STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK OF MARION	725 W 50TH ST, MARION, , 46953

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: July 7 and 8, 2025 Facility number: 004028 Residential Census: 22 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed July 14, 2025.	R 0000	Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegations by the survey agency.	
R 0121	Personnel - Noncompliance 410 IAC 16.2-5-1.4(f)(1-4) (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in	R 0121	1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: On 7/8/2025 Regional Nurse Specialist provided education to DON on TB/Policy and Procedure. 2) How the facility will identify other	08/22/2025

	millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. (3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings. (4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.		residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents have the potential to be affected by this deficiency. ED, DON, or Designee to complete two step PPD on all staff that have potentially been impacted. Auditing will be completed by ED, DON or Designee weekly x 4 weeks, then monthly x 4 months to ensure compliance. 3) What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur: DON was trained on 7/8/2025 on TB Police/Procedure. All new Nurses to be trained on TB Policy/Procedure. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur, i.e. what quality assurance program will be put into place: Auditing of TB compliance to be completed by ED, DON, or Designee weekly x 4 weeks, then monthly x 4 months. The need for continued auditing to be evaluated by ED, DON or Designee after completion of 4-month auditing.	

	(f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. This state rule was not met as evidence by: Based on record review and interview, the facility failed to accurately document the administration and results of mandatory tuberculin (TB) skin tests performed prior to employment for 4 of 4 employees reviewed for health screenings. (RD 3, DE 4, DE5, and CNA 6) Findings include: A review of current employee records was completed on 7/7/25 at 3:00 p.m. Registered Dieticians (RD) 3's personnel file lacked accurately completed TB tests. RD 3's first step TB was administered on 4/21/25 and read on 4/23/25. The test administered did not include the times administered or read. A second step TB test was administered on 5/10/25 and read on 5/12/25. The test administered did not include the			

	times administered or read. Dietary Employee (DE) 4's personnel file lacked accurately completed TB tests. DE 4's first step TB was administered on 5/27/25 and read on 5/29/25. The test administered did not include the times administered or read. A second step TB test was administered on 6/15/25 and read on 6/16/25. The test administered did not include the times administered or read. DE 5's personnel file lacked accurately completed TB tests. DE 5's second step TB test was administered on 5/7/25 and read on 5/9/25. The test administered did not include the times administered or read. CNA 6's personnel file lacked accurately completed TB tests. CNA 6's first step TB was administered on 1/6/25 and read on 1/8/25. The test administered did not include the times administered or read. A second step TB test was administered on 1/30/25 and read on 2/1/24. The test administered did not include the times administered or read. During an interview, on 7/8/25 at 11:00 a.m., the DON indicated the tuberculin skin acknowledgement form was the only form she had for employees and those forms were not accurately completed.			

	A current facility policy, dated 12/2022, titled "Tuberculosis Policy and Procedures", provided by the DON on 7/8/25 at 4:10 p.m., indicated the following: " ...The community will conduct TB testing and screenings for all its employees and residents according to State regulations...." The Mantoux Tuberculin Skin Testing Fact Sheet from the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/tb/publications/factsheets/testing/Tuberculin_Skin_Testing_Information_for_Health_Care_Providers.pdf accessed on 7/9/25 at 1:44 p.m., guidance included: "...The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TST results. A patient who does not return within 72 hours will need to be rescheduled for another skin test...."			

	(f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. This state rule was not met as evidence by: Based on record review and interview, the facility failed to accurately document the administration and results of mandatory tuberculin (TB) skin tests performed prior to employment for 4 of 4 employees reviewed for health screenings. (RD 3, DE 4, DE5, and CNA 6) Findings include: A review of current employee records was completed on 7/7/25 at 3:00 p.m. Registered Dieticians (RD) 3's personnel file lacked accurately completed TB tests. RD 3's first step TB was administered on 4/21/25 and read on 4/23/25. The test administered did not include the times administered or read. A second step TB test was administered on 5/10/25 and read on 5/12/25. The test administered did not include the			

	times administered or read. Dietary Employee (DE) 4's personnel file lacked accurately completed TB tests. DE 4's first step TB was administered on 5/27/25 and read on 5/29/25. The test administered did not include the times administered or read. A second step TB test was administered on 6/15/25 and read on 6/16/25. The test administered did not include the times administered or read. DE 5's personnel file lacked accurately completed TB tests. DE 5's second step TB test was administered on 5/7/25 and read on 5/9/25. The test administered did not include the times administered or read. CNA 6's personnel file lacked accurately completed TB tests. CNA 6's first step TB was administered on 1/6/25 and read on 1/8/25. The test administered did not include the times administered or read. A second step TB test was administered on 1/30/25 and read on 2/1/24. The test administered did not include the times administered or read. During an interview, on 7/8/25 at 11:00 a.m., the DON indicated the tuberculin skin acknowledgement form was the only form she had for employees and those forms were not accurately completed.			

	A current facility policy, dated 12/2022, titled "Tuberculosis Policy and Procedures", provided by the DON on 7/8/25 at 4:10 p.m., indicated the following: " ...The community will conduct TB testing and screenings for all its employees and residents according to State regulations...." The Mantoux Tuberculin Skin Testing Fact Sheet from the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/tb/publications/factsheets/testing/Tuberculin_Skin_Testing_Information_for_Health_Care_Providers.pdf accessed on 7/9/25 at 1:44 p.m., guidance included: "...The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TST results. A patient who does not return within 72 hours will need to be rescheduled for another skin test...."			
R 0295	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(a) (a) Residents who self-medicate may keep and use prescription and nonprescription medications in their unit as long as they keep them secured from other residents.	R 0295	1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: On 7/9/2025 DON was educated on Resident Self Medication Administration Policy/Procedure. On 7/11/2025 auditing conducted by ED to ensure all Resident medications were locked according	08/22/2025

	Based on interview, observation, and record review, the facility failed to ensure medications for residents who self-administer were secured in the resident's room for 2 of 2 residents reviewed for self-administered medications. (Resident 3 and Resident 4) Findings include: 1. During an interview, on 7/7/25 at 10:00 a.m., Resident 3 indicated he self-administered his own medications throughout the week. The medication bottles sat on two TV trays, located on each side of the resident's recliner, and on top of a dresser in the living room. He did not lock his apartment door when he was not in his room. Resident 3's clinical record was reviewed on 7/7/25 at 2:05 p.m. Diagnoses included benign prostatic hyperplasia (enlargement of the prostate gland) with lower urinary tract symptoms, hypertension (high blood pressure), and eczema (skin inflammation). A Self-Administration Medication Assessment, dated 2/13/25, indicated Resident 3 was able to self-administer his medications. An Individualized Service Plan, dated 3/6/25, indicated that Resident 3 was assessed for medication management and no		to Resident Self Medication Administration Policy/Procedure. Residents who did not have locked device had a request sent to family to purchase appropriate locked devices for medication. 2) how the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All Residents have the potential to be affected by this deficiency. ED, DON, or Designee to complete auditing of Residents who self-administer medications to ensure all medication are locked according to Resident Self Administration Policy/Procedure weekly x 4 weeks then monthly x 4 months. 3) What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur: All staff to be trained on Resident Self Medication Administration Policy/Procedure. ED, DON or Designee to complete auditing weekly x 4 weeks then monthly x 4 months. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance	

	assistance was needed with his medications. During an interview, on 7/7/25 at 10:33 a.m., Resident 4 indicated she self-administered her own medications throughout the week. The medication bottles sat in a basket on a TV tray beside the resident's recliner. During an observation, on 7/8/25 at 12:10 p.m., Resident 3's door was unlocked. He was not in her room. Medication bottles sat in a basket on his TV tray by her recliner. During an interview, on 7/8/25 at 3:00 p.m., Resident 3 indicated he left his medications unattended when he was not in his room. He did not utilize a method to secure his medications when he left his room. He did not lock his room door, even when he left the facility. 2. Resident 4's clinical record was reviewed on 7/7/25 at 3:35 p.m. Diagnoses included cerebral infarction (stroke), hypertension, hypothyroidism, hyperlipidemia (high cholesterol), and macular degeneration eye condition that causes vision loss). A Self -Administration Medication Assessment, dated 6/5/25, indicated Resident 4 did not answer yes to all of the questions and she was not able		program will be put into place: All staff to be trained on Resident Self Medication administration Policy/Procedure. ED, DON or Designee to complete auditing self-med admin resident's compliance and staff knowledge of policy weekly x 4 weeks then monthly x 4 months. The need for continued auditing to be evaluated by ED, DON or Designee upon completion of 4-month auditing.	

	to self-administer her medications. The family was to set up a pill organizer and as long as the resident stayed cognitively able to understand the arrangement. An Individualized Service Plan, dated 6/5/25, indicated Resident 4 needed comprehensive assistance with escorting. Staff were to assist her with her wheelchair or walker. Medication management task indicated that Resident 4 was able to self-administer medications with assistance provided by her daughter. During an observation, on 7/7/25 at 2:45 p.m., Resident 4's door was unlocked. He was not in his room. Medication bottles sat on two TV trays and on top of a dresser. During an observation, on 7/8/25 at 12:05 p.m., Resident 4's door was unlocked. He was not in his room. Medication bottles sat on two TV trays and on top of a dresser. During an interview, on 7/8/25 at 4:00 p.m., the DON indicated residents' were screened for their ability to self-administer medications prior to their facility admission. Resident 3 and Resident 4 were to lock their doors when they weren't in their rooms. Resident 3 was independent with his medication			

	administration. Resident 4's family sat up a weekly pill planner and the family secured Resident 4's medications in a cabinet in her room. Ten ambulatory cognitively impaired residents resided at the facility. During an interview, on 7/8/25 at 4:10 p.m., Resident 4 indicated she did not need assistance with her medications. Her daughter did not set up her medications and she did not utilize a pill box. She self-administered her medication out of the medication bottles. Medications are not secured in a cabinet and she preferred to keep the medications in a basket on her TV tray. She did not consistently lock her door. During an interview, on 7/8/25 at 4:20 p.m., the DON indicated that she was unsure who oversaw the self-medication administration policy and needed to confirm details with the Executive Director.			

	During an interview, on 7/8/25 at 4:24 p.m., the DON indicated each resident had a locked cabinet in their room and Resident 3 and 4's room doors were to be locked when they were not in their rooms. Resident 3 relied on staff to take her in and out of her room and staff were to assist resident in locking her door. A current policy, titled "Resident Self-Medication Administration ", last updated on 5/20/24, provided by the Administrator on 7/8/25 at 4:15 p.m., indicated the following: "Policy: It is Cedarhurst policy to allow residents the right to self-administer and manage their medication pursuant to local and state guidelines with an accompanying healthcare provider's order. Procedures:..3. Residents' medications's must be stored in a locked container in their apartment, accessible only to the resident and designated staff, or stored in the resident's private apartment if the resident door is locked when the resident is away ...."			

Based on interview, observation, and record review, the facility failed to ensure medications for residents who self-administer were secured in the resident's room for 2 of 2 residents reviewed for self-administered medications. (Resident 3 and Resident 4)

Findings include:

1. During an interview, on 7/7/25 at 10:00 a.m., Resident 3 indicated he self-administered his own medications throughout the week. The medication bottles sat on two TV trays, located on each side of the resident's recliner, and on top of a dresser in the living room. He did not lock his apartment door when he was not in his room.

Resident 3's clinical record was reviewed on 7/7/25 at 2:05 p.m. Diagnoses included benign prostatic hyperplasia (enlargement of the prostate gland) with lower urinary tract symptoms, hypertension (high blood pressure), and eczema (skin inflammation).

A Self-Administration Medication Assessment, dated 2/13/25, indicated Resident 3 was able to self-administer his medications.

An Individualized Service Plan, dated 3/6/25, indicated that Resident 3 was assessed for medication management and no

assistance was needed with his medications.

During an interview, on 7/7/25 at 10:33 a.m., Resident 4 indicated she self-administered her own medications throughout the week. The medication bottles sat in a basket on a TV tray beside the resident's recliner.

During an observation, on 7/8/25 at 12:10 p.m., Resident 3's door was unlocked. He was not in her room. Medication bottles sat in a basket on his TV tray by her recliner.

During an interview, on 7/8/25 at 3:00 p.m., Resident 3 indicated he left his medications unattended when he was not in his room. He did not utilize a method to secure his medications when he left his room. He did not lock his room door, even when he left the facility.

2. Resident 4's clinical record was reviewed on 7/7/25 at 3:35 p.m. Diagnoses included cerebral infarction (stroke), hypertension, hypothyroidism, hyperlipidemia (high cholesterol), and macular degeneration eye condition that causes vision loss).

A Self -Administration Medication Assessment, dated 6/5/25, indicated Resident 4 did not answer yes to all of the questions and she was not able

	to self-administer her medications. The family was to set up a pill organizer and as long as the resident stayed cognitively able to understand the arrangement. An Individualized Service Plan, dated 6/5/25, indicated Resident 4 needed comprehensive assistance with escorting. Staff were to assist her with her wheelchair or walker. Medication management task indicated that Resident 4 was able to self-administer medications with assistance provided by her daughter. During an observation, on 7/7/25 at 2:45 p.m., Resident 4's door was unlocked. He was not in his room. Medication bottles sat on two TV trays and on top of a dresser. During an observation, on 7/8/25 at 12:05 p.m., Resident 4's door was unlocked. He was not in his room. Medication bottles sat on two TV trays and on top of a dresser. During an interview, on 7/8/25 at 4:00 p.m., the DON indicated residents' were screened for their ability to self-administer medications prior to their facility admission. Resident 3 and Resident 4 were to lock their doors when they weren't in their rooms. Resident 3 was independent with his medication			

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	During an interview, on 7/8/25 at 4:24 p.m., the DON indicated each resident had a locked cabinet in their room and Resident 3 and 4's room doors were to be locked when they were not in their rooms. Resident 3 relied on staff to take her in and out of her room and staff were to assist resident in locking her door. A current policy, titled "Resident Self-Medication Administration ", last updated on 5/20/24, provided by the Administrator on 7/8/25 at 4:15 p.m., indicated the following: "Policy: It is Cedarhurst policy to allow residents the right to self-administer and manage their medication pursuant to local and state guidelines with an accompanying healthcare provider's order. Procedures:..3. Residents' medications's must be stored in a locked container in their apartment, accessible only to the resident and designated staff, or stored in the resident's private apartment if the resident door is locked when the resident is away ...."			
R 0410	Infection Control - Noncompliance 410 IAC 16.2-5-12(e)(f)(g) (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72)	R 0410	1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: On 7/8/2025 Regional nurse Specialist provided education to	08/22/2025

	hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. This state rule was not met as evidence by: Based on record review and interview, the facility failed to document the administration and results of mandatory tuberculin (TB) skin tests performed prior to admission for		DON on TB/Policy and Procedure. 2) How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents have the potential to be affected by this deficiency. ED, DON, or Designee to complete two step PPD on all Residents that have potentially been impacted. Auditing will be completed by ED, DON or Designee weekly x 4 weeks, then monthly x 4 months to ensure compliance. 3) What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur: DON was trained on 7/8/2025 on TB Policy/Procedure All new Nurses to be trained on TB Policy/Procedure. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur, i.e. what quality assurance program will be put into place: Auditing of TB compliance to be completed by ED, DON, or Designee weekly x 4 weeks, then monthly x 4 months. The need for	

	2 of 7 residents. (Resident 4 and Resident 28) Findings include: 1. Resident 4's clinical record was reviewed on 7/7/25 at 3:35 p.m. Diagnoses included cerebral infarction, hypertension, hypothyroidism, hypertension and urinary incontinence. Review of the clinical record indicated the resident had a first step TB administered on 6/7/25 and read on 6/9/25. The test administered did not include the times administered or read. A second step TB test was administered on 6/21/25 and read on 6/23/25. The test administered did not include the times administered or read. Resident 28's clinical record was reviewed on 7/8/25 at 12:14 p.m. Diagnoses included memory impairment, hypothyroidism, obstructive sleep apnea, anxiety, diabetes, and hypertension. Review of the clinical record indicated the resident had a first step TB administered on 3/15/25 and read on 3/17/25. The test administered did not include the times administered or read. A second step TB test was administered on 3/30/25 and read on 4/2/25. The test administered did not include the times administered or read.		continued auditing to be evaluated by ED, don or Designee after completion of 4-month auditing.	

During an interview, on 7/8/25 at 11:00 a.m., the DON indicated TB forms did not have administration or read times documented. The DON's computer calendar did not have the correct dates and times for resident TB test administrations. The tuberculin skin acknowledgement form was the only form she had for employees and those forms were not accurately completed.

A current facility policy, dated 12/2022, titled "Tuberculosis Policy and Procedures", provided by the DON on 7/8/25 at 4:10 p.m., indicated the following: " ...The community will conduct TB testing and screenings for all its employees and residents according to State regulations...."

The Mantoux Tuberculin Skin Testing Fact Sheet from the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/tb/publications/factsheets/testing/Tuberculin_Skin_Testing_Information_for_Health_Care_Providers.pdf accessed on 7/9/25 at 1:44 p.m., guidance included:

"...The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TST results. A patient who does not return within 72 hours will need to be rescheduled for

another skin test...."

(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.

This state rule was not met as evidence by:

Based on record review and interview, the facility failed to document the administration and results of mandatory tuberculin (TB) skin tests performed prior to admission for 2 of 7 residents. (Resident 4 and Resident 28)

Findings include:

1. Resident 4's clinical record was reviewed on 7/7/25 at 3:35 p.m. Diagnoses included cerebral infarction, hypertension, hypothyroidism, hypertension and urinary incontinence.

Review of the clinical record indicated the resident had a first step TB administered on 6/7/25 and read on 6/9/25. The test administered did not include the times administered or read. A second step TB test was administered on 6/21/25 and read on 6/23/25. The test

administered did not include the times administered or read.

Resident 28's clinical record was reviewed on 7/8/25 at 12:14 p.m. Diagnoses included memory impairment, hypothyroidism, obstructive sleep apnea, anxiety, diabetes, and hypertension. Review of the clinical record indicated the resident had a first step TB administered on 3/15/25 and read on 3/17/25. The test administered did not include the times administered or read. A second step TB test was administered on 3/30/25 and read on 4/2/25. The test administered did not include the times administered or read.

During an interview, on 7/8/25 at 11:00 a.m., the DON indicated TB forms did not have administration or read times documented. The DON's computer calendar did not have the correct dates and times for resident TB test administrations. The tuberculin skin acknowledgement form was the only form she had for employees and those forms were not accurately completed.

A current facility policy, dated 12/2022, titled "Tuberculosis Policy and Procedures", provided by the DON on 7/8/25 at 4:10 p.m., indicated the following: " ...The community will conduct TB testing and

	screenings for all its employees and residents according to State regulations...." The Mantoux Tuberculin Skin Testing Fact Sheet from the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/tb/publications/factsheets/testing/Tuberculin_Skin_Testing_Information_for_Health_Care_Providers.pdf accessed on 7/9/25 at 1:44 p.m., guidance included: "...The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TST results. A patient who does not return within 72 hours will need to be rescheduled for another skin test...."			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE