LLC
GUARDIAN ANGEL HOMES (THE COTTAGE)
245 VAN GIESEN ST
RICHLAND, WA 99352

RE: GUARDIAN ANGEL HOMES (THE COTTAGE) # 1513

Dear Administrator:

This document references the following complaint numbers 86640.

The Department completed a full inspection of your Assisted Living Facility on 07/18/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Gwin Kaercher, Field Manager
Residential Care Services

Region 1, Unit G
1200 Alder Street
Union Gap, WA 98903

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

The Assisted Living Facility failed to ensure current pet immunization and examination records were maintained at the facility for one pet in the home.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Enclosure

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 and complaint investigation on 07/10/2023, 07/11/2023, 07/12/2023 and 07/13/2023 of:

GUARDIAN ANGEL HOMES (THE COTTAGE)
245 Van Giesen St
Richland, WA 99354

This document references the following complaint numbers: 86640.

The following sample was selected for review during the unannounced on-site visit: 9 of 71 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Tracy Ramirez, Assisted Living Facility Licensor
Anna Cairns, ALF Long Term Care Surveyor
Elaine Lopez, Licensor
Robin Rainville, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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.

Gwin Kaercher
Residential Care Services

07/27/2023
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.

K Trautman
Administrator (or Representative)

8/3/2023
Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that staff that were hired had professional work references verified prior to hiring for 1 of 1 Supplemental Staff (G). This failure placed residents at risk of being cared for by unqualified staff.

Findings included...

Staff records were reviewed with Staff H, Business Office Manager, and Staff I, Staffing Director, on 07/11/2023 at 3:00 PM.

Review of staff records showed that Staff G, Supplemental Staff no longer employed at the ALF, was hired as a caregiver on 05/30/2023. Staff G's file did not have three professional references that were verified by the facility.

On 07/11/2023, Staff H, Business Office Manager, stated they attempted to call Staff G's references one time and did not receive any calls back from their references. Staff H stated that Staff G was hired and allowed to work unsupervised, without professional references being verified.

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, GUARDIAN ANGEL HOMES (THE COTTAGE) is or will be in compliance with this law and / or regulation on (Date) 8/3/2023 .

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

K Strawkman — Administrator (or Representative)

8/3/2023 — Date

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a review to determine if 1 of 1 Supplemental Staff (G), with non-disqualifying background check results, had the character, competency, and suitability (CCS) to work with the vulnerable adults who resided at the facility. This failure placed the residents at risk for abuse from being cared for by staff members who were not appropriate to work with vulnerable adults.

Findings included...

Staff records were reviewed with Staff H, Business Office Manager, and Staff I, Staffing Director, on 07/11/2023 at 3:00 PM. Staff H and Staff I stated that they were responsible for ensuring that a CCS review was completed when required.

Review of staff records showed that Staff G, Supplemental Staff no longer employed at the ALF, was hired as a caregiver on 05/30/2023. The file for Staff G showed a fingerprint background check result dated 06/15/2023, which indicated that a CCS review was required. Staff G's file did not show that a CCS review was completed as required.

On 07/11/2023 at 3:50 PM, Staff H and Staff I stated that they had not completed a CCS that was required for Staff G.

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, GUARDIAN ANGEL HOMES (THE COTTAGE) is or will be in compliance with this law and / or regulation on (Date) 8/3/2023.

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

Administrator (or Representative) — Date: 8/3/2023

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:

(1) An initial skin test within three days of employment; and

(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 Assisted Living Facility (ALF) failed to ensure the initial screening for Tuberculosis (TB) was completed within three days of hire for 1 of 3 Staff (C) and failed to ensure that the second step Skin Test was completed within one to three weeks of the First-Step TB test for 1 of 3 Staff (B), hired since the last full inspection. This failed practice placed residents at risk of potential exposure of a communicable disease.

Findings included...

Staff records were reviewed with Staff H, Business Office Manager, and Staff I, Staffing Director, on 07/11/2023 at 3:00 PM. Staff H and Staff I stated that they were responsible for tracking TB testing.

Staff B, Caregiver, was hired 08/29/2022. Staff B's file showed a first step TB test done on 08/29/2022. The file showed that there was not a Two-Step TB test completed within one to three weeks of the One-Step TB test.

On 07/11/2023 at 3:50 PM, Staff H and Staff I stated that there was not a Two-Step TB test completed for Staff B due to staff non-compliance with testing.

-Staff C, Caregiver, was hired 01/23/2023. Staff C's file showed that there was not an initial TB test completed.

On 07/11/2023 at 3:50 PM, Staff H and Staff I stated that there was not an initial TB test completed within 3 days of hire for Staff C. They stated that the initial TB test was initiated 07/11/2023, 169 days after they were hired.

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, GUARDIAN ANGEL HOMES (THE COTTAGE) is or will be in compliance with this law and / or regulation on (Date) 8/3/2023.

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

Administrator (or Representative) — Date: 8/3/2023

WAC 246-980-030 Can a nonexempt long-term care worker work before obtaining certification as a home care aide?

(1) A nonexempt long-term care worker may provide care before receiving certification as a home care aide if all the following conditions are met:

(b) The long-term care worker must submit an application for home care aide certification to the department within fourteen calendar days of hire. An application is considered to be submitted on the date it is post-marked or, for applications submitted in person or online, the date it is accepted by the department.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that a Home Care Aide (HCA) application was sent to the department within 14 days of hire for 1 of 1 Supplemental Staff (G), who had provided unsupervised care to the residents in the facility. This failure placed residents at risk of being cared for by unqualified staff and disallowed the department from the ability to track and monitor home care aide applicants.

Findings included...

Staff records were reviewed with Staff H, Business Office Manager, and Staff I, Staffing Director, on 07/11/2023 at 3:00 PM. Staff H and Staff I stated that they were responsible for ensuring HCA applications were submitted within 14 days.

Review of staff records showed that Staff G, Supplemental Staff no longer employed at the ALF was hired on 05/30/2023 as a caregiver. Staff G's file did not include an HCA application that was submitted to the department within 14 days of hire.

On 07/11/2023 at 3:55 PM, Staff I stated that the HCA application for Staff G was not mailed to the department.

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, GUARDIAN ANGEL HOMES (THE COTTAGE) is or will be in compliance with this law and / or regulation on (Date) 8/3/2023.

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

Administrator (or Representative) — Date: 8/3/2023

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments:

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure Negotiated Service Agreements (NSAs) were developed with a documented plan to provide clearly defined roles and responsibilities to meet the assessed needs for 5 of 6 Residents (1, 4, 5, 6, 7) who required monitoring, interventions, and nursing services. This failure placed the residents at risk of unmet needs and complications of their chronic health conditions.

Findings included. .

Resident 1

Record review of Resident 1's assessment and NSA dated 01/12/2023 showed that the resident had diagnoses which included [redacted], and they were on hospice (end of life care).

Record review of the April 2023 through July 2023 Medication Administration Record (MAR)

for Resident 1 showed that the resident was on the following medication: Morphine Sulfate (for pain), Depakote (to prevent seizures), and Digoxin (for heart disease).

Resident 1's July 2023 NSA did not contain direction for staff of what to monitor for related to the resident's significant diagnoses and medications. The NSA did not address Resident 1's seizures and pain control. Additionally, the NSA did not provide direction to the staff regarding what the facility staff were responsible for and what hospice was responsible for.

Resident 4

On 07/12/2023 at 2:35 PM, Resident 4 stated that the staff helped them with their medication which included insulin injections (a medication to regulate blood sugar), checked their blood sugar levels, and gave them snacks when their blood sugar was too low.

Record review of Resident 4's assessment and NSA dated 05/09/2023 showed that the resident had diagnoses which included [redacted], and [redacted]. Additionally, the NSA showed that Resident 4 had a pacemaker (an implanted device to regulate the heart rate).

Resident 4's April through July 2023 MARs showed that the resident required insulin injections and blood sugar checks twice daily. The MARS also showed that Resident 4 took two different medications to prevent blood clots (which increases the risk of uncontrolled bleeding) as well as three medications to regulate blood pressure and heart function.

Resident 4's NSA did not contain direction for staff of what to monitor for related to the resident's significant diagnoses and medications. The NSA did not provide direction to the staff regarding special care needs for the resident with their pacemaker or who was responsible for monitoring the function of the pacemaker.

Resident 5

Resident 5's 05/08/2023 NSA showed that the resident had diagnoses which included [redacted], and was on a blood thinner medication. The most recent physician orders in Resident 5's chart dated 12/08/2022 showed that the resident was on a blood thinner medication as well as medication to prevent seizures. The orders also showed that Resident 5 was allergic to cinnamon.

On 07/11/2023 at 3:36 PM, Resident 5 stated that the staff helped them with their medications and daily care needs. Resident 5 also stated that their allergy to cinnamon

resulted in a rash to their skin if it was eaten.

Resident 5's NSA did not show direction for the staff on what a seizure looked like for Resident 5, or for what to do if the resident had a seizure. The NSA did not include information for what to monitor related to the resident's blood thinner medication. Additionally, the NSA did not show what the allergic reaction to cinnamon was for Resident 5.

Resident 6

On 07/12/2023 at 11:37 AM, Resident 6 was observed in their recliner, wearing black gloves on their hands, and a dressing was visible on their right lower leg. A Collateral Contact (CC1), Resident Representative, for Resident 6 was present and stated that the gloves prevented the resident from scratching their fragile skin. CC1 also stated that Resident 1 had a wound on their leg which an outside Home Health (HH) agency was treating.

Record review of Resident 6's 06/21/2023 NSA showed that the resident had diagnoses of [redacted], and was on a blood thinner medication which required frequent blood tests to monitor therapeutic levels. The NSA showed that the resident was at risk of skin injury due to their blood thinner use.

Review of Resident 6's progress notes showed that on 06/05/2023 the HH agency provided wound care and tested the resident's blood thinner levels. Resident 6's record showed a 06/09/2023 doctor's order to have the HH agency recheck the blood thinner medication level in two weeks.

A 06/21/2023 progress note in Resident 6's record showed that the resident was due for a blood thinner medication level test the day prior. The note showed that the facility did not have a way to perform the test there, so it was not done.

On 07/12/2023 at 4:40 PM, Staff F, Licensed Practical Nurse, stated that they did not know why the resident's home health agency did not do the blood thinner medication level test.

Resident 6's NSA did not include directions for who was responsible to manage the blood thinner level testing, did not contain direction for staff of what to monitor for significant diagnoses and medications, or for what to do if the resident experienced unusual bleeding. Additionally, the NSA did not show that the staff were to ensure the resident had gloves on daily to protect their skin, nor did the NSA direct the staff on what to monitor for regarding Resident 6's right lower leg wound.

Resident 7

On 07/11/2023 at 2:00 PM CC2, Resident Representative for Resident 7, stated that staff assisted the resident with their medication which included obtaining a blood sugar level and giving their insulin.

Record review of Resident 7's assessment and NSA dated 05/03/2023 showed diagnoses which included [redacted], and [redacted]. Additionally, the NSA showed that Resident 7 had a pacemaker.

Review of Resident 7's current prescribed medication orders dated 03/31/2023 showed that the resident required insulin injections twice daily by staff. The orders also showed the resident was on two oral (by mouth) medications for their diabetes.

Resident 7's NSA did not contain direction for staff of what to monitor for related to the resident's significant diagnoses and medications. The NSA did not provide direction to the staff regarding special care needs and or who was responsible for monitoring the function of the pacemaker.

Plan/Attestation Statement

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

K Strallman — Administrator (or Representative)

8/3/2023 — Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to provide two-person staff during care per the Negotiated Service Agreements (NSA's) for 1 of 6 Residents (1) who required two-person assistance with personal care. This failure contributed to a fall from the bed resulting in injuries.

Findings included...

Review of the record showed Resident 1 admitted on [redacted]/2021, with diagnosis of [redacted], and they were on hospice (end of life care). The NSA showed that the resident was bedbound and required two-person assistance for personal cares.

On 07/12/2023 at 12:15 PM Resident 1 stated that "a couple weeks ago" a staff member tried to assist with care, dropped them off the bed, and were not strong enough to get them off the floor. Resident 1 stated there should have been two staff helping, but there was only one.

Record review of the facility's investigation dated 06/22/2023 showed that Resident 1 had been dropped during a brief change on 06/19/2023 when Staff G, Caregiver, was the only staff assisting the resident. Two staff were not present for Resident 1's care needs as shown in the NSA.

Record review of an incident report dated 06/20/2023 showed that Resident 1 had a skin tear on their right elbow, a scratch on their left arm, abrasions on the top of their toes, and the resident was complaining of pain. The resident was given morphine (narcotic pain medication). The report showed that Resident 1 stated they were thrown to the floor last night, there was a new staff not paying attention, they were rolling them to get them into position.

On 07/10/2023 at 11:15 AM Staff A, Administrator, stated that Resident 1 was a two-person assist and was dropped from their bed, while being repositioned, when only one staff assisted with care.

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, GUARDIAN ANGEL HOMES (THE COTTAGE) is or will be in compliance with this law and / or regulation on (Date) 8/3/2023.

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

Administrator (or Representative) — Date: 8/3/2023

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that doctor's orders were followed, and residents received medications and/or blood tests as prescribed, for 2 of 9 Residents (4, 6) who required medication assistance. This failure placed the residents at risk of adverse effects and complications of their health conditions.

Findings included...

Resident 4

Review of Resident 4's record showed a 05/26/2023 doctor's order for an antibiotic medication to be given twice daily for ten days for a total of 20 doses, to treat an acute respiratory infection.

Review of Resident 4's Medication Administration Records (MARS) showed that the medication was started on 05/27/2023 in the evening. The MARS showed that the medication was stopped after the morning dose on 06/01/2023, which indicated that only ten doses had been given, over a span of five days.

In an interview on 07/13/2023 at 10:15 AM with Staff F, Licensed Practical Nurse (LPN), they stated that they had discontinued the order for the antibiotic because the Medication Technician (MT) had told them there was no more medication in the cart, so the course was completed. Staff F, LPN, stated that they checked the medication cart on 07/13/2023 and realized that the antibiotic medication was still in the cart, and that they had just trusted that the MT was right when they said that the medication course was completed. Staff F, LPN, stated that Resident 4 received only five days of their antibiotic, and not the ten days that were ordered.

Resident 6

Record review of Resident 6's 06/21/2023 Negotiated Service Agreement (NSA) showed that the resident had diagnoses of [redacted] and [redacted] and was on a blood thinner medication which required frequent international normalized ratio (INR) blood tests to monitor therapeutic levels.

Review of a 04/06/2023 doctor's order in Resident 6's record showed that an INR was done that day and needed to be repeated in one month. Resident 6's record did not show that an INR had been done in May 2023, one month from the previous test, as ordered.

On 07/13/2023 at 11:23 AM, Staff F, LPN, stated that they could not find documentation of the INR test for May 2023; it was not done.

Resident 6's record showed that the Home Health (HH) agency did an INR test on 06/05/2023. The result was low and not in range, compared to the previous INR.

Resident 6's record showed that their doctor sent an order on 06/09/2023 to change the dose of the resident blood thinner as a result of the INR done on 06/05/2023. The order stated to have the HH agency recheck the blood thinner level in two weeks.

A 06/21/2023 progress note in Resident 6's record showed that the resident was due for a blood thinner level test the day prior, but the facility did not have a way to perform the test there, so it was not done.

On 07/12/2023 at 4:40 PM, Staff F, LPN, stated that they did not know why the resident's HH agency did not do the INR test.

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, GUARDIAN ANGEL HOMES (THE COTTAGE) is or will be in compliance with this law and / or regulation on (Date) 8/3/2023 .

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

Administrator (or Representative) — Date: 8/3/2023