



**Facility Name:** Hospice Senior Service

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):

Samantha Lukensmeyer

Received by (Signature):

Date:

12/26/2024

REHS (Print):

Chalyn Dewey

REHS (Signature):

Phone:

530-841-2112

**Facility Name:** Hospice Senior Service

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):  
Samantha Lukensmeyer

Received by (Signature):

Date:  
12/26/2024

REHS (Print):  
Chalyn Dewey

REHS (Signature):

Phone:  
530-841-2112

**Facility Name:** Hospice Senior Service

The marked items represent Health Code violations and must be corrected as follows:

[Empty area for listing Health Code violations and correction details]

Received By (Print): Samantha Lukensmeyer	Received by (Signature):	Date: 12/26/2024
--	--------------------------	---------------------

REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
-------------------------------	-------------------	------------------------