

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/02/2022
NAME OF PROVIDER OR SUPPLIER 1019 SENIOR LIVING VERMILLION PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 449 MAIN ST, ANDERSON, , 46016		
(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 Post Survey Revisit (PSR) to the PSR to the PSR to the PSR to the Investigation of Complaints IN00373881 and IN00372780 completed on 3/3/22. Complaint IN00373881 - Not corrected. Complaint IN00372780 - Not corrected. Survey dates: August 2, 2022 Facility number: 011970 Residential Census: 26 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on August 8, 2022.	R 0000	Preparation and/or execution of this Plan of Correction in general or any corrective action set forth herein, in particular, does not constitute an admission or agreement by Vermillion Place of the facts alleged or the conclusions set forth in the statement of deficiencies The Plan of Correction and the specific corrective actions are prepared and/or executed solely because of provisions of state laws. Vermillion Place desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective September 21, 2022. This building respectfully requests consideration for paper compliance from this Plan of Correction.	
R 0088	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2)	R 0088	1. The facility will continue to employ a Licensed Health Facility Administrator who oversees the daily operations of the	08/03/2022

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

c) The licensee shall: (1) appoint an administrator with either a: (A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or (B) residential care facility administrator license as required by IC 25-19-1-5(d); and (2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility. (d) The licensee shall notify the director: (1) within three (3) working days of a vacancy in the administrator's position; and (2) of the name and license number of the replacement administrator Based on observation, interview, and record review, the facility failed to employ a licensed Health Facilities Administrator (HFA) to organize and implement the day-to-day operations of the facility resulting in unkept grounds, the lack of a Dietary Manager, the lack of a contracted Registered Dietitian to assist in dietary management, the lack of an Activity Director, and the failure to implement a plan of correction following a complaint survey. This deficient practice	facility. The current Licensed Health Facility Administrator was hired October 7, 2015. She has remained continuously employed in the position since that date. The Administrator spoke with the Executive Director on 08/02/2022 after a Dr appt. The Administrator has been available and in the facility during some of the past surveys. The only times she was unavailable were due to medical issues and has been on medical leave, if they are on vacation, or on a personal leave. She is usually available by phone while on medical leave or personal leave. She was unavailable to work during the survey due to a recent fall down a flight of 12 stairs and the many injuries she recieved. Her injuries required outpatient surgery that had to be done at St. Vincent's Hospital. She continues to be physically unable to come to the facility, is receiving physical therapy, and is under a physicians care. If things go as planed she will be returning to work by the end of August, 2022. If the Administrator is not able to be at the facility for any reason, the Executive Director, or their designee, if they are not available, the Director of Nursing, or their designee, will be in charge of the facility. If the Administrator is unable to work for an extended time; such as during the survey when they were unable to work do to an injury, a notice will be placed on the bulletin board informing the residents of her extended leave, and the the Executive Director, or their designee, will be in charge if the administrative duties until they return. The Executive Director's Assistant, or their designee, will be	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

had the potential to impact 26 of 26 residents. Findings Include: During observations on 8/2/22 at 9: 10 a.m. and 11:45 a.m., the grounds surrounding the facility were unkept with grass approximately 8 inches high. Weeds edge the grounds at a height of 1 to 3 feet. Weeds throughout the yard had gone to seed and/or were blooming. The grounds had the appearance of a yard which had not been mown for two to three weeks. During the, 8/2/22, survey from 8:10 a.m. to 11:50 a.m., a HFA was not in the facility. During an interview on 8/2/22 at 9:16 a.m., the ADON indicated she was the only leadership employee currently in the facility therefore she assumed she was in charge. She indicated Administrator 10 was the HFA. She indicated she had seen Administrator 10 one time since she began her employment (hire date 2/28/2022). Lastly she indicated she primarily worked nights but did work other shifts on a regular bases. During an interview on 8/2/22 at 9:17 a.m., QMA 3 indicated Co-Director 1 was in charge of the daily operations of the facility. Administrator 10 was the facility administrator. Lastly QMA 3 indicated she had not	responsible for placing the notice. All residents had the potential to be affected by the alleged deficient practice. 2. All residents had the potential to be affected by the alleged deficient practice. The facility will continue to employ a Licensed Health Facility Administrator who oversees the daily operations of the facility. Current Licensed Health Facility Administrator was hired October 7, 2015. She has remained continuously employed in the position since that date. The only times she was unavailable were due to medical issues and has been on medical leave, if they are on vacation, or on a personal leave. She is usually available by phone while on medical leave or personal leave. She was unavailable to work during the survey due to a recent fall down a flight of 12 stairs and the many injuries she received. Her injuries required outpatient surgery that had to be done at St. Vincent's Hospital. She continues to be physically unable to come to the facility and is under a physician's care. If things go as planned she will be returning to work by the end of August, 2022. If the Administrator is not able to be at the facility for any reason, the Executive Director, or their designee, if they are not available, the Director of Nursing, or their designee, will be in charge of the facility. If the Administrator is unable to work for an extended time, such as during the survey when they were unable to work due to an injury, a notice will be placed on the bulletin board informing the residents of her extended leave,	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

seen Administrator 10 in the facility anytime in the past 3 months.

During an interview on 8/2/22 at 9:38 a.m., Laundry Employee 4 indicated Co-Director 1 had always seen to the day to day operations of the facility. She indicated Administrator 10 lived far away and she had seen her about every other month.

During an interview on 8/2/22 at 10:00 a.m., Co-Director 1 indicated the following:

- a. She (Co-Director 1) was the individual who generally oversaw the daily operations of the facility.
- b. She was not a licensed Health Facilities Administrator (HFA).
- c. Administrator 10 was the HFA for the facility.
- d. Administrator 10 had been in the facility 1 time since May.
- e. The facility did not have a Dietary Manager.
- f. The facility did not have an Activity Director.
- g. The facility did not have a contracted Registered Dietitian (RD) nor could she remember when an RD had provided services to the facility.

and the the Executive Director, or their designee, will be in charge of the administrative duties until they return. The Executive Director's Assistant, or their designee, will be responsible for placing the notice.

3. A Licensed Health Facility Administrator will continue to be employed by this facility. If for any reason the Licensed Health Facility Administrator leaves their position, or if their is not a current Licensed Health Facilities Administrator employed by the facility; the Indiana State Department of Health, Long Term Care Division will be notified by the Board of Directors of United Faith Housing, Vermillion Place.

4. The Board of Directors of Uniyed Faith Housing, Vermillion Place, will monitor the position of the Licensed Health Facilities Administrator, to ensure one is employed.

An IDR is requested for this tag. due to the fact that a licensed Health Facilities Administrator is employed by the facility to over see the daily operations of the facility and has been continously employed since October 7, 2015.

INFORMATION FOR THE IDR

1. A licensed Health Facility Administrator has been employed at the Facility since October 7, 2015.

2. The licensed Health Facility Administrator was off on Medical Leave during this survey.

3. The licensed HFA was severely

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

During an interview on 8/2/22 at 10:17 a.m., Co-Director 2 indicated that positions for employment were posted on the facility's web site but applications were not available on the same site. During an interview on 8/2/22 at 10:34 a.m., Co-Director 1 indicated the facility had not offered education or training as part of the plan of correction for the complaints originally sited 3/3/22 and not yet correct as of the forth post survey revisit. She indicated Administrator 10 had not offered any direction regarding education or training for the sited tags therefore no training or monitoring had been completed. During an interview on 8/2/22 at 11:10 a.m., Receptionist 5 indicated Co-Director 1 had always seen to the day to day oversight of the facility. She indicated Co-Director 2 was her back-up. She indicated she had seen Administrator 1 in the facility one time during the last month. Review of a facility document revised 5/25/22 titled "List Of All Employees" which was provided by Co-Director 1 on 8/2/22 at 10:00 a.m., indicated there was no Dietary Manager or Activity Director on the employee list. This deficient practice was cited	injured when they passed out due to blood pressure issues, and a blood pressure of 60/42 and fell down a flight of 12 stairs. 4. The licensed HFA later required surgery at St. Vincent Hospital, due to the fact that the required specialist was not available in their local hospital. 5. There was also a medical issue with their blood pressue that needed correcting, that caused the licensed HFA to pass out and caused their fall. The medical issue with the HFA blood pressure also required the First Aid Unit to be called again a week later to transport the HFA to the emergency room for a very low blood pressure. 6.The licensed HFA is still under the care of a licensed physician. They can't not safely return to work until they are released by their physician. 7. The licensed HFA is still suffering the affects of their fall. 8. The HFA is under their physicians care for their prescription medications. These were all reevaluated, some were discontinued, some meds continue to have their dosage adjusted. 9. When physically able, the licensed HFA has been available by telephone. 10. The licensed HFA's telephone number is listed on the same sheet as all employees. 11. The Executive Director's Assisant had posted a notice informing all residents and their	
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on a Post Survey Revisit (PSR) to a PSR to a PSR to the complaint investigations on 6/27/22 . The facility failed to implement a systemic plan of correction.

Based on observation, interview, and record review, the facility failed to employ a licensed Health Facilities Administrator (HFA) to organize and implement the day-to-day operations of the facility resulting in unkept grounds, the lack of a Dietary Manager, the lack of a contracted Registered Dietitian to assist in dietary management, the lack of an Activity Director, and the failure to implement a plan of correction following a complaint survey. This deficient practice had the potential to impact 26 of 26 residents.

Findings Include:

During observations on 8/2/22 at 9: 10 a.m. and 11:45 a.m., the grounds surrounding the facility were unkept with grass approximately 8 inches high. Weeds edge the grounds at a height of 1 to 3 feet. Weeds throughout the yard had gone to seed and/or were blooming. The grounds had the appearance of a yard which had not been mown for two to three weeks.

During the, 8/2/22, survey from 8:10 a.m. to 11:50 a.m., a HFA

families or responsible parties that the HFA was on Medical Leave.

12. The licensed HFA does not work the same hours every week. They see some employees

more frequently than others. Since they have been on Medical Leave since May, new staff has been hired that the licensed HFA has not yet met.

13. Their medical issues are not under the control of the licensed HFA. Her health has required her to be on Medical Leave. If some one is ill or injured and under a physician's care they can not be expected to be at their job. Again, I feel this could be considered discrimination. As we age we may have increased medical issues. The licensed HFA's age may have contributed to her medical condition. This all started when the HFA was put on a blood pressure medication for the first time. So could this be considered age discrimination? The HFA cannot control her physical condition or their age.

14. This reply to the 2567 as well as all replies to all 2567's have been done by the license HFA. This includes while she has been on Medical Leave.

15. The HFA has had telephone conferences with the Executive Director and the Executive Director's Assistant, or their designees. routinely during their Medical Leave.16. I hope you will consider removing this tag as we do not feel it is true and our records show the alleged deficiency to be untrue as there is

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

was not in the facility.

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During an interview on 8/2/22 at 9:17 a.m., QMA 3 indicated Co-Director 1 was in charge of the daily operations of the facility. Administrator 10 was the facility administrator. Lastly QMA 3 indicated she had not seen Administrator 10 in the facility anytime in the past 3 months.

During an interview on 8/2/22 at 9:38 a.m., Laundry Employee 4 indicated Co-Director 1 had always seen to the day to day operations of the facility. She indicated Administrator 10 lived far away and she had seen her about every other month.

During an interview on 8/2/22 at 10:00 a.m., Co-Director 1 indicated the following:

a. She (Co-Director 1) was the individual who generally oversaw the daily operations of

a HFA on staff but is on Medical Leave.

(If possible and acceptable I will send more information by fax. Such as copies of medical records, employment records, etc.)

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

the facility.

b. She was not a licensed Health Facilities Administrator (HFA).

c. Administrator 10 was the HFA for the facility.

d. Administrator 10 had been in the facility 1 time since May.

e. The facility did not have a Dietary Manager.

f. The facility did not have an Activity Director.

g. The facility did not have a contracted Registered Dietitian (RD) nor could she remember when an RD had provided services to the facility.

During an interview on 8/2/22 at 10:17 a.m., Co-Director 2 indicated that positions for employment were posted on the facility's web site but applications were not available on the same site.

During an interview on 8/2/22 at 10:34 a.m., Co-Director 1 indicated the facility had not offered education or training as part of the plan of correction for the complaints originally sited 3/3/22 and not yet correct as of the forth post survey revisit. She indicated Administrator 10 had not offered any direction regarding education or training for the sited tags therefore no

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

	training or monitoring had been completed. During an interview on 8/2/22 at 11:10 a.m., Receptionist 5 indicated Co-Director 1 had always seen to the day to day oversight of the facility. She indicated Co-Director 2 was her back-up. She indicated she had seen Administrator 1 in the facility one time during the last month. Review of a facility document revised 5/25/22 titled "List Of All Employees" which was provided by Co-Director 1 on 8/2/22 at 10:00 a.m., indicated there was no Dietary Manager or Activity Director on the employee list. This deficient practice was cited on a Post Survey Revisit (PSR) to a PSR to a PSR to the complaint investigations on 6/27/22 . The facility failed to implement a systemic plan of correction.			
R 0274	Food and Nutritional Services - Noncompliance 410 IAC 16.2-5-5.1(g)(1-3) (g) There shall be an organized food service department directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service.	R 0274	This tag was cited previously on 06/27/2022 with a date the deficiency was to be corrected of 08/15/2022. How can you come in on 08/02/2022 and ciite us again before our stated correction date? 1All residents have the potential to be affected by the alleged practice. Staff has been enrolled in classes then they do not follow through. We hired a CDM but they did not work out. I have recently spoken the a CDM. She assured me she is	09/21/2022

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

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OMB NO. 0938-0391

(1) The supervisor must be one (1) of the following:

(A) A dietitian.

(B) A graduate or student enrolled in and within one (1) year from completing a division approved, minimum ninety (90) hour classroom instruction course that provides classroom instruction in food service supervision who has a minimum of one (1) year of experience in some aspect of institutional food service management.

(C) A graduate of a dietetic technician program approved by the American Dietetic Association.

(D) A graduate of an accredited college or university or within one (1) year of graduating from an accredited college or university with a degree in foods and nutrition or food administration with a minimum of one (1) year of experience in some aspect of food service management.

(E) An individual with training and experience in food service supervision and management.

(2) If the supervisor is not a dietitian, a dietitian shall provide consultant services on the premises at peak periods of operation on a regularly scheduled basis.

(3) Food service staff shall be on duty to ensure proper food preparation, serving, and sanitation.

interested in our position. She is to come in and fill out an application and if all references check out she will be hired. The Executive Director's Assistant, or their designee and the HFA, or their designee, will be responsible for the dietary department until a CDM is hired. The HFA is also an RN. There is no one else on staff that meet the requirements of a CDM. The Board of Director's Chairman, the Executive Director, the Executive Director's Assistant and the Administrator or their designees, will continue to try to hire a CDM. They will all put forth an ongoing effort to get a CDM hired as soon as possible..

2. All residents have the potential to be affected by the alleged practice. Staff has been enrolled in classes then they do not follow through. We hired a CDM but they did not work out. I have recently spoken to a CDM. She assured me she is interested in our position. She is to come in and fill out an application and if all references check out she will be hired. The Executive Director's Assistant, or their designee and the HFA, or their designee, will be responsible for the dietary department until a CDM is hired. The HFA is also an RN. There is no one else on staff that meet the requirements of a CDM. The Board of Director's Chairman, the Executive Director, the Executive Director's Assistant and the Administrator or their designees, will continue to try to hire a CDM. They will all put forth an ongoing effort to get a CDM hired as soon as possible.

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

Based on observation, interview, and record review, the facility failed to ensure the dietary department was directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. This deficient practice had the potential to impact 26 of 26 residents.

Findings include:

During an observation and interview on 8/2/22 at 9:25 a.m., two (2) employees were observed in the dietary department, Food Services Worker (FSW) 7 and FSW 8. During an interview at this time, FSW 8 indicated she was a new employee and had only been working two days. She indicated she was still being trained by FSW 7 and FSW 6. During an interview at this time, FSW 7, who had been employed with the facility since 4/8/21, indicated she did not know if the facility had a Dietary Manager. She indicated she reported to Co-Director 2 who was currently in charge of the dietary department.

During an interview on 8/2/22 at 10:00 a.m., Co-Director 1 indicated the following:

a. The facility did not have a Dietary Manager.

3. The Executive Director's Assistant or their designee will again run ads for a CDM, they will also contact the Indiana Unemployment Office for any available candidates. This will be done weekly until a CDM is hired. Once a CDM is hired every effort will be made to continue their employment. Applications will be gone through and current employees assessed to see if anyone is appropriate to send to school to become a CDM.

4. The Executive Director or their designee will review all dietary applications to see if an appropriate CDM can be identified or a candidate to begin enrolment in training to become a CDM. The Executive Director or their designee and the Executive Director's Assistant, or their designee will meet weekly to review where they are on obtaining a CDM. The results of these meetings will be shared with the Administrator, or their designee, if they have not attended the meeting. The Administrator or their designee will assist the staff in obtaining a CDM and will meet with all appropriate applicants/hires to assist them in any way possible to ensure they will remain employed .

IDR

1. This tag was cited on 06/27/2022 with a correction date off 08/15/2022.

2. Survey on 08/02/2022 cited the same tag before our stated date of correction. How can we be cited again before our POC completion

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

b. The facility did not currently employee anyone who had the skills and training to oversee the dietary department.

c. The facility had advertised for a Dietary Manager without success.

d. The facility was planning to enter FSW 6 in classes to become a Dietary Manager.

e. The facility did not have a contracted Registered Dietitian (RD) nor could she remember when an RD had provided services to the facility.

During an interview on 8/2/22 at 10:17 a.m., Co-Director 2 indicated that positions for employment were posted on the facility's web site but applications were not available on the same site.

During an interview on 8/2/22 at 10:33 a.m., FSW 6 and Co-Director 1 provided a weekly menu and both indicated the menu did not offer portion guidance and had not been prepared or approved by a RD. FSW 6 stated the staff use a ladle as a form of measuring portions, however she did not know the size of the ladle.

During an observation and interview on 8/2/22 at 11:08 a.m., FSW 6 indicated she was trained upon hire (9/3/21) by an individual who trained her then

date?

3. Please remove this tag as we were not yet at the POC completion date from 06/27/2022 survey.

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

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OMB NO. 0938-0391

went on vacation and never returned. She indicated she did not know the job title or qualification of the man who trained her. She then displayed a 3 ounce ladle and indicated this was the ladle the dietary staff used to portion and serve food items. When asked what size the ladle she was holding, she indicated she did not know the serving size.

Review of a facility document revised 5/25/22 titled "List Of All Employees", which was provided by Co-Director 1 on 8/2/22 at 10:00 a.m., indicated there was no Dietary Manager on the employee list.

This deficient practice was cited on a Post Survey Revisit (PSR) to a PSR to a PSR to the complaint investigations on 6/27/22 . The facility failed to implement a systemic plan of correction.

Based on observation, interview, and record review, the facility failed to ensure the dietary department was directed by a supervisor competent in food service management and knowledgeable in sanitation standards, food handling, food preparation, and meal service. This deficient practice had the potential to impact 26 of 26 residents.

Findings include:

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

During an observation and interview on 8/2/22 at 9:25 a.m., two (2) employees were observed in the dietary department, Food Services Worker (FSW) 7 and FSW 8. During an interview at this time, FSW 8 indicated she was a new employee and had only been working two days. She indicated she was still being trained by FSW 7 and FSW 6. During an interview at this time, FSW 7, who had been employed with the facility since 4/8/21, indicated she did not know if the facility had a Dietary Manager. She indicated she reported to Co-Director 2 who was currently in charge of the dietary department.

During an interview on 8/2/22 at 10:00 a.m., Co-Director 1 indicated the following:

- a. The facility did not have a Dietary Manager.
- b. The facility did not currently employ anyone who had the skills and training to oversee the dietary department.
- c. The facility had advertised for a Dietary Manager without success.
- d. The facility was planning to enter FSW 6 in classes to become a Dietary Manager.
- e. The facility did not have a contracted Registered Dietitian

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

(RD) nor could she remember when an RD had provided services to the facility.

During an interview on 8/2/22 at 10:17 a.m., Co-Director 2 indicated that positions for employment were posted on the facility's web site but applications were not available on the same site.

During an interview on 8/2/22 at 10:33 a.m., FSW 6 and Co-Director 1 provided a weekly menu and both indicated the menu did not offer portion guidance and had not been prepared or approved by a RD. FSW 6 stated the staff use a ladle as a form of measuring portions, however she did not know the size of the ladle.

During an observation and interview on 8/2/22 at 11:08 a.m., FSW 6 indicated she was trained upon hire (9/3/21) by an individual who trained her then went on vacation and never returned. She indicated she did not know the job title or qualification of the man who trained her. She then displayed a 3 ounce ladle and indicated this was the ladle the dietary staff used to portion and serve food items. When asked what size the ladle she was holding, she indicated she did not know the serving size.

Review of a facility document

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

revised 5/25/22 titled "List Of All Employees", which was provided by Co-Director 1 on 8/2/22 at 10:00 a.m., indicated there was no Dietary Manager on the employee list.

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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