



State of California-Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

September 10, 2024

Letter 4

IMPORTANT NOTICE - PLEASE READ CAREFULLY
ENFORCEMENT CYCLE START DATE: August 27, 2024

Administrator
Madison Grove Post Acute
1618 Laurel Avenue
Redlands, CA 92373-4838

Dear Administrator:

On August 27, 2024, an abbreviated survey for entity reported incident no. CA00913338 was conducted at your facility by the California Department of Public Health, Center for Health Care Quality (State Agency), to determine if your facility was in compliance with federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiency(ies) to be:

☒ Isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy, as evidenced by the enclosed "Statement of Deficiencies and Plan of Correction" form, whereby corrections are required (D).

☐ A pattern of deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy, as evidenced by the enclosed "Statement of Deficiencies and Plan of Correction" form, whereby corrections are required (E).

The enclosed Centers for Medicare and Medicaid Services (CMS) form, entitled "Statement of Deficiencies and Plan of Correction" (CMS-2567), documents the deficiencies of participation requirements identified during this visit. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations (CFR).

Plan of Correction (POC)

A POC for the deficiencies must be submitted within **ten (10) days from receipt of the CMS- 2567**. Failure to submit an acceptable POC by the due date will result in

remedies being recommended for imposition by the CMS and/or the State Medicaid

Licensing and Certification, San Bernardino District Office, 464 W. 4th Street

Ste. 529 San Bernardino, CA 92401
Telephone: 909-383-4777 • Fax: 909-888-2315
Internet Address: www.cdph.ca.gov



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/10/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/27/2024
NAME OF PROVIDER OR SUPPLIER MADISON GROVE POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 1618 LAUREL AVENUE REDLANDS, CA 92373		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey. Facility Reported Incident Number: CA00913338 The inspection was limited to the specific Facility Reported Incident Investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for the Facility Reported Incident: CA00913338 (Refer to Ftag 600)	F 000	This Plan of Correction constitutes the provider's written credible allegation of compliance for the deficiencies noted. F 600 Free from Abuse and Neglect CFR(s): 483.12(a)(1) <i>How corrective action will be accomplished for those residents found to have been affected by the identified practice.</i> Respiratory Therapist involved in alleged abuse situation was removed from resident's room and immediately removed from the facility. <i>How the facility will identify other residents having the potential to be affected by the same identified practice and what corrective action will be taken.</i> All residents have the potential of being affected by alleged abuse. <i>What measures will be put into place or what systemic changes will the facility make to ensure that the identified practice does not recur.</i> All staff received Inservice on abuse, abuse coordinator, and types of abuse on August 26 th and 27 th of 2024. Respiratory Therapist involved in alleged abuse never returned to the facility and resigned on August 3 rd . <i>How the facility plans to monitor its performance to make sure that solutions are sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system.</i> The most recent abuse Inservice will be reviewed at the next QA/QAPI committee meeting. All episodes of abuse will be reviewed in QA/QAPI meetings at least quarterly. <i>Date when corrective actions will be completed.</i> August 31, 2024		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to protect the resident's right to be free from verbal abuse (the willful	F 600			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 600	<p>Continued From page 1</p> <p>infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish) for one of three residents (Resident 1) when staff witnessed a Respiratory Therapist 1 (RT 1, a professional person who is responsible in taking care of patients who has respiratory problems) clapping loudly in Resident 1 's face while using foul language.</p> <p>This failure resulted in resident 1 's rights being violated and had the potential for Resident 1 to experience psychosocial harm.</p> <p>Findings:</p> <p>During a review of Resident 1 's "Admission Record" (contains demographic information), the "Admission Record" indicated, Resident 1 was admitted to the facility on August 2, 2024, with diagnoses which included hypertensive heart disease (number of complications of high blood pressure affecting the heart), chronic kidney disease(disease that cause kidney failure), and chronic respiratory failure (a long term condition that makes difficult to breathe).</p> <p>During a review of a facility provided document titled, "Investigation Statements," dated August 3, 2024, by Licensed Vocational Nurse 1 (LVN 1), the "Investigation Statements" indicated, "Resident 1 Vent alarm was going off. RT 2 went in to assess. RT 2 asked for more O2 (oxygen). Needed hyper oxygenated (administration of a higher than usual concentration of oxygen). Resident1 was de-sating (when blood oxygen level drop below a normal range below 90 percent). Grabbed ambu bag (device used to provide respiratory support). CNA (certified</p>	F 600			

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F 600	<p>Continued From page 2</p> <p>nursing assistant) was instructed to get RT. Many responded. All the RT's responded. Resident 1 was being bagged, RT 1 was standing by the head of the bed on the right at the head of the bed. Resident 1 was mouthing things, RT 1 "I'll beat your ass, I'll fuck you up" RT 1 started clapping loudly in patient face. I told him to STOP! RT1 walked out of the room. We stayed with thee resident to make sure if he would stay stable. Resident 1 was stable. LVN 1 went to find the RN (Registered Nurse). Asked RN if she heard the ruckus. LVN 1 was stopped by RT1 in ' the hallway. RT 1 tried to explain away his behavior. LVN explained that it doesn't matter and that his behavior is abuse. LVN 1 told him this has to be reported. RT1 acted like a small child, put his head down and said he was sorry. RT 1 walked off was very angry..."</p> <p>During a subsequent review of a facility provided document titled, "Investigation Statements," dated August 3, 2024, by RT 2, the "Investigation Statements" indicated," ...RT 1 went so calmy out of the Resident 1 room and then I saw him in RT charting room and getting ready for last rounds. RT 1 said ""I'm done with this shit" Fuck this shit" (he said it calmly), walked towards the computer. Kicked the chair into the desktop, lifted his fist and punched the desktop computer. Picked up the computer and broke it over his knee and threw it at the wall. He said, "I'm going to lose my job", threw his Tupperware bowl to the window. Walked out, kicked the wall and made a hole. He was punching walls as he walked out. Tore the kiosk off the wall and threw it on the floor. Headed out threw the station 3 door. They heard a car burning out and drove off ...".</p> <p>During an interview on August 6, 2024 at 12:20</p>	F 600			

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F 600	<p>Continued From page 3</p> <p>PM, with the Assistant Director of Nursing (ADON), the ADON stated, "On August 3, 2024, around 3:30 AM in room 236 B, the RT 1 was verbally abusive toward [name of Resident 1] when [Resident 1] was in distress." The ADON further stated, "LVN 1 told RT 1 to step out of room 236 B. When RT 1 left the room, was very upset, broke the laptop and made a hole on the wall, by kicking it."</p> <p>During a concurrent interview and record review on August 6, 2024, at 2:20 PM, with the ADON, the facility's policy and procedure (P&P) titled, "Abuse, Neglect, Exploitation and Misappropriation Prevention Program," dated January 1, 2024, was reviewed. The P&P indicated, "Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This include but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms. The resident abuse, neglect, exploitation prevention program consists of a facility wide commitment and resource allocation to support the following objectives: 1. Protect residents from abuse, neglect, exploitation, or misappropriation of property by anyone including, but not necessarily limited to: a. facility staff; ...". The ADON acknowledged and stated the policy was not followed.</p> <p>During a telephone interview on August 8, 2024, at 11:57 AM, with LVN 1, LVN 1 stated, "I witnessed the incident when RT1 was verbally abusive towards Resident 1. Resident 1 was bagged; RT 1 was standing by the head of the bed on the right, at the head of the bed. Resident</p>	F 600			

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F 600	<p>Continued From page 4</p> <p>1 was mouthing things, RT 1 said "I'll beat your ass, I'll fuck you up" RT 1 started clapping loudly in Resident 1 's face. I told him to STOP! RT 1 walked out of the room. We stayed with the resident to make sure if he would stay stable. Patient was stable."</p> <p>During a phone interview on August 8, 2024, at 12:34 PM, with RT2, RT 2 stated, "I was shocked by seeing RT 1 verbally abusive and was loud towards Resident 1 when resident 1 was in distress. Even after LVN 1 told RT 1 to stop the aggressive behavior, RT 1 continued. RT 1 went so calmy out of the Resident 1 room and then I saw him in RT charting room and getting ready for last rounds. RT 1 said ""I'm done with this shit. Fuck this shit." RT 1 walked towards the computer, kicked the chair into the desktop, lifted his fist and punched the desktop computer. Picked up the computer and broke it over his knee and threw it at the wall. He said, "I'm gonna lose my job", threw his Tupperware bowl to the window. Walked out, kicked the wall, and made a hole. He was punching walls as he walked out. Tore the kiosk off the wall and threw it on the floor. Headed out threw the station 3 door. We heard a car burning out and drove off."</p>	F 600			

Facility Termination Form

NOTE: All information must be filled out, signed, and documentation attached. If all information is not received, it may delay the termination process. If the employee is currently enrolled in group benefits, forward the termination form to Resource HR (Kathryn Langford-CO or Hadlee Rose-CA). The form must be received the day of the termination.

Employee Position Information

Employee Name: Kennie Terry Position: RT
Facility Name: Madison Grove Department: Respiratory
Direct Supervisor Name: Robert Bradley
Status: ☐ Full-Time ☒ Part-Time ☐ PRN (On-Call) ☐ Other:

Benefits Participation: ☐ Medical ☐ Dental ☐ Vision ☐ Supplemental Daily Pay Amount: _____

Employee Contact Information

Current Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Mobile Phone: (____) _____

Reason for Termination

- ☒ Voluntary Termination (Must attach written resignation letter, email, or text message sent.)
☐ Involuntary Termination (Must receive approval from Resource HR, please attach approval email.)

Date of Termination (if voluntary, date received written resignation): 8/3/24

Last Day Worked: 8/2/24 Termination Date: 8/3/24

Reason for Termination (please be detailed, include policies violated (as outlined in Employee Handbook) and other relevant information/documentation):

Employee sent an email Resigning immediately.

Employee Signature: _____ Date Signed: _____

Direct Supervisor Signature: _____ Date Signed: _____

Administrator Signature: R. B. [Signature] Date Signed: 8/5/24

Facility HR Signature: [Signature] Date Signed: 8/5/24

Kennie Terry Resignation

Kennie Terry <kenniet620@icloud.com>

Sat 8/3/2024 2:58 PM

To: Melanie Sanchez <melanies@madison.care>

Attn HR manager

I would like to resign effective immediately from my position at Madison Grove. The poor work environment and lack of supervisory support and help has made working as a respiratory therapist at this facility impossible to perform my duties ensuring patient safety.

Sincerely

Kennie Terry



Sign-In Sheet

Department: Admin

Date: August 26, 2024

Instructions:

Abuse, Abuse coordinator and the types of abuse

Print Name	Signature
Karen Rodriguez	[Signature]
Melka Akkji	[Signature]
Fred Ortega	[Signature]
Michelle Harrison	[Signature]
Jessica Johnston	[Signature]
Jazmin Bucio	[Signature]
Rosa Escobar	[Signature]
Chrissandra Harter	[Signature]
Sammuel Francis	[Signature]
Joseph Marsaguin	[Signature]
Jonathan Johnson	[Signature]
Ayden Harmon	[Signature]
Cindy Contreras	[Signature]
Belinda Bassett	[Signature]
Nancy NUNEZ VN	[Signature]
Michelle McLaughlin VN	[Signature]
Kristel Lara	[Signature]
Angel Navarro	[Signature]
Stacy Kinke	[Signature]
Ashley Hixman	[Signature]
Kayla Birney	[Signature]
Blenda Long	[Signature]
Debecca Marquez	[Signature]
Anthony Ortolano	[Signature]



Sign-In Sheet

Department: Admin

Date: August 26, 2024

Instructions:

Abuse, Abuse coordinator and the types of abuse

Print Name	Signature
Kayla Castro	
Jessica Garcia	
Kaylia Ruiz	
Aylssa Ruiz	
Olivia Shin	
John Gonzalez	
Elizabeth Silalahi	
Leoboldo Villarreal	
LEE B WRIGHT	
Maria Leiva Becal	
Yulene Torres	
Lima L. Urteag	
Luz Maria Flores	
ANGELIZIA SALLIO	
Francesca Perez	
Donetta Rockmore	
JOSIE SANCHEZ	
Magdalen Alexander	
JESUS MOON	
Sheila Mercado	
Anna Elizabeth UN	
Clare Bradley	
J.B.G.	
Diana Gardiel	
Josephine NIKOZE CNA	
Schae Seasholtz	



Sign-In Sheet

Department: Admin

Date: August 26, 2024

Instructions:

Abuse, Abuse coordinator and the types of abuse

Print Name	Signature
CITANI . M	
AZPI . M	AM
Darkey Brown	DB
Maria Selmes	
Guadalupe Martinez	
POMERO BAPILCA	
GRACE AND PRAVIO	Grace P.
Zaira Espinoza	Zaira Espinoza
OLIVER RUIZ	
JORGE A. FERNANDEZ	
Arlen Cabral	
Araceli Mendoza	
Elyson	
Cesar Sanchez	
Analis Merdes	
Mariela Lozano	
TANISHA LAKES	Tanisha (Lakes)
MURRAY ANAGAN	
JORGE FERNANDEZ SORZALU	
Desaree Garrison	Desaree H
Christopher Corbuel	
Ana Gormez	
Catherine Cruz	
Neelke F.	Neelke F.
Wanda Singh	Wanda Singh



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Date: August 26, 2024

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Print Name	Signature
Daniela Salas	Daniela Salas
Ricardo O Ramiro	R. O. Ramiro
Jennifer Flowers	J. Flowers
Ann Marie Christy	Ann Marie Christy
Imelda Valencia	Imelda Valencia
Jessika Balvaneda	Jessika Balvaneda
Veronica Gora	Veronica Gora
Ernestina V. Robledo	Ernestina V. Robledo
BERTHA HERRERA	B. Herrera
Isabel Gues Isabel Guesater	Isabel Gues
JUAN LOPEZ	J. Lopez
JOSEPH DELAR SANTOS	J. Santos
Karen Gaultan WU	K. Gaultan
Nagari Maranon	N. Maranon
Lauren Bradley	L. Bradley
Heldimar, Sihombing	H. Sihombing
Anthony Wyard	A. Wyard
Mary Dora	M. Dora
LORRAINE JASSO	L. Jasso
Wendy Steward	W. Steward
Paula Cordero	P. Cordero
Jose Espino	J. Espino
Yanira Amador	Y. Amador
Nohm Ariza	N. Ariza



Sign-In Sheet

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Date: August 26, 2024

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Print Name	Signature
Mariam Jarro	
JOCELYN RABO	JOCELYN RABO
Laura maldonado	Laura maldonado
Diana MUKI	
Betha DALLER	
Galina Loma	
Louiseet kaur	
Jehanna Guttelman	Guttelman
Barbara Ann Brown	
Ruby Galapin	
Darlen River	
Mary Rodriguez	
Itzitem Guerra	
Hiruplee mendoza	Hayden
Brandi Barber	
Juliana Escobar	
Samy let	
Mary Sumando	
Ogden Silalala	
Miguel Samgar	
Jelly Resik	
Edith Ramirez	
Delora Nunkis	
Jonathan Gibson	



Sign-In Sheet

Department: Admin

Date: August 26, 2024

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Print Name	Signature
DJ Berrington	DJ Berrington
Janie Meira	Janie Meira
Chris Leach	Chris Leach CMA
Chris Messner	Chris Messner
Genar Datan	Genar Datan
Cynthia Blandia	Cynthia Blandia
GINA VIZCARRA	GINA VIZCARRA
Eda miraldu	Eda miraldu
Eda miraldu	Eda miraldu
Jean Perales	Jean Perales
Moss S	Moss S
Caldern Patricia	Caldern Patricia
Nyo myint	Nyo myint
Katrina Aguila	Katrina Aguila
John Kim	John Kim
CAROL FINEBERG	CAROL FINEBERG
VECTOR OFO	VECTOR OFO
ALAN POBLADOR PT	ALAN POBLADOR PT
Marta Valdes	Marta Valdes
Isabella Whitten	Isabella Whitten
RECORDED	RECORDED
Nedra Williams	Nedra Williams
Gustavo A. Pizarro	Gustavo A. Pizarro
Jesse Kemp	Jesse Kemp
Esther	Esther



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Print Name	Signature
Ann Quimbilla	[Signature]
Elen Lucinda	[Signature]
Carlissa Hernandez	Carlissa Hernandez
Aurora Reyes	Aurora Reyes
Jana K. Hest	[Signature]
Josefina Elin	[Signature]
Encarnación Suarez	[Signature]
Estrella Ray	[Signature]
Laura Aguilar	[Signature]
Adriana Tostado	Arit.
Samantha Rannis	[Signature]
Maria Abadi	[Signature]
Athiana Miner	Athiana Miner
Picki Keener	[Signature]
Mauretta Casanova	[Signature]
Vanessa Duran	Vanessa Duran
Monica Aragon	[Signature]
Jesse Lorenzo	[Signature]
Lorraine Kashy	[Signature]
Eugenia Saravia	[Signature]
Yum L	[Signature]
Audra Mendez	[Signature]
Kenia Macinas	[Signature]
Rogelio Gonzalez	[Signature]
Tom Gonzalez	[Signature]



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Date: August 26, 2024

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Abuse, Abuse coordinator and the types of abuse

Print Name	Signature
Emmanuel Sings	Emmanuel Sings
Annam Tunari	Annam Tunari
REBECCA CACHO	Rebecca Cacho
Charles Fobun	Charles Fobun
Alfredo Romero	Alfredo Romero
GEORGINA Alcaraz	Georgina Alcaraz
LATHIESE BECKER	Lathiese Becker
Tracy Rogers	Tracy Rogers
Stella Camacho	Stella Camacho
Joan Hilliard	Joan Hilliard
Maria Gomez	Maria Gomez
Carmen Francis	Carmen Francis
Maria Rodriguez	Maria Rodriguez
Maria Gomez	Maria Gomez
Ramon Aguero	Ramon Aguero
Reynold Hidalgo	Reynold Hidalgo
Simangco	Simangco
Marikaren Garcia	Marikaren Garcia
Cheryl Ann	Cheryl Ann
Camila F. Ultreras	Camila F. Ultreras
Ana Miranda	Ana Miranda
JESSIE OATE	Jessie Oate
Karen Rodriguez	Karen Rodriguez
Nikemika NMAJIS	Nikemika NMAJIS
Nathaniel Tephorn	Nathaniel Tephorn