STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL001134 08/02/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1670 WESTBROOK AVENUE** THE OAKS OF ALAMANCE **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey conducted by Suzanna Fay and Dennis Harrell on August 2, 2018. Records indicate that this facility was first licensed November 13, 1991 for Sixty-Nine (69) Beds. Based on this information, the facility is required to meet the 1991 Homes for the Aged-Minimum and Desired Standards and Regulations; applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 409.1- Institutional (I) Occupancy. Deficiencies were noted which require a Plan of Correction. C 140 Linen Storage-Separate Clean & Soiled C 140 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (f) The requirements for storage rooms and closets are: (2) Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room; This Rule is not met as evidenced by: 1. Observations revealed that soiled linens were not kept separate from clean linens. Findings on August 2, 2018: a. Laundry - several open tubs of soiled linens were on the floor of the laundry room. The door to the Clean Linen room was open.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: 01			
		HAL001134	B. WING		08/0	2/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1670 WES	STBROOK A	VENUE .		
THE OAKS OF ALAMANCE BURLING		TON, NC 27	215			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 160	Continued From pa	ge 1	C 160			
C 160	Outside Premises-0	Clean, Safe	C 160			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;					
	This Rule is not met as evidenced by: 1. Observations revealed that the outside premises are not maintained in a clean and safe condition.					
	Findings on August 2, 2018: a. There is a large section of rotten fascia trim outside of the Exit by Room 126. b. Smoking Porch - the porch soffit is soft and deteriorating at the edge beside the A/C units. c. The gutters outside of the dining room are completely clogged with pine needles.					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.					
	This Rule is not me 1. Observations re	et as evidenced by: vealed that the walls and				

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PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 164 Continued From page 2 furnishings were not maintained in good repair. Findings on August 2, 2018:	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE S			SURVEY	
NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG COMP DEFICIENCY OR LSC IDENTIFYING INFORMATION) C 164 C 164 C 164 C 164 Findings on August 2, 2018:	AND PLAN	OF CORRECTION	DENTIFICATION NUMBER:	A. BUILDING: 01			
NAME OF PROVIDER OR SUPPLIER THE OAKS OF ALAMANCE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) C 164 Continued From page 2 furnishings were not maintained in good repair. Findings on August 2, 2018:							
THE OAKS OF ALAMANCE 1670 WESTBROOK AVENUE BURLINGTON, NC 27215 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 164 Continued From page 2 furnishings were not maintained in good repair. Findings on August 2, 2018:			HAL001134	B. WING		08/0	2/2018
THE OAKS OF ALAMANCE BURLINGTON, NC 27215 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) C 164 Continued From page 2 furnishings were not maintained in good repair. Findings on August 2, 2018:	NAME OF P	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EURLINGTON, NC 27215 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) C 164 Continued From page 2 furnishings were not maintained in good repair. Findings on August 2, 2018:		<i></i>	1670 WES	TBROOK A	VENUE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMP DAY COMP DAY CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMP DAY CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMP DAY CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMP DAY TAG Findings were not maintained in good repair. Findings on August 2, 2018:	THE OAKS OF ALAMANCE BURLING		TON, NC 27	215			
furnishings were not maintained in good repair. Findings on August 2, 2018:	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	(X5) COMPLETE DATE
Findings on August 2, 2018:	C 164	Continued From pa	ge 2	C 164			
		furnishings were no	t maintained in good repair.				
a. Diaper Storage - there are a few small holes in the corridor wall. The caulking around the electric panel is coming out leaving gaps in the electrical chase wall. b. 100 Hall Housekeeping Closet - there is a hole in the wall behind the door. c. 100 Hall left side Housekeeping Closet - there are several small holes in the back wall. d. Exterior Mechanical Room - there is a large hole at the base of the wall where the sheetrock has gotten damp and deteriorated. e. Janitor Closet outside of Kitchen - there is a large, 12" x 18" hole cut through the wall above the door. f. Room 206 - the door drags on the frame. g. Room 210 - the door hardware is loose. h. Spa - the wall at the shower is damaged along the base of the wall from moisture coming from the shower. i. Unisex bathroom - there is a hole in the wall behind the door. j. Unisex bathroom - the handrail at the toilet is loose. k. 200 Hall Activity Room - the door hardware is loose. 2. Observations revealed that the ceilings were not maintained in good repair. Findings on August 2, 2018: a. The corridor ceiling outside the Spa is separating at the joint and flaking off. 3. Observations revealed that the floors were not maintained in good repair.		a. Diaper Storage the corridor wall. T panel is coming out chase wall. b. 100 Hall Housek in the wall behind the c. 100 Hall left side are several small hed. Exterior Mechanhole at the base of has gotten damp are. Janitor Closet or large, 12" x 18" hole the door. f. Room 206 - the org. Room 210 - the h. Spa - the wall at the base of the wall the shower. i. Unisex bathroom behind the door. j. Unisex bathroom loose. k. 200 Hall Activity loose. 2. Observations renot maintained in grand from the corridor ceil separating at the jour server and the corridor ceil separating at the jour server and the corridor ceil separating at the jour server and the corridor ceil separating at the jour server and the corridor ceil separating at the jour server and the corridor ceil separating at the jour server and the corridor ceil separating at the jour server and the corridor ceil separating at the jour server and the corridor ceil separating at the jour server and the corridor ceil separating at the jour server and the corridor server and	there are a few small holes in he caulking around the electric leaving gaps in the electrical reeping Closet - there is a hole he door. Housekeeping Closet - there oles in the back wall. Sical Room - there is a large the wall where the sheetrock had deteriorated. Sie cut through the wall above door drags on the frame. door hardware is loose. The shower is damaged along from moisture coming from the handrail at the toilet is Room - the door hardware is Room - the door hardware is loose. The handrail at the toilet is Room - the door hardware is loose in the wall leave the handrail at the toilet is Room - the door hardware is loose. The handrail at the toilet is leave that the ceilings were lood repair. 2, 2018: In goutside the Spa is int and flaking off.				

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Findings on August 2, 2018:

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL001134	B. WING 08/			2/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS. CITY. S	STATE, ZIP CODE		
			STBROOK A			
THE OAKS OF ALAMANCE		TON, NC 27	215		ı	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECTION OF THE	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 3	C 164			
	a. Exit lobby across from Activity - the flooring on either side of the door is peeling up.					
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility was not maintained free of hazards. Findings on August 2, 2018: a. Oxygen Supply Closet - nine oxygen tanks					
C 189	were sitting on the floor, unsecured in the room. Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.		C 189			
	This Rule is not me 1. Based on observ	et as evidenced by: vation there is a failure to				

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Division	Division of Health Service Regulation						
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL001134	B. WING			2/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
THE OAK	(S OF ALAMANCE	1670 WES	TBROOK A	/ENUE			
THE OAR	NO OF ALAMANCE	BURLING	TON, NC 27	215			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 189	Continued From pa	ge 4	C 189				
	a safe operating co device used to keep impediment to quick occupants in the fact cannot be closed as spread of smoke ar Findings on August a. Med Room - the open with a trash cacorrected at the timb. Library - one of the from closing with a c. Room 108 - the open using a wedged. Living Room - the open with furniture fire alarm test.	kly closing the door. The cility could be effected if doors is required so as to limit the ind/or fire to the area of origin. 2, 2018: 2 corridor door was propped an. This deficiency was e of survey. the door leafs was blocked table and chairs. corridor door was propped					
	equipment is not m condition. Failing to clearance below the	vation the facility's fire safety aintained in operating provide a minimum of 18" e ceiling may not allow for the nt to operate properly during a ency.					
	to within 4" of the co b. 100 Hall Housek stored within 2" of t c. Biomedical Room the ceiling. d. Activity Closet - of the ceiling.	ankets and rugs were stored eiling. keeping Closet - items are he ceiling. m - items are stored with 4" of items were stored within 18"					
	Based on observing	vation there is a failure to					

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DIVISION	Division of Health Service Regulation						
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED		
		HAL001134	B. WING		08/02/2018		
		HALUUT134			00/0	2/2010	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
	<i>-</i>	1670 WES	STBROOK A	/ENUE			
THE OAKS OF ALAMANCE		TON, NC 27	215				
(V4) ID	QUIMMADV QTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)N	(VE)	
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE	
				DEFICIENCY)			
C 189	Continued From pa	ge 5	C 189				
0.00	•		0.00				
		g's fire safety systems in a					
		es or gaps at penetrations					
		nt rated ceilings could allow					
		pread beyond the area of					
	origin.						
		0.0040					
	Findings on August						
		e escutcheon plate on the					
		dropped leaving a gap in the					
		sembly. The ceiling has some					
	staining and some						
		w maintenance) - there is an					
		in the ceiling. Verify that the					
		sembly has not been					
	compromised.						
		ver plate for the sprinkler head					
		ad near the corridor door.					
		of Room 126 - there is a					
		iling at the Exit sign.					
		here are two unsealed					
	penetrations in the						
		ere is one unsealed 1"					
		n. There is a large hole					
	around the smoke						
		e ceiling is damaged and					
		s a gap around the mechanical					
		diameter hole in the ceiling					
		here is a gap in the ceiling					
	around the water he						
		the sprinkler head has					
	dropped leaving a g	gap in the ceiling. oset - the escutcheon plate is					
	missing.	oset - the escutoheon plate is					
		Poom there is a large hale in					
		Room - there is a large hole in entry doors where the					
	J	•					
	sprinkler head has	Shifted. Closet - there is a small hole in					
	the ceiling above th	ne of the sprinkler heads has					
	dropped leaving a h	iole in the ceiling.					

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED		
		HAL001134	B. WING		08/0	2/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
			TBROOK A	•			
THE OAKS OF ALAMANCE		TON, NC 27					
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON .	(X5)	
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE DATE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE	
0.400			0.400				
C 189	Continued From pa	ge 6	C 189				
		vation the facility did not					
		emergency/safety lighting					
		pperating condition. Occupants					
		be effected if the signs					
	event of an emerge	s could not be seen in the					
	event of all enlerge	noy evacuation.					
	Findings on August						
		the cross corridor door					
	outside of Room 110 did not illuminate on test.						
	E Dood on choom	ration the facility did not					
		vation the facility did not emergency/safety lighting					
		operating condition. This could					
		the facility if egress paths and					
		inated during a power outage.					
	Findings on August						
	a. The exterior emo	ergency light outside of Room					
		can lights in the 100 hall did					
		tested. The battery pack is					
	located in the hall c						
		vation there is a failure to					
		's fire safety equipment in a					
		der to resist the passage of m doors must not have holes					
		between the door and the					
	door frame stops.						
	·						
	Findings on August						
		seeping Closet - there is a hole					
	in the door at the do						
	hole in the door at t	sekeeping Closet - there is a					
		e is a hole in the door at the					
	door hardware.						
		e is a hole in the door at the					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		HAL001134	B. WING		08/0	2/2018		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
THE OAKS OF ALAMANCE		TBROOK ANT TON, NC 27	-					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE		
C 189	equipment is not moperating condition to sewer gasses. Findings on August a. Biomedical Roor for storage and the b. Lobby - the electremoved and the draealed. c. Guest bathroom off behind a partition used allowing the with the sampling to be a condition. Findings on August a. Exterior mechan pipes behind the mofereezing up. b. 200 Hall Mechant the sampling tube in the sampling tube in the sampling to compartment could doors do not complimit the spread of sorigin. Findings on August a. Kitchen - the doors.	vealed that the plumbing aintained in a safe and . This could expose occupants 2, 2018: m - the hopper is being used water seal is dry. tric water cooler has been ain has not been properly - the urinal has been sealed mall and is no longer being rater seal to dry out. vealed that the mechanical aintained in operating 2, 2018: ical room - several of the echanical equipment are nical Room (by Room 230) - in the duct is dirty. vation there is a failure to its fire safety equipment in a dition. Occupants in the smoke be exposed to smoke or fire if etely close and latch to help smoke or fire to the area of 2, 2018: or to dining does not latch.	C 189	DEFICIENCY)				
		door does not close and latch.						

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10. Based on observation the electrical

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN	OI OURREUTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED		
		HAL001134	B. WING			2/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY. S	STATE, ZIP CODE			
			TBROOK A				
THE OAKS OF ALAMANCE BURLING			TON, NC 27	215			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 189	Continued From pa	ge 8	C 189				
	manner. This is a p	been maintained in a safe otential shock hazard if ater sources do not function to ection.					
		2, 2018: either of the two outlets at the oped when tested with a GFCI					
		evealed that the fire safety aintained in a safe and					
		2, 2018: ne wall magnetic hold open e and is pulling away from the					
		evealed that the electrical aintained in a safe and					
	Findings on August a. Riser Room - the the wall.	2, 2018: e electric heater is falling off of					
	maintain the facility safe operating cond smoke compartmer resistant rated door	rvation there is a failure to is fire safety equipment in a lition. The occupants in the nt could be effected if the fire is do not completely close and e spread of smoke and/or fire is do not completely close.					
		2, 2018: idor fire doors by Room 217, d not latch during the fire					

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