

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306090049

Report Date: 02/12/2026

Date Signed: 02/12/2026 04:40:45 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	GRACE RETIREMENT VILLAGE	FACILITY NUMBER:	306090049
ADMINISTRATOR/MICHELLE SONG DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1100 E. WHITTIER BLVD.	TELEPHONE:	(562) 694-6515
CITY:	LA HABRA	STATE: CA	ZIP CODE: 90631
CAPACITY:	340	CENSUS: 90	DATE: 02/12/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	07:35 AM
MET WITH:	Michelle Song	BEGAN: TIME VISIT/ INSPECTION	03:00 PM
		COMPLETED:	

### NARRATIVE

1 This unannounced inspection is being conducted by Licensing Program Analyst (LPA) Sean Haddad for  
2 the purpose of conducting a Required – 1 Year Inspection. LPA met with staff James Lee and  
3 Administrator (AD) Michelle Song and discussed the purpose of the inspection. LPA reviewed Infection  
4 Control requirements. At about 7:45AM, LPA and staff James Lee conducted a preliminary inspection of  
5 the facility. At about 1:30PM, LPA, AD, and staff James Lee conducted a tour of the inside and outside of  
6 the facility, common areas, resident rooms, kitchen, and medication room and observed the following:  
7 Structure: this is a large commercial facility. Facility is a 170-bedroom, 180-bathroom, 3 story building.  
8 There is 1 large patio with patio covers for the residents. Resident Bedrooms: the 19 resident bedrooms  
9 inspected are spacious and will easily accommodate the residents' furnishings. Furniture for 19 resident  
10 bedrooms inspected. LPA tested the call button in multiple resident rooms in assisted living and memory  
11 care and noted prompt staff responses. LPA tested the delayed egress system in the first floor memory  
12 care and observed it to be functioning properly. Bathrooms: the bathrooms were clean, faucets and  
13 toilets were operational. Water temperature: tested between 105 degrees and 122 degrees F, before  
14 corrections, in the 12 resident bathrooms inspected. Linens & Hygiene Supplies: new linens and fully  
15 stocked linen closets were observed. Emergency Phone Numbers, Exit Plan & Menu: reviewed. Food  
16 Service: LPA observed the facility has a 2-day supply of perishables and a 7-day supply of non-  
17 perishable food is available as required by regulations. Carbon Monoxide, Smoke Detectors, Fire  
18 Extinguisher: observed. Appliances: stove burners, microwave, washers, and dryers inspected. Knives:  
19 observed locked in the kitchen. Toxins: observed locked in the storage rooms. Medication room:  
20 observed to be locked. First-Aid Kit and Activity Supplies: observed and available. The facility's licensing  
21 fees have not been paid but are not yet due. At about 9:00AM, LPA reviewed 10 resident files and 10  
22 staff files, interviewed 6 residents and 5 staff, and inspected medications for 10 residents. Facility does  
23 not handle resident money.  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Sean Haddad

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/12/2026

**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/12/2026

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

**FACILITY EVALUATION REPORT** California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

**DEFICIENCIES** A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

**PLANS OF CORRECTION (POCs)** The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

**CORRECTION NOTIFICATION** The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

**CIVIL PENALTIES** The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

**PENALTY NOTICE GIVEN** The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

**APPEAL RIGHTS** The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

**AGENCY REVIEW** The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

**EMAIL REQUIREMENT** Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

LIC809 (FAS) - (09/23)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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**FACILITY NAME:** GRACE RETIREMENT VILLAGE  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 306090049  
**VISIT DATE:** 02/12/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87303(e)(2)</b>	
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**Maintenance and Operation**

(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on observation, out of the 12 bathroom faucets tested, all were within range except Room 123 which tested at 122 degrees F, which poses a potential safety risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 03/12/2026
	<b>Plan of Correction</b>
1	Licensee stated they will adjust the temperature in this faucet and submit temperature logs to LPA by POC due date.
2	
3	
4	

		<b>Section Cited</b>			
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	<b>Deficient Practice Statement</b>
1	
2	
3	
4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
1	
2	
3	
4	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Armando J Lucero
---	------------------

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/12/2026

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/12/2026

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/12/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87411(f)	
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**Personnel Requirements - General**

(f) All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned, and whether he/she has any health condition that would create a hazard to him/herself, other staff members or residents. A signed statement shall be obtained from each volunteer affirming that he/she is in good health. Personnel with evidence of physical illness or emotional instability that poses a significant threat to the well-being of residents shall be relieved of their duties.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on documents, S3's health screening is dated more than 6 months before their association date, S4 did not have a health screening in their file, and S9's health screening states they are positive for tuberculosis which S9 states is a mistake and S9's doctor stated over the phone they believe is a false positive and they will order a chest x-ray to confirm, which poses a potential health and safety to residents in care.
2	
3	
4	
	<b>POC Due Date:</b> 03/12/2026
	<b>Plan of Correction</b>
1	Licensee stated they will submit health screenings for these staff to LPA by POC due date.
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM	Armando J Lucero
MANAGER:	
NAME OF LICENSING PROGRAM	Sean Haddad
ANALYST:	

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/12/2026

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FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/12/2026

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**FACILITY EVALUATION REPORT (Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
, 770 THE CITY DR., SUITE 7100  
ORANGE, CA 92868

FACILITY NAME: GRACE RETIREMENT VILLAGE

FACILITY NUMBER: 306090049

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/12/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

Type	Section Cited	HSC	1569.625(b)(1)
Type B			

**Other Provisions**

(1) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 40 hours of training. A staff member shall complete 20 hours, including six hours specific to dementia care, as required by subdivision (a) of Section 1569.626 and four hours specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696, before working independently with residents. The remaining 20 hours shall include six hours specific to dementia care and shall be completed within the first four weeks of employment. The training coursework may utilize various methods of instruction, including, but not limited to, lectures, instructional videos, and interactive online courses. The additional 16 hours shall be hands-on training.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1	Based on documents, S5, S6, and S9 did not have records of their 40 hour initial training, which poses a potential health and safety risk to persons in care.
2	
3	
4	
<b>POC Due Date: 03/12/2026</b>	
<b>Plan of Correction</b>	
1	Licensee stated they will review PIN 23-16-ASC and complete the training for these staff and submit proof to LPA by POC due date.
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Armando J Lucero
NAME OF LICENSING PROGRAM ANALYST:	Sean Haddad
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/12/2026

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**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	HSC	1569.625(b)(2)	
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**Other Provisions**

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on documents, S2, S3, S4, S7, and S8, did not have records of their 20 hour continuing training, which poses a potential health and safety risk to persons in care.
	<b>POC Due Date:</b> 03/12/2026
	<b>Plan of Correction</b>
1 2 3 4	Licensee stated they will review PIN 23-16-ASC and complete the training for these staff and submit proof to LPA by POC due date.

	Type B	Section Cited	CCR	87411(c)(1)	
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**Personnel Requirements - General**

(1) Staff providing care shall receive appropriate training in first aid from persons qualified by such agencies as the American Red Cross.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on documents, S4 and S5 did not have current first aid certificates in their files, which poses a potential health risk to persons in care.
	<b>POC Due Date:</b> 03/12/2026
	<b>Plan of Correction</b>
1 2 3 4	Licensee stated they will ensure these staff have current first aid certificates and submit proof to LPA by POC due date.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Armando J Lucero
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Sean Haddad
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 02/12/2026

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<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
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**FACILITY NAME:** GRACE RETIREMENT VILLAGE

**FACILITY NUMBER:** 306090049

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/12/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	HSC	1569.626(a)(1)	
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(a) All residential care facilities for the elderly shall meet the following training requirements, as described in Section 1569.625, for all direct care staff: (1) Twelve hours of dementia care training, six of which shall be completed before a staff member begins working independently with residents, and the remaining six hours of which shall be completed within the first four weeks of employment. All 12 hours shall be devoted to the care of persons with dementia. The facility may utilize various methods of instruction, including, but not limited to, preceptorship, mentoring, and other forms of observation and demonstration. The orientation time shall be exclusive of any administrative instruction.

This requirement is not met as evidenced by:

**Deficient Practice Statement**

1	Based on documents, the facility has a memory care unit but their training records indicate that no staff has received 12 hours of dementia initial training or 8 hours of dementia continuing training, which poses a potential safety risk to persons in care.
2	
3	
4	

**POC Due Date:** 03/12/2026

**Plan of Correction**

1	Licensee stated they will update their training protocols, conduct initial dementia training for all staff care staff, and submit proof to LPA by POC due date.
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Armando J Lucero
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Sean Haddad

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/12/2026

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FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/12/2026

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

### FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
, 770 THE CITY DR., SUITE 7100  
ORANGE, CA 92868

FACILITY NAME: GRACE RETIREMENT VILLAGE

FACILITY NUMBER: 306090049

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/12/2026

#### DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type B	Section Cited	CCR	87458(c)(7)
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#### Medical Assessment

(c) The medical assessment shall include, but not be limited to: (7) A description of any known behavioral expression as defined in Section 87101, Definitions.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on documents, the physician's reports for R1 through R10 are on the old form and do not include required information, such as descriptions of behavioral expressions, which poses a potential safety risk to persons in care.
2	
3	
4	
POC Due Date: 03/12/2026	
Plan of Correction	
1	Licensee stated they will review PIN 25-05-ASC, complete updated physician's reports based on the new form for these residents, and submit proof to LPA by POC due date.
2	
3	
4	

Type B	Section Cited	CCR	87463(a)
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#### Reappraisals


(a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated, in writing as frequently as necessary or once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101, Definitions, and to keep the appraisal accurate. For the purposes of this section, the updated pre-admission appraisal shall be referred to as the reappraisal.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on documents, the appraisals for R2, R6, R7, R8, R9, and R10 are more than a year old, which poses a potential safety risk to persons in care.
2	
3	
4	
POC Due Date: 03/12/2026	
Plan of Correction	

1 Licensee stated they will reappraise these residents and submit proof to LPA by POC due date.  
 2  
 3  
 4

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Armando J Lucero
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Sean Haddad
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 02/12/2026

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**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 02/12/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87507(c)	
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**Admission Agreements**

(c) Admission agreements shall be signed and dated, acknowledging the contents of the document, by the resident or the resident's representative, if any, and the licensee or the licensee's designated representative no later than seven days following admission. Attachments to the agreement may be utilized as long as they are also signed and dated as prescribed above.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1 2 3 4	Based on documents, the admission agreement in R2's file was blank, which poses a potential personal rights risk to persons in care.
<b>POC Due Date:</b> 03/12/2026	
<b>Plan of Correction</b>	
1 2 3 4	Licensee stated they will have R2 complete an admission agreement and submit proof to LPA by POC due date.


	Type B	Section Cited	HSC	1569.69(a)(1)	
--	--------	---------------	-----	---------------	--

§1569.69 (a) ... (1) In facilities licensed to provide care for 16 or more persons, the employee shall complete 16 hours of initial training. This training shall consist of eight hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and eight hours of other

training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment. This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1 2 3 4	Based on documents, medication technician S8's medication training records do not document the number of hours or type of training and medication technician S9 had no medication training at the facility, which poses a potential health risk to persons in care.
<b>POC Due Date:</b> 03/12/2026	
<b>Plan of Correction</b>	
1 2 3 4	Licensee stated they will ensure these staff have the required medication training and submit proof to LPA by POC due date.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Armando J Lucero
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Sean Haddad
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 02/12/2026

I acknowledge receipt of this form and understand my appeal rights as explained and received.

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
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<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** GRACE RETIREMENT VILLAGE      **FACILITY NUMBER:** 306090049  
**VISIT DATE:** 02/12/2026

**NARRATIVE**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	<p>During the inspection, LPA and AD observed the following: based on observation, out of the 12 bathroom faucets tested, all were within range except Room 123 which tested at 122 degrees F; based on documents, S3's health screening is dated more than 6 months before their association date, S4 did not have a health screening in their file, and S9's health screening states they are positive for tuberculosis which S9 states is a mistake and S9's doctor stated over the phone they believe is a false positive and they will order a chest x-ray to confirm; based on documents, S5, S6, and S9 did not have records of their 40 hour initial training; based on documents, S2, S3, S4, S7, and S8, did not have records of their 20 hour continuing training; based on documents, S4 and S5 did not have current first aid certificates in their files; based on documents, the facility has a memory care unit but their training records indicate that no staff has received 12 hours of dementia initial training or 8 hours of dementia continuing training; based on documents, medication technician S8's medication training records do not document the number of hours or type of training and medication technician S9 had no medication training at the facility; based on documents, the physician's reports for R1 through R10 are on the old form and do not include required information, such as descriptions of behavioral expressions; based on documents, the appraisals for R2, R6, R7, R8, R9, and R10 are more than a year old; and based on documents, the admission agreement in R2's file was blank.</p> <p>Based on the observations made during today's inspection, deficiencies are being cited per Title 22 Division 6 of the California Code of Regulations. See LIC809D. An exit interview was conducted and a copy of this report and appeal rights was discussed with and provided to facility representative.</p>
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**NAME OF LICENSING PROGRAM MANAGER:** Armando J Lucero

**NAME OF LICENSING PROGRAM ANALYST:** Sean Haddad

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/12/2026

**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/12/2026