New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
			A. BOILDING.		С
		308113	B. WING		05/09/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	-
OND HOM			RGREEN PLACE		
2ND HOM	E EAST ORANGE	EAST O	RANGE, NJ 070	18	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
M 000	Initial Comments		M 000		
	Type of Survey: Com	plaint			
	Complaint #: NJ0016	3814			
	Census: 129				
	Sample Size: 3				
	all of the standards in Administrative Code, for Licensure of Adult facility must submit a a completion date, for that the plan is impler deficiencies may resu	Chapter 8:43F, Standards Day Health Services. The plan of correction, including each deficiency and ensure mented. Failure to correct alt in enforcement action in provisions of New Jersey Title 8, Chapter 43E,			
M 223	8:43F-3.1(b)(1-7) Adr	ninistration	M 223		
	(b) The administrator not limited to, the follo	shall be responsible for, but owing:			
	and	evelopment, enforcement of all policies iding participant rights;			
	Planning and a managerial, operation components of the facility;	administering the nal, fiscal, and reporting			
	<ol> <li>Participating ir program for participar performance;</li> </ol>	n the quality improvement nt care and staff			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		308113	B. WING			C <b>09/2023</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
2ND HOM	E EAST ORANGE		RGREEN PLACE RANGE, NJ 07018			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
M 223	Continued From page	: 1	M 223			
	duties based upon the competencies, and 5. Ensuring the p staff education, and concern accordance with  6. Establishing a relationships and comstaff and services proposed and their caregivers; and their caregivers; and the adult day heat the participant is eligible to at the adult day heat the participant's entry purposes of this shall be entitled to religible to the performed by the	all personnel are assigned eir education, training, and job descriptions; arovision of staff orientation, angoing staff training in N.J.A.C. 8:43F-6.3; and maintaining liaison amunication between facility widers and with participants and each Medicaid-eligible to receive services available alth services facility prior to into the program. For the section, the administrator y on any prior authorization and Department for the nice with N.J.A.C. 8:86.				
	by: Complaint #: NJ0016					
	determined that the fa	nd record review it was acility failed to follow its titled, "Security and Transportation", by not				

	sey Department of Fleat		0/0) 1/11/17/17/17	CONCERNATION	Total BATE 6	
1 3 4		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S	
ANDILAN	OF CONNECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COWII LETED	
						;
		308113	B. WING		1	9/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			GREEN PLACE			
2ND HOM	E EAST ORANGE		ANGE, NJ 070'			
	OUR MAR DV OT		<del></del>			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
M 223	Continued From page	2	M 223			
	ensuring all Participa					
		y facility staff for 1 of 3 prts,				
	Participant #2. This d	•				
	evidenced by the follo	owing:				
	On 05/00/2022 at 10:	42 a m the surveyor				
	On 05/09/2023 at 10:	of Operations (COO) who				
	also functioned as the					
		. The COO stated the				
	· ·	vas for prts with assistive				
		d to their door by the Bus				
	, ,	explained the BD should				
		r prior to arrival to have the				
		at the door for handoff. The				
	-	he independent prts were				
	allowed to exit the bu	s by themselves.				
	On 05/09/2023 at 11::	20 a.m. the surveyor				
		nt #2 who was involved in				
	the incident which too					
	Participant #2 NJ ex					
	r artiolpant #2	01401 20.151				
	On 05/09/2023 at 12:					
		who stated Participant #2's				
		ty and informed the Activity				
	Aide (AA) that Partici	pant #2 NJ ex order 26.4b1				
		ifter the facility had been				
	notified no one would	be at the home, and				
	Participant #2 would I	be picked up from the				
	facility. The COO exp	lained, when he called the				
	BD regarding the inci-	dent, the BD stated she				
	thought someone fror	m the home was outside to				
	receive Participant #2	2. The COO stated the BD				
	later explained Partic	ipant #2's street was				
		was nowhere to pull over, so				
		t to escort Participant #2 to				
		explained the BD was told				
		ent to escort Participant #2,				
		is able to get into the home.				

New Jers	sey Department of Hea	ltn				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	≣TED
		200442	B. WING		C 0.5/0	
		308113			05/0	9/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE		
		115 FVFF	RGREEN PLACE	:		
2ND HOM	E EAST ORANGE		ANGE, NJ 0701			
		EASTOR	ANGE, NO 0701			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		DATE
		,		DEFICIENCY)		ı
			+			
M 223	Continued From page	e 3	M 223			ı
						ı
	On 05/00/2022 at 1.2	12 n m the eliminator				ı
	On 05/09/2023 at 1:3					1
	interviewed the NJ e					ı
		lived on a small street with a				ı
		c. The BD explained on				ı
		ol was letting out and a car				ı
	_	nt of the home. The BD				1
	•	not leave the bus of prts				ı
	alone, so she asked a					ı
	Participant #2 to the h	home. The BD stated she				ı
	pulled the vehicle up	past the home because cars				ı
	were behind her, and	I then she pulled to the side				ı
		cars pass. The BD explained				ı
		could not see the door of				ı
		ated when the prt returned to				ı
	the bus, he/she state					ı
		e at the home. The BD stated				ı
	•	the vehicle up to the home,				ı
		sistive device, and assist the				ı
	prt off the bus to the f					ı
	caregiver is usually w					ı
	caregiver is usually w	railing.				1
	On 05/00/2022 at 2.2	dan me the currence				1
	On 05/09/2023 at 2:3					ı
		s policy and procedure titled,				ı
	"Security and Accoun	, ,				1
		ch listed "4. All participants				ı
		ne bus by a program aid[e] or				1
	[an] employee of the	medical center"				1
	The Administrator did not ensure the implementation and enforcement of all policies					1
						ı
						ı
	and procedures, inclu	uding "Security and				ı
	Accountability During	rransportation.				ı
		·				ı
						1
	Reference: M-0263, 8	8-43F-3.4(a)(5)				ı
	 	J 101 01 (4)(5)				1
						ı
M 821	8:43F-17.1(a)(1) Trar	nsportation Services	M 821			1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVE COMPLETED	
		308113	B. WING		C 05/09/20	)23
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	·	
2ND HOM	E EAST ORANGE		RGREEN PLACE RANGE, NJ 07018			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	OMPLETE DATE
M 821	Continued From page	÷ 4	M 821			
	services, either direct arrangements, to all p transportation between participant's home. Not transportation time be participant's home should be accordance of facility shall accommod	o participant's total etween the facility and the all exceed two hours daily. with N.J.A.C. 8:86, the odate the special eds of the participant and				
	This REQUIREMENT by:	is not met as evidenced				
	Complaint #: NJ0016	3814				
	determined that the far facility policy, "Securior Transportation" by no transportation to a Patransport from the fact home for 1 of 3 particular transportation, Participaractice was evidence	rticipant (prt) during ility to the Participant's ipants reviewed for pant #2. This deficient ed by the following:				
	On 05/09/2023 at 10: interviewed the Chief also functioned as the	of Operations (COO) who				

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			<u>`</u>
		308113	B. WING		1	9/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
2ND HOM	E EAST ORANGE		GREEN PLACE			
	OLINA NA DV. OT		NGE, NJ 0701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
M 821	Continued From page	e 5	M 821			
	Transportation (DOT) created the daily rout informed them of any the protocol for dropwith assistive devices by the Bus Driver (BE BD was to call the present the street of the street o	. The COO stated he				
	the incident which too Participant #2 NJ ex COO was on vacation did not know Participa go home on the bus.	or the state of th				
	informed the AA that a notified no one would Participant #2 would facility. The AA then chim, as he was out or called the home to dis	who explained on e called the facility and Participant #2 **Instruction** Instruction** Instruction*				

New Jersey Department of Health	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
A. BUILDING:	COMPLETED
D WING	С
308113 B. WING	05/09/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
2ND HOME EAST ORANGE	
EAST ORANGE, NJ 07018	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD	()
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPE	
DEFICIENCY)	
M 821 Continued From page 6 M 821	
explained the BD told him she thought there was someone there to receive Participant #2. The	
COO sent the BD back to the home to retrieve	
Participant #2, but a staff member at the home	
got there first. The COO explained he questioned	
the BD after her return to the facility, who stated	
the street was congested and she could not	
pullover. The BD explained she sent another prt	
to assist Participant #2 to the home. The COO explained the prt who assisted Participant #2 to	
the home came back and told the BD someone at	
the home received Participant #2. The COO	
stated he educated the driver but did not	
document the education. The COO also stated no	
incident report was created and explained there	
NJ ex order 26.4b1 NJ ex to Participant #2 because of the	
incident, but stated the home voiced their concern	
because on New order 26.4b1, it was humid (80-90	
degrees) outside and Participant #2 could have been [Market or	
Deen .	
On 05/09/2023 at 1:46 p.m., the surveyor	
interviewed the AA who stated she received the	
call from the home after the incident on	
NJ ex order 26.4b1. The AA explained she did not know	
who received the call from the home earlier that	
day stating Participant #2 NJ ex order 26.4b1	
On 05/09/2023 at 2:34 p.m., the surveyor	
reviewed the facility's policy and procedure titled,	
"Security and Accountability During	
Transportation", which listed "4. All participants	
will be escorted off the bus by a program aid[e] or	
[an] employee of the medical center"	
The facility failed to provide safe transportation on	
NJ ex order 26.4b1 when Participant #2 NJ ex order 26.4b1	



License # 308113

**Complaint # NJ00163814** 

Plan of Correction – Dionne R. Clark, Administrator

#### M223 -

- 1. The DOT immediately sent the BD back to the address of Participant number #2 when he received the call regarding participant #2 NJ Exec Order 26.4b1 but, the Staff at the residence was already there with her. In regards to the deficient practice whereas the facility failed to follow its policy and procedure titled "security and accountability during transportation" by not ensuring all participants were safely escorted off the bus by facility staff.
- -The Administrator has counseled the DOT and will moving forward ensure that at no time will a participant's safety be left to another participant to ensure the safety and well-being. As the policy states, safe transportation includes that participants with assistive devices will safely be escorted off the bus by a facility employee
- 2. All participants have the potential to be affected by the refenced deficiency therefore the Administrator or Director of Transportation will Educate all new hires as well as in-service current staff on a yearly basis regarding Safety and Accountability during transportation

Director of Transportation has been counseled on the education of Drivers regarding the above-mentioned policy.

- 3. -All incidents are to be immediately reported to both the Director of Transportation and the Administrator ongoing
- -All Drivers will upon hire have a copy of the Specific policies as it relates to the deficient practice and the Administrator or the Director of Transportation will



Introduce a yearly in-service relating to "Security and Accountability during transportation"

4. -The Administrator moving forward will ensure the implementation and enforcement of all policies and procedures relating to transportation including "Security and Accountability During Transportation".

Dot was instructed by the Administrator to In-service every staff member hired to drive a vehicle as referenced in the Manual of requirements – Security and Accountability During Transportation

Reference M-0263, 8-43F-3.4(a)(5)

License # 308113

**Complaint # NJ00163814** 

Plan of Correction – Dionne R. Clark, Administrator

### M821 -

1. A call log has been created (July 2023) to ensure that all incoming communication regarding participants transportation be documented at the start of the call including – ID of the caller, Participants name, reason for the call, time of the call and who received the call. Same team member will initial



the log to ensure that the issue was resolved for the safety and well-being of all participants

- 2. All participants have the potential to be affected by the refenced deficiency and the facility will Educate all new hires as well as current staff on a yearly basis.
- 3. It has further been discussed with the Director of Transportation that all education/communication with direct reports must be documented with dates and reviewed by the Administrator. (effective July 2023)
- 4. All Staff upon hire will be in-serviced and retain a copy of the Specific policies as it relates to the deficient practice regarding Transportation Services.

**Dionne Clark, Administrator** 

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE  A. BUILDING:	(X3) DATE SURVEY COMPLETED		
			71. BOILDING.		R-C
		308113	B. WING	<del></del>	05/09/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	
2ND HOM	E EAST ORANGE		RGREEN PLACE		
	T		RANGE, NJ 0701		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETE
{M 000}	Initial Comments		{M 000}		
	Type of Survey: Com	nplaint			
	Complaint #: NJ0016	33814			
	Census: 129				
	Sample Size: 3				
	all of the standards in Administrative Code, for Licensure of Adult facility must submit a a completion date, for that the plan is impler deficiencies may resu	Chapter 8:43F, Standards Day Health Services. The plan of correction, including r each deficiency and ensure mented. Failure to correct alt in enforcement action in provisions of New Jersey Title 8, Chapter 43E,			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

07/08/23

				= -					
				ST/	ATE FORM: RE	VISIT REPORT			
	R / SUPPLIER / CI CATION NUMBER		MULTIPLE CONS A. Building	TRUCTION				DA	TE OF REVISIT
308113		Y1	B. Wing					<sub>Y2</sub> 5/9	/2023 <sub>Y3</sub>
NAME OF	FACILITY					STREET ADDRESS, CIT	Y, STATE, ZIP CODE	Ē	
2ND HO	ME EAST ORAN	IGE				115 EVERGREEN PLAC	E		
						EAST ORANGE, NJ 070	18		
corrective	e action was acc tion prefix code p	omplished	I. Each deficien	cy should be	e fully identified using	reported that have beeing either the regulation es shown to the left of e	or LSC provision n	umber and the	
ITE	M		DATE	ITEM		DATE	ITEM		DATE
Y4			Y5	Y4		Y5	Y4		Y5
ID Prefix	M0223		Correction	ID Prefix	M0821	Correction	ID Prefix		Correction
Reg.#	8:43F-3.1(b)(1-7)		Completed	Reg. #	8:43F-17.1(a)(1)	Completed	Reg. #		Completed
LSC			08/08/2023	LSC		08/08/2023	LSC		
			-	1200					
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D #				D #			Don #		
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LSC				LSC			LSC		
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5 "									
Reg. #			Completed	Reg. #		Completed	Reg. #		Completed
LSC			-	LSC			LSC		
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LSC			-	LSC			LSC		
			-	+			-		<del></del>
ID Prefix			Correction	ID Prefix		Correction	ID Prefix		Correction
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LSC			•	LSC			LSC		<u> </u>
200	-		-						
REVIEWE	D BY	REVIEWI	ED BY	DATE	SIGNATUR	RE OF SURVEYOR		DAT	 'E
STATE AC		(INITIALS							_
REVIEWE CMS RO	D BY	REVIEWI (INITIALS		DATE	TITLE			DAT	E
FOLLOWUP TO SURVEY COMPLETED ON 5/9/2023						RRECTED DEFICIENCIES ENCIES (CMS-2567) SEN			YES NO

Page 1 of 1 EVENT ID: L8MF12



License # 308113

Complaint # NJ00163814

Plan of Correction - Dionne R. Clark, Administrator

#### M223 -

- 1. The Department of transportation immediately sent the Bus Driver back to the address of Participant number #2 when he received the call regarding participant #2 NJ Exec Order 26.4b1 but, the Staff at the residence was already there with participant #2. The Administrator spoke with participant number 2 regarding the incident, apologized and ensured that it will never happen again. In regards to the deficient practice whereas the facility failed to follow its policy and procedure titled "security and accountability during transportation" by not ensuring all participants were safely escorted off the bus by facility staff.
- -The Administrator has counseled the Director of Transportation and will moving forward ensure that at no time will a participant's safety be left to another participant to ensure the safety and well-being. The bus driver is no longer employed by 2<sup>nd</sup> home east Orange however all current and New hires have been in-serviced regarding the policy. As the policy states, safe transportation includes that participants with assistive devices will safely be escorted off the bus by a facility employee
- 2. All participants have the potential to be affected by the refenced deficiency.
- 3. The Administrator or Director of Transportation will Educate all new hires as well as in-service current staff on a yearly basis regarding Safety and Accountability during transportation
- -All incidents are to be immediately reported to both the Director of Transportation and the Administrator ongoing



-All Drivers will upon hire have a copy of the Specific policies as it relates to the deficient practice and the Administrator or the Director of Transportation will

Introduce a yearly in-service relating to "Security and Accountability during transportation"

4. -The Administrator moving forward will ensure the implementation and enforcement of all policies and procedures relating to transportation including "Security and Accountability During Transportation".

Director of transportation was instructed by the Administrator to In-service every staff member hired to drive a vehicle upon hire and as a yearly in-service as referenced in the Manual of requirements – Security and Accountability During Transportation.

Administrator will monitor compliance with in-services on policy and procedure during weekly meetings with the Director of transportation.

accepted to M

Completion date: 6/5/2023 and Ongoing

Reference M-0263, 8-43F-3.4(a)(5)

License # 308113

**Complaint # NJ00163814** 

Plan of Correction – Dionne R. Clark, Administrator

M821-



1. The bus Driver that was responsible on the day participant #2 was NJ Exec Order 26.4b1 was educated on the policy regarding safety during transportation immediately. The Bus driver is no longer works at the facility effective

Participant number 2 verified updated names and telephone numbers for contact to verify pick up and drop off.

- 2. All participants have the potential to be affected by this deficiency
- 3. A call log has been created to ensure that all incoming communication regarding participants transportation be documented at the start of the call including – ID of the caller, Participants name, reason for the call, time of the call and who received the call. Same team member will initial the log to ensure that the issue was resolved for the safety and well-being of all participants

The facility will Educate all new hires as well as current staff on a yearly basis on Transportation policy and procedures the Director of Transportation was in-serviced on documentation that all education/communication with direct reports must be documented with dates and reviewed by the Administrator. (effective June 2023)

4. All Staff upon hire and annually will be in-serviced and retain a copy of the Specific policies as it relates to safety during Transportation by the Director of transportation or a designee and monitored for compliance by the Administrator during monthly meetings.

accepted 8/8/23

Completion date: 6/5/2023

Dionne Clark, Administrator