

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 10/28/2022	
NAME OF PROVIDER OR SUPPLIER OASIS AT 30TH		STREET ADDRESS, CITY, STATE, ZIP CODE 5651 E 30TH STREET, INDIANAPOLIS, , 46218					
(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 the Investigation of Complaints IN00392011 and IN00392701. Complaint IN00392011 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00392701 - Substantiated. No deficiencies related to the allegations are cited. Unrelated deficiency cited. Survey dates: October 26, 27 and 28, 2022 Facility number: 013347 Residential Census: 114 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on November 1, 2022	R 0000					

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

R 0045	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(r)(6-9) (6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following: (A) Notify the resident of the transfer or discharge and the reasons for the move, in writing, and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident ' s clinical record and transmit a copy to the following: (i) The resident. (ii) A family member of the resident if known. (iii) The resident ' s legal representative if known. (iv) The local long term care ombudsman program (for involuntary relocations or discharges only). (v) The person or agency responsible for the resident ' s placement, maintenance, and care in the facility. (vi) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative services, who may assist with placement decisions. (vii) The resident ' s physician when the transfer or discharge is	R 0045	All interfacility transfers or discharges will be initiated by completing the Notice of Transfer or Discharge State Form 49669 (R8/1-19) Indiana State Department of Health-Division of Long Term Care to its entirety including the reason(s) for the discharge. Attach a copy of the Notice of Transfer or Discharge Request for Hearing Form 49831 (R7/2-13) to ensure the resident has the right to appeal the discharge from the facility. Additionally, the facility will ensure to do the following prior to discharge: . Notify the resident of the transfer or discharge and the reasons for the move, in writing, and in a language and manner that the resident understands. . Place a copy of the notice in the resident ' s clinical record and transmit a copy to the following: (i) The resident. (ii) A family member of the resident if known. (iii) The resident ' s legal representative if known. (iv) The	12/19/2022
--------	---	--------	--	------------

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

necessary under subdivision (4)(C), (4)(D), (4)(E), or (4)(F).

(B) Record the reasons in the resident ' s clinical record.

(C) Include in the notice the items described in subdivision (9).

(7) Except when specified in subdivision (8), the notice of transfer or discharge required under subdivision (6) must be made by the facility at least thirty (30) days before the resident is transferred or discharged.

(8) Notice may be made as soon as practicable before transfer or discharge when:

(A) the safety of individuals in the facility would be endangered;

(B) the health of individuals in the facility would be endangered;

(C) the resident ' s health improves sufficiently to allow a more immediate transfer or discharge;

(D) an immediate transfer or discharge is required by the resident ' s urgent medical needs; or

(E) a resident has not resided in the facility for thirty (30) days.

(9) For health facilities, the written notice specified in subdivision (7) must include the following:

(A) The reason for transfer or discharge.

(B) The effective date of transfer or discharge.

local long term care ombudsman program (for involuntary relocations or discharges only.)

The person or agency responsible for the resident ' s placement, maintenance, and care in the facility and resident's physician of the transfer.

Secure a location to which the resident is transferred or discharged.

The facility will ensure resident's rights are met by documenting all communications and they must be in the resident's record including any supporting documents verifying proper notice was given on said date and discharge schedule following 30-days to include a secured location for the discharge to take place and honor the appeal process if the resident chooses his/her right to an appeal.

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

(C) The location to which the resident is transferred or discharged.

(D) A statement in not smaller than 12-point bold type that reads, " You have the right to appeal the health facility ' s decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below. " .

(E) The name of the director and the address, telephone number, and hours of operation of the division.

(F) A hearing request form prescribed by the department.

(G) The name, address, and telephone number of the state and local long term care ombudsman.

(H) For health facility residents with developmental disabilities or who are mentally ill, the mailing address

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

FORM APPROVED

OMB NO. 0938-0391

and telephone number of the protection and advocacy services commission.

Based on interview and record review, the facility failed to ensure 2 of 5 residents reviewed for transfer and discharge rights received appropriate interventions prior to their discharge from the facility. (Residents E and J)

Findings include:

In an interview with Resident D on 10-27-22 at 11:40 a.m., he indicated he had heard the new/current Executive Director (ED) had discharged "a whole bunch of people [residents]" since her arrival at the facility. He was not able to provide names of any of those residents. A review of his clinical record on 10-27-22 at 1:27 p.m., indicated his cognitive status of 24 of 30, on the St. Louis University Mental Status Examination (SLUMS), conducted on 9-24-22, was suggestive of a mild neuro-cognitive disorder.

In an interview with the current ED on 10-27-22 at 2:22 p.m., she indicated in the approximate two months she has been at the facility, she has provided three residents with involuntary discharge notices (also known as 30-day discharge notices), related to non-payment of their

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

FORM APPROVED

OMB NO. 0938-0391

facility charges. She specified those residents were Residents F, G and H, with Residents F and G having left the facility prior to their 30-day expiration date. She indicated Resident G has filed an appeal and the appeal hearing is scheduled for 10-31-22. "She owes quite a bit of money and has told me she does not plan to pay anything." She indicated the facility has located another facility for her to transfer to, but Resident G has been very vocal about not leaving here. She had told us at one time that she would have a place to move to by 10-20-22, but obviously that has not happened, as she is still here and we are awaiting the hearing on her appeal.

A review of the clinical records on 10-28-22 for Residents F, G and H indicated each received the state-mandated "Notice of Transfer or Discharge," forms on 9-20-22. These forms each indicated the effective date of the transfer or discharge would be 10-20-22, as a result of "The resident has failed, after reasonable and appropriate notice, to pay or payment has not been made under Medicare/Medicaid for a stay in a nursing facility."

1. A review of the clinical record of Resident E was conducted on 10-28-22 at 11:05 a.m.. A notation, dated 8-25-22 at 4:00

p.m., indicated, "Reporting Discharge on August 25, 2022 at 5:00 p.m. to Other Community. Reason(s): Involuntary Discharge." State-mandated "Notice of Transfer or Discharge," forms, dated 8-25-22, indicated Resident E was provided the reasons of Discharge or Transfer were as follows: The safety of the individuals in the facility is endangered; The health of the individuals in the facility would otherwise be endangered; [and] The resident has failed, after reasonable and appropriate notice, to pay or payment has not been made under Medicare/Medicaid for a stay in a nursing facility." It indicated Resident E transferred to an area men's homeless shelter. A "Notice of Administrative Filing," dated 9-2-22, indicated Resident E had filed for an appeal of the involuntary discharge within the appointed time frames, with a hearing set for the near future.

A prior notation, dated 4-19-22 at 5:14 p.m., indicated the facility's fire alarms were sounding on that date at approximately 2:35 p.m. During a sweep of the building by nursing staff, Resident E was found to be smoking in a peer's room. It indicated RN 3 and Marketing Director spoke with Resident E regarding observing smoking materials and alcohol

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

FORM APPROVED

OMB NO. 0938-0391

present, and reminded him the facility was a "alcohol and drug-free facility and that smoking in the apartment was prohibited." It indicated Resident E responded that he would be moving out as his lifestyle did not coincide with the rules of the facility. A notation, dated 7-5-22 at 2:50 p.m., indicated LPN 4 and the Director of Marketing met with Resident E and reviewed the "residential lease, policy and rules r/t [related to] use of alcohol with resident. Resident verbalized understanding." The nursing notes did not reflect any notations as to the need for immediacy to discharge from the premises regarding disruptive or dangerous behaviors, other than the aforementioned notations. The nursing notes failed to address any preparations conducted by the facility with the resident for the discharge/transfer.

In an interview with the area Ombudsman on 10-28-22 at 11:10 a.m., he indicated he was providing assistance to Resident E, regarding the receipt of the involuntary discharge. He indicated Resident E was provided a 30-day discharge notice from the facility on 8-25-22 and was discharged the same day to a homeless shelter. He indicated Resident E did file an appeal, which was found by the judge for the involuntary

discharge to be invalid and void, as of 9-20-22. He indicated the resident is working with the facility to be re-admitted. As of 10-19-22, the Ombudsman was aware the former resident remained at the homeless shelter. He indicated the reason he was given the 30-day notice was due to use of alcohol and tobacco on the property, possibly in his room.

In an interview with the ED on 10-28-22 at 12:15 p.m., she indicated the involuntary discharge with Resident E occurred under the previous ED. She indicated she was able to locate very limited information. She indicated she had found information in the nursing notes related to notes dated 4-19-22 and 7-5-22 "This happened before I got here, so I can't really tell you exactly what happened." She indicated the facility is working with Resident E to be re-admitted to the facility at this time.

2. A review of the clinical record of Resident J was conducted on 10-26-22 at 9:32 a.m. A notation, dated 8-30-22, indicated, "Reporting Discharge on August 30, 2022 at 2:00 p.m. to Other Community. Reason(s): Behavior: Aggression." Prior entries, dated from 3-30-22 and forward reflected no reference to aggressive behaviors. There were no further entries posted

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

after 8-30-22. His clinical record failed to have the state-mandated "Notice of Transfer or Discharge," forms, or any reference to any discussion with Resident J regarding reasons for the discharge, the type or location of the facility he was discharging to or if the discharge was of the resident's choice or facility-induced.

In an interview on 10-26-22 at 3:20 p.m., with the current Director of Nursing (DON), she indicated she had only been in the DON position for 3 days, but had worked as one of the licensed nurses at the facility for a short while before that. She could only recall one resident, Resident J, who was give a 30-day discharge notice (or involuntary discharge notification) while she has worked at the facility. She recalled he was given the 30-day notice for aggressive behaviors and having a weapon on site, in violation of his admission agreement. She recalled his family came and took him home with them. She indicated she was not familiar with any other particular details of the discharge with this resident.

In an interview with the ED on 10-28-22 at 12:15 p.m., she indicated the involuntary discharge with Resident J

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

occurred under the previous ED. She indicated she was unable to find any specific documentation for Resident J regarding discharge-transfer, other than a note about smoking. "This happened before I got here, so I can't really tell you exactly what happened."

On 10-27-22 at 3:15 p.m., the ED provided a copy of the "Resident Lease Agreement." It was indicated to be the current lease agreement in use and had a revision date of 8-28-20. It indicated, under "Eligibility and Accommodations, Section C, Termination...2. Termination by Owner, It is the intention of the Owner to assist its residents in remaining in their Unit as long as it is safe for the residents to do so and they do not constitute a threat to themselves or others on the Premises. The Owner can terminate this Lease in any of the following instances: a. Non-payment of Rent...b. Your default in the performance of any of your other obligations under this Lease or its Attachments; c. The safety of individuals in the Premises is endangered by your continued residency; d. The health of individuals in the Premises would otherwise be endangered by your continued residency...In the event of one of the above occurrences, the Owner will provide thirty (30) days prior written notice of termination of

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

the Lease. However, thirty (30) days prior written notice is not required for terminations described above in (c) and (d), or if you have resided in the Premises for less than thirty (30) days. Rather, notice will be provided as soon as practicable." An attachment to the "Resident Lease Agreement," entitled, "Statement of Resident's Rights," indicated, "...17. Remain in the Premises, foregoing recommended or needed treatment, services, or medications from the Service Provider or available from others. A resident electing to remain without recommended or needed services, treatment or medication, shall have such refusal documented in the resident's medical record and resident shall acknowledge that the decision was made against the advice of the Owner, Service Provider or family or health professional, and shall indemnify the Owner and Service Provider, as further described in the Lease. The Owner and Service Provider shall retain the right to advise a resident the the right to remain in place is restricted, and may result in a Termination under the Lease under the conditions of Section II.C. of the Lease...Be notified by the Owner, in accordance with the Lease, of any termination of the Lease commenced by the Owner or termination of the Service Plan			
---	--	--	--

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

Agreement commenced by
Owner..."

2.5-1.2(r)(3)

2.5-1.2(r)(4)(A)

2.5-1.2(r)(4)(C)

2.5-1.2(r)(4)(D)

2.5-1.2(r)(4)(E)

2.5-1.2(r)(6)(B)

2.5-1.2(r)(7)

2.5-1.2(r)(9)(A)

2.5-1.2(r)(9)(B)

2.5-1.2(r)(9)(A)

2.5-1.2(r)(9)(B)

2.5-1.2(r)(9)(C)

2.5-1.2(r)(9)(D)

2.5-1.2(r)(9)(E)

2.5-1.2(r)(9)(F)

2.5-1.2(r)(9)(G)

Based on interview and record
review, the facility failed to
ensure 2 of 5 residents
reviewed for transfer and
discharge rights received
appropriate interventions prior to
their discharge from the facility.
(Residents E and J)

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

Findings include:

In an interview with Resident D on 10-27-22 at 11:40 a.m., he indicated he had heard the new/current Executive Director (ED) had discharged "a whole bunch of people [residents]" since her arrival at the facility. He was not able to provide names of any of those residents. A review of his clinical record on 10-27-22 at 1:27 p.m., indicated his cognitive status of 24 of 30, on the St. Louis University Mental Status Examination (SLUMS), conducted on 9-24-22, was suggestive of a mild neuro-cognitive disorder.

In an interview with the current ED on 10-27-22 at 2:22 p.m., she indicated in the approximate two months she has been at the facility, she has provided three residents with involuntary discharge notices (also known as 30-day discharge notices), related to non-payment of their facility charges. She specified those residents were Residents F, G and H, with Residents F and G having left the facility prior to their 30-day expiration date. She indicated Resident G has filed an appeal and the appeal hearing is scheduled for 10-31-22. "She owes quite a bit of money and has told me she does not plan to pay anything." She indicated the facility has located another facility for her to

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

transfer to, but Resident G has been very vocal about not leaving here. She had told us at one time that she would have a place to move to by 10-20-22, but obviously that has not happened, as she is still here and we are awaiting the hearing on her appeal.

A review of the clinical records on 10-28-22 for Residents F, G and H indicated each received the state-mandated "Notice of Transfer or Discharge," forms on 9-20-22. These forms each indicated the effective date of the transfer or discharge would be 10-20-22, as a result of "The resident has failed, after reasonable and appropriate notice, to pay or payment has not been made under Medicare/Medicaid for a stay in a nursing facility."

1. A review of the clinical record of Resident E was conducted on 10-28-22 at 11:05 a.m.. A notation, dated 8-25-22 at 4:00 p.m., indicated, "Reporting Discharge on August 25, 2022 at 5:00 p.m. to Other Community. Reason(s): Involuntary Discharge." State-mandated "Notice of Transfer or Discharge," forms, dated 8-25-22, indicated Resident E was provided the reasons of Discharge or Transfer were as follows: The safety of the individuals in the facility is endangered; The

health of the individuals in the facility would otherwise be endangered; [and] The resident has failed, after reasonable and appropriate notice, to pay or payment has not been made under Medicare/Medicaid for a stay in a nursing facility." It indicated Resident E transferred to an area men's homeless shelter. A "Notice of Administrative Filing," dated 9-2-22, indicated Resident E had filed for an appeal of the involuntary discharge within the appointed time frames, with a hearing set for the near future.

A prior notation, dated 4-19-22 at 5:14 p.m., indicated the facility's fire alarms were sounding on that date at approximately 2:35 p.m. During a sweep of the building by nursing staff, Resident E was found to be smoking in a peer's room. It indicated RN 3 and Marketing Director spoke with Resident E regarding observing smoking materials and alcohol present, and reminded him the facility was a "alcohol and drug-free facility and that smoking in the apartment was prohibited." It indicated Resident E responded that he would be moving out as his lifestyle did not coincide with the rules of the facility. A notation, dated 7-5-22 at 2:50 p.m., indicated LPN 4 and the Director of Marketing met with Resident E and reviewed the "residential lease,

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

policy and rules r/t [related to] use of alcohol with resident. Resident verbalized understanding." The nursing notes did not reflect any notations as to the need for immediacy to discharge from the premises regarding disruptive or dangerous behaviors, other than the aforementioned notations. The nursing notes failed to address any preparations conducted by the facility with the resident for the discharge/transfer.

In an interview with the area Ombudsman on 10-28-22 at 11:10 a.m., he indicated he was providing assistance to Resident E, regarding the receipt of the involuntary discharge. He indicated Resident E was provided a 30-day discharge notice from the facility on 8-25-22 and was discharged the same day to a homeless shelter. He indicated Resident E did file an appeal, which was found by the judge for the involuntary discharge to be invalid and void, as of 9-20-22. He indicated the resident is working with the facility to be re-admitted. As of 10-19-22, the Ombudsman was aware the former resident remained at the homeless shelter. He indicated the reason he was given the 30-day notice was due to use of alcohol and tobacco on the property, possibly in his room.

In an interview with the ED on 10-28-22 at 12:15 p.m., she indicated the involuntary discharge with Resident E occurred under the previous ED. She indicated she was able to locate very limited information. She indicated she had found information in the nursing notes related to notes dated 4-19-22 and 7-5-22 "This happened before I got here, so I can't really tell you exactly what happened." She indicated the facility is working with Resident E to be re-admitted to the facility at this time.

2. A review of the clinical record of Resident J was conducted on 10-26-22 at 9:32 a.m. A notation, dated 8-30-22, indicated, "Reporting Discharge on August 30, 2022 at 2:00 p.m. to Other Community. Reason(s): Behavior: Aggression." Prior entries, dated from 3-30-22 and forward reflected no reference to aggressive behaviors. There were no further entries posted after 8-30-22. His clinical record failed to have the state-mandated "Notice of Transfer or Discharge," forms, or any reference to any discussion with Resident J regarding reasons for the discharge, the type or location of the facility he was discharging to or if the discharge was of the resident's choice or facility-induced.

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

FORM APPROVED

OMB NO. 0938-0391

In an interview on 10-26-22 at 3:20 p.m., with the current Director of Nursing (DON), she indicated she had only been in the DON position for 3 days, but had worked as one of the licensed nurses at the facility for a short while before that. She could only recall one resident, Resident J, who was give a 30-day discharge notice (or involuntary discharge notification) while she has worked at the facility. She recalled he was given the 30-day notice for aggressive behaviors and having a weapon on site, in violation of his admission agreement. She recalled his family came and took him home with them. She indicated she was not familiar with any other particular details of the discharge with this resident.

In an interview with the ED on 10-28-22 at 12:15 p.m., she indicated the involuntary discharge with Resident J occurred under the previous ED. She indicated she was unable to find any specific documentation for Resident J regarding discharge-transfer, other than a note about smoking. "This happened before I got here, so I can't really tell you exactly what happened."

On 10-27-22 at 3:15 p.m., the ED provided a copy of the "Resident Lease Agreement." It

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

was indicated to be the current lease agreement in use and had a revision date of 8-28-20. It indicated, under "Eligibility and Accommodations, Section C, Termination...2. Termination by Owner, It is the intention of the Owner to assist its residents in remaining in their Unit as long as it is safe for the residents to do so and they do not constitute a threat to themselves or others on the Premises. The Owner can terminate this Lease in any of the following instances: a. Non-payment of Rent...b. Your default in the performance of any of your other obligations under this Lease or its Attachments; c. The safety of individuals in the Premises is endangered by your continued residency; d. The health of individuals in the Premises would otherwise be endangered by your continued residency...In the event of one of the above occurrences, the Owner will provide thirty (30) days prior written notice of termination of the Lease. However, thirty (30) days prior written notice is not required for terminations described above in (c) and (d), or if you have resided in the Premises for less than thirty (30) days. Rather, notice will be provided as soon as practicable." An attachment to the "Resident Lease Agreement," entitled, "Statement of Resident's Rights," indicated, "...17. Remain in the Premises,

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

foregoing recommended or needed treatment, services, or medications from the Service Provider or available from others. A resident electing to remain without recommended or needed services, treatment or medication, shall have such refusal documented in the resident's medical record and resident shall acknowledge that the decision was made against the advice of the Owner, Service Provider or family or health professional, and shall indemnify the Owner and Service Provider, as further described in the Lease. The Owner and Service Provider shall retain the right to advise a resident the the right to remain in place is restricted, and may result in a Termination under the Lease under the conditions of Section II.C. of the Lease...Be notified by the Owner, in accordance with the Lease, of any termination of the Lease commenced by the Owner or termination of the Service Plan Agreement commenced by Owner..."

2.5-1.2(r)(3)

2.5-1.2(r)(4)(A)

2.5-1.2(r)(4)(C)

2.5-1.2(r)(4)(D)

2.5-1.2(r)(4)(E)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

2.5-1.2(r)(6)(B)

2.5-1.2(r)(7)

2.5-1.2(r)(9)(A)

2.5-1.2(r)(9)(B)

2.5-1.2(r)(9)(A)

2.5-1.2(r)(9)(B)

2.5-1.2(r)(9)(C)

2.5-1.2(r)(9)(D)

2.5-1.2(r)(9)(E)

2.5-1.2(r)(9)(F)

2.5-1.2(r)(9)(G)

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