Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
741012741	or contraction	IDENTIFICATION NO.	A. BUILDING: _	A. BUILDING:		
		HAL041078	B. WING		02/2	7/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
THE ARBO	ORETUM AT HERITAGE	GREENS	OWOOD STRE BORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
D 000	Initial Comments		D 000			
	_	sure Section conducted an 26/20 through 02/27/20.				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	This Rule is not met Based on interviews, facility failed to ensur of 5 sampled residen	assure referral and follow-up nd acute health care needs				
	month.  The findings are:					
	deficit, chronic kidney kidney failure, paroxy posthemorrhagic ane chronic diastolic hear -Resident #4's recom memory care.	cognitive communication y disease stage III, acute ysmal atrial fibrillation, acute emia, hypothyroidism, and t failure. emended level of care was 44's Monthly Weight and				
	Vitals Record revealed	ed:				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL041078	B. WING		02	2/27/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
THE ARB	ORETUM AT HERITAGE	GREENS 709 ME	ADOWOOD STREE	Т		
THE ARD	OKETOM AT TIEKTAGE	GREEN	SBORO, NC 27409			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 1	D 273			
D 273	-Resident #4's weigh 01/01/20Resident #4's weigh 02/01/20Resident #4 had a 1 in 30 daysResident #4's weigh 02/27/20There was a column 5 pounds, weight loss verification of docum loss in progress note verifying weights wer was notified, and the progress notesThere was no inform the columns regarding documented weights  Review of Resident #4 there was no docume loss or physician notion of the physician on 02/27/2-A nurse practitioner primary care provided the did not know Resident #4's NP known weight loss in a montal Resident #4's NP known had been supported the did not see any of issues with weight loss-Resident #4 was lass 02/24/20.	t was 134.4 pounds on  t was 122.4 pounds on  2 pound and 9% weight loss  t was 119 pounds on  t to enter a weight change of s of 5% in one month, entation of significant weight s, and a signature column re reviewed, the physician re was documented in any of reg weight except for the for 01/01/20 and 02/01/20.  44's progress notes revealed entation regarding weight fication of weight loss.  ent #4's primary care 0 at 3:47pm revealed: (NP) was Resident #4's r (PCP). sident #4 had a 12-pound th and he did not know if ew. documentation regarding any ss.	D 2/3			
		ility staff to contact Resident ner weight loss.				
		dministrator on 02/27/20 at				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
		HAL041078	B. WING		02/27	7/2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
THE ARBO	RETUM AT HERITAGE (	GREENS	OWOOD STRE ORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
	weighing residents may elegated and any sign should have been door Monthly Weight and Name and the Administrator.  A Notification of Weight and RCC or the Administrator.  A Notification of Weight and RCC or the Administrator.  A Notification of Weight and faxed RCC or the Administrator.  Resident #4's weight and a resident #4's weight and after about the physician after about the	As) were responsible for onthly on first shift. Inificant changes in weight cumented monthly on the Vitals Record. In significant changes in the Care Coordinator (RCC) and the Form should have been to Resident #4's PCPby the ator to inform the PCP of loss. In the should have followed up with out 3 days. In the should	D 273			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:			E SURVEY PLETED
			A. Boilebino.			
		HAL041078	B. WING		02	2/27/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STAT	E, ZIP CODE		
THE ARB	ORETUM AT HERITAGE (	GREENS	DOWOOD STREE			
	Т		BORO, NC 27409			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	3	D 273			
	-He was concerned w	vith Resident #4's weight ould not be losing weight so				
	revealed: -She had worked at the weeks and did not knewight lossIf staff found a reside loss, she would have resident to make sure-Staff were expected	the numbers were correct.  to notify the RCC of weight  ounds so she could notify				
	weighing residents be every month and door Monthly Weight and Northere was a weight the PCAs were to not notify the resident's purple of the Northere was a weight the PCAs were to not notify the resident's purple of the Northere	at 5:10pm revealed: (PCA) were responsible for etween the first and fifth of ument the weights on the //itals Record. I loss of 3 pounds or more, ify the MAs who were to hysician. out Resident #4's weight and Vitals Records were she visited weekly.  K at any other residents'				
	manual related to a re on 02/27/20 revealed -The PCAs were to no					

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL041078	B. WING		02/	27/2020
NAME OF PRO	OVIDER OR SUPPLIER	STRI	EET ADDRESS, CITY, STA	TE, ZIP CODE		
THE ARROR	RETUM AT HERITAGE	GREENS 709	MEADOWOOD STRE	ET		
THE ARBOR	RETOWAT HERITAGE	GRE	ENSBORO, NC 2740	09		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	change in condition.  Weight loss was an condition.  There was not a specific property of the least of the le	example of a change in exific number or a range weight that would prompt ent's weight loss to PCP.  I on 02/27/20 at 4:10pm  If weighed the residents on th.  of the weights to the of the weights to the of the weights to the of the weight log.  In 02/27/20 at 4:12pm  I weighed on first shift.  I we residents and the MA of the weight log.  I regarding a specific change of the to be reported to PCP.  I mum 10-pound weight gain or of the pCP and inform the RCC gnificant change in weight.  I CP if a resident was not the member noticed a resident do requested, she contacted	- d	DEFICIENCE		

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SI COMPLE	
			A. BUILDING			
		HAL041078	B. WING		02/2	7/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
THE ARBO	ORETUM AT HERITAGE	GREENS	OWOOD STRE ORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	supplement since bei -She talked with Resi and was told the fami Resident #4 to contin supplementShe thought the nutr discontinuedShe did not contact f Resident #4's weight supplement.  Interview with a secon 4:30pm revealed: -The PCA on first shif between the 1st and 6 -The PCA or MA ente logShe would notify a M changedShe did not know if ti much of a weight cha the PCPShe thought a 5-7-po was a significant char -She thought a 10-po month was a significa -She did not know the would consider a sign -The PCP reviewed th diet orders if necessa	received the nutritional ng admitted to the facility. dent #4's family member ly member did not want ue receiving the nutritional supplement had been Resident #4's PCP about loss or the nutritional and MA on 02/27/20 at a tweighed all the residents of the weight in the weight lanager if a resident's weight there was a policy about how nge would require a call to bound change in one week nge. Und weight change in one and change. The weight log and changed ry. Of Resident #4's weight loss.	D 273			
	-The residents were we month or according to -The PCA on first shift residents.	veighed on the first of the				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL041078	B. WING	B. WING		/27/2020
	ROVIDER OR SUPPLIER	GREENS 709 MEA	DDRESS, CITY, STATE  DOWOOD STRE  BORO, NC 2740	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 273	-The MA always wrote logShe would not be ab weight from the previe-The MA would see the weight logIf there was a specific monthly, the MA was residentThe MA would have if the MA was unable -She was not aware or	reights in the weight log. The the weight in the weight  le to remember a resident's pus month. The weight change in the  c order for weight other than responsible for weighing the the PCA weigh the resident to weigh the resident #4's weight loss.	D 273			
D 310	Service  10A NCAC 13F .0904 (e) Therapeutic Diets (4) All therapeutic die supplements and thic served as ordered by  This Rule is not met TYPE B VIOLATION  Based on observation interviews, the facility therapeutic diet was s sampled residents (R	ns, record reviews and failed to ensure a served as ordered for 1 of 2 esident #4) with physician's	D 310			
	orders for a nutritional The findings are: Review of Resident #					

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DIVISION	n nealth Service Negu	ialion				
STATEMENT	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		HAL041078	B. WING	<del></del>	02/	27/2020
NAME OF B		OTDEET AD	DDEGG OITY OTA	TE 7/D 00DE		
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	,		
THE ARBO	ORETUM AT HERITAGE (	GREENS 709 MEAI	OWOOD STRE	ET		
		GREENSE	BORO, NC 2740	09		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION		COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A	APPROPRIATE	DATE
				DEFICIENCY)		
D 310	Continued From page	7	D 310			
	12/20/19 revealed:					
	-Diagnoses included	cognitive communication				
	deficit, chronic kidney	disease stage III, acute				
	_	smal atrial fibrillation, acute				
		mia, hypothyroidism, and				
	chronic diastolic hear					
		mended level of care was				
		illelided level of care was				
	memory care.					
		for a nutritional supplement				
	give 237 ounces in th	e afternoon.				
		orders for Resident #4				
	between December 2	019 and February 2020				
	there was no order to	discontinue nutritional				
	supplements.					
	Review of Resident #	4's Monthly Weight and				
	Vitals Record reveale	d:				
	-Resident #4 weight v	vas 134.4 pounds on				
	01/01/20.	·				
	-Resident #4's weight	was 122.4 pounds on				
	02/01/20.	<u></u> p				
		2 pound and 9% weight loss				
	in 30 days.	2 podria dria 3 % Weight 1033				
	-Resident #4's weight	twas 110 nounds on				
	02/27/20.	t was 119 pourius on				
	02/27/20.					
	Deview of Desident #	Ale progress pates revealed				
		4's progress notes revealed				
		entation regarding nutritional				
	supplements or weigh	ILIOSS.				
	D	Ala ala Anania NA a P C				
	***	4's electronic Medication				
		d (eMAR) for December				
		ebruary 2020 revealed there				
	_	tritional supplement and no				
	documentation of adn	ninistration.				
	Interview with a medic	cation aide (MA) on				
	02/27/20 at 1:41pm re	evealed:				

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-Nutritional supplements were kept in the

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		HAL041078	B. WING		0.5	2/27/2020
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E. ZIP CODE	02	12172020
		709 MEA	DOWOOD STREE			
THE ARB	ORETUM AT HERITAGE (	GREENS GREENS	BORO, NC 27409			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 310	D 310 Continued From page 8		D 310			
	refrigerator in Communicacility where Resider -MAs were responsible documenting nutrition eMARsResident #4 did not him the refrigerator and nutritional supplementNutritional supplement with the faction 02/27/20 at 3:29pr -The pharmacy begand 12/26/19There was no docum received an order for linerview with a second 4:12pm revealed: -The pharmacy represended in the pharmacy did not carrow supplement that was resident #4 had not supplement since being she talked with Resident #4 to continual supplementShe thought the nutric discontinued.	unity A (the area of the nt #4 resided).  le for serving and hal supplements on the mave nutritional supplements. If she had never served that to Resident #4, and the were not on Resident which was a servicing Resident #4 on the neutation the pharmacy had a nutritional supplement.  Ind MA on 02/27/20 at the service of the nutritional ordered, received the nutritional ng admitted to the facility, dent #4's family member ly member did not want use receiving the nutritional supplement had been the ded Resident #4's PCP about				
	Interview with Reside 02/27/20 at 4:31pm re -Resident #4 was pro supplement at her for					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	
		UAI 044070	B. WING		000	27/2020
NAME OF P	ROVIDER OR SUPPLIER	HAL041078 STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	02/	27/2020
THE ARBO	ORETUM AT HERITAGE (	GREENS	OWOOD STRE			
		GREENSE	BORO, NC 2740	<b>19</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 310	Continued From page	9	D 310			
	served a nutritional so asked staff about the	Resident #4 was not being upplement and had not nutritional supplement. #4 had lost weight and current weight was in				
	Interview with the Special Care Unit (SCU) Manager on 02/27/20 at 5:10pm revealed: -MAs were responsible for sending orders to the pharmacy and following up with the pharmacy with any questionsThe order for the nutritional supplement for Resident #4 was sent to the pharmacy and there were questions regarding the order for nutritional supplement 237 ounces in the afternoonShe did not know if the MA followed up with the pharmacy or Resident #4's PCP regarding the nutritional supplement.					
	4:08pm revealed: -MAs were responsib orders were faxed to -There had been a que the nutritional supplet and a MA reached out pharmacyThe facility contracted with the MA regarding the management of the manage	restion about how much of ment to serve to Resident #4 at to the facility contracted and pharmacy never got back to the nutritional supplement. Sible for following up with the che nutritional supplement. There had been any further farmacy or Resident #4's attritional supplement for				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILDING: _	A. BUILDING:		
		HAL041078	B. WING	B. WING		/27/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	TE, ZIP CODE		
THE ARBO	DRETUM AT HERITAGE (	GREENS	ADOWOOD STRE SBORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 310	primary care provider -The order for the nut with Resident #4 whe facilityHe did not see an or nutritional supplemen -He did not see any d nutritional supplemen -The nutritional supplemen -The nutritional supple with preventing weigh age related.  Interview with Reside 4:20pm revealed: -Resident #4 was adr FL2 completed by an -She had not written t supplements and had discontinue the nutriti Resident #4She did not know Re served a nturitional su pound weight loss in a -The facility had not in nutritional supplement #4Not being served a in have contributed to si Resident #4She would have expected contact her if there we order for a nutritional  The facility failed to si nutritional supplement	(NP) was Resident #4's (PCP). ritional supplement came in she was admitted to the der to discontinue the ts for Resident #4. occumentation regarding a t or issues with weight loss. ement would have assisted at loss if the weight loss was unt #4's NP on 01/27/20 at mitted to the facility with an other facility. The order for nutritional and the weight loss was unt #4 was not being applement and had a 12 a month. The provided her regarding the tor weight loss for Resident weight loss for ected the facility staff to be equestions regarding the supplement for Resident #4. Enver Resident #4 a to daily as ordered to weight loss within 1 month to trisk for increased.	D 310			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Ι,	,	CONSTRUCTION	(X3) DATE S COMPLI	
		HAL041078	E	B. WING		02/2	7/2020
NAME OF P	ROVIDER OR SUPPLIER	STR	REET ADDRE	SS, CITY, STAT	TE, ZIP CODE	•	
THE ARR	ORETUM AT HERITAGE (	REENS 709	MEADOW	VOOD STRE	ET		
THE ARD	THE TOWN AT THE KITAGE C	GR	EENSBOR	RO, NC 2740	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 310	Continued From page	<del>:</del> 11		D 310			
	the residents and con	stitutes a Type B Violation.					
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 02/27/20 for					
	CORRECTION DATE VIOLATION SHALL N 2020.	FOR THE TYPE B IOT EXCEED APRIL 12,					
D912	G.S. 131D-21(2) Decl	laration of Residents' Rights	s	D912			
	Every resident shall h 2. To receive care an adequate, appropriate	ration of Residents' Rights ave the following rights: d services which are e, and in compliance with state laws and rules and					
	reviews, the facility fa had the right to receiv are adequate, approp	as evidenced by: as, interviews and record iled to ensure every resider re care and services which riate and in compliance with ad rules related to Nutrition					
	The findings are:						
	interviews, the facility therapeutic diet was s sampled residents (Rorders for a nutritiona	served as ordered for 1 of 2 esident #4) with physician's I supplement. [Refer to Tag F .09049(e)(4) Nutrition and	s 				

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