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

CANTERBURY GARDENS LIMITED PARTNERS
CANTERBURY GARDENS
1457 3rd Ave
Longview, WA 98632

RE: CANTERBURY GARDENS License # 1580

Dear Administrator:

This letter addresses Compliance Determination(s) 26686 (Completion Date 07/25/2023) and 24169 (Completion Date 05/24/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/25/2023 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-2320, WAC 388-78A-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-2, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-b, WAC 388-78A-2320-2-c, WAC 388-78A-2320-2-d, WAC 388-78A-2320-2-e, WAC 388-78A-2320-2-f, WAC 388-78A-2320-3, WAC 388-78A-2320-3-a, WAC 388-78A-2320-3-b, WAC 388-78A-2320-3-c, WAC 388-78A-2320-3-d, WAC 388-78A-2320-3-e, WAC 388-78A-2462-1-a, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2620-2-c

The Department staff who did the off-site verification:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

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

Statement of Deficiencies	License #: 1580	Compliance Determination # 24169
Plan of Correction	CANTERBURY GARDENS	Completion Date
Page 1 of 13	Licensee: CANTERBURY GARDENS LIMITED	05/24/2023

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 05/22/2023 and 05/24/2023 of:
CANTERBURY GARDENS
1457 3rd Ave
Longview, WA 98632

The following sample was selected for review during the unannounced on-site visit: 11 of 71 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 I
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.

Residential Care Services

05/31/2023
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.

Administrator (or Representative)

6/5/23
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

(c) Initial and on-going assessments of the nursing needs of each resident;

(d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(f) Availability of the supervisor, in person, by pager, or by telephone, to respond to residents' needs on the assisted living facility premises as necessary.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(a) Chapter 18.79 RCW, Nursing care;

(b) Chapter 18.88A RCW, Nursing assistants;

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a registered nurse (RN) had verified that 2 of 7 medication aides (Staff M and Staff N) had completed and documented the required nurse delegation training. The facility failed to ensure a consent for nurse delegation was signed within the required time for 2 of 11 sampled residents (Resident 7 and Resident 11). The facility failed to ensure the RN had completed the

required nurse delegation documents for 6 of 11 sampled residents (Resident 1, Resident 2, Resident 4, Resident 6, Resident 10 and Resident 11). The facility also failed to ensure the RN had taught, supervised and evaluated the delegated tasks to the 7 of 7 medication aides (Staff H, Staff I, Staff J, Staff K, Staff L, Staff M, and Staff N) every 90 days. These failures placed all 71 residents at risk for harm and injury due to untrained and unsupervised care staff.

Findings included...

WAC 246-840-930: Criteria for delegation
(8) Verify that the nursing assistant or home care aide:
(b) Has completed both the basic caregiver training and core delegation training before performing any delegated task.
(c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training.
(10) If the registered nurse delegator determines delegation is appropriate, the nurse:
(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.
(11) Document in the patient's record the rationale for delegating or not delegating nursing tasks.
(12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes:
(a) The rationale for delegating the nursing task;
(b) The delegated nursing task is specific to one patient and is not transferable to another patient;
(c) The delegated nursing task is specific to one nursing assistant or one home care aide and is not transferable to another nursing assistant or home care aide;
(d) The nature of the condition requiring treatment and purpose of the delegated nursing task;
(e) A clear description of the procedure or steps to follow to perform the task;
(f) The predictable outcomes of the nursing task and how to effectively deal with them;
(g) The risks of the treatment;
(h) The interactions of prescribed medications;
(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services;
(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:
(i) How to notify the registered nurse delegator of the change;
(ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and
(iii) The process to notify the nursing assistant or home care aide of whether administration of the medication or performance of the procedure and/or treatment is delegated or not;
(k) How to document the task in the patient's record;

(l) Document teaching done and a return demonstration, or other method for verification of competency; and
(m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least weekly for the first four weeks and may be more frequent.
(14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.
(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.
(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

During an unannounced licensing inspection on 05/24/2023 at 11:15 AM, review of the nurse delegation documents showed no credentials or delegation certification for Staff M, Medication Aide, and Staff N, Medication Aides.

During an interview on 05/24/2023 at 1:30 PM, Staff A, Executive Director, acknowledged that there were no credentials or delegation certification for Staff M and Staff N.

Resident 1 (R1)
During an unannounced full inspection on 05/23/2023 at 9:10 AM, R1's records showed that R1 admitted to the facility on [redacted]/2016 with various diagnoses including [redacted].

Review of R1's plan of resident care dated 12/02/2022 showed that R1 was receiving medication administration.

Review of R1's Medication Administration Record (MAR) dated 02/01/2023 to 05/23/2023 showed that R1 was having blood sugars checked once a week on Fridays.

During an interview on 05/24/2023 at 11:30 AM, Staff B, Director of Resident Services, stated that R1 was having blood sugars monitored due to an elevated Hemoglobin A1C (a blood test that provides an average of blood sugar control over the last few months).

Review of R1's nurse delegation documents on 05/23/2023 at 12:30 PM, showed R1 was receiving oral medication administration due to cognitive impairment.

Review of R1's Nurse Delegation: Nursing Visit form, dated 01/05/2023, showed Medication Aides (Staff H, Staff I, Staff J, Staff K, and Staff M) were delegated for oral

medication administration. There were no nursing visits found within the last 90 days R1. There were also no nursing visit documents found for delegating blood glucose monitoring for R1.

Resident 2 (R2)
R2's records showed that R2 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R2's plan of resident care dated 04/19/2023 showed that R2 was receiving medication administration.

Review of the facilities nurse delegation documents on 05/24/2023 at 10:15 AM showed no nurse delegation visits or instructions for R2.

Resident 3 (R3)
R3's records showed that R3 admitted to the facility on [redacted]/2019 with various diagnoses including [redacted].

Review of R3's plan of resident care dated 11/15/2022, showed that R3 was receiving medication administration.

Review of R3's nurse delegation documents on 05/23/2023 at 12:30 PM, showed R3 was receiving oral medication administration due to cognitive impairment.

Review of R3's Nurse Delegation: Nursing Visit form, dated 01/05/2023, showed Medication Aides (Staff H, Staff I, Staff J, Staff K, and Staff M) were delegated for oral medication administration. There were no nursing visits found within the last 90 days for R3.

Resident 4 (R4)
R4's records showed that R4 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R4's plan of resident care dated 02/13/2023 showed that R4 was receiving medication administration.

Review of the facilities nurse delegation documents on 05/23/2023 at 12:40 PM showed no nurse delegation visits or instructions for R4.

Resident 5 (R5)
R5's records showed that R5 admitted to the facility on [redacted]/2021 with various

diagnoses including [redacted].

Review of R5's plan of resident care, dated 10/17/2022, showed that R5 was receiving medication administration.

Review of R5's nurse delegation documents on 05/23/2023 at 12:30 PM, showed R5 was receiving oral medication administration due to cognitive impairment.

Review of R5's Nurse Delegation: Nursing Visit form, dated 01/05/2023, showed Medication Aides (Staff H, Staff I, Staff J, Staff K, and Staff M) were delegated for oral medication administration. There were no nursing visits found within the last 90 days for R5.

Resident 6 (R6)
During an unannounced full inspection on 05/23/2023 at 11:20 AM, R6's records showed that R6 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of R6's plan of resident care dated 09/30/2022 showed that R6 was receiving medication administration.

Review of R6's Medication Administration Record (MAR) dated 02/01/2023 to 05/23/2023 showed that R6 was receiving Rivastigmine (a medicated patch applied to the skin used to treat dementia).

Review of R6's nurse delegation documents on at 12:50 PM, showed R6 was receiving oral medication administration and topical medicated patch application due to cognitive impairment.

Review of R6's Nurse Delegation: Nursing Visit form dated 12/10/2022, showed Medication Aides (Staff H, Staff I, Staff J, Staff K, and Staff M) were delegated for oral medication administration and topical medicated patch application. There were no nursing visits found within the last 90 days and there were no instructions for topical medicated patch application for R6.

Resident 7 (R7)
During an unannounced full inspection on 05/23/2023 at 11:47 AM, R7's records showed that R7 admitted to the facility on [redacted]/2021 with various diagnoses including [redacted].

Review of R7's plan of resident care dated 03/24/2023 showed that R7 was receiving medication administration.

Review of R7's Nurse Delegation Consent dated 04/20/2022 showed that it was signed by R7's representative on [redacted]/2022, over two months after the consent was created and over six months after R7 had moved into the facility.

Review of R7's nurse delegation documents on 05/24/2023 at 10:15 AM, showed R7 was receiving oral medication administration due to cognitive impairment.

Review of R7's Nurse Delegation: Nursing Visit form, dated 01/05/2023, showed Medication Aides (Staff H, Staff I, Staff J, Staff K, and Staff M) were delegated for oral medication administration. There were no nursing visits found within the last 90 days For R7.

Resident 8 (R8)
During an unannounced full inspection on 05/23/2023 at 11:50 AM, R8's records showed that R8 admitted to the facility on [redacted]/2021 with various diagnoses including [redacted].

Review of R8's plan of resident care dated [redacted]/2022 showed that R8 was receiving medication administration.

Review of R8's nurse delegation documents on 05/23/2023 at 1:00 PM, showed R8 was receiving oral medication administration due to cognitive impairment.

Review of R8's Nurse Delegation: Nursing Visit form, dated 01/05/2023, showed Medication Aides, Staff H, Staff I, Staff J, Staff K, and Staff M were delegated for oral medication administration. There were no nursing visits found within the last 90 days for R8.

Resident 9 (R9)
During an unannounced full inspection on 05/23/2023 at 12:15 PM, R9's records showed that R9 admitted to the facility on [redacted]/2018 with various diagnoses including [redacted].

Review of R9's plan of resident care dated 08/18/2022 showed that R9 was receiving medication administration.

Review of R9's nurse delegation documents on 05/24/2023 at 10:15 AM, showed R9 was receiving oral medication administration due to cognitive impairment.

Review of R9's Nurse Delegation: Nursing Visit form, dated 10/08/2022, showed

Medication Aides (Staff H, Staff I, Staff J, Staff K, and Staff M) were delegated for oral medication administration. There were no nursing visits found within the last 90 days for R9.

Resident 10 (R10)
During an unannounced full inspection on 05/24/2023 at 10:15 AM, R10's records showed that R10 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R10's plan of resident care dated 04/29/2023 showed that R10 was receiving medication administration.

Review of the facilities nurse delegation documents on 05/24/2023 at 10:15 AM, showed no nurse delegation visits or instructions for R10.

Resident 11 (R11)
During an unannounced full inspection on 05/24/2023 at 10:40 AM, R11's records showed that R11 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R11's plan of resident care dated 03/02/2023showed that R11 was receiving medication administration.

Review of the facilities nurse delegation documents on 05/24/2023 at 10:15 AM, showed no nurse delegation visits or instructions for R11.

During an exit interview on 05/24/2023 at 1:30 PM, no additional nurse delegation documents were provided, and Staff A acknowledged the department's findings regarding nurse delegation documents.

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, CANTERBURY GARDENS is or will be in compliance with this law and / or regulation on (Date) 6/30/23 .

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

Administrator (or Representative) — Date: 6/5/23

WAC 388-78A-2462 Background checks Who is required to have.

(1) Applicants for an assisted living facility license, as defined in WAC 388-78A-2740 , must have the following background checks before licensure:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record review, facility failed to ensure a Washington State name and date of birth background check was completed prior to employment for 1 of 5 sampled staff (Staff E, Environmental Aide). This failure placed all residents and staff at risk for danger 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 inspection on 05/22/2023 at 10:15 AM, review of staff roster showed that Staff E, Environmental Aide, was hired on 01/06/2023.

At 11:36 AM, Review of Staff E's Washington State Name and Date of Birth Background Check showed that it was completed on 01/12/2023, six days after Staff E was employed.

During an interview on 05/24/2023 at 1:30 PM, Staff A, Executive Director, acknowledged that the background check was completed after Staff E was 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, CANTERBURY GARDENS is or will be in compliance with this law and / or regulation on (Date) 6/30/23

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

Administrator (or Representative) — Date: 6/5/23

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within fourteen days of the resident's move-in date for 2 of 4 sampled residents (Residents

10, and Resident 11). This failure placed these two residents at risk of their care needs not being met.

Findings included...

Resident 10 (R10)
During an unannounced full inspection on 05/24/2023 at 10:15 AM, R10's records showed that R10 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R10's records on 05/24/2023 at 10:15 AM, showed no completed assessments within 14 days of admission.

On 05/24/2023 at 12:25 PM, Staff B, Director of Resident Services, provided an assessment dated [redacted]/2023, 23 days after R10 had admitted to the facility.

Resident 11 (R11)
During an unannounced full inspection on 05/24/2023 at 10:40 AM, R11's records showed that R11 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R11's records on 05/24/2023 at 10:40 AM, showed no completed assessments within 14 days of admission.

On 05/24/2023 at 12:25 PM, Staff B provided an assessment dated [redacted]/2023, 27 days after R11 had admitted to the facility.

During an interview on 05/24/2023 at 1:30 PM, Staff A, Executive Director, acknowledged that these assessments were completed after the required 14-day timeframe.

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, CANTERBURY GARDENS is or will be in compliance with this law and / or regulation on (Date) 6/30/23.

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

Administrator (or Representative) — Date: 6/5/23

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:

(c) Are restricted from central food preparation areas.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure pets were restricted from food preparation areas during mealtimes. This failure placed all 71 residents at risk for eating cross-contaminated food.

Findings included...

During an unannounced full inspection on 05/24/2023 at 12:00 PM, the department observed a dog in the food preparation kitchenette in the facility dining area while lunch was being served.

During an interview on 05/24/2023 at 1:30 PM, Staff A, Executive Director, acknowledged that pets were not allowed in the food preparation areas during mealtimes and stated that they had even spoken to that staff member to remind them of that policy that morning.

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, CANTERBURY GARDENS is or will be in compliance with this law and / or regulation on (Date) 6/30/23

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

Administrator (or Representative) — Date: 6/5/23