

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-251	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/04/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PREMIER BEHAVIORAL SERVICES INC

**2003 GODWIN AVENUE STE B
LUMBERTON, NC 28358**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on September 4, 2020. The complaint was substantiated (intake #NC00168348). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness; 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment.	V 000	DHSR-Mental Health CCT 06 2020 Lic. & Cert. Section	
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's	V 105	V105 - Premier Behavioral Services ("Premier or the "agency") has developed comprehensive policy and procedure about COVID based on guidance from the CDC and the NC DHHS. Specifically, Premier relied on the NC DHHS' Behavioral Health/IDD Day Program and Facility-Based Crisis Guidance published on 6/10/20 when developing policy and procedure. Due to the length of the policy and procedure please see attached policy SA 05(b) hereinafter incorporated in the Plan of Correction. See exhibit 1 attached . All current staff have been trained in the policy on 9/9/20. See exhibits 2,3 & 4. All newly hired staff will receive documented training about COVID precautions prior to working. All staff will receive at least annual refresher training about COVID precautions. In addition, Premier has:	9/9/20

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

TITLE

(X6) DATE

STATE FORM

5509

83JT11

If continuation sheet 1 of 49

Submitted by : Santhosh Augustine, MD 10/2/20

r. Santhosh Augustine



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V 105	Continued From page 1 needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105	1) Designated 1 staff to be the COVID response coordinator to ensure this POC is fully implemented 2) Forbidden staff from bringing minor children to work. 3) Obtained PPE and contactless thermometers to add in screening clients and staff. See exhibit 5.	

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice amidst the COVID-19 (Coronavirus-Disease-2019) pandemic and in accordance with the facility's Scope of licensed services. The findings are: Review on 9/4/20 of the current census by service category on 9/3/20 revealed: -13 clients listed for Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness (PSR) -23 clients listed for Substance Abuse Intensive Outpatient Program (SAIOP) -20 clients listed for Substance Abuse Comprehensive Outpatient Treatment (SACOT) Review on 9/3/20 client #19's record revealed she had been admitted on 7/20/20 to the SACOT program. Review on 8/31/20 of a letter dated 8/28/20 signed by the Administrative Director revealed: -There were 4 employees who tested positive for COVID-19 and were out of work for the following dates as follows: 1. Administrative Director: 7/17/20-7/21/20, 7/24/20-8/3/20. 2. Licensed Clinical Addiction Specialist (LCAS): 7/28/20-8/18/20 3. Staff #1: 7/30/20-8/19/20 4. PSR Program Director: 8/3/20-absence continued -There were 2 additional staff who had been out	V 105			

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V 105	<p>Continued From page 3</p> <p>of work for COVID-19 related quarantine as follows:</p> <ol style="list-style-type: none"> 1. Staff #9: 8/4/20-8/19/20 2. Staff #3: 7/27/20-8/12/20 <p>Interviews on 8/20/20 and 8/28/20 the Human Resources (HR) Director stated:</p> <ul style="list-style-type: none"> -Staff #3, Medical Records employee, was allowed to bring her child to work because she did not have childcare. -When Staff #3 received a call from the hospital stating the child's grandmother tested positive for COVID-19, she and her child left the facility immediately. -On 8/20/20 the HR Director stated 3 staff tested positive for COVID-19. -On 8/28/20 the HR Director stated the Administrative Director, PSR Program Director, LCAS, and Staff #1 had been out of work because they tested positive for COVID-19. -Staff #9 had been out of work because she exhibited sinus symptoms. -Staff #3 had been out of work because she was exposed to her child who tested positive for COVID-19. <p>Interview on 9/1/20 Staff #3 stated:</p> <ul style="list-style-type: none"> -She worked in Medical Records and had her own office. -Her child tested positive for COVID-19 on 7/20/20. -She had taken her child to work twice within the 2 weeks prior to her child testing positive. -Her child and LCAS's child would "buddy up" sometimes and stay in another facility office. Both of the children and the LCAS had tested positive to COVID-19. -Compared to the offices used by her child, the PSR and SACOT groups met in rooms on the opposite side of the facility. The SAOP met in a 	V 105			

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V 105	Continued From page 4 room on the same side of the facility. -She would escort her child to the restrooms also used by the PSR clients. -Her child never had symptoms, but they quarantined like they were told. She had stayed out of work and returned "around" 8/10/20. -During her quarantine she did come into the facility on Saturdays to make sure her work was done. -She stated she had come into the office on Saturday, 8/1/20. -When she returned to work following her quarantine the facility had started taking temperatures of clients. -Her child was still allowed to come to work. -She was the first employee to arrive at work daily. -There was no daily screening for COVID-19 symptoms of Staff #3 following her return to work after her quarantine.	V 105			
	Interview on 9/2/20 the LCAS stated: -LCAS was employed to provide outpatient therapy. -She had no responsibilities for SAIOP, SACOT, or PSR, but would occasionally see a PSR client or a former SAIOP client for therapy. -LCAS and her 11 year old child tested positive for COVID-19 on 8/4/20. -She brought her child to work with her in July. The week of July 20-24, 2020, her child was in the facility every day. -Her child would stay in an office with Staff #3's child. The 2 children would wear a mask when out of the office, but would not wear the mask when inside the office with the door closed. -She had seen the PSR Program Director's children at work, but could not say for sure if they were there in July. -The Licensee allowed a Physician colleague to				

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V 105	Continued From page 5 use an empty office on Wednesdays and Fridays for a Suboxone clinic. This Suboxone Physician was not employed by the Licensee and the Suboxone clinic was not part of the facility services. -LCAS provided therapy for this Suboxone Physician's clients. -In the month of July, 2020, she only saw these clients at the facility. She had not provided services at the Suboxone Physician's office in July 2020. -Prior to their Suboxone clinic visit, LCAS would perform a blood pressure check, drug testing, and a pulse Oximetry for the Suboxone clients. -Typically there would be 2-9 clients seen during a Suboxone clinic. -The Suboxone clinic hours ranged from 11:30 am - 7 pm, depending on the number of clients scheduled. -The offices used for the clinic were also used by other facility staff; possibly on the same day at different times. -The Suboxone clients were not screened for COVID-19 prior to seeing the physician. -The Suboxone clients would stay in their car until called for their appointment. -The Suboxone clients would use the same rest rooms used by other facility clients. -She had seen facility clients walking through the building without a mask. -She had seen facility clients on their breaks without wearing a mask. -The Suboxone Physician required the Suboxone clients to wear a mask inside the facility. -The facility did not provide cleaning procedures between the Suboxone clinic visits, but LCAS would spray between clients using products that she brought from home. -The Suboxone Physician had not been on site since Wednesday, 7/29/20.	V 105		

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V 105	Continued From page 6 -LCAS began "feeling bad" on Thursday, 7/30/20. -The Suboxone Physician called LCAS on 8/3/20 and told her she felt like she was getting a cold on 7/29/20, was tested for COVID-19, and received results the following Monday (8/3/20). The Suboxone Physician, her adult child, and spouse all tested positive. -On the recommendation of the Suboxone Physician, LCAS was tested the following day, 8/4/20. -She had been told by the Suboxone Physician her spouse subsequently died from COVID-19 complications. -The Administrative Director worked in the facility the last week of July 2020. -She saw the Administrative Director on 7/27/20 and 7/28/20 and observed him coughing without wearing a mask. If anyone said something to him, he would reply, "I'm going to the office."	V 105			
	Interview on 8/27/20 LCAS-P Support Staff SACOT stated: -Her most recent SACOT admission was approximately 2 weeks prior (client #19). -She was not aware of anyone with COVID-19 that was in contact with her program. -The room used for SACOT was near the break room, but she did not know the room number. -Typically she would have 10 persons in each class. -There was one big long table in the SACOT room with about 4 persons sitting on each side and one at each end. Her desk was at least 6 feet from the client's table. -Clients wore a mask during the class, but she did not know what they did when on break. -When she had observed clients on break she would say they were "adequately distanced" to talk during their break. -The Suboxone Clinic was held in an office 2-3				

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V 105	Continued From page 7 doors down from the SACOT room. -She saw the Suboxone Physician at least 1 day a week and sometimes twice a week. Interview on 9/1/20 the SACOT/SAIOP Program Director stated: -In addition to his responsibility as the LCAS for SACOT and SAIOP, he provided individual and group therapy. -He had group therapy on Tuesdays from 10 am-11 am. -He had been out of work since the middle of July 2020 with a broken arm. -He was not aware of any positive COVID-19 cases in the facility. -No screening of clients for COVID-19 symptoms was done as far as he knew. -As a staff he was not screened.	V 105			
	Interview on 8/27/20 the PSR Program Director stated: -On Friday, 7/31/20, she began having sinus symptoms while at work. -Over the weekend, 8/1/20-8/2/20, her 2 children complained they "felt funny." -She was out sick on Monday, 8/3/20. She was having flu like symptoms to include aches, cramps, stomach pain, and weakness. -She had a COVID-19 test the following week and tested positive. -Her 2 children also tested positive for COVID-19. -She had not returned to work. -A coworker called and told her the Administrative Director and Staff #3's daughter had tested positive for COVID-19. -The Administrative Director did not tell anyone he had been exposed or tested positive, and continued to come to work. -She observed the Administrative Director wear a mask some of the time, and not wear a mask at				

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V 105	Continued From page 8 other times, and had seen him coughing. -She had seen Staff #3's child walking in the hallway without a mask. -There were some employees that would not wear a mask, but were allowed to continue to work. -All staff would pull their mask down from time to time. -The facility provided transportation for clients. -There were 2 van drivers for client transport. They would enter the facility, sometimes wearing a mask and other times not. -PSR averaged 7-8 clients a day. -PSR met in a spacious room with tables spaced for social distancing; however, the clients sometimes did not comply. -Sometimes the clients would not have their mask positioned over their nose and mouth. -She tried to maintain 6 feet distance with others, but sometimes people would walk up to her to talk. -There were times she would see clients walking through the halls, going to the rest rooms or exits without a mask. -Clients and Staff shared rest rooms in the front and back of the facility. -Screening procedures were not done prior to her last day (7/31/20). -No one took temperatures or questioned clients or staff about symptoms before entering the facility. -PSR clients had expressed concerns about COVID-19. -Clients that attended PSR every day included client #8, client #16, client #17, and client #18. -Client #16 had expressed her concerns about COVID-19. -Client #16 was visually impaired and would not be able to see if others were wearing a mask.	V 105			

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V 105	Continued From page 9 Interview on 9/2/20 Staff #9 stated: -She was the administrative assistant responsible for intakes and discharges. -Starting on Saturday, 8/1/20, she started having sinus symptoms. -On Monday, 8/3/20, she went to work, still having sinus symptoms. She left work at 1 pm because of the weather. -That afternoon she realized she had no sense of taste or smell. -It occurred to her she could have COVID-19 and stayed out of work the remainder of the week. -Throughout the week her symptoms worsened. -The following week of 8/10/20 she continued to have no taste, no smell, and experienced headaches, chills, and coughing. -The Administrative Director told her to get tested on 8/3/20. -She did not get tested for COVID-19 until 8/16/20. Her test was negative. -She returned to work 8/19/20 because her 14 days were "up." -She decided on her own to return to work 14 days after onset of symptoms. She did not seek treatment from a physician. -She did not take her temperature every day she was out during her quarantine. -Following her return to work, she had seen the receptionist taking client temperatures when they entered the building. -She had not observed the receptionist ask clients about COVID-19 symptoms. -She had only seen clients screened for COVID-19 before entering the facility. -There was no staff screening for COVID-19 being done. Interview on 9/1/20 Staff #10 stated: -She transported clients on the facility van. -Last Thursday or Friday (8/27/20 or 8/28/20) she	V 105		

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V 105	<p>Continued From page 10</p> <p>had been given screening questions to ask clients before they got onto the van.</p> <p>-She had not been given masks for a client if they did not have one.</p> <p>-She was not given a thermometer to check client temperatures.</p> <p>Interview on 9/3/20 the Suboxone Physician stated:</p> <p>-She used an office in the facility to see her patients for Suboxone treatment.</p> <p>-She was not employed by the Licensee.</p> <p>-She and her family tested positive for COVID-19 on 8/3/20.</p> <p>-She had severe migraine headaches for 2 weeks prior to being tested.</p> <p>-On 8/2/20 she developed fever of 103 F (Fahrenheit) and chills.</p> <p>-Her spouse died from COVID-19 complications the last week in August, 2020.</p> <p>-She checked her calendar and confirmed she saw Suboxone clients at the facility every Wednesday and Friday in July, 2020, except for 7/3/20.</p> <p>-She saw the Administrative Director on site every time she was in the facility.</p> <p>-When she was at the facility in July 2020 she saw the Administrative Director "hacking and coughing."</p> <p>-Seldom did she see the Administrative Director wearing a mask.</p> <p>-The facility did not follow many COVID-19 precautions.</p> <p>-She would estimate "90%" of staff did not wear masks.</p> <p>-She had observed people in the facility not wearing masks, and not socially distanced.</p> <p>-She had seen waiting room chairs touching and the people waiting were not distanced 6 feet apart.</p>	V 105			

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V 105	Continued From page 11 -Around the end of June 2020 she noticed more clients wearing a mask. -She never saw any COVID-19 screening procedures in place. -The Suboxone Physician would screen her Suboxone clients for COVID-19 once they got to the office she was using for her clinic. -Most often she used an office in the back of the facility to see her Suboxone patients. -The facility was "filthy." -She had been very careful to follow precautions in her personal and professional life. -Her only outings were to her office in a neighboring town and the facility. -She required her office staff to wear a mask. -The Licensee had called her when he learned she was sick and her spouse was in the hospital. -The Licensee told her the Administrative Director was tested for COVID-19 because his symptoms did not improve, that he had stayed home, and he tested negative for the virus. -The Suboxone Physician informed the Licensee this was not true. -The Licensee told the Suboxone Physician he would follow up. Interview on 8/26/20 client #16 stated: -She had attended PSR since May 2020. -She attended PSR 5 days a week from 9 am to 1 pm. -She would estimate about 10 people attended daily. -She was transported by the facility van. -She was not screened before getting on the van. -Her temperature was not taken. -No screening was done at the facility. -They did not offer sanitizer or ask clients to wash their hands before they entered the facility. -Starting the week of 8/24/20, everyone had been required to wear a mask.	V 105		

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V 105	Continued From page 12 -She was totally blind and could not say who had been wearing a mask. -She had heard from staff the PSR Director and the LCAS-P Support Staff SACOT had been out because of COVID-19. -She had not been told by the facility there had been COVID-19 infections. -She wanted someone to "tighten down" on the facility because she had a weakened immune system. Interview on 9/3/2020 client #8 stated: -She attended PSR and was transported by the facility van. -When she got on the van they had to use hand sanitizer and wear a face mask. -They did not check her temperature when she got on the van. -When she arrived at the facility the staff that worked "behind the desk" checked her temperature and would ask if she'd been around anyone with COVID-19, been out of state, or had a fever. -They had been doing this for about 2 months.	V 105			
	Interview on 9/4/20 client #15 stated: -He had attended SAIOP for a couple of months and was transported by the facility van. -Last Friday (8/28/20) there were 18 people on the van. Since Friday this number had dropped to about 8. That morning, 9/4/20, there had been 5 clients on the van. -The van driver had been taking his temperature for a month. -The Administrative Director was the SAIOP leader. He had been the leader since he started the program in July 2020. -SAIOP met on Monday, Thursday, and Friday. -He never saw anyone in class without a mask. -They met in a large room, at least 6 feet apart.				

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V 105	<p>Continued From page 13</p> <p>-No one had made them aware anyone at the facility was positive for COVID-19.</p> <p>Interview on 9/4/20 client #11 and his Group Home Staff (GHS) stated:</p> <p>-Client #11 requested surveyors to talk with his GHS.</p> <p>-According to the GHS the Group Home made the decision clients were not to attend day programs because of COVID-19.</p> <p>-The GHS had taken client #11 to the facility on 8/12/20 for his psychiatrist appointment.</p> <p>-They had to stay in the car until their appointment time.</p> <p>-The GHS and client #11 had to wear a mask.</p> <p>-There were no screening questions asked or temperatures taken of either client #11 or the GHS when they entered the building.</p> <p>-The GHS was allowed to go in with the client for his appointment. He was seen by the PA (Physician's Assistant).</p> <p>Interview on 9/4/20 client #14 stated:</p> <p>-She attended PSR.</p> <p>-Her children went to the facility for their Intensive In-Home services.</p> <p>-Staff took her temperature at the door. She had to wash her hands and wear a mask.</p> <p>-She had not been informed anyone in the facility had tested positive for COVID-19.</p> <p>Interview on 9/2/20 the Health Department Director of Nursing stated:</p> <p>-CDC (Centers for Disease Control and Prevention) recommended a 14 day quarantine after the date of exposure, regardless if a test was done or if the person tested negative.</p> <p>-If a person had COVID-19 symptoms or tested positive, they should quarantine at least 10 days after the onset of symptoms, and show</p>	V 105			

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V 105	Continued From page 14 improvement in symptoms, and free of fever for 24 hours before ending the quarantine period. -If the COVID-19 positive person had symptoms, contacts within 48 hours of the first onset of symptoms would be traced. Interviews on 8/21/20 and 9/2/20 the Health Department Registered Nurse (RN) stated: -On 8/17/20 a call had been received from the LME/MCO (Local Management Entity/Managed Care Organization) reporting positive cases of COVID-19 among facility staff. The RN was able to confirm 2 people that were positive. -On 8/21/20 the RN called the facility and was told the facility had 3 known "positives." -Facility staff assured the RN they had social distancing and screening of staff in place. -On 8/28/20 the HR Director called the Health Department and left a message. The RN	V 105			
	returned the call the same day and was told the HR Director was in a meeting. -The RN informed the facility to notify the Health Department if they reached 5 positive cases. -The HR Director did not return a call after 8/28/20. -The facility should be screening everyone coming into facility every day for all the lists of COVID-19 symptoms. Taking temperatures alone was not adequate screening. -For a non-congregate facility, 5 positives with a "plausible epidemiological link all within 14 days" would be defined as a "cluster." -No one from the facility had reported knowing of 5 or more positive cases associated with the facility. Interviews on 8/20/20, 8/27/20 and 9/4/20 the Administrative Director stated: -There had been a complaint by the "Department of Labor" alleging the facility had several				

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V 105	Continued From page 15 employees with Covid-19. -Except for the PSR, SACOT, and SAIOP, all other services were being provided via tele-health. -During interview on 8/20/20 the Administrative Director did not identify himself as having tested positive or been exposed to COVID-19. -During interview on 8/20/20 he stated Staff #1, PSR Director, LCAS and Staff #3's child had tested positive for COVID-19. -Staff #3 had been allowed to bring her child to work 3 days out of the week. The child stayed in the office next to her mother. -The employees with COVID-19 had called and were advised to get tested, quarantine, and not return to work until they could be cleared by a doctor. -He had the office "sanitized" by an "outside party" on 8/2/20. -There had been 2 days in-between staff reports of being COVID-19 positive, but the office cleaning that was "above routine" cleaning occurred once. -He was unsure of the exact date staff reported they were COVID-19 positive, but it was the week of 8/2/20. -Immediately after Staff #3's child tested positive, some of the other staff thought they had COVID-19 symptoms. -If an employee had any COVID-19 symptoms they were sent home for 14 days. -His decisions about staff quarantine was based on information from a physician at the local hospital. -He could not recall the physician's name. -He had not developed a policy to outline COVID-19 precautions or response. -From March 2020 to May 2020 everyone had been required to wear face mask. -Starting in April 2020, the facility started taking	V 105			

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V 105	Continued From page 16 temperatures of people when they came into the office. -When temperatures were taken they would also ask screening questions about exposure, symptoms, and travel outside the country. -Starting in June 2020 they began social distancing of 6 feet. -They had started locking the facility doors and requiring clients to wait in their car until called for their appointments. -The van drivers had thermometers and took client temperatures before they got on the van. -He stated on 8/27/20 he was tested on 7/10/20 (Friday) after he had been exposed to COVID-19 four days prior. -He was out of work on 7/10/20 and 7/13/20 (Monday), and returned to work on 7/14/20 after learning he tested negative. -On 7/16/20 he was not feeling well, and tested positive for COVID-19. -He was "probably" the first person in the facility to be confirmed COVID-19 positive. -On 8/27/20 he stated the Suboxone Physician had tested positive for COVID-19. -He had not contacted the health department about the COVID-19 positive results. -He was the only staff for SAIOP and taught 2 groups, one in the morning and one in the afternoon, 3 days a week. Interviews on 8/27/20 and 9/4/20 the Licensee stated: -He was the owner but not involved in day to day operations. -Staff reported to the Administrative Director who was "in charge" of the facility operations. -He called the Administrative Director on 8/27/20 and was told there had been 2 staff and 1 staff's child to test positive for COVID-19. -The Administrative Director decided when staff	V 105			

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V 105	Continued From page 17 who tested positive could return to work. -He had instructed the Administrative Director to follow CDC (Center for Disease Control) guidelines. -In addition to licensed services, the Licensee's services at the facility included counseling, CST (Community Support Team), Intensive In-Home Services, Psychiatry, and Medication Management. -The Licensee provided medication management via tele-medicine, but had a PA on site to see clients. -Some of these other services, Intensive In-Home and CST, had been in place for over 10 years. -He allowed a physician colleague, Suboxone with the facility, to see her Suboxone patients at the facility 1-2 times a week. Review on 9/4/20 of the Plan of Protection dated 9/3/20 and signed by the Licensee revealed:	V 105		
	"What immediate action will the facility take to ensure the safety of the consumers in your care? Premier Behavioral Services will - Conduct daily health checks on employees Follow the CDC guidelines, including health questionnaire and forehead temperature check by a touch less temperature gun) -Conduct daily hazard assessment at workplace. -Make sure all employees wear personal protective equipment Face Mask, hand sanitizer, frequent hand washing, and other guidelines set forth by CDC. -Management of sick employees Sick employees need to be sent home or to a healthcare provider. If an employee becomes sick at work, an emergency ambulance will be called to transport employee to the nearby healthcare facility. - Management of employees with suspected or confirmed Covid-19 infection. Close off any areas			

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V 105	Continued From page 18 used for prolonged periods of time by the sick person. Clean and disinfect the area used by the sick person, and do not allow another employee to use that location for 24 hours. During the waiting period open the doors and outside windows to increase the circulation in those area. Continue routine cleaning and disinfecting of high-touch services in the facility. Follow CDC cleaning and disinfection recommendations. Use disinfectant products that meet the EPA (Environmental Protection Agency) criteria for use against SARS-Cov-2 (Severe acute respiratory syndrome coronavirus 2) , the virus that causes COVID-19, and are appropriate for the surface. Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting. You may need to wear additional PPE (personal protective equipment) depending on the setting and disinfectant products you are for each product you use, consult and follow the manufacturer's instruction for use. -Employees who may have been exposed to the COVID-19 virus Inform employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Instruct potentially exposed employees to stay home for 14 days, telework if possible, and self-monitor for symptoms. -Educate employees about steps they can take to protect themselves at work and at home: Employees must follow any new policies or procedures related to COVID-19 set forth by CDC from time to time. Employees must stay home if they are sick. Employees must wash their hand often with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol, if soap and water is not available. Employees must keep their hands clean at all times, before and after work shifts, before and after work breaks,	V 105			

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V 105	<p>Continued From page 19</p> <p>after coughing, sneezing, or blowing their nose. Avoid touching their eyes, nose, and mouth, with unwashed hands. Cover their mouth and nose with tissue when coughing or sneezing, or use inside of their elbow. Practice routine cleaning and disinfection of frequently touched objects and surfaces. Practice social distancing by avoiding large gatherings, and maintaining distance of at least 6 feet from others when possible.</p> <ul style="list-style-type: none"> - Employees who commute to work using public transportation or ride sharing: Employees are encouraged to minimize close contact with others during transportation, follow CDC guidelines during transportation. Avoid public transportation or ride sharing if possible. <p>Premier Behavioral Services will maintain healthy business operations.</p> <ul style="list-style-type: none"> - Human Resource Coordinator will implement flexible sick leave and supportive policies and practices. <p>Premier Behavioral Services will maintain a health work environment.</p> <ul style="list-style-type: none"> - Perform routine cleaning - Perform enhanced cleaning and disinfection after person suspected/confirmed to have COVID-19. - Limit travel and advise employees if they must travel to take additional precautions and preparations. - Follow guidelines set forth by CDC, Federal, and State guidelines during travel. - Minimize risk to employees when planning meeting and gatherings. - Use video conferencing and telephone conferencing when possible. - Cancel adjust of postpone large work-related meetings or gatherings. - Hold meeting in person only when required, and 	V 105			

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V 105	<p>Continued From page 20</p> <p>must be in well ventilated spaces. - Maintain 6 feet social distancing and wear face mask.</p> <p>Notification to local health department. - If any of Premier Behavioral Services employees becoming positive for COVID-19, Premier Behavioral Services administrative team must immediately notify the local health department and obtain further advice. - Premier Behavioral Services employees must comply with local health department directions.</p> <p>Premier Behavioral Services will develop and implement a new infection control policy pertaining to COVID-19 prevention and control ASAP.</p> <p>Describe your plans to make sure the above happens.</p>	V 105		
	<p>Premier Behavioral Services administrative staff will monitor on a daily basis the implementation of the above mentioned COVID-19 action plan.</p> <p>If any deficiencies are noted in the implementation and maintenance of the above mentioned action plan the administrative staff should notify [Licensee] (Owner) immediately. [Licensee] is ultimately responsible for the implementation and maintenance of the above mentioned COVID-19 action plan of Premier Behavioral Services."</p> <p>Review on 9/4/20 of the Addendum to Plan of Protection dated 9/4/20 and signed by the Licensee revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "Addendum to Plan of Protection sent on 9/3/20.</p>			

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V 105	Continued From page 21 Staff Training All employees of Premier Behavioral Services will be trained in Covid-19 infection protocols on Wednesday, 9/9/20 by the Medical Director. The training will include policies to reduce the spread of Covid-19, general hygiene, symptoms and what to do if sick, cleaning and disinfection, cloth face covers, social distancing, use of PPE(Personal Protective Equipment), and safe work practices. Transportation protocols in regards to Covid-19 infection. All transportation vehicles of Premier Behavioral Services will be cleaned with Covid-19 approved disinfectants after every transportation shift. The transportation driver will prescreen consumers using a standard questionnaire used to screen Covid-19 exposure. Any consumers suspected or confirmed of exposure to Covid-19 infection, consumers with symptoms suggestive of possible Covid-19 infection, or consumers who have traveled to Covid-19 hotspots will be eliminated from the transportation vehicle. Transportation staff to clean frequently touched surfaces and objects including door handles and seatbelts before transporting another consumer. Transportation staff to wear disposable gloves during cleaning and dispose after each use. Transportation driver to maintain adequate ventilation in the vehicle during transportation. Transportation driver to advise consumers to avoid shaking hands, use face masks, cover nose/mouth with tissue when coughing/sneezing (cover face with inside of elbow when no tissue is available), use alcohol-based sanitizers (at least 60% alcohol) for hand hygiene as and when required. Hand sanitizers, face masks, and other PPE will be readily available for consumers during transportation. Transportation driver will be responsible for maintaining enough PPE supplies in the vehicle at all times during transportation.	V 105			

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V 105	Continued From page 22 Consumers to maintain adequate social distancing during transportation (maximum of 4 consumers in a 9 passenger van and a maximum of 8 consumers in a 17-passenger van). Transportation driver to report to Premier Behavioral Services administrative staff any adverse incidents which happened during transportation. Terminal cleaning of the transportation vehicle to be done daily at the end of the day. Responsible person to monitor and maintain Covid-19 protocol at Premier Behavioral Services. Human Resources Manager is the responsible person to monitor and maintain Covid-19 protocol. Human Resources Manager to promptly report to the medical director of any adverse issues/matters encountered." The facility documented 56 clients with mental health, developmental disability, and substance abuse diagnoses admitted to 3 licensed services (PSR, SAIOP, SACOT). Staff estimated on average 20 clients attended SACOT per day and 7-8 clients attended PSR daily. Other non-licensed services were offered in the facility to include a Suboxone clinic, operated by a Physician colleague of the Licensee twice a week with 2-9 patients per clinic. The facility also allowed staff to bring their children to work. Staff, clients, outside clients, and staff's children circulated into common areas of the facility such as hallways, rest rooms, and entrances/exits. It was reported by staff and clients that precautions for COVID-19 had not been consistently enforced and staff screening for COVID-19 was never in place. At least 1 client was visually impaired making her unable to determine if she was exposed to others not adhering to safety precautions. The facility continued to admit clients, client #19 admitted on 7/20/20. All total it was reported 4 staff, 4 children of staff, one	V 105		

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V 105	Continued From page 23 Suboxone Physician and her 2 family members, all tested positive for COVID-19. Staff #9 reported symptoms of COVID-19, delayed testing for 16 days, and tested negative. She returned to work without medical treatment or verifying her temperature daily. The CDC and local health department guidelines were not followed for quarantine when the Administrative Director returned to work less than 14 days from exposure, and continued to work after testing positive for COVID-19. The local health department was not notified of these COVID-19 cases; therefore, did not follow up to investigate a possible community cluster, identify other possible exposures, or provide the facility with guidelines to prevent further spread of the COVID-19 virus. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$1,500.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 105		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation	V 108	V108- All current staff have been trained in the Premier's COVID policy on 9/9/20. See exhibits 2,3 & 4. All newly hired staff will receive documented training about COVID precautions prior to working. All staff will receive at least annual refresher training about COVID precautions. Cross reference to response to V105	9/9/20

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V 108	Continued From page 24 plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.	V 108		
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement policies and procedures for identifying, reporting, investigating and controlling the spread of COVID-19 (coronavirus-disease-2019) among personnel and clients, and failed to provide staff training about COVID-19 for 4 of 4 staff audited (PSR (Psychosocial Rehabilitation) Program Director; Licensed Clinical Addiction Specialist-Provisional (LCAS-P) Support Staff-SACOT (Substance Abuse Comprehensive Outpatient Treatment); Program Director SAIOP (Substance Abuse Intensive Outpatient Program)/SACOT; Administrative Director). The			

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NAME OF PROVIDER OR SUPPLIER PREMIER BEHAVIORAL SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2003 GODWIN AVENUE STE B LUMBERTON, NC 28358		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 108	Continued From page 25 findings are: Review of the personnel file on 9/3/20 for the the PSR Program Director revealed: -Date of Hire: 10/27/15 -No documentation of training on COVID-19. Review of the personnel file on 9/3/20 for the LCAS-P Support Staff-SACOT revealed: -Date of Hire: 3/1/17 -No documentation of training on COVID-19. Review of the personnel file on 9/3/20 for the Program Director SAIOP/SACOT revealed: -Date of Hire: 1/3/14 -No documentation of training on COVID-19. Review of the Administrative Director's personnel file on 9/3/20 revealed: -Date of Hire: 2/5/12 -Administrative Director job duties included "... delegated responsibility for the overall operation of the Agency directly and indirectly through the chain of command." -Job Description for "LCAS-P Support Staff-SAIOP" signed 11/10/18. -QM (Quality Management)/Training Director signed 3/24/14. -No documentation of training on COVID-19. Interview on 8/27/20 the PSR Program Director stated: -There was a meeting of staff, management, and Human Resources around March 2020 to discuss COVID-19. -Staff were "scared" about the virus. -The Administrative Director did not want to close any services for financial reasons. -Some of the counselors suggested they provide services via telemedicine, but this was not done.	V 108			

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V 108	Continued From page 26 -The Licensee did not meet with the staff. -There were no policies and procedures developed to address COVID-19. -There had been no staff training about COVID-19. Interview on 8/27/20 the LCAS-P Support Staff SACOT stated: -Her job title was SACOT Director/Teacher. -When asked if she had seen a policy on COVID-19, she stated she had seen signage in the facility. -She had not had any training on COVID-19. Interview on 8/27/20 the Administrative Director stated: -There had not been any infection control policies or procedures developed for COVID-19. -He and the Human Resources Director had trained staff about COVID-19 on a "team basis." -There was no documentation of staff training about COVID-19.	V 108		
V 267	27G .4402 Sub. Abuse Intensive Outpt- Staff 10A NCAC 27G .4402 STAFF (a) Each SAIOP shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 50% of the hours the program is in operation. (b) When a SAIOP serves adult clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 12 or fewer adult clients. (c) When a SAIOP serves adolescent clients there shall be at least one direct care staff who meets the requirements of a Qualified	V 267	V267- Premier will ensure that all elements of 10 NCAC 27G .4402 et al and NC DMA CCP 8a regarding staffing requirements are met. Specifically, Premier will ensure its SAIOP program has 1 Qualified Professional per 12 SAIOP clients. In the context of SAIOP, a Qualified Professional is defined by Article 5c- North Carolina Substance Abuse Professional Practice Act, § 90-113.30 & § 90-113.31.A as an individual licensed, certified, or registered with the NC North Carolina Addictions Specialist Professional Practice Board (https://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_5C.html , retrieved 10/2/20)	11/2/20

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V 267	<p>Continued From page 28</p> <p>(QP) for every 12 or fewer adult clients. The findings are:</p> <p>Review on 9/3/20 of the Substance Abuse Intensive Outpatient Program (SAIOP) client list revealed 20 current clients.</p> <p>Review of the Administrative Director's personnel file on 9/3/20 revealed:</p> <ul style="list-style-type: none"> -Date of Hire: 2/5/12 -Credentialed by the North Carolina Addiction Specialist Professional Practice Board (NCASPPB) on 7/12/18 as LCAS-Associate. -Job Description for Administrative Director signed 1/15/15. -Administrative Director job duties included "...delegated responsibility for the overall operation of the Agency directly and indirectly through the chain of command." -Job Description for "LCAS-P (Provisional) Support Staff-SAIOP" signed 11/10/18. -QM (Quality Management)/Training Director signed 3/24/14. <p>Review of the personnel file for the Program Director SAIOP/SACOT (Substance Abuse Comprehensive Outpatient Treatment) on 9/3/20 revealed:</p> <ul style="list-style-type: none"> -Date of Hire: 1/3/14 -Credentialed by the NCASPPB on 9/18/98 as a LCAS. -2 Separate Job Descriptions: <ul style="list-style-type: none"> a. Program Director - SAIOP 1.0 FTE (Full time Equivalent). Job description signed on 1/8/14. b. Program Director - SACOT. Job description signed on 12/20/18. <p>Interview on 9/4/20 client #15 stated:</p> <ul style="list-style-type: none"> -He had been attending SAIOP for "a couple of months." 	V 267		

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PRINTED: 09/21/2020
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V 267	<p>Continued From page 29</p> <p>-The Administrative Director had been the SAIOP group leader since he began the program, he thought in July 2020.</p> <p>-SAIOP met on Monday, Thursday, and Friday from 8 am until 12 noon.</p> <p>Interview on 9/3/20, the Clinical Director stated she had no responsibilities for SAIOP.</p> <p>Interviews on 8/27/20 and 9/3/20 the Administrative Director Stated:</p> <p>-He was the only staff for SAIOP and taught 2 groups, one in the morning and one in the afternoon, 3 days a week.</p> <p>-The Program Director was responsible to oversee both SAIOP and SACOT.</p> <p>-The Program Director provided group therapy for Substance Abuse clients that were "state funded" and were not part of the SAIOP or SCOT programs.</p> <p>-There was no Qualified Professionals (QP) for SACOT or SAIOP in addition to the Program Director SACOT/SAIOP, the LCAS-P Support Staff SACOT, and himself.</p> <p>-He (Administrative Director) was not a QP.</p> <p>Interview on 9/1/20 the Program Director SACOT/SAIOP stated.</p> <p>-He was a substance abuse counselor.</p> <p>-He did individual and group counseling.</p> <p>-He was the LCAS for both the SAIOP and SACOT programs.</p> <p>-He provided outpatient group therapy on Tuesdays from 10 am - 11 am.</p> <p>-SAIOP and SACOT "ran" Monday, Wednesday, and Friday. SAIOP hours were 9 am - 1:30 pm or 2 pm.</p> <p>-He was not sure of the SACOT hours.</p> <p>-SAIOP and SACOT met together for the "education phase" of the program.</p>	V 267			

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V 267	Continued From page 30 -SAIOP and SACOT were "evidence based programs" that met together. -The difference between the programs was SACOT clients had a mental health diagnosis and the SACOT clients did some community activities that the SAIOP clients may not do. -The hours for SAIOP and SACOT have been "cut back" due to the pandemic. -He (Program Director SACOT/SAIOP) had been out of work since the middle of July 2020 because of a broken arm. -The Administrative Director had been covering for him while he had been out. -He had been the Program Director for SAIOP since January 2014. -He had been the Program Director for SACOT more recently, within the past year. Interviews on 8/27/20 and 9/3/20 the Licensee stated: -He was the agency owner, but was not involved in day to day operations. -The Administrative Director was "in charge" of agency operations and staff reported to him. -The Administrative Director was confused about QP's for SAIOP and SACOT. All staff for the SAIOP an SACOT were QP's, not Associate Professionals.	V 267		
V 281	27G .4502 Sub. Abuse Comp. Outpt. Tx. - Staff 10A NCAC 27G .4502 STAFF (a) The SACOT shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 90% of the hours the program is in operation. (b) For each SACOT there shall be at least one direct care staff who meets the requirements of a	V 281	V281- Premier will ensure that all elements of 10 NCAC 27G . 4402 et al and NC DMA CCP 8a regarding staffing requirements are met. Specifically, Premier will ensure its SACOT program has 1 Qualified Professional per 10 or fewer SACOT clients. In the context of SACOT, a Qualified Professional is defined by Article 5c- North Carolina Substance Abuse Professional Practice Act, § 90-113.30 & § 90-113.31.A as an individual licensed,	11/2/20

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V 281	Continued From page 31 Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 10 or fewer clients. (c) Each SACOT shall have at least one direct care staff present in the program who is trained in the following areas: (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. (d) Each direct care staff shall receive continuing education that includes the following: (1) understanding of the nature of addiction; (2) the withdrawal syndrome; (3) group therapy; (4) family therapy; (5) relapse prevention; and (6) other treatment methodologies.	V 281	V281 Con't certified ,or registered with the NC North Carolina Addictions Specialist Professional Practice Board (https://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_5C.html , retrieved 10/2/20) Additionally, Premier will ensure that a fully license LDAC (formerly LCAS), Certified Clinical Supervisor or Certified Clinical Supervisor Intern (collectively called the "supervisor") is on site 90 % of the time the SACOT is in operation.	
	This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure there was a Licensed Clinical Addictions Specialist (LCAS) or a Certified Clinical Supervisor who was on site a minimum of 90% of the hours the program was in operation, and at least one direct care staff who met the requirements of a Qualified Professional (QP) for every 10 or fewer clients. The findings are: Review on 9/3/20 of the Substance Abuse Comprehensive Outpatient Treatment (SACOT) client list revealed 20 current clients.			

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V 281	Continued From page 33 Administrative Director Stated: -He was the only staff for SAIOP and taught 2 groups, 3 days a week. -The Program Director was responsible to oversee both SAIOP and SACOT. -The Program Director provided group therapy for Substance Abuse clients that were "state funded" and were not part of the SAIOP or SCOT programs. -The LCAS-P Support Staff SACOT facilitated the SACOT groups. -There was no Qualified Professional (QP) for SACOT or SAIOP in addition to the Program Director SACOT/SAIOP, the LCAS-P Support Staff SACOT, and himself. -He (Administrative Director) was not a QP. Interview on 9/1/20 the Program Director SACOT/SAIOP stated. -He was a substance abuse counselor. -He did individual and group counseling. -He was the LCAS for both the SAIOP and SACOT programs. -He provided outpatient group therapy on Tuesdays from 10 am - 11 am. -SAIOP and SACOT "ran" Monday, Wednesday, and Friday. SAIOP hours were 9 am - 1:30 pm or 2 pm. -He was not sure of the SACOT hours. -SAIOP and SACOT met together for the "education phase" of the program. -SAIOP and SACOT were "evidence based programs" that met together. -The difference between the programs was SACOT clients had a mental health diagnosis and the SACOT clients did some community activities that the SAIOP clients may not do. -The hours for SAIOP and SACOT have been "cut back" due to the pandemic. -He (Program Director SACOT/SAIOP) had been	V 281		

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V 281	Continued From page 34 out of work since the middle of July 2020 because of a broken arm. -The Administrative Director had been covering for him while he had been out. -He had been the Program Director for SAIOP since January 2014. -He had been the Program Director for SACOT more recently, within the past year. Interviews on 8/27/20 and 9/3/20 the Licensee stated: -He was the agency owner, but was not involved in day to day operations. -The Administrative Director was "in charge" of agency operations and staff reported to him. -The Administrative Director was confused about QP's for SAIOP and SACOT. All staff for the SAIOP an SACOT were QP's, not Associate Professionals.	V 281		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size	V 512	V512- cross reference to response to V105	9/9/20

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V 512	<p>Continued From page 35</p> <p>and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Administrative Director neglected 6 of 6 clients audited (#4, #8, #14, #15, #16, #19) to serious neglect. The finding are:</p> <p>Review on 9/3/20 client #4's record revealed: -33 year old female. -Admission date of 4/30/20 into the SACOT (Substance Abuse Comprehensive Outpatient Treatment) program. -Diagnoses included Cannabis Use Disorder, Moderate; Adjustment Disorder, Unspecified.</p> <p>Review on 9/03/20 client #8's record revealed: -23 year old female. -Date of Admission: 8/18/2017 into the PSR(Psychosocial Rehabilitation). -Diagnoses of Bipolar disorder, current episode manic without psychotic features, severe; Cannabis dependence, uncomplicated; Schizoaffective Disorder.</p> <p>Review on 9/4/20 client #14's record revealed: -43 year old female. -Admission date of 4/10/20 into the PSR. -Diagnosis not provided as requested.</p> <p>Review on 9/4/20 client #15's record revealed: -Age not provided, male.</p>	V 512			

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V 512	<p>Continued From page 36</p> <p>-Admission date not provided as requested; admitted into SAOP(Substance Abuse Intensive Outpatient Program).</p> <p>-Diagnosis of Cannabis dependence, uncomplicated.</p> <p>Review on 9/4/20 client #16's record revealed: -Age not provided, female. -Date of Admission: 2/7/20 into the PSR. -Diagnosis not provided as requested.</p> <p>Review on 9/3/20 client #19's record revealed: -40 year old female. -Admission date of 7/20/20 into the SACOT program. -Diagnoses of Cocaine dependence, uncomplicated; bipolar disorder, uncomplicated.</p> <p>Review on 9/3/20 of the Administrative Director's personnel file revealed: -Date of Hire: 2/5/12. -Administrative Director job description, signed by the Administrative Director on 1/15/15, "...Purpose of Position Provide leadership to the local offices in the operations and delivery of services,...Ensure health, safety and welfare of consumers through service coordination and oversight...Compliance with Federal, State and Agency Policy and Procedures - Ensure that routine monitoring of services occurs, consistent with the Agency policies and procedures and State rules and laws, or more frequently as warranted, to ensure concerns are addressed in a timely manner...Ensure compliance with Federal and State labor statues and regulations...Communication...Work in partnership with families, guardians, treatment teams, community resources and other professional, promoting effective communication and collaboration in support of services</p>	V 512		

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V 512	Continued From page 37 recipients..." -LCAS-P (Licensed Clinical Addiction Specialist-Provisional) Support Staff - SAIOP job description, signed 11/10/18 by the Administrative Director. -QM(Quality Management)/Training Director job description, signed by the Administrative Director on 3/24/14 read "... Primary Purpose of Position: To manage, coordinate, and direct the QM Program and Training Program for the Agency." Review on 8/31/20 of a letter to Division of Health Service Regulation Surveyor dated /signed by the Administrative Director on 8/28/20 revealed: -The Administrative Director was the first of 5 staff who tested positive or reported symptoms of COVID-19. -The Administrative Director was out of work due to his positive COVID-19 (Coronavirus-Disease-2019) test from 7/17/20-7/21/20 and 7/24/20-8/3/20. -The other staff subsequently out of work due to COVID-19 were as follows: 1. Licensed Clinical Addiction Specialist (LCAS), tested positive: 7/28/20-8/18/20 2. Staff #1, tested positive: 7/30/20-8/19/20 3. PSR Program Director, tested positive: 8/3/20-absence continued 4. Staff #9, reported COVID-19 symptoms: 8/4/20-8/19/20 Interview on 9/5/20 client #8 stated: -She attended the PSR program. -She had not attended the program for a period of time because of fears of COVID-19. Client #8 had stopped attending around March and began again around June. -Other clients also stopped attending because of fear of COVID-19. -She had not been made aware of any staff or	V 512		

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V 512	Continued From page 38 clients testing positive for COVID-19. Interview on 9/4/20 client #14 stated: -She had attended the PSR program. -Her children went to the facility for their Intensive In-Home Services. -Staff took her temperature at the door. She had to wash her hands and wear a mask. -She had not been made aware of anyone in the facility had tested positive for COVID-19. Interview on 9/4/20 client #15 stated: -He had been attending the SACOT program for a couple of months. -He had used facility transportation. -He had attended class 3 days a week, Monday, Thursday and Friday, from 8 am-12 pm. -The Administrative Director had been his teacher. His teacher had not been absent. -His teacher wore a mask in class. -He had not been aware of any clients or staff positive for COVID-19.	V 512			
	Interview on 8/26/20 client #16 stated: -She had attended the PSR since May 2020. -She had been provided transportation to the program by the facility. -She was visually impaired and used a cane. -There had been no precautions taken to screen and prevent the spread of COVID-19 prior to getting on the transportation van. -Staff and clients had not been required to wear mask until the prior week. -The facility had not informed clients of any staff or other clients testing positive for COVID-19. -It had been rumored staff #1, Administrative Director, PSR Program Director, and LCAS-P Support staff SACOT and a physician had all tested positive for COVID-19. -It had been rumored that staff's children who				

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NAME OF PROVIDER OR SUPPLIER PREMIER BEHAVIORAL SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2003 GODWIN AVENUE STE B LUMBERTON, NC 28358		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 512	Continued From page 39 visited the facility had also tested positive for COVID-19. -There had not been any additional precautions taken since the rumor of staff testing positive. -She wanted someone to "tighten down" on the facility because she had a weakened immune system. Interview on 9/2/20 staff #9 stated: -She had worked as the administrative staff assistant and was responsible for intakes and discharges. -She had not felt well on 8/3/20 but believed it was her sinuses and later that day "she could not taste or smell." -She contacted the Administrative Director on Monday, 8/3/20 to inform him she was not feeling well and "did not feel comfortable being in the office." -The Administrative Director advised her to get tested for COVID-19. -She had developed more symptoms such as headaches and chills. -She was tested for COVID-19 on 8/16/20 and was negative. -She had been out of work for 14 days before returning. Interview on 8/27/20 the LCAS-P Support Staff SACOT stated: -She had not been aware of any staff positive for COVID-19. -She had not been made aware of any possible exposure to COVID-19. Interview on 9/02/20 the LCAS stated: -She had become sick with COVID-19 symptoms on 7/30/20 and tested positive for COVID-19 on 08/04/20. -Her 11 year old child, who was allowed to come	V 512			

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V 512	Continued From page 40 to the facility, had tested positive for COVID-19. -She had not been informed by Administrative Director of anyone testing positive for COVID-19 prior to becoming sick. -The Administrative Director worked in the facility the last week of July 2020. -She saw the Administrative Director on 7/27/20 and 7/28/20 and observed him coughing without wearing a mask. If anyone said something to him, he would reply, "I'm going to the office." Interview on 8/27/20 the PSR Program Director stated: -Staff arranged a meeting "around March" 2020 to express their concerns and to discuss COVID-19 precautions to be taken. Staff were "scared" about the virus. -During the March 2020 meeting some therapists suggested they could work from home.	V 512			
	-The Administrative Director was upset about the meeting and said the facility would not be closed because he could not "live off of unemployment." -She had developed COVID-19 symptoms and left work on 8/3/2020. -Her 2 children had also tested positive for COVID-19. -She had not returned to work and needed to test again for COVID-19. -There had been signs posted recommending mask be worn, but it was not enforced. She had required mask and social distance in her classroom. -Staff #10 had been responsible for cleaning and sanitizing the facility 2 to 3 days a week. -She had not been informed by Administrative Director of anyone testing positive for COVID-19 prior to becoming sick. Interview on 9/3/20 the Suboxone Physician stated:				

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V 512	Continued From page 41 -The Licensee allowed her to use space in the facility twice weekly to see her patients for Suboxone treatment. -She saw patients every Wednesday and Friday in July except for 7/3/20. -She saw the Administrative Director every time she was in the facility in July, 2020. -In July 2020 she saw the Administrative Director "hacking and coughing," seldom wearing a mask. -On 8/2/20 she developed a fever of 103 F (Fahrenheit) and chills. She had experienced severe migraine headaches over the prior 2 weeks. -On 8/3/20 she, her adult child, and spouse tested positive for COVID-19. -Her spouse died from COVID-19 complications on August 27, 2020. -She had not been able to identify another source of exposure to COVID-19.	V 512			
	Interview on 8/20/20, the Administrative Director stated: -He had identified COVID-19 positive staff #1, PSR Program Director, and LCAS. -He had advised employees to get tested and quarantine. -Staff had reported symptoms the week of August 2, 2020. -The facility had been sanitized by an outside party on August 2, 2020. -The facility had been cleaned throughout each day and at night. -The Administrative Director did not identify himself as having an exposure or testing positive for COVID-19. Continued interview on 8/27/20 the Administrative Director stated: -There had been 5 COVID-19 positive cases which included staff #1, PSR Program Director,				

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V 512	Continued From page 42 LCAS, an Suboxone onsite physician provider, and himself. -He had been exposed to a COVID-19 positive family member 4 days prior to being tested on 07/10/20. He tested negative and returned to work on 7/14/20. -He had begun to feel sick on 7/16/20 while at work. He had tested on 7/16/20 and received positive COVID-19 results on 7/20/20. -He had been the first positive COVID-19 case at the facility. -No other people had COVID-19 symptoms prior to him testing positive. -He had not contacted the local health department to report positive cases. -There was no COVID-19 policy in place. There was signage on the front door about COVID-19 precautions. Staff had not been trained on any COVID-19 policy.	V 512			
	Interview on 8/27/20 the Licensee stated: -Administrative Director had informed him staff were not doing well and had to stay home for a couple of weeks. -He had knowledge of two staff and their families testing positive for COVID-19. -He had no knowledge of clients testing positive for COVID-19. -He had requested the Administrative Director follow CDC (Centers for Disease Control and Prevention) protocols. Review on 9/3/20 of the Plan of Protection dated 9/3/20 and signed by the Licensee: "What immediate action will the facility take to ensure the safety of the consumers in your care? Premier Behavioral Services will -Premier Behavioral Services staff will proactively communicate with consumers, inquiring their well				

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V 512	Continued From page 43 being and instruct consumers to stay at home if they have fever, any respiratory systems, or any systems related to COVID-19 infection. -Conduct daily health checks on consumers Follow the CDC guidelines, including health questionnaire and forehead temperature check by touch less temperature gun. -Conduct daily hazard assessment at facility. -Make sure all consumers wear personal protective equipment Face mask, hand sanitizer, frequent hand washing, and other guidelines set forth by CDC. -Management of sick employees Sick employees need to be sent home or to a healthcare provider. If an employee becomes sick at work, an emergency ambulance will be called to transport employee to the nearby healthcare facility. - Management of employees with suspected or confirmed Covid-19 infection. Close off any areas used for prolonged periods of time by the sick person. Clean and disinfect the area used by the sick person, and do not allow another employee to use that location for 24 hours. During the waiting period open the doors and outside windows to increase the circulation in those area. Continue routine cleaning and disinfecting of high-touch services in the facility. Follow CDC cleaning and disinfection recommendations. Use disinfectant products that meet the EPA criteria for use against SARS-Cov-2, the virus that causes COVID-19, and are appropriate for the surface. Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting. You may need to wear additional PPE depending on the setting and disinfectant products you are for each product you use, consult and follow the manufacturer's instruction for use. -Consumer who may have been exposed to the COVID-19 virus Inform consumer that they are at	V 512		

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V 512	Continued From page 44 risk of contracting COVID-19 infection and potentially spread infection to others and they should stay home for 14 days and consult their primary care physician for further advice. Premier Behavioral Services Staff will maintain confidentiality of consumer's possible exposure to COVID-19 in the facility as required by HIPAA (Health Insurance Portability and Accountability Act). -Educate consumers about steps they can take to protect themselves at home and at the healthcare facility: Consumer will be educated periodically on any new policies or procedures related to COVID-19 set forth by CDC from time to time. Consumers must stay home if they are sick. Consumers must wash their hands often with soap and water for at least 20 seconds or use hand sanitizer with at least 60%(percent) alcohol, if soap and water is not available. Consumers must keep their hands clean at all times, before and after any activities, after coughing, sneezing, or blowing their nose. Avoid touching their eyes, nose, and mouth, with unwashed hands. Cover their mouth and nose with tissue when coughing or sneezing, or use inside of their elbow. Practice social distancing by avoiding large gatherings, and maintaining distance of at least 6 feet from others when possible. -Consumers are encouraged to avoid public transportation or ride sharing: Consumers are encourage to minimize close contact with other during transportation, follow CDC guidelines during transportation. Avoid public transportation or ride sharing if possible. Notification to local health department. -If any of Premier Behavioral Services consumers becoming positive for COVID-19, Premier Behavioral Services administrative team must immediately notify the local health department	V 512		

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V 512	Continued From page 45 and obtain further advice. -Premier Behavioral Services consumers must comply with local health department directions. Premier Behavioral Services will develop and implement a new infection control policy pertaining to COVID-19 prevention and control ASAP (As soon as possible). Described your plans to make sure the above happens. Premier Behavioral Services clinical staff will monitor the health and well-being of consumers attending the facility on a daily basis and inform the administrative staff if any consumer is showing signs of COVID-19 infection. Premier Behavioral Services administrative staff will monitor on a daily basis the implementation of the above mentioned COVID-19 action plan.	V 512			
	If any deficiencies are noted in the implementation and maintenance of the above mentioned action plan the administrative staff should notify [Licensee] (Owner) immediately. [Licensee] is ultimately responsible for the implementation and maintenance of the above mentioned COVID-19 action plan of Premier Behavioral Services. Review on 9/4/20 of the Addendum Plan of Protection dated 9/04/20 and signed by the Licensee: "What immediate action will the facility take to ensure the safety of the consumers in your care? Addendum to Plan of Protection sent on 9/3/20. Staff Training All employees of Premier Behavioral Services will be trained in Covid-19 infection protocols on Wednesday, 9/9/20 by the Medical Director. The				

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V 512	Continued From page 46 training will include policies to reduce the spread of Covid-19, general hygiene, symptoms and what to do if sick, cleaning and disinfection, cloth face covers, social distancing, use of PPE (Personal Protective Equipment), and safe work practices. Transportation protocols in regards to Covid-19 infection. All transportation vehicles of Premier Behavioral Services will be cleaned with Covid-19 approved disinfectants after every transportation shift. The transportation driver will prescreen consumers using a standard questionnaire used to screen Covid-19 exposure. Any consumers suspected or confirmed of exposure to Covid-19 infection, consumers with symptoms suggestive of possible Covid-19 infection, or consumers who have traveled to Covid-19 hotspots will be eliminated from the transportation vehicle. Transportation staff to clean frequently touched surfaces and objects including door handles and seatbelts before transporting another consumer. Transportation staff to wear disposable gloves during cleaning and dispose after each use. Transportation driver to maintain adequate ventilation in the vehicle during transportation. Transportation driver to advise consumers to avoid shaking hands, use face masks, cover nose/mouth with tissue when coughing/sneezing (cover face with inside of elbow when no tissue is available), use alcohol-based sanitizers (at least 60% alcohol) for hand hygiene as and when required. Hand sanitizers, face masks, and other PPE will be readily available for consumers during transportation. Transportation driver will be responsible for maintaining enough PPE supplies in the vehicle at all times during transportation. Consumers to maintain adequate social distancing during transportation (maximum of 4 consumers in a 9 passenger van and a maximum of 8 consumers in a 17-passenger van).	V 512		

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V 512	Continued From page 47 Transportation driver to report to Premier Behavioral Services administrative staff any adverse incidents which happened during transportation. Terminal cleaning of the transportation vehicle to be done daily at the end of the day. Responsible person to monitor and maintain Covid-19 protocol at Premier Behavioral Services. Human Resources Manager is the responsible person to monitor and maintain Covid-19 protocol. Human Resources Manager to promptly report to the medical director of any adverse issues/matters encountered." Clients #4, #8, #14, #15, #16, and #19 with mental health, developmental disability, and substance abuse diagnoses attended one of the facility licensed services. Client #16 attended PSR, was blind, and expressed concern about exposure to COVID-19 due to her compromised immunity. The Administrative Director, responsible for the overall facility operations and the SAOP groups, was tested for COVID-19 on 7/10/20 because he had been exposed 4 days prior. He did not observe a 14 day quarantine period following the exposure, and returned to work on 7/14/20 because his 7/10/20 test was negative. Two days later he became symptomatic, retested, and was notified on 7/20/20 he tested positive. The Administrative Director continued to work over the next 2 weeks, sometimes seen not wearing a mask and coughing. The Administrative Director never informed staff or clients there had been confirmed COVID-19 cases associated with the facility, or potential exposures. Subsequently, 3 other staff and 1 Suboxone Physician who practiced in the facility tested positive, and 1 staff reported COVID-19 symptoms. There were 5 family members who tested positive with 1 one reported death. The Administrative Director's failure to	V 512		

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V 512	Continued From page 48 quarantine, report to the local health department, or notify staff and clients, exposed others to COVID-19 and created an unsafe environment for the clients, staff, and visitors to the programs. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$5,000.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512			

**Division of Health Service Regulation
Mental Health Licensure and Certification Section
Rule Violation and Client/Staff Identifier List**

Facility Name: Premier Behavioral Services, Inc. MHL Number: 078-251
Exit Date: 9/4/2020 Surveyor(s): Betty Godwin, RN, MSN and Tereva Jones, MSW

COVID NOTIFICATION: In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect or Exploitation/Tag#512/Citation Level A1

Rule Violation/Tag #/Citation Level: 10 NCAC 27 G .0201 Governing Body Policies/Tag 105/Citation Level A2

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0202 Personnel Requirements/Tag#108/ Standard Deficiency

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .4402 Staff/Tag #267/Standard Deficiency

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .4502 Staff/Tag#281/Standard Deficiency

CITATION LEVEL: Number of days from survey exit for citation correction

Standard = 60 days **Recite** – standard = 30 days **Type A** = 23 days **Type B** = 45 days
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date

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V 000	INITIAL COMMENTS A complaint survey was completed on September 4, 2020. The complaint was substantiated (intake #NC00168348). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness; 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment.	V 000	DHSR-Mental Health CCT 06 2020 Lic. & Cert. Section	
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's	V 105	V105 - Premier Behavioral Services ("Premier or the "agency") has developed comprehensive policy and procedure about COVID based on guidance from the CDC and the NC DHHS. Specifically, Premier relied on the NC DHHS' Behavioral Health/IDD Day Program and Facility-Based Crisis Guidance published on 6/10/20 when developing policy and procedure. Due to the length of the policy and procedure please see attached policy SA 05(b) hereinafter incorporated in the Plan of Correction. See exhibit 1 attached . All current staff have been trained in the policy on 9/9/20. See exhibits 2,3 & 4. All newly hired staff will receive documented training about COVID precautions prior to working. All staff will receive at least annual refresher training about COVID precautions. In addition, Premier has:	9/9/20

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

5509

83JT11

If continuation sheet 1 of 49

Submitted by : Santhosh Augustine, MD 10/2/20

r. Santhosh Augustine



Division of Health Service Regulation

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V 105	Continued From page 1 needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105	1) Designated 1 staff to be the COVID response coordinator to ensure this POC is fully implemented 2) Forbidden staff from bringing minor children to work. 3) Obtained PPE and contactless thermometers to add in screening clients and staff. See exhibit 5.	

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice amidst the COVID-19 (Coronavirus-Disease-2019) pandemic and in accordance with the facility's Scope of licensed services. The findings are: Review on 9/4/20 of the current census by service category on 9/3/20 revealed: -13 clients listed for Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness (PSR) -23 clients listed for Substance Abuse Intensive Outpatient Program (SAIOP) -20 clients listed for Substance Abuse Comprehensive Outpatient Treatment (SACOT) Review on 9/3/20 client #19's record revealed she had been admitted on 7/20/20 to the SACOT program. Review on 8/31/20 of a letter dated 8/28/20 signed by the Administrative Director revealed: -There were 4 employees who tested positive for COVID-19 and were out of work for the following dates as follows: 1. Administrative Director: 7/17/20-7/21/20, 7/24/20-8/3/20. 2. Licensed Clinical Addiction Specialist (LCAS): 7/28/20-8/18/20 3. Staff #1: 7/30/20-8/19/20 4. PSR Program Director: 8/3/20-absence continued -There were 2 additional staff who had been out	V 105			

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V 105	Continued From page 3 of work for COVID-19 related quarantine as follows: 1. Staff #9: 8/4/20-8/19/20 2. Staff #3: 7/27/20-8/12/20 Interviews on 8/20/20 and 8/28/20 the Human Resources (HR) Director stated: -Staff #3, Medical Records employee, was allowed to bring her child to work because she did not have childcare. -When Staff #3 received a call from the hospital stating the child's grandmother tested positive for COVID-19, she and her child left the facility immediately. -On 8/20/20 the HR Director stated 3 staff tested positive for COVID-19. -On 8/28/20 the HR Director stated the Administrative Director, PSR Program Director, LCAS, and Staff #1 had been out of work because they tested positive for COVID-19. -Staff #9 had been out of work because she exhibited sinus symptoms. -Staff #3 had been out of work because she was exposed to her child who tested positive for COVID-19. Interview on 9/1/20 Staff #3 stated: -She worked in Medical Records and had her own office. -Her child tested positive for COVID-19 on 7/20/20. -She had taken her child to work twice within the 2 weeks prior to her child testing positive. -Her child and LCAS's child would "buddy up" sometimes and stay in another facility office. Both of the children and the LCAS had tested positive to COVID-19. -Compared to the offices used by her child, the PSR and SACOT groups met in rooms on the opposite side of the facility. The SAOP met in a	V 105			

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V 105	Continued From page 4 room on the same side of the facility. -She would escort her child to the restrooms also used by the PSR clients. -Her child never had symptoms, but they quarantined like they were told. She had stayed out of work and returned "around" 8/10/20. -During her quarantine she did come into the facility on Saturdays to make sure her work was done. -She stated she had come into the office on Saturday, 8/1/20. -When she returned to work following her quarantine the facility had started taking temperatures of clients. -Her child was still allowed to come to work. -She was the first employee to arrive at work daily. -There was no daily screening for COVID-19 symptoms of Staff #3 following her return to work after her quarantine.	V 105			
	Interview on 9/2/20 the LCAS stated: -LCAS was employed to provide outpatient therapy. -She had no responsibilities for SAIOP, SACOT, or PSR, but would occasionally see a PSR client or a former SAIOP client for therapy. -LCAS and her 11 year old child tested positive for COVID-19 on 8/4/20. -She brought her child to work with her in July. The week of July 20-24, 2020, her child was in the facility every day. -Her child would stay in an office with Staff #3's child. The 2 children would wear a mask when out of the office, but would not wear the mask when inside the office with the door closed. -She had seen the PSR Program Director's children at work, but could not say for sure if they were there in July. -The Licensee allowed a Physician colleague to				

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V 105	Continued From page 5 use an empty office on Wednesdays and Fridays for a Suboxone clinic. This Suboxone Physician was not employed by the Licensee and the Suboxone clinic was not part of the facility services. -LCAS provided therapy for this Suboxone Physician's clients. -In the month of July, 2020, she only saw these clients at the facility. She had not provided services at the Suboxone Physician's office in July 2020. -Prior to their Suboxone clinic visit, LCAS would perform a blood pressure check, drug testing, and a pulse Oximetry for the Suboxone clients. -Typically there would be 2-9 clients seen during a Suboxone clinic. -The Suboxone clinic hours ranged from 11:30 am - 7 pm, depending on the number of clients scheduled. -The offices used for the clinic were also used by other facility staff; possibly on the same day at different times. -The Suboxone clients were not screened for COVID-19 prior to seeing the physician. -The Suboxone clients would stay in their car until called for their appointment. -The Suboxone clients would use the same rest rooms used by other facility clients. -She had seen facility clients walking through the building without a mask. -She had seen facility clients on their breaks without wearing a mask. -The Suboxone Physician required the Suboxone clients to wear a mask inside the facility. -The facility did not provide cleaning procedures between the Suboxone clinic visits, but LCAS would spray between clients using products that she brought from home. -The Suboxone Physician had not been on site since Wednesday, 7/29/20.	V 105		

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V 105	Continued From page 6 -LCAS began "feeling bad" on Thursday, 7/30/20. -The Suboxone Physician called LCAS on 8/3/20 and told her she felt like she was getting a cold on 7/29/20, was tested for COVID-19, and received results the following Monday (8/3/20). The Suboxone Physician, her adult child, and spouse all tested positive. -On the recommendation of the Suboxone Physician, LCAS was tested the following day, 8/4/20. -She had been told by the Suboxone Physician her spouse subsequently died from COVID-19 complications. -The Administrative Director worked in the facility the last week of July 2020. -She saw the Administrative Director on 7/27/20 and 7/28/20 and observed him coughing without wearing a mask. If anyone said something to him, he would reply, "I'm going to the office."	V 105			
	Interview on 8/27/20 LCAS-P Support Staff SACOT stated: -Her most recent SACOT admission was approximately 2 weeks prior (client #19). -She was not aware of anyone with COVID-19 that was in contact with her program. -The room used for SACOT was near the break room, but she did not know the room number. -Typically she would have 10 persons in each class. -There was one big long table in the SACOT room with about 4 persons sitting on each side and one at each end. Her desk was at least 6 feet from the client's table. -Clients wore a mask during the class, but she did not know what they did when on break. -When she had observed clients on break she would say they were "adequately distanced" to talk during their break. -The Suboxone Clinic was held in an office 2-3				

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V 105	Continued From page 7 doors down from the SACOT room. -She saw the Suboxone Physician at least 1 day a week and sometimes twice a week. Interview on 9/1/20 the SACOT/SAIOP Program Director stated: -In addition to his responsibility as the LCAS for SACOT and SAIOP, he provided individual and group therapy. -He had group therapy on Tuesdays from 10 am-11 am. -He had been out of work since the middle of July 2020 with a broken arm. -He was not aware of any positive COVID-19 cases in the facility. -No screening of clients for COVID-19 symptoms was done as far as he knew. -As a staff he was not screened.	V 105			
	Interview on 8/27/20 the PSR Program Director stated: -On Friday, 7/31/20, she began having sinus symptoms while at work. -Over the weekend, 8/1/20-8/2/20, her 2 children complained they "felt funny." -She was out sick on Monday, 8/3/20. She was having flu like symptoms to include aches, cramps, stomach pain, and weakness. -She had a COVID-19 test the following week and tested positive. -Her 2 children also tested positive for COVID-19. -She had not returned to work. -A coworker called and told her the Administrative Director and Staff #3's daughter had tested positive for COVID-19. -The Administrative Director did not tell anyone he had been exposed or tested positive, and continued to come to work. -She observed the Administrative Director wear a mask some of the time, and not wear a mask at				

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V 105	Continued From page 8 other times, and had seen him coughing. -She had seen Staff #3's child walking in the hallway without a mask. -There were some employees that would not wear a mask, but were allowed to continue to work. -All staff would pull their mask down from time to time. -The facility provided transportation for clients. -There were 2 van drivers for client transport. They would enter the facility, sometimes wearing a mask and other times not. -PSR averaged 7-8 clients a day. -PSR met in a spacious room with tables spaced for social distancing; however, the clients sometimes did not comply. -Sometimes the clients would not have their mask positioned over their nose and mouth. -She tried to maintain 6 feet distance with others, but sometimes people would walk up to her to talk. -There were times she would see clients walking through the halls, going to the rest rooms or exits without a mask. -Clients and Staff shared rest rooms in the front and back of the facility. -Screening procedures were not done prior to her last day (7/31/20). -No one took temperatures or questioned clients or staff about symptoms before entering the facility. -PSR clients had expressed concerns about COVID-19. -Clients that attended PSR every day included client #8, client #16, client #17, and client #18. -Client #16 had expressed her concerns about COVID-19. -Client #16 was visually impaired and would not be able to see if others were wearing a mask.	V 105			

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V 105	Continued From page 9 Interview on 9/2/20 Staff #9 stated: -She was the administrative assistant responsible for intakes and discharges. -Starting on Saturday, 8/1/20, she started having sinus symptoms. -On Monday, 8/3/20, she went to work, still having sinus symptoms. She left work at 1 pm because of the weather. -That afternoon she realized she had no sense of taste or smell. -It occurred to her she could have COVID-19 and stayed out of work the remainder of the week. -Throughout the week her symptoms worsened. -The following week of 8/10/20 she continued to have no taste, no smell, and experienced headaches, chills, and coughing. -The Administrative Director told her to get tested on 8/3/20. -She did not get tested for COVID-19 until 8/16/20. Her test was negative. -She returned to work 8/19/20 because her 14 days were "up." -She decided on her own to return to work 14 days after onset of symptoms. She did not seek treatment from a physician. -She did not take her temperature every day she was out during her quarantine. -Following her return to work, she had seen the receptionist taking client temperatures when they entered the building. -She had not observed the receptionist ask clients about COVID-19 symptoms. -She had only seen clients screened for COVID-19 before entering the facility. -There was no staff screening for COVID-19 being done. Interview on 9/1/20 Staff #10 stated: -She transported clients on the facility van. -Last Thursday or Friday (8/27/20 or 8/28/20) she	V 105		

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V 105	<p>Continued From page 10</p> <p>had been given screening questions to ask clients before they got onto the van.</p> <p>-She had not been given masks for a client if they did not have one.</p> <p>-She was not given a thermometer to check client temperatures.</p> <p>Interview on 9/3/20 the Suboxone Physician stated:</p> <p>-She used an office in the facility to see her patients for Suboxone treatment.</p> <p>-She was not employed by the Licensee.</p> <p>-She and her family tested positive for COVID-19 on 8/3/20.</p> <p>-She had severe migraine headaches for 2 weeks prior to being tested.</p> <p>-On 8/2/20 she developed fever of 103 F (Fahrenheit) and chills.</p> <p>-Her spouse died from COVID-19 complications the last week in August, 2020.</p> <p>-She checked her calendar and confirmed she saw Suboxone clients at the facility every Wednesday and Friday in July, 2020, except for 7/3/20.</p> <p>-She saw the Administrative Director on site every time she was in the facility.</p> <p>-When she was at the facility in July 2020 she saw the Administrative Director "hacking and coughing."</p> <p>-Seldom did she see the Administrative Director wearing a mask.</p> <p>-The facility did not follow many COVID-19 precautions.</p> <p>-She would estimate "90%" of staff did not wear masks.</p> <p>-She had observed people in the facility not wearing masks, and not socially distanced.</p> <p>-She had seen waiting room chairs touching and the people waiting were not distanced 6 feet apart.</p>	V 105			

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V 105	Continued From page 11 -Around the end of June 2020 she noticed more clients wearing a mask. -She never saw any COVID-19 screening procedures in place. -The Suboxone Physician would screen her Suboxone clients for COVID-19 once they got to the office she was using for her clinic. -Most often she used an office in the back of the facility to see her Suboxone patients. -The facility was "filthy." -She had been very careful to follow precautions in her personal and professional life. -Her only outings were to her office in a neighboring town and the facility. -She required her office staff to wear a mask. -The Licensee had called her when he learned she was sick and her spouse was in the hospital. -The Licensee told her the Administrative Director was tested for COVID-19 because his symptoms did not improve, that he had stayed home, and he tested negative for the virus. -The Suboxone Physician informed the Licensee this was not true. -The Licensee told the Suboxone Physician he would follow up. Interview on 8/26/20 client #16 stated: -She had attended PSR since May 2020. -She attended PSR 5 days a week from 9 am to 1 pm. -She would estimate about 10 people attended daily. -She was transported by the facility van. -She was not screened before getting on the van. -Her temperature was not taken. -No screening was done at the facility. -They did not offer sanitizer or ask clients to wash their hands before they entered the facility. -Starting the week of 8/24/20, everyone had been required to wear a mask.	V 105			

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V 105	Continued From page 12 -She was totally blind and could not say who had been wearing a mask. -She had heard from staff the PSR Director and the LCAS-P Support Staff SACOT had been out because of COVID-19. -She had not been told by the facility there had been COVID-19 infections. -She wanted someone to "tighten down" on the facility because she had a weakened immune system. Interview on 9/3/2020 client #8 stated: -She attended PSR and was transported by the facility van. -When she got on the van they had to use hand sanitizer and wear a face mask. -They did not check her temperature when she got on the van. -When she arrived at the facility the staff that worked "behind the desk" checked her temperature and would ask if she'd been around anyone with COVID-19, been out of state, or had a fever. -They had been doing this for about 2 months.	V 105			
	Interview on 9/4/20 client #15 stated: -He had attended SAIOP for a couple of months and was transported by the facility van. -Last Friday (8/28/20) there were 18 people on the van. Since Friday this number had dropped to about 8. That morning, 9/4/20, there had been 5 clients on the van. -The van driver had been taking his temperature for a month. -The Administrative Director was the SAIOP leader. He had been the leader since he started the program in July 2020. -SAIOP met on Monday, Thursday, and Friday. -He never saw anyone in class without a mask. -They met in a large room, at least 6 feet apart.				

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V 105	<p>Continued From page 13</p> <p>-No one had made them aware anyone at the facility was positive for COVID-19.</p> <p>Interview on 9/4/20 client #11 and his Group Home Staff (GHS) stated:</p> <p>-Client #11 requested surveyors to talk with his GHS.</p> <p>-According to the GHS the Group Home made the decision clients were not to attend day programs because of COVID-19.</p> <p>-The GHS had taken client #11 to the facility on 8/12/20 for his psychiatrist appointment.</p> <p>-They had to stay in the car until their appointment time.</p> <p>-The GHS and client #11 had to wear a mask.</p> <p>-There were no screening questions asked or temperatures taken of either client #11 or the GHS when they entered the building.</p> <p>-The GHS was allowed to go in with the client for his appointment. He was seen by the PA (Physician's Assistant).</p> <p>Interview on 9/4/20 client #14 stated:</p> <p>-She attended PSR.</p> <p>-Her children went to the facility for their Intensive In-Home services.</p> <p>-Staff took her temperature at the door. She had to wash her hands and wear a mask.</p> <p>-She had not been informed anyone in the facility had tested positive for COVID-19.</p> <p>Interview on 9/2/20 the Health Department Director of Nursing stated:</p> <p>-CDC (Centers for Disease Control and Prevention) recommended a 14 day quarantine after the date of exposure, regardless if a test was done or if the person tested negative.</p> <p>-If a person had COVID-19 symptoms or tested positive, they should quarantine at least 10 days after the onset of symptoms, and show</p>	V 105			

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V 105	Continued From page 14 improvement in symptoms, and free of fever for 24 hours before ending the quarantine period. -If the COVID-19 positive person had symptoms, contacts within 48 hours of the first onset of symptoms would be traced. Interviews on 8/21/20 and 9/2/20 the Health Department Registered Nurse (RN) stated: -On 8/17/20 a call had been received from the LME/MCO (Local Management Entity/Managed Care Organization) reporting positive cases of COVID-19 among facility staff. The RN was able to confirm 2 people that were positive. -On 8/21/20 the RN called the facility and was told the facility had 3 known "positives." -Facility staff assured the RN they had social distancing and screening of staff in place. -On 8/28/20 the HR Director called the Health Department and left a message. The RN	V 105			
	returned the call the same day and was told the HR Director was in a meeting. -The RN informed the facility to notify the Health Department if they reached 5 positive cases. -The HR Director did not return a call after 8/28/20. -The facility should be screening everyone coming into facility every day for all the lists of COVID-19 symptoms. Taking temperatures alone was not adequate screening. -For a non-congregate facility, 5 positives with a "plausible epidemiological link all within 14 days" would be defined as a "cluster." -No one from the facility had reported knowing of 5 or more positive cases associated with the facility. Interviews on 8/20/20, 8/27/20 and 9/4/20 the Administrative Director stated: -There had been a complaint by the "Department of Labor" alleging the facility had several				

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V 105	Continued From page 15 employees with Covid-19. -Except for the PSR, SACOT, and SAIOP, all other services were being provided via tele-health. -During interview on 8/20/20 the Administrative Director did not identify himself as having tested positive or been exposed to COVID-19. -During interview on 8/20/20 he stated Staff #1, PSR Director, LCAS and Staff #3's child had tested positive for COVID-19. -Staff #3 had been allowed to bring her child to work 3 days out of the week. The child stayed in the office next to her mother. -The employees with COVID-19 had called and were advised to get tested, quarantine, and not return to work until they could be cleared by a doctor. -He had the office "sanitized" by an "outside party" on 8/2/20. -There had been 2 days in-between staff reports of being COVID-19 positive, but the office cleaning that was "above routine" cleaning occurred once. -He was unsure of the exact date staff reported they were COVID-19 positive, but it was the week of 8/2/20. -Immediately after Staff #3's child tested positive, some of the other staff thought they had COVID-19 symptoms. -If an employee had any COVID-19 symptoms they were sent home for 14 days. -His decisions about staff quarantine was based on information from a physician at the local hospital. -He could not recall the physician's name. -He had not developed a policy to outline COVID-19 precautions or response. -From March 2020 to May 2020 everyone had been required to wear face mask. -Starting in April 2020, the facility started taking	V 105			

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V 105	Continued From page 16 temperatures of people when they came into the office. -When temperatures were taken they would also ask screening questions about exposure, symptoms, and travel outside the country. -Starting in June 2020 they began social distancing of 6 feet. -They had started locking the facility doors and requiring clients to wait in their car until called for their appointments. -The van drivers had thermometers and took client temperatures before they got on the van. -He stated on 8/27/20 he was tested on 7/10/20 (Friday) after he had been exposed to COVID-19 four days prior. -He was out of work on 7/10/20 and 7/13/20 (Monday), and returned to work on 7/14/20 after learning he tested negative. -On 7/16/20 he was not feeling well, and tested positive for COVID-19. -He was "probably" the first person in the facility to be confirmed COVID-19 positive. -On 8/27/20 he stated the Suboxone Physician had tested positive for COVID-19. -He had not contacted the health department about the COVID-19 positive results. -He was the only staff for SAIOP and taught 2 groups, one in the morning and one in the afternoon, 3 days a week. Interviews on 8/27/20 and 9/4/20 the Licensee stated: -He was the owner but not involved in day to day operations. -Staff reported to the Administrative Director who was "in charge" of the facility operations. -He called the Administrative Director on 8/27/20 and was told there had been 2 staff and 1 staff's child to test positive for COVID-19. -The Administrative Director decided when staff	V 105		

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V 105	Continued From page 17 who tested positive could return to work. -He had instructed the Administrative Director to follow CDC (Center for Disease Control) guidelines. -In addition to licensed services, the Licensee's services at the facility included counseling, CST (Community Support Team), Intensive In-Home Services, Psychiatry, and Medication Management. -The Licensee provided medication management via tele-medicine, but had a PA on site to see clients. -Some of these other services, Intensive In-Home and CST, had been in place for over 10 years. -He allowed a physician colleague, Suboxone with the facility, to see her Suboxone patients at the facility 1-2 times a week. Review on 9/4/20 of the Plan of Protection dated 9/3/20 and signed by the Licensee revealed:	V 105			
	"What immediate action will the facility take to ensure the safety of the consumers in your care? Premier Behavioral Services will - Conduct daily health checks on employees Follow the CDC guidelines, including health questionnaire and forehead temperature check by a touch less temperature gun) -Conduct daily hazard assessment at workplace. -Make sure all employees wear personal protective equipment Face Mask, hand sanitizer, frequent hand washing, and other guidelines set forth by CDC. -Management of sick employees Sick employees need to be sent home or to a healthcare provider. If an employee becomes sick at work, an emergency ambulance will be called to transport employee to the nearby healthcare facility. - Management of employees with suspected or confirmed Covid-19 infection. Close off any areas				

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V 105	Continued From page 18 used for prolonged periods of time by the sick person. Clean and disinfect the area used by the sick person, and do not allow another employee to use that location for 24 hours. During the waiting period open the doors and outside windows to increase the circulation in those area. Continue routine cleaning and disinfecting of high-touch services in the facility. Follow CDC cleaning and disinfection recommendations. Use disinfectant products that meet the EPA (Environmental Protection Agency) criteria for use against SARS-Cov-2 (Severe acute respiratory syndrome coronavirus 2) , the virus that causes COVID-19, and are appropriate for the surface. Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting. You may need to wear additional PPE (personal protective equipment) depending on the setting and disinfectant products you are for each product you use, consult and follow the manufacturer's instruction for use. -Employees who may have been exposed to the COVID-19 virus Inform employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Instruct potentially exposed employees to stay home for 14 days, telework if possible, and self-monitor for symptoms. -Educate employees about steps they can take to protect themselves at work and at home: Employees must follow any new policies or procedures related to COVID-19 set forth by CDC from time to time. Employees must stay home if they are sick. Employees must wash their hand often with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol, if soap and water is not available. Employees must keep their hands clean at all times, before and after work shifts, before and after work breaks,	V 105			

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V 105	<p>Continued From page 19</p> <p>after coughing, sneezing, or blowing their nose. Avoid touching their eyes, nose, and mouth, with unwashed hands. Cover their mouth and nose with tissue when coughing or sneezing, or use inside of their elbow. Practice routine cleaning and disinfection of frequently touched objects and surfaces. Practice social distancing by avoiding large gatherings, and maintaining distance of at least 6 feet from others when possible.</p> <ul style="list-style-type: none"> - Employees who commute to work using public transportation or ride sharing: Employees are encouraged to minimize close contact with others during transportation, follow CDC guidelines during transportation. Avoid public transportation or ride sharing if possible. <p>Premier Behavioral Services will maintain healthy business operations.</p> <ul style="list-style-type: none"> - Human Resource Coordinator will implement flexible sick leave and supportive policies and practices. <p>Premier Behavioral Services will maintain a health work environment.</p> <ul style="list-style-type: none"> - Perform routine cleaning - Perform enhanced cleaning and disinfection after person suspected/confirmed to have COVID-19. - Limit travel and advise employees if they must travel to take additional precautions and preparations. - Follow guidelines set forth by CDC, Federal, and State guidelines during travel. - Minimize risk to employees when planning meeting and gatherings. - Use video conferencing and telephone conferencing when possible. - Cancel adjust of postpone large work-related meetings or gatherings. - Hold meeting in person only when required, and 	V 105			

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V 105	Continued From page 20 must be in well ventilated spaces. - Maintain 6 feet social distancing and wear face mask. Notification to local health department. - If any of Premier Behavioral Services employees becoming positive for COVID-19, Premier Behavioral Services administrative team must immediately notify the local health department and obtain further advice. - Premier Behavioral Services employees must comply with local health department directions. Premier Behavioral Services will develop and implement a new infection control policy pertaining to COVID-19 prevention and control ASAP. Describe your plans to make sure the above happens.	V 105		
	Premier Behavioral Services administrative staff will monitor on a daily basis the implementation of the above mentioned COVID-19 action plan. If any deficiencies are noted in the implementation and maintenance of the above mentioned action plan the administrative staff should notify [Licensee] (Owner) immediately. [Licensee] is ultimately responsible for the implementation and maintenance of the above mentioned COVID-19 action plan of Premier Behavioral Services." Review on 9/4/20 of the Addendum to Plan of Protection dated 9/4/20 and signed by the Licensee revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "Addendum to Plan of Protection sent on 9/3/20.			

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V 105	Continued From page 21 Staff Training All employees of Premier Behavioral Services will be trained in Covid-19 infection protocols on Wednesday, 9/9/20 by the Medical Director. The training will include policies to reduce the spread of Covid-19, general hygiene, symptoms and what to do if sick, cleaning and disinfection, cloth face covers, social distancing, use of PPE(Personal Protective Equipment), and safe work practices. Transportation protocols in regards to Covid-19 infection. All transportation vehicles of Premier Behavioral Services will be cleaned with Covid-19 approved disinfectants after every transportation shift. The transportation driver will prescreen consumers using a standard questionnaire used to screen Covid-19 exposure. Any consumers suspected or confirmed of exposure to Covid-19 infection, consumers with symptoms suggestive of possible Covid-19 infection, or consumers who have traveled to Covid-19 hotspots will be eliminated from the transportation vehicle. Transportation staff to clean frequently touched surfaces and objects including door handles and seatbelts before transporting another consumer. Transportation staff to wear disposable gloves during cleaning and dispose after each use. Transportation driver to maintain adequate ventilation in the vehicle during transportation. Transportation driver to advise consumers to avoid shaking hands, use face masks, cover nose/mouth with tissue when coughing/sneezing (cover face with inside of elbow when no tissue is available), use alcohol-based sanitizers (at least 60% alcohol) for hand hygiene as and when required. Hand sanitizers, face masks, and other PPE will be readily available for consumers during transportation. Transportation driver will be responsible for maintaining enough PPE supplies in the vehicle at all times during transportation.	V 105			

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V 105	Continued From page 22 Consumers to maintain adequate social distancing during transportation (maximum of 4 consumers in a 9 passenger van and a maximum of 8 consumers in a 17-passenger van). Transportation driver to report to Premier Behavioral Services administrative staff any adverse incidents which happened during transportation. Terminal cleaning of the transportation vehicle to be done daily at the end of the day. Responsible person to monitor and maintain Covid-19 protocol at Premier Behavioral Services. Human Resources Manager is the responsible person to monitor and maintain Covid-19 protocol. Human Resources Manager to promptly report to the medical director of any adverse issues/matters encountered." The facility documented 56 clients with mental health, developmental disability, and substance abuse diagnoses admitted to 3 licensed services (PSR, SAIOP, SACOT). Staff estimated on average 20 clients attended SACOT per day and 7-8 clients attended PSR daily. Other non-licensed services were offered in the facility to include a Suboxone clinic, operated by a Physician colleague of the Licensee twice a week with 2-9 patients per clinic. The facility also allowed staff to bring their children to work. Staff, clients, outside clients, and staff's children circulated into common areas of the facility such as hallways, rest rooms, and entrances/exits. It was reported by staff and clients that precautions for COVID-19 had not been consistently enforced and staff screening for COVID-19 was never in place. At least 1 client was visually impaired making her unable to determine if she was exposed to others not adhering to safety precautions. The facility continued to admit clients, client #19 admitted on 7/20/20. All total it was reported 4 staff, 4 children of staff, one	V 105			

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V 105	Continued From page 23 Suboxone Physician and her 2 family members, all tested positive for COVID-19. Staff #9 reported symptoms of COVID-19, delayed testing for 16 days, and tested negative. She returned to work without medical treatment or verifying her temperature daily. The CDC and local health department guidelines were not followed for quarantine when the Administrative Director returned to work less than 14 days from exposure, and continued to work after testing positive for COVID-19. The local health department was not notified of these COVID-19 cases; therefore, did not follow up to investigate a possible community cluster, identify other possible exposures, or provide the facility with guidelines to prevent further spread of the COVID-19 virus. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of \$1,500.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 105		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation	V 108	V108- All current staff have been trained in the Premier's COVID policy on 9/9/20. See exhibits 2,3 & 4. All newly hired staff will receive documented training about COVID precautions prior to working. All staff will receive at least annual refresher training about COVID precautions. Cross reference to response to V105	9/9/20

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V 108	Continued From page 24 plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.	V 108		
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement policies and procedures for identifying, reporting, investigating and controlling the spread of COVID-19 (coronavirus-disease-2019) among personnel and clients, and failed to provide staff training about COVID-19 for 4 of 4 staff audited (PSR (Psychosocial Rehabilitation) Program Director; Licensed Clinical Addiction Specialist-Provisional (LCAS-P) Support Staff-SACOT (Substance Abuse Comprehensive Outpatient Treatment); Program Director SAIOP (Substance Abuse Intensive Outpatient Program)/SACOT; Administrative Director). The			

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V 108	Continued From page 25 findings are: Review of the personnel file on 9/3/20 for the the PSR Program Director revealed: -Date of Hire: 10/27/15 -No documentation of training on COVID-19. Review of the personnel file on 9/3/20 for the LCAS-P Support Staff-SACOT revealed: -Date of Hire: 3/1/17 -No documentation of training on COVID-19. Review of the personnel file on 9/3/20 for the Program Director SAIOP/SACOT revealed: -Date of Hire: 1/3/14 -No documentation of training on COVID-19. Review of the Administrative Director's personnel file on 9/3/20 revealed: -Date of Hire: 2/5/12 -Administrative Director job duties included "... delegated responsibility for the overall operation of the Agency directly and indirectly through the chain of command." -Job Description for "LCAS-P Support Staff-SAIOP" signed 11/10/18. -QM (Quality Management)/Training Director signed 3/24/14. -No documentation of training on COVID-19. Interview on 8/27/20 the PSR Program Director stated: -There was a meeting of staff, management, and Human Resources around March 2020 to discuss COVID-19. -Staff were "scared" about the virus. -The Administrative Director did not want to close any services for financial reasons. -Some of the counselors suggested they provide services via telemedicine, but this was not done.	V 108		

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V 108	Continued From page 26 -The Licensee did not meet with the staff. -There were no policies and procedures developed to address COVID-19. -There had been no staff training about COVID-19. Interview on 8/27/20 the LCAS-P Support Staff SACOT stated: -Her job title was SACOT Director/Teacher. -When asked if she had seen a policy on COVID-19, she stated she had seen signage in the facility. -She had not had any training on COVID-19. Interview on 8/27/20 the Administrative Director stated: -There had not been any infection control policies or procedures developed for COVID-19. -He and the Human Resources Director had trained staff about COVID-19 on a "team basis." -There was no documentation of staff training about COVID-19.	V 108		
V 267	27G .4402 Sub. Abuse Intensive Outpt- Staff 10A NCAC 27G .4402 STAFF (a) Each SAIOP shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 50% of the hours the program is in operation. (b) When a SAIOP serves adult clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 12 or fewer adult clients. (c) When a SAIOP serves adolescent clients there shall be at least one direct care staff who meets the requirements of a Qualified	V 267	V267- Premier will ensure that all elements of 10 NCAC 27G .4402 et al and NC DMA CCP 8a regarding staffing requirements are met. Specifically, Premier will ensure its SAIOP program has 1 Qualified Professional per 12 SAIOP clients. In the context of SAIOP, a Qualified Professional is defined by Article 5c- North Carolina Substance Abuse Professional Practice Act, § 90-113.30 & § 90-113.31.A as an individual licensed, certified, or registered with the NC North Carolina Addictions Specialist Professional Practice Board (https://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_5C.html , retrieved 10/2/20)	11/2/20

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PREMIER BEHAVIORAL SERVICES INC

2003 GODWIN AVENUE STE B
LUMBERTON, NC 28358

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-251	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/04/2020
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V 267	Continued From page 28 (QP) for every 12 or fewer adult clients. The findings are: Review on 9/3/20 of the Substance Abuse Intensive Outpatient Program (SAIOP) client list revealed 20 current clients. Review of the Administrative Director's personnel file on 9/3/20 revealed: -Date of Hire: 2/5/12 -Credentialed by the North Carolina Addiction Specialist Professional Practice Board (NCASPPB) on 7/12/18 as LCAS-Associate. -Job Description for Administrative Director signed 1/15/15. -Administrative Director job duties included "...delegated responsibility for the overall operation of the Agency directly and indirectly through the chain of command." -Job Description for "LCAS-P (Provisional) Support Staff-SAIOP" signed 11/10/18. -QM (Quality Management)/Training Director signed 3/24/14. Review of the personnel file for the Program Director SAIOP/SACOT (Substance Abuse Comprehensive Outpatient Treatment) on 9/3/20 revealed: -Date of Hire: 1/3/14 -Credentialed by the NCASPPB on 9/18/98 as a LCAS. -2 Separate Job Descriptions: a. Program Director - SAIOP 1.0 FTE (Full time Equivalent). Job description signed on 1/8/14. b. Program Director - SACOT. Job description signed on 12/20/18. Interview on 9/4/20 client #15 stated: -He had been attending SAIOP for "a couple of months."	V 267		

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PRINTED: 09/21/2020
FORM APPROVED

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V 267	<p>Continued From page 29</p> <p>-The Administrative Director had been the SAIOP group leader since he began the program, he thought in July 2020.</p> <p>-SAIOP met on Monday, Thursday, and Friday from 8 am until 12 noon.</p> <p>Interview on 9/3/20, the Clinical Director stated she had no responsibilities for SAIOP.</p> <p>Interviews on 8/27/20 and 9/3/20 the Administrative Director Stated:</p> <p>-He was the only staff for SAIOP and taught 2 groups, one in the morning and one in the afternoon, 3 days a week.</p> <p>-The Program Director was responsible to oversee both SAIOP and SACOT.</p> <p>-The Program Director provided group therapy for Substance Abuse clients that were "state funded" and were not part of the SAIOP or SCOT programs.</p>	V 267			
	<p>-There was no Qualified Professionals (QP) for SACOT or SAIOP in addition to the Program Director SACOT/SAIOP, the LCAS-P Support Staff SACOT, and himself.</p> <p>-He (Administrative Director) was not a QP.</p> <p>Interview on 9/1/20 the Program Director SACOT/SAIOP stated.</p> <p>-He was a substance abuse counselor.</p> <p>-He did individual and group counseling.</p> <p>-He was the LCAS for both the SAIOP and SACOT programs.</p> <p>-He provided outpatient group therapy on Tuesdays from 10 am - 11 am.</p> <p>-SAIOP and SACOT "ran" Monday, Wednesday, and Friday. SAIOP hours were 9 am - 1:30 pm or 2 pm.</p> <p>-He was not sure of the SACOT hours.</p> <p>-SAIOP and SACOT met together for the "education phase" of the program.</p>				

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V 267	Continued From page 30 -SAIOP and SACOT were "evidence based programs" that met together. -The difference between the programs was SACOT clients had a mental health diagnosis and the SACOT clients did some community activities that the SAIOP clients may not do. -The hours for SAIOP and SACOT have been "cut back" due to the pandemic. -He (Program Director SACOT/SAIOP) had been out of work since the middle of July 2020 because of a broken arm. -The Administrative Director had been covering for him while he had been out. -He had been the Program Director for SAIOP since January 2014. -He had been the Program Director for SACOT more recently, within the past year. Interviews on 8/27/20 and 9/3/20 the Licensee stated: -He was the agency owner, but was not involved in day to day operations. -The Administrative Director was "in charge" of agency operations and staff reported to him. -The Administrative Director was confused about QP's for SAIOP and SACOT. All staff for the SAIOP an SACOT were QP's, not Associate Professionals.	V 267		
V 281	27G .4502 Sub. Abuse Comp. Outpt. Tx. - Staff 10A NCAC 27G .4502 STAFF (a) The SACOT shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 90% of the hours the program is in operation. (b) For each SACOT there shall be at least one direct care staff who meets the requirements of a	V 281	V281- Premier will ensure that all elements of 10 NCAC 27G . 4402 et al and NC DMA CCP 8a regarding staffing requirements are met. Specifically, Premier will ensure its SACOT program has 1 Qualified Professional per 10 or fewer SACOT clients. In the context of SACOT, a Qualified Professional is defined by Article 5c- North Carolina Substance Abuse Professional Practice Act, § 90-113.30 & § 90-113.31.A as an individual licensed,	11/2/20

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V 281	Continued From page 31 Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 10 or fewer clients. (c) Each SACOT shall have at least one direct care staff present in the program who is trained in the following areas: (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. (d) Each direct care staff shall receive continuing education that includes the following: (1) understanding of the nature of addiction; (2) the withdrawal syndrome; (3) group therapy; (4) family therapy; (5) relapse prevention; and (6) other treatment methodologies.	V 281	V281 Con't certified ,or registered with the NC North Carolina Addictions Specialist Professional Practice Board (https://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_5C.html , retrieved 10/2/20) Additionally, Premier will ensure that a fully license LDAC (formerly LCAS), Certified Clinical Supervisor or Certified Clinical Supervisor Intern (collectively called the "supervisor") is on site 90 % of the time the SACOT is in operation.	
	This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure there was a Licensed Clinical Addictions Specialist (LCAS) or a Certified Clinical Supervisor who was on site a minimum of 90% of the hours the program was in operation, and at least one direct care staff who met the requirements of a Qualified Professional (QP) for every 10 or fewer clients. The findings are: Review on 9/3/20 of the Substance Abuse Comprehensive Outpatient Treatment (SACOT) client list revealed 20 current clients.			

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V 281	Continued From page 33 Administrative Director Stated: -He was the only staff for SAIOP and taught 2 groups, 3 days a week. -The Program Director was responsible to oversee both SAIOP and SACOT. -The Program Director provided group therapy for Substance Abuse clients that were "state funded" and were not part of the SAIOP or SCOT programs. -The LCAS-P Support Staff SACOT facilitated the SACOT groups. -There was no Qualified Professional (QP) for SACOT or SAIOP in addition to the Program Director SACOT/SAIOP, the LCAS-P Support Staff SACOT, and himself. -He (Administrative Director) was not a QP. Interview on 9/1/20 the Program Director SACOT/SAIOP stated. -He was a substance abuse counselor. -He did individual and group counseling. -He was the LCAS for both the SAIOP and SACOT programs. -He provided outpatient group therapy on Tuesdays from 10 am - 11 am. -SAIOP and SACOT "ran" Monday, Wednesday, and Friday. SAIOP hours were 9 am - 1:30 pm or 2 pm. -He was not sure of the SACOT hours. -SAIOP and SACOT met together for the "education phase" of the program. -SAIOP and SACOT were "evidence based programs" that met together. -The difference between the programs was SACOT clients had a mental health diagnosis and the SACOT clients did some community activities that the SAIOP clients may not do. -The hours for SAIOP and SACOT have been "cut back" due to the pandemic. -He (Program Director SACOT/SAIOP) had been	V 281			

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V 281	Continued From page 34 out of work since the middle of July 2020 because of a broken arm. -The Administrative Director had been covering for him while he had been out. -He had been the Program Director for SAIOP since January 2014. -He had been the Program Director for SACOT more recently, within the past year. Interviews on 8/27/20 and 9/3/20 the Licensee stated: -He was the agency owner, but was not involved in day to day operations. -The Administrative Director was "in charge" of agency operations and staff reported to him. -The Administrative Director was confused about QP's for SAIOP and SACOT. All staff for the SAIOP an SACOT were QP's, not Associate Professionals.	V 281		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size	V 512	V512- cross reference to response to V105	9/9/20

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V 512	<p>Continued From page 35</p> <p>and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Administrative Director neglected 6 of 6 clients audited (#4, #8, #14, #15, #16, #19) to serious neglect. The finding are:</p> <p>Review on 9/3/20 client #4's record revealed: -33 year old female. -Admission date of 4/30/20 into the SACOT (Substance Abuse Comprehensive Outpatient Treatment) program. -Diagnoses included Cannabis Use Disorder, Moderate; Adjustment Disorder, Unspecified.</p> <p>Review on 9/03/20 client #8's record revealed: -23 year old female. -Date of Admission: 8/18/2017 into the PSR(Psychosocial Rehabilitation). -Diagnoses of Bipolar disorder, current episode manic without psychotic features, severe; Cannabis dependence, uncomplicated; Schizoaffective Disorder.</p> <p>Review on 9/4/20 client #14's record revealed: -43 year old female. -Admission date of 4/10/20 into the PSR. -Diagnosis not provided as requested.</p> <p>Review on 9/4/20 client #15's record revealed: -Age not provided, male.</p>	V 512			

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V 512	<p>Continued From page 36</p> <p>-Admission date not provided as requested; admitted into SAIOP(Substance Abuse Intensive Outpatient Program).</p> <p>-Diagnosis of Cannabis dependence, uncomplicated.</p> <p>Review on 9/4/20 client #16's record revealed: -Age not provided, female. -Date of Admission: 2/7/20 into the PSR. -Diagnosis not provided as requested.</p> <p>Review on 9/3/20 client #19's record revealed: -40 year old female. -Admission date of 7/20/20 into the SACOT program. -Diagnoses of Cocaine dependence, uncomplicated; bipolar disorder, uncomplicated.</p> <p>Review on 9/3/20 of the Administrative Director's personnel file revealed: -Date of Hire: 2/5/12. -Administrative Director job description, signed by the Administrative Director on 1/15/15, "...Purpose of Position Provide leadership to the local offices in the operations and delivery of services,...Ensure health, safety and welfare of consumers through service coordination and oversight...Compliance with Federal, State and Agency Policy and Procedures - Ensure that routine monitoring of services occurs, consistent with the Agency policies and procedures and State rules and laws, or more frequently as warranted, to ensure concerns are addressed in a timely manner...Ensure compliance with Federal and State labor statues and regulations...Communication...Work in partnership with families, guardians, treatment teams, community resources and other professional, promoting effective communication and collaboration in support of services</p>	V 512		

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V 512	Continued From page 37 recipients..." -LCAS-P (Licensed Clinical Addiction Specialist-Provisional) Support Staff - SAIOP job description, signed 11/10/18 by the Administrative Director. -QM(Quality Management)/Training Director job description, signed by the Administrative Director on 3/24/14 read "... Primary Purpose of Position: To manage, coordinate, and direct the QM Program and Training Program for the Agency." Review on 8/31/20 of a letter to Division of Health Service Regulation Surveyor dated /signed by the Administrative Director on 8/28/20 revealed: -The Administrative Director was the first of 5 staff who tested positive or reported symptoms of COVID-19. -The Administrative Director was out of work due to his positive COVID-19 (Coronavirus-Disease-2019) test from 7/17/20-7/21/20 and 7/24/20-8/3/20. -The other staff subsequently out of work due to COVID-19 were as follows: 1. Licensed Clinical Addiction Specialist (LCAS), tested positive: 7/28/20-8/18/20 2. Staff #1, tested positive: 7/30/20-8/19/20 3. PSR Program Director, tested positive: 8/3/20-absence continued 4. Staff #9, reported COVID-19 symptoms: 8/4/20-8/19/20 Interview on 9/5/20 client #8 stated: -She attended the PSR program. -She had not attended the program for a period of time because of fears of COVID-19. Client #8 had stopped attending around March and began again around June. -Other clients also stopped attending because of fear of COVID-19. -She had not been made aware of any staff or	V 512		

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V 512	Continued From page 38 clients testing positive for COVID-19. Interview on 9/4/20 client #14 stated: -She had attended the PSR program. -Her children went to the facility for their Intensive In-Home Services. -Staff took her temperature at the door. She had to wash her hands and wear a mask. -She had not been made aware of anyone in the facility had tested positive for COVID-19. Interview on 9/4/20 client #15 stated: -He had been attending the SACOT program for a couple of months. -He had used facility transportation. -He had attended class 3 days a week, Monday, Thursday and Friday, from 8 am-12 pm. -The Administrative Director had been his teacher. His teacher had not been absent. -His teacher wore a mask in class. -He had not been aware of any clients or staff positive for COVID-19.	V 512			
	Interview on 8/26/20 client #16 stated: -She had attended the PSR since May 2020. -She had been provided transportation to the program by the facility. -She was visually impaired and used a cane. -There had been no precautions taken to screen and prevent the spread of COVID-19 prior to getting on the transportation van. -Staff and clients had not been required to wear mask until the prior week. -The facility had not informed clients of any staff or other clients testing positive for COVID-19. -It had been rumored staff #1, Administrative Director, PSR Program Director, and LCAS-P Support staff SACOT and a physician had all tested positive for COVID-19. -It had been rumored that staff's children who				

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V 512	Continued From page 39 visited the facility had also tested positive for COVID-19. -There had not been any additional precautions taken since the rumor of staff testing positive. -She wanted someone to "tighten down" on the facility because she had a weakened immune system. Interview on 9/2/20 staff #9 stated: -She had worked as the administrative staff assistant and was responsible for intakes and discharges. -She had not felt well on 8/3/20 but believed it was her sinuses and later that day "she could not taste or smell." -She contacted the Administrative Director on Monday, 8/3/20 to inform him she was not feeling well and "did not feel comfortable being in the office." -The Administrative Director advised her to get tested for COVID-19. -She had developed more symptoms such as headaches and chills. -She was tested for COVID-19 on 8/16/20 and was negative. -She had been out of work for 14 days before returning. Interview on 8/27/20 the LCAS-P Support Staff SACOT stated: -She had not been aware of any staff positive for COVID-19. -She had not been made aware of any possible exposure to COVID-19. Interview on 9/02/20 the LCAS stated: -She had become sick with COVID-19 symptoms on 7/30/20 and tested positive for COVID-19 on 08/04/20. -Her 11 year old child, who was allowed to come	V 512			

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V 512	Continued From page 40 to the facility, had tested positive for COVID-19. -She had not been informed by Administrative Director of anyone testing positive for COVID-19 prior to becoming sick. -The Administrative Director worked in the facility the last week of July 2020. -She saw the Administrative Director on 7/27/20 and 7/28/20 and observed him coughing without wearing a mask. If anyone said something to him, he would reply, "I'm going to the office." Interview on 8/27/20 the PSR Program Director stated: -Staff arranged a meeting "around March" 2020 to express their concerns and to discuss COVID-19 precautions to be taken. Staff were "scared" about the virus. -During the March 2020 meeting some therapists suggested they could work from home.	V 512			
	-The Administrative Director was upset about the meeting and said the facility would not be closed because he could not "live off of unemployment." -She had developed COVID-19 symptoms and left work on 8/3/2020. -Her 2 children had also tested positive for COVID-19. -She had not returned to work and needed to test again for COVID-19. -There had been signs posted recommending mask be worn, but it was not enforced. She had required mask and social distance in her classroom. -Staff #10 had been responsible for cleaning and sanitizing the facility 2 to 3 days a week. -She had not been informed by Administrative Director of anyone testing positive for COVID-19 prior to becoming sick. Interview on 9/3/20 the Suboxone Physician stated:				

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NAME OF PROVIDER OR SUPPLIER PREMIER BEHAVIORAL SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 GODWIN AVENUE STE B LUMBERTON, NC 28358		
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V 512	Continued From page 41 -The Licensee allowed her to use space in the facility twice weekly to see her patients for Suboxone treatment. -She saw patients every Wednesday and Friday in July except for 7/3/20. -She saw the Administrative Director every time she was in the facility in July, 2020. -In July 2020 she saw the Administrative Director "hacking and coughing," seldom wearing a mask. -On 8/2/20 she developed a fever of 103 F (Fahrenheit) and chills. She had experienced severe migraine headaches over the prior 2 weeks. -On 8/3/20 she, her adult child, and spouse tested positive for COVID-19. -Her spouse died from COVID-19 complications on August 27, 2020. -She had not been able to identify another source of exposure to COVID-19.	V 512		
	Interview on 8/20/20, the Administrative Director stated: -He had identified COVID-19 positive staff #1, PSR Program Director, and LCAS. -He had advised employees to get tested and quarantine. -Staff had reported symptoms the week of August 2, 2020. -The facility had been sanitized by an outside party on August 2, 2020. -The facility had been cleaned throughout each day and at night. -The Administrative Director did not identify himself as having an exposure or testing positive for COVID-19. Continued interview on 8/27/20 the Administrative Director stated: -There had been 5 COVID-19 positive cases which included staff #1, PSR Program Director,			

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V 512	Continued From page 42 LCAS, an Suboxone onsite physician provider, and himself. -He had been exposed to a COVID-19 positive family member 4 days prior to being tested on 07/10/20. He tested negative and returned to work on 7/14/20. -He had begun to feel sick on 7/16/20 while at work. He had tested on 7/16/20 and received positive COVID-19 results on 7/20/20. -He had been the first positive COVID-19 case at the facility. -No other people had COVID-19 symptoms prior to him testing positive. -He had not contacted the local health department to report positive cases. -There was no COVID-19 policy in place. There was signage on the front door about COVID-19 precautions. Staff had not been trained on any COVID-19 policy.	V 512			
	Interview on 8/27/20 the Licensee stated: -Administrative Director had informed him staff were not doing well and had to stay home for a couple of weeks. -He had knowledge of two staff and their families testing positive for COVID-19. -He had no knowledge of clients testing positive for COVID-19. -He had requested the Administrative Director follow CDC (Centers for Disease Control and Prevention) protocols. Review on 9/3/20 of the Plan of Protection dated 9/3/20 and signed by the Licensee: "What immediate action will the facility take to ensure the safety of the consumers in your care? Premier Behavioral Services will -Premier Behavioral Services staff will proactively communicate with consumers, inquiring their well				

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NAME OF PROVIDER OR SUPPLIER

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**2003 GODWIN AVENUE STE B
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V 512	Continued From page 43 being and instruct consumers to stay at home if they have fever, any respiratory systems, or any systems related to COVID-19 infection. -Conduct daily health checks on consumers Follow the CDC guidelines, including health questionnaire and forehead temperature check by touch less temperature gun. -Conduct daily hazard assessment at facility. -Make sure all consumers wear personal protective equipment Face mask, hand sanitizer, frequent hand washing, and other guidelines set forth by CDC. -Management of sick employees Sick employees need to be sent home or to a healthcare provider. If an employee becomes sick at work, an emergency ambulance will be called to transport employee to the nearby healthcare facility. - Management of employees with suspected or confirmed Covid-19 infection. Close off any areas used for prolonged periods of time by the sick person. Clean and disinfect the area used by the sick person, and do not allow another employee to use that location for 24 hours. During the waiting period open the doors and outside windows to increase the circulation in those area. Continue routine cleaning and disinfecting of high-touch services in the facility. Follow CDC cleaning and disinfection recommendations. Use disinfectant products that meet the EPA criteria for use against SARS-Cov-2, the virus that causes COVID-19, and are appropriate for the surface. Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting. You may need to wear additional PPE depending on the setting and disinfectant products you are for each product you use, consult and follow the manufacturer's instruction for use. -Consumer who may have been exposed to the COVID-19 virus Inform consumer that they are at	V 512		

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V 512	Continued From page 44 risk of contracting COVID-19 infection and potentially spread infection to others and they should stay home for 14 days and consult their primary care physician for further advice. Premier Behavioral Services Staff will maintain confidentiality of consumer's possible exposure to COVID-19 in the facility as required by HIPAA (Health Insurance Portability and Accountability Act). -Educate consumers about steps they can take to protect themselves at home and at the healthcare facility: Consumer will be educated periodically on any new policies or procedures related to COVID-19 set forth by CDC from time to time. Consumers must stay home if they are sick. Consumers must wash their hands often with soap and water for at least 20 seconds or use hand sanitizer with at least 60%(percent) alcohol, if soap and water is not available. Consumers must keep their hands clean at all times, before and after any activities, after coughing, sneezing, or blowing their nose. Avoid touching their eyes, nose, and mouth, with unwashed hands. Cover their mouth and nose with tissue when coughing or sneezing, or use inside of their elbow. Practice social distancing by avoiding large gatherings, and maintaining distance of at least 6 feet from others when possible. -Consumers are encouraged to avoid public transportation or ride sharing: Consumers are encourage to minimize close contact with other during transportation, follow CDC guidelines during transportation. Avoid public transportation or ride sharing if possible. Notification to local health department. -If any of Premier Behavioral Services consumers becoming positive for COVID-19, Premier Behavioral Services administrative team must immediately notify the local health department	V 512		

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V 512	Continued From page 45 and obtain further advice. -Premier Behavioral Services consumers must comply with local health department directions. Premier Behavioral Services will develop and implement a new infection control policy pertaining to COVID-19 prevention and control ASAP (As soon as possible). Described your plans to make sure the above happens. Premier Behavioral Services clinical staff will monitor the health and well-being of consumers attending the facility on a daily basis and inform the administrative staff if any consumer is showing signs of COVID-19 infection. Premier Behavioral Services administrative staff will monitor on a daily basis the implementation of the above mentioned COVID-19 action plan.	V 512			
	If any deficiencies are noted in the implementation and maintenance of the above mentioned action plan the administrative staff should notify[Licensee] (Owner) immediately. [Licensee] is ultimately responsible for the implementation and maintenance of the above mentioned COVID-19 action plan of Premier Behavioral Services. Review on 9/4/20 of the Addendum Plan of Protection dated 9/04/20 and signed by the Licensee: "What immediate action will the facility take to ensure the safety of the consumers in your care? Addendum to Plan of Protection sent on 9/3/20. Staff Training All employees of Premier Behavioral Services will be trained in Covid-19 infection protocols on Wednesday, 9/9/20 by the Medical Director. The				

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V 512	Continued From page 46 training will include policies to reduce the spread of Covid-19, general hygiene, symptoms and what to do if sick, cleaning and disinfection, cloth face covers, social distancing, use of PPE (Personal Protective Equipment), and safe work practices. Transportation protocols in regards to Covid-19 infection. All transportation vehicles of Premier Behavioral Services will be cleaned with Covid-19 approved disinfectants after every transportation shift. The transportation driver will prescreen consumers using a standard questionnaire used to screen Covid-19 exposure. Any consumers suspected or confirmed of exposure to Covid-19 infection, consumers with symptoms suggestive of possible Covid-19 infection, or consumers who have traveled to Covid-19 hotspots will be eliminated from the transportation vehicle. Transportation staff to clean frequently touched surfaces and objects including door handles and seatbelts before transporting another consumer. Transportation staff to wear disposable gloves during cleaning and dispose after each use. Transportation driver to maintain adequate ventilation in the vehicle during transportation. Transportation driver to advise consumers to avoid shaking hands, use face masks, cover nose/mouth with tissue when coughing/sneezing (cover face with inside of elbow when no tissue is available), use alcohol-based sanitizers (at least 60% alcohol) for hand hygiene as and when required. Hand sanitizers, face masks, and other PPE will be readily available for consumers during transportation. Transportation driver will be responsible for maintaining enough PPE supplies in the vehicle at all times during transportation. Consumers to maintain adequate social distancing during transportation (maximum of 4 consumers in a 9 passenger van and a maximum of 8 consumers in a 17-passenger van).	V 512		

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V 512	Continued From page 47 Transportation driver to report to Premier Behavioral Services administrative staff any adverse incidents which happened during transportation. Terminal cleaning of the transportation vehicle to be done daily at the end of the day. Responsible person to monitor and maintain Covid-19 protocol at Premier Behavioral Services. Human Resources Manager is the responsible person to monitor and maintain Covid-19 protocol. Human Resources Manager to promptly report to the medical director of any adverse issues/matters encountered." Clients #4, #8, #14, #15, #16, and #19 with mental health, developmental disability, and substance abuse diagnoses attended one of the facility licensed services. Client #16 attended PSR, was blind, and expressed concern about exposure to COVID-19 due to her compromised immunity. The Administrative Director, responsible for the overall facility operations and the SAIOP groups, was tested for COVID-19 on 7/10/20 because he had been exposed 4 days prior. He did not observe a 14 day quarantine period following the exposure, and returned to work on 7/14/20 because his 7/10/20 test was negative. Two days later he became symptomatic, retested, and was notified on 7/20/20 he tested positive. The Administrative Director continued to work over the next 2 weeks, sometimes seen not wearing a mask and coughing. The Administrative Director never informed staff or clients there had been confirmed COVID-19 cases associated with the facility, or potential exposures. Subsequently, 3 other staff and 1 Suboxone Physician who practiced in the facility tested positive, and 1 staff reported COVID-19 symptoms. There were 5 family members who tested positive with 1 one reported death. The Administrative Director's failure to	V 512		

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V 512	Continued From page 48 quarantine, report to the local health department, or notify staff and clients, exposed others to COVID-19 and created an unsafe environment for the clients, staff, and visitors to the programs. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$5,000.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512			

**Division of Health Service Regulation
Mental Health Licensure and Certification Section
Rule Violation and Client/Staff Identifier List**

Facility Name: Premier Behavioral Services, Inc. MHL Number: 078-251
Exit Date: 9/4/2020 Surveyor(s): Betty Godwin, RN, MSN and Tereva Jones, MSW

COVID NOTIFICATION: In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: 10A NCAC 27D .0304 Protection From Harm, Abuse, Neglect or Exploitation/Tag#512/Citation Level A1

Rule Violation/Tag #/Citation Level: 10 NCAC 27 G .0201 Governing Body Policies/Tag 105/Citation Level A2

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0202 Personnel Requirements/Tag#108/ Standard Deficiency

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .4402 Staff/Tag #267/Standard Deficiency

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .4502 Staff/Tag#281/Standard Deficiency

CITATION LEVEL: Number of days from survey exit for citation correction

Standard = 60 days **Recite** – standard = 30 days **Type A** = 23 days **Type B** = 45 days
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date

Premier Behavioral Services	Policy No: SA 05(b) Page 1 of 7
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General Prevention and Control Strategies

Exhibit 1

The agency will proactively communicate with staff and clients about agency COVID-19 protocols. The agency will instruct staff and clients to stay at home if they have fever, any respiratory systems, or any systems related to COVID-19 infection.

The agency will maintain a healthy work/service environment. The agency will:

- Perform daily screening for COVID-19 symptoms for staff and clients.
- Perform daily routine cleaning
- Perform enhanced cleaning and disinfection after person suspected/confirmed to have COVID-19.
- Limit travel and advise staff if they must travel to take additional precautions and preparations.
- Follow guidelines set forth by CDC, Federal, and State guidelines during travel.
- Minimize risk to staff when planning meetings and gatherings.
- Use video conferencing or telephone conferencing when possible.
- Cancel or postpone large work-related meetings or gatherings.
- Hold meetings in person only when required and must be in well ventilated spaces.
- Maintain 6 feet social distancing and wear face mask.

In School Services

If services are performed in a school setting the staff will follow all school protocols about COVID-19.

Screening Procedures

To limit the spread of COVID-19, it is important to promptly identify and separate individuals who are potentially infectious. Screening helps reduce the risk of exposure.

Upon arrival to the facility, all individuals, visitors, and staff are screened with a no contact thermometer and screened for commonly associated symptoms of COVID-19 such as;

- Cough;
- Shortness of breath;
- Chills;
- Repeated shaking with chills;

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- Headache;
- Sore throat;
- New loss of taste or smell; and/or
- Muscle pain.

If a person has a temperature of 100.4 or greater OR if he or she confirms they have experienced any of the commonly associated symptoms of COVID-19 the person shall not be allowed in the facility and be sent home or to a healthcare provider.

Social Distancing

COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for 15 minutes or more. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouth, noses or eyes of people nearby. The droplets can also be inhaled into the lungs. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19, hence the importance of physical distancing, as well as, the other measures discussed below.

Social distancing, also called “physical distancing,” means keeping space between yourself and other people outside of your home. To practice social or physical distancing:

- Stay at least 6 feet from other people
- Maintain social distancing by staying 6 feet away from others as clinically appropriate. To support with visualizing this distance, consider utilizing tape on the floor so individuals, setting chairs at least 6 feet apart.
- Social distancing may necessitate changing how you schedule participants or conduct facility-based programming to keep the size of a group to the minimal size needed to ensure social distancing.
- Stay out of crowded places and avoid mass gatherings as outlined in the Governor’s Executive Orders.
- Limit programs with external staff.

Hand Hygiene

Washing your hands is easy, and it’s one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one

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person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals. One of the reasons hand hygiene is critical is that COVID-19 is thought to be able to survive on surfaces for approximately 72 hours. Therefore, if you touch a contaminated surface and then touch your mouth, nose or eyes, **without washing your hands** there is the possibility to become infected with the virus.

Follow these five steps every time:

- Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.

Use hand sanitizer when you can’t use soap and water.

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

How to use hand sanitizer:

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

The agency will post signs throughout the facility with simply worded messages and/or pictures reminding individuals to maintain social distances and wash hands frequently. Staff will remind individuals about the importance of these verbally throughout the day.

Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

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- Cover your mouth and nose with a tissue when coughing or sneezing or cough or sneeze into your elbow.
- Use in the nearest waste receptacle to dispose of the tissue after use.
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, 60% or greater alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

Cloth Face Coverings

Staff, clients, and visitors are required to wear a cloth face covering to cover their nose and mouth while in the facility. This is to protect people around you if you are infected but do not have symptoms. A cloth face covering should be worn whenever people are in a community setting, especially in situations where you may be near people. These face coverings are not a substitute for social distancing.

Wearing cloth face coverings is an additional public health measure people should take to reduce the spread of COVID-19. CDC still recommends that you stay at least 6 feet away from other people (social distancing), frequent hand cleaning and other everyday preventive actions. A cloth face covering is not intended to protect the wearer, but it may prevent the spread of virus from the wearer to others. This would be especially important if someone is infected but does not have symptoms.

Cloth face coverings are not required and should not be placed on children younger than 2 years of age, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cover without assistance.

Transportation

The following measures will be taken to clean and disinfect vehicles used to transport clients (including personal vehicles).

All vehicles used to transport clients (including personal vehicles) shall be cleaned and disinfected after each use. These vehicles and the staff operating the vehicles may interact with dozens of individuals throughout the day, allowing for the potential spread of infection.

All individuals (including the driver) will wear cloth face coverings in vehicles used to transport clients (including personal vehicles).

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Drivers will ensure adequate ventilation in the vehicle during transportation.

Drivers will advise clients to avoid shaking hands, to wear face masks, cover nose with tissue when coughing/sneezing or to use inside of elbow when no tissue is available, to use hand sanitizer for hand hygiene.

PPE will be available in the vehicle.

A maximum of 4 clients in a 9 passenger van will be allowed and a maximum of 8 clients in a 17 passenger van.

Terminal cleaning of the vehicle will be done daily at the end of the day.

Signage

Posted reminders for people to stay 6 feet apart, including both words and pictures that demonstrate social distancing. The below signs shall be posted:

- A notice on all entry points that requires screening before entry.
- A notice on all entry points that visitors may be restricted at this time.
- A notice that bathrooms are single use only to prevent unintentional congregating in the small space of the bathroom area
- Reminder for mask wearing, hand hygiene and cough etiquette.

Disinfecting Procedures

The agency will:

- Provide access to alcohol-based hand sanitizer with 60-95% alcohol throughout the facility and keep sinks stocked with soap and paper towels.
- Ensure adequate cleaning and disinfection supplies are available. Provide EPA-registered disposable disinfectant wipes so that commonly used surfaces can be wiped down. Routinely (at least once per day, if possible) clean and disinfect surfaces and objects that are frequently touched in common areas.
- This may include cleaning surfaces and objects not ordinarily cleaned daily (e.g., door handles, faucets, toilet handles, light switches, elevator buttons, handrails, countertops, chairs, tables, remote controls, shared electronic equipment, and shared exercise equipment).
- Use regular cleaners, according to the directions on the label. For disinfection, most common EPA registered household disinfectants should

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be effective. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time).

- Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting. You may need to wear additional PPE depending on the setting and disinfectant products you are for each product you use, consult and follow the manufacturer's instruction for use.

Actions in case the program or facility needs take if a staff or client has suspected or confirmed Covid-19 infection.

In the event a staff or consumer has suspected or confirmed COVID-19 the agency will:

- Close off any areas used for prolonged periods of time by the person.
- Clean and disinfect the area used by the person, and do not allow anyone to use that location for 24 hours. During the waiting period open the doors and outside windows to increase the circulation in those areas.
- Continue routine cleaning and disinfecting of high-touch services in the facility.
- Notify all staff and clients immediately that they may have been exposed to someone that has suspected or confirmed COVID they should stay home for 14 days and consult their primary care physician for further advice. The agency will maintain confidentiality of the names of staff or client with suspected or confirmed COVID-19 as required by HIPPA.
- If any staff or clients becoming positive for COVID-19, the agency will immediately notify the local health department and obtain further advice. and comply with local health department directions.

Actions if a staff or client becomes ill at the facility.

If a staff or client demonstrates symptoms of COVID-19 while being screened they will be sent home or to a healthcare provider. If a staff or client becomes acutely ill at the facility, an ambulance will be called to transport consumer to the nearby healthcare facility

Return to Facility criteria for staff and clients:

Staff and clients shall remain away from the facility until:

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- At least 3 days (72 hours) have passed since recovery, which is defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 10 days have passed since symptoms first appeared.

Individuals with laboratory-confirmed COVID-19 who have not had any symptoms should be excluded from the facility until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

If an individual had COVID-19 ruled out and has an alternate diagnosis (e.g., tested positive for influenza), criteria for return to the facility should be based on that diagnosis.

Steps to take when accepting new admissions during the COVID19 pandemic.

The agency will not admit clients or hire staff that have confirmed COVID-19 status until return to Facility criteria is met.

Steps facility will take when discharging participants from the program.

The agency will not discharge clients if they have suspected or confirmed COVID-19.

Paid Time Off

In the event a staff has suspected or confirmed COVID-19 that is diagnosed in writing by a medical professional, the staff may use accrued paid time off (PTO) during self-quarantine or medical treatment. In the event staff does not have sufficient PTO accrued to cover the first 10 working days of quarantine or medical treatment, the agency will make up the difference for the first 10 workdays of time off. For example: staff has 5 days of PTO accrued. The agency will donate 5 working days of pay. If the staff is paid hourly the agency will pay the daily number of work hours averaged over the past 30 days.

**COVID – 19 STAFF TRAINING
SANTHOSH AUGUSTINE, MD
PREMIER BEHAVIORAL SERVICES**

Symptoms of Covid-19 Infection

9/9/20

COVID-19 affects different people in different ways. Infected people have had a wide range of symptoms reported – from mild symptoms to severe illness.

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

Fever or chills

Cough

Shortness of breath or difficulty breathing

Fatigue

Muscle or body aches

Headache

New loss of taste or smell

Sore throat

Congestion or runny nose

Nausea or vomiting

Diarrhea

Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

Trouble breathing

Persistent pain or pressure in the chest

New confusion

Inability to wake or stay awake

Bluish lips or face

Call your medical provider for any other symptoms that are severe or concerning to you.

What can I do to prevent the coronavirus disease?

Use a cloth face covering when you may not be able to keep 6 feet between yourself and other people. Wash hands frequently with soap and water for at least 20 seconds at a time. Avoid touching your eyes, nose and mouth with unwashed hands. Cover your mouth and nose with a tissue when you cough or sneeze.

Do not reuse tissue after coughing, sneezing or blowing your nose. Clean and disinfect surfaces that are frequently touched

Covid -19 - Care of consumers

- **Premier Behavioral Services staff to**
- **proactively communicate with consumers**, inquiring their well being and instruct consumers to stay at home if they have fever, any respiratory systems, or any systems related to COVID-19 infection. Responsible Person – Receptionist and Check-in Personal.
- **Conduct daily health checks on consumer** - Responsible Person-Check-in Personal

Follow the CDC guidelines, including health questionnaire and forehead temperature check by touchless temperature gun.

- **Conduct daily hazard assessment at facility** -by HR Manager
- **Make sure all consumers wear personal protective equipment** by Receptionist, Program Staff and HR manager.
- **Face masks, hand sanitizer, frequent hand washing, and other guidelines set forth by CDC are readily available at Premier Behavioral Services** by HR manager.
- **Management of sick consumers** by Program staff, Janitorial Staff and HR Manager.

Sick consumers need to be sent home or to a healthcare provider. If a consumer becomes sick at the facility, an emergency ambulance will be called to transport consumer to the nearby healthcare facility.

- **Management of areas used consumer with suspected or confirmed Covid-19 infection** by Program staff, Janitorial staff and HR Manager.

Close off any areas used for prolonged periods of time by the sick person. Clean and disinfect the area used by the sick person, and do not allow another consumer to use that location for 24 hours. During the waiting period open the doors and outside windows to increase the circulation in those areas. Continue routine cleaning and disinfecting of high-touch services in the facility. Follow CDC cleaning and disinfection recommendations. Use disinfectant products that meet the EPA criteria for use against SARS-Cov-2, the virus that causes COVID-19, and are appropriate for the surface. Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting. You may need to wear additional PPE depending on the setting and disinfectant products you are using. Useful information on each product you use consult and follow the manufacturer's instruction for use.

- **Management Consumer who may have been exposed to the COVID-19 virus** by Program staff and HR Manager.

Inform consumer that they are at risk of contracting COVID-19 infection and potentially spread infection to others and they should stay home for 14 days and consult their primary care physician for further advice. Premier Behavioral Services Staff will maintain confidentiality of consumer's possible exposure to COVID-19 in the facility as required by HIPPA.

- **Educate consumers about steps they can take to protect themselves at home and at a healthcare facility** by Program staff.

Consumer will be educated periodically on any new policies or procedures related to COVID-19 set forth by CDC from time to time. Consumers must stay home if they are

sick. Consumers must wash their hands often with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol, if soap and water is not available. Consumers must keep their hands clean at all times, before and after any activities, after coughing, sneezing, or blowing their nose. Avoid touching their eyes, nose, and mouth, with unwashed hands. Cover their mouth and nose with tissue when coughing or sneezing, or use inside of their elbow. Practice social distancing by avoiding large gatherings, and maintaining distance of at least 6 feet from others when possible.

- Consumers are encouraged to avoid public transportation or ride sharing:
Consumers are encouraged to minimize close contact with others during transportation, follow CDC guidelines during transportation. Avoid public transportation or ride sharing if possible.

Transportation protocols in regards to Covid-19 infection.

All transportation vehicles of Premier Behavioral Services will be cleaned with Covid-19 approved disinfectants after every transportation shift.

The transportation driver to prescreen consumers using a standard questionnaire used to screen Covid-19 exposure. Any consumers suspected or confirmed of exposure to Covid-19 infection, consumers with symptoms suggestive of possible Covid-19 infection, or consumers who have traveled to Covid-19 hotspots will be eliminated from the transportation vehicle.

Transportation staff to clean frequently touched surfaces and objects including door handles and seatbelts before transporting another consumer. Transportation staff to wear disposable gloves during cleaning and dispose after each use.

Transportation driver to maintain adequate ventilation in the vehicle during transportation.

Transportation driver to advise consumers to avoid shaking hands, use face masks, cover nose/mouth with tissue when coughing/sneezing (cover face with inside of elbow when no tissue is available), use alcohol-based sanitizers (at least 60% alcohol) for hand hygiene as and when required.

Hand sanitizers, face masks, and other PPE will be readily available for consumers during transportation.

Transportation driver will be responsible for maintaining enough PPE supplies in the vehicle at all times during transportation.

Consumers to maintain adequate social distancing during transportation (maximum of 4 consumers in a 9-passenger van and maximum of 8 consumers in a 17-passenger van).

Transportation driver to report to Premier Behavioral Services administrative staff any adverse incidents which happened during transportation.

Terminal cleaning of the transportation vehicle to be done daily at the end of the day.

How to Prevent and Reduce Transmission Among Employees

Monitor federal, state, and local public health communications about COVID-19 regulations, guidance, and recommendations and ensure that workers have access to that information. Frequently check the [CDC COVID-19 website](#).

Actively encourage sick employees to stay home:

- Employees who have symptoms should notify their supervisor and stay home.
- Sick employees should follow CDC-recommended steps. Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers.
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow CDC recommended precautions.

Conduct daily in-person or virtual health checks (e.g., symptom and/or temperature screening) of employees before they enter the facility, in accordance with state and local public health authorities and, if available, your occupational health services:

- If implementing in-person health checks, conduct them safely and respectfully. Employers may use social distancing, barrier or partition controls, or personal protective equipment (PPE) to protect the screener. However, reliance on PPE

alone is a less effective control and is more difficult to implement, given PPE shortages and training requirements.

- See the "Should we be screening employees for COVID-19 symptoms?" section of [General Business Frequently Asked Questions](#) as a guide.
- Complete the health checks in a way that helps maintain social distancing guidelines, such as providing multiple screening entries into the building.
- Follow guidance from the [Equal Employment Opportunity Commission external icon](#) regarding confidentiality of medical records from health checks.
- To prevent stigma and discrimination in the workplace, make employee health screenings as private as possible. Do not make determinations of risk based on race or country of origin and be sure to maintain confidentiality of each individual's medical status and history.

Identify where and how workers might be exposed to COVID-19 at work.

Employers are responsible for providing a [safe and healthy workplace external icon](#). Conduct a thorough [hazard assessment external icon](#) of the workplace to identify potential workplace hazards related to COVID-19. Use appropriate combinations of controls from the [hierarchy of controls](#) to limit the spread of COVID-19, including engineering controls, workplace administrative policies, and personal protective equipment (PPE) to protect workers from the identified hazards (see table below):

- Conduct a thorough hazard assessment to determine if workplace hazards are present, or are likely to be present, and determine what type of controls or PPE are needed for specific job duties.
- When engineering and administrative controls cannot be implemented or are not fully protective, employers are required by OSHA standards to:
 - Determine what PPE is needed for their workers' specific job duties,
 - Select and provide appropriate PPE to the workers at no cost, and
 - Train their workers on its correct use.
- Encourage workers to wear a cloth face covering at work if the hazard assessment has determined that they do not require PPE, such as a respirator or medical facemask for protection.
 - CDC recommends wearing a cloth face covering as a measure to contain the wearer's respiratory droplets and help protect their co-workers and members of the general public.

- o Cloth face coverings are not considered PPE. They may prevent workers, including those who don't know they have the virus, from spreading it to others but may not protect the wearers from exposure to the virus that causes COVID-19.
- Remind employees and customers that CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain, **especially** in areas of significant community-based transmission. Wearing a cloth face covering, however, does not replace the need to practice social distancing.
- See the OSHA COVID-19external icon webpage for more information on how to protect workers from potential COVID-19 exposures and guidance for employerspdf iconexternal icon, including steps to take for jobs according to exposure risk.

Separate sick employees:

- Employees who appear to have symptoms upon arrival at work or who become sick during the day should immediately be separated from other employees, customers, and visitors, and sent home.
- Have a procedure in place for the safe transport of an employee who becomes sick while at work. The employee may need to be transported home or to a healthcare provider.

Take action if an employee is suspected or confirmed to have COVID-19 infection:

In most cases, you do not need to shut down your facility. If it has been less than 7 days since the sick employee has been in the facility, close off any areas used for prolonged periods of time by the sick person:

- Wait 24 hours before cleaning and disinfecting to minimize potential for other employees being exposed to respiratory droplets. If waiting 24 hours is not feasible, wait as long as possible.
- During this waiting period, open outside doors and windows to increase air circulation in these areas.

If it has been 7 days or more since the sick employee used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.

Follow the CDC [cleaning and disinfection recommendations](#):

- Clean dirty surfaces with soap and water before disinfecting them.
- To disinfect surfaces, use [products that meet EPA criteria for use against SARS-Cov-2](#)[external icon](#), the virus that causes COVID-19, and are appropriate for the surface.
- Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting.
- You may need to wear additional PPE depending on the setting and disinfectant product you are using. For each product you use, consult and follow the manufacturer's instructions for use.

Determine which employees may have been exposed to the virus and may need to take additional precautions:

- Inform employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the [Americans with Disabilities Act \(ADA\)](#)[external icon](#).
- Most workplaces should follow the [Public Health Recommendations for Community-Related Exposure](#) and instruct potentially exposed employees to stay home for 14 days, telework if possible, and self-monitor for [symptoms](#).
- [Critical infrastructure](#)[external icon](#) workplaces should follow the guidance on [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#). Employers in critical infrastructure also have an obligation to manage potentially exposed workers' return to work in ways that best protect the health of those workers, their co-workers, and the general public.

Educate employees about steps they can take to protect themselves at work and at home:

- Encourage employees to follow any new policies or procedures related to illness, cleaning and disinfecting, and work meetings and travel.
- Advise employees to:

- Stay home if they are sick, except to get medical care, and to learn what to do if they are sick.
- Inform their supervisor if they have a sick family member at home with COVID-19 and to learn what to do if someone in their home is sick.
- Wash their hands often with soap and water for at least 20 seconds or to use hand sanitizer with at least 60% alcohol if soap and water are not available. Inform employees that if their hands are visibly dirty, they should use soap and water over hand sanitizer. Key times for employees to clean their hands include:
 - Before and after work shifts
 - Before and after work breaks
 - After blowing their nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After putting on, touching, or removing cloth face coverings
- Avoid touching their eyes, nose, and mouth with unwashed hands.
- Cover their mouth and nose with a tissue when you cough or sneeze, or use the inside of their elbow. Throw used tissues into no-touch trash cans and immediately wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer containing at least 60% alcohol. Learn more about coughing and sneezing etiquette on the CDC website.
- Practice routine cleaning and disinfection of frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs. Dirty surfaces can be cleaned with soap and water prior to disinfection. To disinfect, use products that meet EPA's criteria for use against SARS-CoV-2[external icon](#), the cause of COVID-19, and are appropriate for the surface.
- Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. Clean and disinfect them before and after use.
- Practice social distancing by avoiding large gatherings and maintaining distance (at least 6 feet) from others when possible.

For employees who commute to work using public transportation or ride sharing, consider offering the following support:

- If feasible, offer employees incentives to use forms of transportation that minimize close contact with others (e.g., biking, walking, driving or riding by car either alone or with household members).
- Ask employees to follow the CDC guidance on how to protect yourself when using transportation.
- Allow employees to shift their hours so they can commute during less busy times.
- Ask employees to clean their hands as soon as possible after their trip.

Maintain Healthy Business Operations

Identify a workplace coordinator who will be responsible for COVID-19 issues and their impact at the workplace.

Implement flexible sick leave and supportive policies and practices:

- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.
- Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures. Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other.
- The Families First Coronavirus Response Act (FFCRA or Act) requires certain employersexternal icon to provide their employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19.
- Employers with fewer than 500 employees are eligible for 100% tax creditsexternal icon for Families First Coronavirus Response Act COVID-19 paid leave provided through December 31, 2020, up to certain limits.
- Employers that do not currently offer sick leave to some or all of their employees should consider drafting non-punitive “emergency sick leave” policies.
- Employers should not require a COVID-19 test result or a healthcare provider’s note for employees who are sick to validate their illness, qualify for sick leave, or to return to work.
 - Under the American’s with Disabilities Act, employers are permitted to require a doctor’s note from your employeesexternal icon to verify that they are healthy and able to return to work. However, as a practical matter, be aware that healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a

- timely manner. Most people with COVID-19 have mild illness and can recover at home without medical care and can follow CDC recommendations to determine when to discontinue home isolation and return to work.
- The U.S. Equal Employment Opportunity Commission (EEOC) has established guidance regarding Pandemic Preparedness in the Workplace and the Americans with Disabilities Act[external icon](#). The guidance enables employers to take steps to protect workers consistent with CDC guidance, including requiring workers to stay home when necessary to address the direct threat of spreading COVID-19 to others.
 - Review human resources policies to make sure that your policies and practices are consistent with public health recommendations and with existing state and federal workplace laws (for more information on employer responsibilities, visit the Department of Labor's[external icon](#) and the Equal Employment Opportunity Commission's[external icon](#) websites).
 - Connect employees to employee assistance program (EAP) resources, if available, and community resources as needed. Employees may need additional social, behavioral, and other services, for example, to help them manage stress and cope.

Protect employees at higher risk for severe illness through supportive policies and practices. Older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19.

- Support and encourage options to telework, if available.
- Consider offering vulnerable workers duties that minimize their contact with customers and other employees (e.g., restocking shelves rather than working as a cashier), if the worker agrees to this.
- Offer flexible options such as telework to employees. This will eliminate the need for employees living in higher transmission areas to travel to workplaces in lower transmission areas and vice versa.
- Ensure that any other businesses and employers sharing the same workspace also follow this guidance.

Communicate supportive workplace policies clearly, frequently, and via multiple methods. Employers may need to communicate with non-English speakers in their preferred languages.

- Train workers on how implementing any new policies to reduce the spread of COVID-19 may affect existing health and safety practices.
- Communicate to any contractors or on-site visitors about changes that have been made to help control the spread of COVID-19. Ensure that they have the information and capability to comply with those policies.
- Create and test communication systems that employees can use to self-report if they are sick and that you can use to notify employees of exposures and closures.
- Consider using a hotline or another method for employees to voice concerns anonymously.

Assess your essential functions and the reliance that others and the community have on your services or products.

- Be prepared to change your business practices, if needed, to maintain critical operations (e.g., identify alternative suppliers, prioritize existing customers, or temporarily suspend some of your operations).
- Identify alternate supply chains for critical goods and services. Some goods and services may be in higher demand or unavailable.
- If other companies provide your business with contract or temporary employees, talk with them about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Talk with business partners about your response efforts. Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.
- When resuming onsite business operations, identify and prioritize job functions for continuous operations. Minimize the number of workers present at worksites by resuming business operations in phases, balancing the need to protect workers with support for continuing operations.

Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children until childcare programs and K-12 schools resume.

- Plan to monitor and respond to absenteeism at the workplace.

-
- Implement plans to continue your essential business functions in case you experience higher-than-usual absenteeism.
 - Prepare to institute flexible workplace and leave policies.
 - Cross-train employees to perform essential functions so the workplace can operate even if key employees are absent.

Establish policies and practices for social distancing. Alter your workspace to help workers and customers maintain social distancing and physically separate employees from each other and from customers, when possible. Here are some strategies that businesses can use:

- Implement flexible worksites (e.g., telework).
 - Implement flexible work hours (e.g., rotate or stagger shifts to limit the number of employees in the workplace at the same time).
 - Increase physical space between employees at the worksite by modifying the workspace.
 - Increase physical space between employees and customers (e.g., drive-through service, physical barriers such as partitions).
 - Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to indicate where to stand when physical barriers are not possible.
-
- Implement flexible meeting and travel options (e.g., postpone non-essential meetings or events in accordance with state and local regulations and guidance).
 - Close or limit access to common areas where employees are likely to congregate and interact.
 - Prohibit handshaking.
 - Deliver services remotely (e.g., phone, video, or web).
 - Adjust your business practices to reduce close contact with customers — for example, by providing drive-through service, click-and-collect online shopping, shop-by-phone, curbside pickup, and delivery options, where feasible.
 - Move the electronic payment terminal/credit card reader farther away from the cashier, if possible, to increase the distance between the customer and the cashier.
 - Shift primary stocking activities to off-peak or after hours, when possible, to reduce contact with customers.

If you have more than one business location, consider giving local managers the authority to take appropriate actions outlined in their COVID-19 response plans based on their local conditions.

Maintain a healthy work environment

Since COVID-19 may be spread by those with no symptoms, businesses and employers should evaluate and institute controls according to the hierarchy of controls to protect their employees and members of the general public.

Consider improving the engineering controls using the building ventilation system. This may include some or all of the following activities:

- Increase ventilation rates.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Increase outdoor air ventilation, using caution in highly polluted areas. With a lower occupancy level in the building, this increases the effective dilution ventilation per person.
- Disable demand-controlled ventilation (DCV).
- Further open minimum outdoor air dampers (as high as 100%) to reduce or eliminate recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold or hot weather.
- Improve central air filtration to the MERV-13 or the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
- Check filters to ensure they are within service life and appropriately installed.
- Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.

Note: Some of the above recommendations are based on the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) Guidance for Building Operations During the COVID-19 Pandemic[external icon](#). Review these ASHRAE guidelines for further information on ventilation recommendations.

Ensure the safety of your building water system and devices after a prolonged shutdown:

- Follow the CDC Guidance for Building Water Systems, which describes 8 steps to take before you reopen your business or building.

Give employees, customers, and visitors what they need to clean their hands and cover their coughs and sneezes:

- Provide tissues and no-touch trash cans.
- Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. Ensure that adequate supplies are maintained.
- Ideally, place touchless hand sanitizer stations in multiple locations to encourage hand hygiene.
- Place posters that encourage hand hygiene to help stop the spread at the entrance to your workplace and in other workplace areas where they are likely to be seen. This should include signs for non-English speakers, as needed.
- Discourage handshaking. Encourage employees to use other noncontact methods of greeting.
- Direct employees to visit CDC's coughing and sneezing etiquette and clean hands webpage for more information.

Perform routine cleaning:

- Follow the Guidance for Cleaning and Disinfecting to develop, implement, and maintain a plan to perform regular cleanings to reduce the risk of exposure to COVID-19.
- Routinely clean all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
 - If surfaces are dirty, clean them using a detergent or soap and water before you disinfect them.
 - For disinfection, most common, EPA-registered, household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19[external icon](#) is available on the EPA website. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time).
- Discourage workers from using each other's phones, desks, offices, or other work tools and equipment, when possible.
- Provide disposable disinfecting wipes so that employees can wipe down commonly used surfaces (e.g., doorknobs, keyboards, remote controls, desks, other work tools and equipment) before each use.

- Store and use disinfectants in a responsible and appropriate manner according to the label.
- Do not mix bleach or other cleaning and disinfection products together. This can cause fumes that could be very dangerous to breathe in.
- Advise employees to always wear gloves appropriate for the chemicals being used when they are cleaning and disinfecting and that they may need additional PPE based on the setting and product.

Perform enhanced cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility:

- If a sick employee is suspected or confirmed to have COVID-19, follow the CDC cleaning and disinfection recommendations.

Limit travel and advise employees if they must travel to take additional precautions and preparations:

- Minimize non-essential travel and consider resuming non-essential travel in accordance with state and local regulations and guidance.
- Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country where you will travel. Specific travel information for travelers going to and returning from countries with travel advisories, and information for aircrew, can be found on the CDC website.
- Advise employees to check themselves for symptoms of COVID-19 before starting travel and to notify their supervisor and stay home if they are sick.
- Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and promptly call a healthcare provider for advice if needed.
- If they are outside the United States, sick employees should follow company policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to help them find an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, or resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.

Minimize risk to employees when planning meetings and gatherings:

- Use videoconferencing or teleconferencing when possible for work-related meetings and gatherings.
- Cancel, adjust, or postpone large work-related meetings or gatherings that can only occur in-person in accordance with state and local regulations and guidance.
- When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces continuing to maintain a distance of 6 feet apart and wear cloth face coverings.

The table below presents examples of controls to implement in your workplace. The most effective controls are those that rely on engineering solutions, followed by administrative controls, then PPE. PPE is the least effective control method and the most difficult to implement. Worksites may have to implement multiple complementary controls from these columns to effectively control the hazard.

Resources for more information:

CDC Guidance

- [COVID-19 Website](#)
- [Business and Workplaces webpage](#)
- [General Business Frequently Asked Questions](#)
- [Small Business](#)
- [Transportation and Delivery](#)
- [What You Need to Know About COVID-19](#)
- [What to Do If You Are Sick With COVID-19](#)
- [What Workers and Employers Can Do to Manage Workplace Fatigue during COVID-19](#)
- [People at Higher Risk of Severe Illness](#)
- [Public Health Recommendations for Community-Related Exposures](#)
- [Public Health Recommendations after Travel-Associated COVID-19 Exposure](#)
- [Health Alert Network](#)
- [Travelers' Health Website](#)
- [National Institute for Occupational Safety and Health's Small Business International Travel Resource Travel Plannerpdf icon](#)
- [Managing Workplace Fatigue](#)

Other Federal Agencies and Partners

- [OSHA COVID-19 Websiteexternal icon](#)
- [OSHA Guidance for Preparing Workplaces for COVID-19pdf iconexternal icon](#)
-

Responsible person to monitor and maintain Covid-19 protocol at Premier Behavioral Services.

Human Resources Manager is the responsible person to monitor and maintain Covid-19 protocol.

Human Resources Manager to promptly report to the Medical Director /Owner of any adverse issues/matters encountered.

Notification to local health department.

- If any of Premier Behavioral Services consumers becoming positive for COVID-19, - Program staff / HR Manager must immediately notify the local health department and obtain further advice.
- Premier Behavioral Services consumers must comply with local health department directions.

Ongoing monitoring of Covid-19 health hazard.

Premier Behavioral Services Program staff to monitor the health and well-being of consumers attending the facility on a daily basis and inform the administrative staff/HR Manager, if any consumer is

showing signs of COVID-19 infection.

Premier Behavioral Services staff to monitor on a daily basis the implementation of the above mentioned COVID-19 health hazard action plan.

If any deficiencies are noted in the implementation and maintenance of the above mentioned action plan the administrative staff should notify Dr. Santhosh Augustine (Owner) immediately(Tel 910 733 2007).

Exhibit 3

[illegible]

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1



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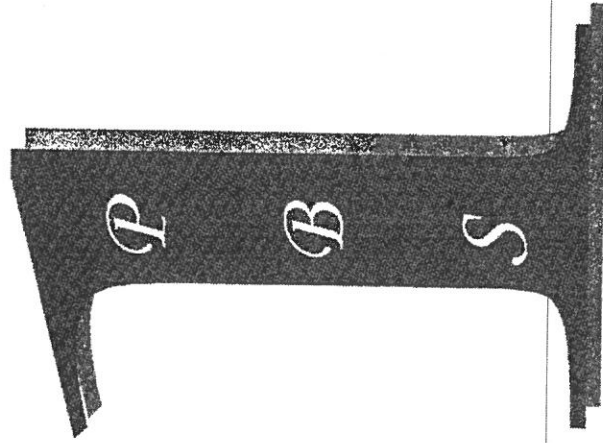
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Trainer

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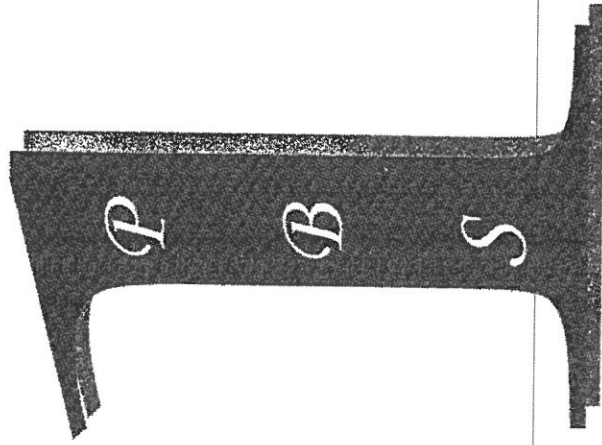
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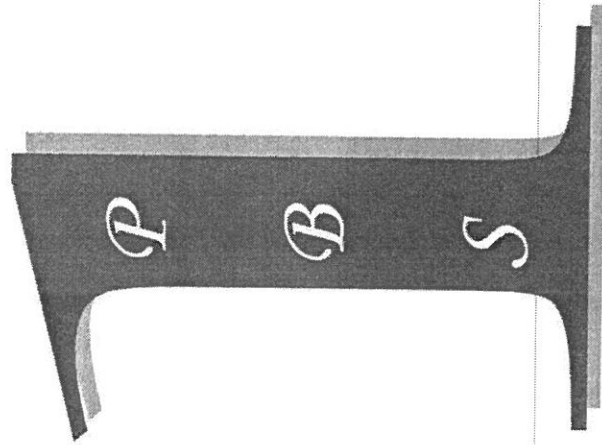
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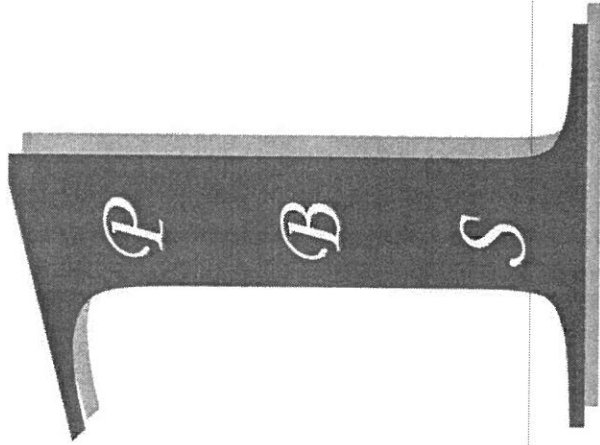
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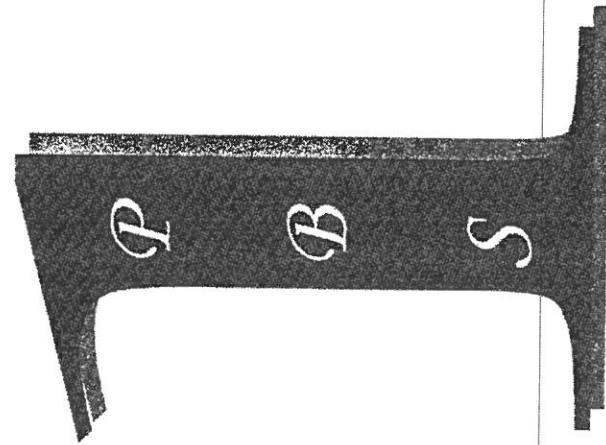
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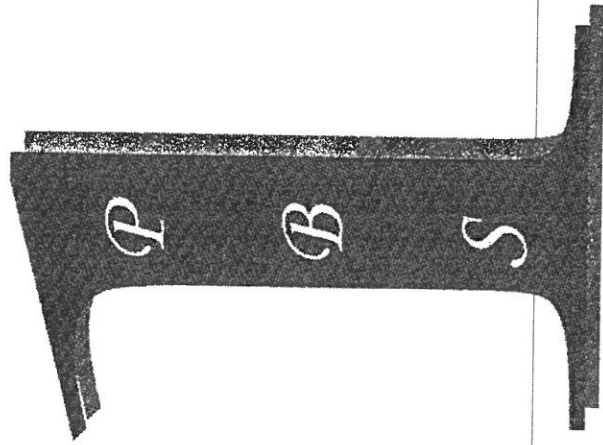
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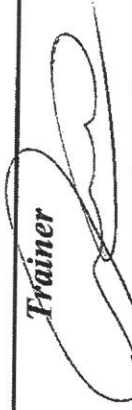
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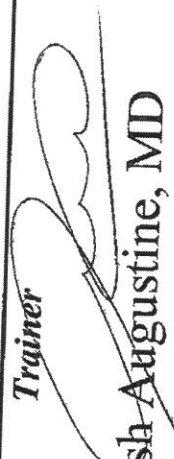
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Lindsay Haywood

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Chandra Graham

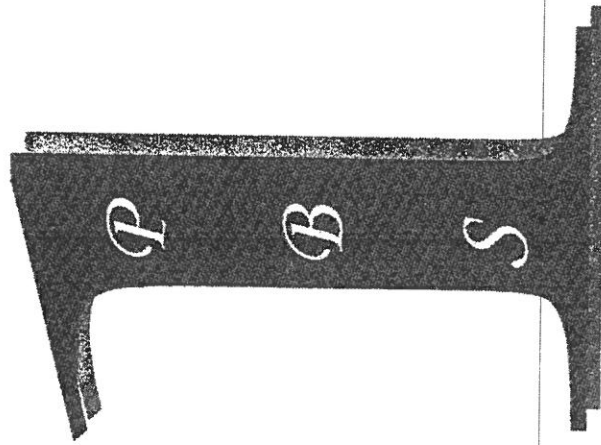
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Daniel Lockamy

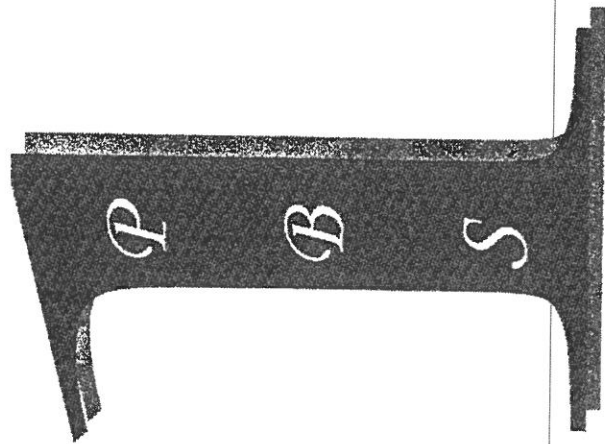
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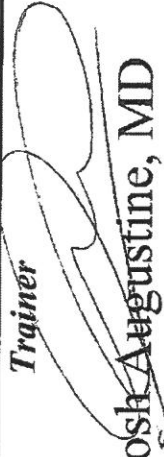
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Order MED-5323 confirmed

From: OneMed Supply (support@onemedsupply.com)

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Order summary



No Touch Forehead Digital Thermometer Infrared Body
Temperature x 2

\$159.90

Subtotal	\$159.90
Shipping	\$0.00
Taxes	\$0.00

Total **\$159.90 USD**

Customer information

Shipping address

Premier behavioral services Incorporated
101 West 27th Street
Lumberton NC 28358
United States

Billing address

Premier behavioral services Incorporated
101 West 27th Street
Lumberton NC 28358
United States

Shipping method

Standard

Payment method



Payment method — **\$159.90**

If you have any questions, reply to this email or contact us at support@onemedsupply.com

Shipment Confirmation #502594642-001

From: officedepotorders@officedepot.com

To: PACHECO.PREMIER@YAHOO.COM

Date: Friday, May 29, 2020, 05:50 AM EDT

Shipping to: SANTHOSH AUGUSTINE
2003 GODWIN AVE STE B LUMBERTON, NC 28358-3150

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Quantity Shipped: 1

Item # 9785293



20% Off Highest Priced Item

Quantity Shipped: 1

Item # 12722975

Order Summary

Order Number
502594642-001

Order Date
05/28/2020

Delivery Method
Standard Shipping

Status
Shipped

502594642001

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INVOICE

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Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Ship/Sold-To: 3900108
Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
Rhngs B
Lumberton, NC 28358-3149
Bill-To: 1042587
Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Invoice# 81712905	Invoice Date 08/20/20	Due Date 09/19/20	Invoice Total \$321.45
Purchase Order# EZ200339320200820142438		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
1	138-5700	20/BX	BYD N95 Particulate Respirator Blue	3	3	T	98.39	295.17		FL

INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL/HANDLING
SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO
[HTTP://WWW.HENRYSCHEIN.COM/US-EN/MEDICAL/LEGALTERMS.ASPX](http://www.henryschein.com/us-en/MEDICAL/LEGALTERMS.ASPX)

MERCHANDISE TOTAL	\$295.17
SALES TAX	\$21.03
FREIGHT CHARGES	\$5.25
INVOICE TOTAL	\$321.45

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Order# 93512463	Order Date 08/20/20	# of Boxes 1	PO# EZ200339320200820142438		

Distribution Names/Address
FL: 8691 Jesse B Smith Ct, Jacksonville, FL 32219
DEAN: PI-0254199 State Reg#: 221315
Chem. Reg#: 0067811-NY

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Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc., Dept. CH 10241 • Palatine, IL 60055-0241

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To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue

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Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced product/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

credit (if applicable) • Shipping charges will apply on all returns.

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The following special, customized, or government-regulated items are not returnable:

- Immune globulin products • Special order items (products that we do not ordinarily stock)
- Personalized and imprinted items • Opened computer hardware and software Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer Any item marked nonreturnable • Items required to be shipped and stored frozen • Any drop-shipped products

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Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered.

Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information received immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

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Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if HSI is notified within 30 calendar days of shipment date and valid return authorization is issued by HSI.
- 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service.
- 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI.
- 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

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We proudly serve healthcare professionals, governments, and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) at, phone: 1-631-843-5325, fax: 1-631-843-5676, or send us an e-mail at: export@henryschein.com.

ARBITRATION:

All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

WARRANTIES:

Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer. EXCEPT AS OTHERWISE PROVIDED HEREIN, TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.

LIMITATION OF LIABILITY:

The customer agrees to look solely to the manufacturer of the product for any claim arising due to loss, injury, damage or death related to the use or sale of products. HENRY SCHEIN SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND LOSS OF GOODWILL, ARISING FROM OR RELATING TO ANY BREACH OF THIS AGREEMENT (OR ANY DUTY OF COMMON LAW, AND WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF HENRY SCHEIN OR ITS AFFILIATES), REGARDLESS OF ANY NOTICE OF THE POSSIBILITY OF SUCH DAMAGES.

Henry Schein Telephone Hotlines...We're Here Ready to Help!

Henry Schein Medical

To Place An Order 1-800-772-4346 8am-8pm, et
To Fax An Order 1-800-329-9109 24 Hours
Customer Service 1-800-472-4346 8am-8:30pm, et
Internet www.henryschein.com/medical
E-mail medinfo@henryschein.com

eCommerce Technical Support
PRIVILEGES
Henry Schein Financial Services
ProRepair
International Dept. (USA)
In Canada

1-800-711-6032 8am-8pm, et
1-858-633-8477 9am-5pm, et
1-800-443-2756 8am-8:30pm, et
1-800-367-3674 8am-7pm, et
1-631-843-6325 or Fax 1-631-843-5676
1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

To Place An Order 1-800-845-3550 8:30am-5:30pm, et
To Fax An Order 1-800-533-4793 24 Hours
Customer Service 1-800-845-3550 8:30am-5:30pm, et
Internet www.henryschein.com/ems
E-mail ems@henryschein.com

340B Program

To Place An Order 1-877-344-3402 8:30am-5:30pm, et
To Fax An Order 1-888-865-2253 24 Hours
Customer Service 1-877-344-3402 8:30am-5:30pm, et
Internet www.henryschein.com/medical
E-mail customer.support@henryschein.com
eCommerce Support 1-800-711-6032 8am-8pm, et

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et
To Fax An Order 1-800-524-4869 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com



CORPORATE OFFICE
135 Duryea Road • Melville, NY 11747
1.800.472.4346
www.henryschein.com



INVOICE

010000104258781152878110000000000605760810209

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Ship/Sold-To: 3900108
Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
Rhage B
Lumberton, NC 28358-3149
Bill-To: 1042587
Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Invoice# 81152898	Invoice Date 08/10/20	Due Date 09/09/20	Invoice Total \$605.76
Purchase Order# EZ200339320200810150544		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
1	138-2723	20/BX	DEN Dasheng N95 Particlt Resp White	3	3	T	117.90	353.70		FL
2	104-3809	50/BX	HSI Earloop Mask L1 Blue THE HIGHER PRICE ON THIS PRODUCT IS A DIRECT RESULT OF INCREASED COST FROM OUR MANUFACTURERS DURING THE COVID-19 PANDEMIC. ESTIMATED DELIVERY DATE: 08/12/20	3	3	T	23.06	69.18		IN
3	126-5238	(CS=12/EA)	Medi-Aire Odor Eliminator 8oz 8oz Lemon GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 105MN55 - IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF ELECTRONIC SDS CALL (800) 472-4346. CASE GOOD ITEM, MAY BE SHIPPED SEPARATELY.	1	1	T C *	138.00	138.00		FL
4	333-4335	(CS=12/EA)	COEffect Minute Spray ITEM BACK ORDERED, WILL FOLLOW SHORTLY INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL/HANDLING SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO HTTP://WWW.HENRYSCHIEIN.COM/US-EN/MEDICAL/LEGALTERMS.ASPX	1	0	T B *				

MERCHANDISE TOTAL
SALES TAX
FREIGHT CHARGES

\$560.88
\$39.63
\$5.25

ease refer to back of paperwork for Terms of Sale and disclosures or go to
https://www.henryschein.com/us-en/medical/LegalTerms.aspx. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To# 3900108	Bill To# 1042587	Invoice# 81152898	Invoice Date 08/10/20	Invoice Total \$605.76	CODE STATUS KEY S-Special Schein Pricing B-Backordered; item will follow C-Case Good Item D-Discontinued; item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug; Return Authorization Required *Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Taxable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, NZ, DM-DSCSA CODES
Order# 93006761	Order Date 08/10/20	# of Boxes 3	PO# EZ200339320200810150544		

Distribution Names/Address

FL: 8991 Jesse B Smith Ct Jacksonville, FL 32219
DEAF: RH0284199 State Reg#: 221315
Chem. Reg#: 006781HNY
IN: 5815 W 7th St Indianapolis, IN 46258
DEAF: RH0162854 State Reg#: 4801176A
Chem. Reg#: 006574HNY

HENRY SCHEIN®
 CORPORATE OFFICE
 135 Duryea Road • Melville, NY 11747
 1.800.472.4346
 www.henryschein.com

INVOICE

Ship/Sold-To: 3900108
 Santhosh Augustine
 Southeastern Gastro
 2003 Godwin Ave
 Rhng B
 Lumberton, NC 28358-3149
 Bill-To: 1042587
 Santhosh Augustine
 Southeastern Gastro and I M
 101 W 27th St
 Lumberton, NC 28358-3014

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
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INVOICE TOTAL \$605.76

Ship To# 3900108	Bill To# 1042587	Invoice# 81152898	Invoice Date 08/10/20	Invoice Total \$605.76	CODE STATUS KEY S-Special Schein Pricing B-Backordered; Item will follow C-Case Good Item D-Discontinued; Item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug; Return Authorization Required --Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Taxable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, M2, DM-DSCSA CODES
Order# 93006761	Order Date: 08/10/20	# of Boxes 3	PO#: EZ200339320200810150544		

Distribution Names/Address

FL: 6691 Jesse B Smith Ct, Jacksonville, FL 32219 DEAF: R40284199 State Reg#: 221315 Chem. Reg#: 006781HNY	IN: 3315 W 74th St, Indianapolis, IN 46268 DEAF: R40102494 State Reg#: 48001178A Chem. Reg#: 006574HNY
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Terms of Sale

THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc., Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

California: For all shipments of goods to customers located within California, title will pass upon receipt of goods by California customers.

Continental U.S.: All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

Alaska, Hawaii & Pacific Protectorates: Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:

All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS) • Special delivery orders and hazardous material shipments can be shipped via United Parcel Services (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

Outside U.S. (50 states): If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at henryschein.com. Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

RX PRODUCTS & CONTROLLED SUBSTANCES:

Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal registrations verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit www.henryschein.com/c222; if you prefer to continue using Federal 222 Forms to order

Schedule II controlled substances, mail the form to: Henry Schein, Inc., 5315 West 74th Street • Indianapolis, IN 46268

Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(MNI, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.HenrySchein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue

DISCOUNTS, REBATES AND DISCLOSURES: Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

credit (if applicable) • Shipping charges will apply on all returns.

Exceptions:

The following special, customized, or government-regulated items are not returnable:

- Immune globulin products • Special order items (products that we do not ordinarily stock)
- Personalized and imprinted items • Opened computer hardware and software Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer Any item marked nonreturnable • Items required to be shipped and stored frozen • Any drop-shipped products

Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered. Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if HSI is notified within 30 calendar days of shipment date and valid return authorization is issued by HSI.
- 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service.
- 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI.
- 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

INSTITUTIONAL & CORPORATE ACCOUNTS:

Terms of Sale follow the same guidelines unless denoted differently in a contract. Some offers and promotions outlined in the catalog may not apply. Requests for bids and proposals may be sent to: Henry Schein, Inc., Medical Bid Department (Mail Route E-278) 135 Duryea Road, Melville, NY 11747

INTERNATIONAL AND CANADIAN ORDERS:

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E-mail medsales@henryschein.com

eCommerce Technical Support
PRIVILEGES
Henry Schein Financial Services
ProRepair
International Dept. (USA)
In Canada

1-800-711-6032 8am-8pm, et
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1-800-443-2758 8am-8:30pm, et
1-800-367-3874 8am-7pm, et
1-631-843-6325 or Fax 1-631-843-5876
1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

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Internet www.henryschein.com/ems
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340B Program

To Place An Order 1-877-344-3402 8:30am-6:30pm, et
To Fax An Order 1-888-885-2253 24 Hours
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Internet www.henryschein.com/medical
E-mail customer.support@henryschein.com
e-Commerce Support 1-800-711-6032 8am-8pm, et

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et
To Fax An Order 1-800-524-4969 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com



INVOICE

010000104258779742656110000000000407390714206

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Ship/Sold-To: 3900108
Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
Rhngs B
Lumberton, NC 28358-3149
Bill-To: 1042587
Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Invoice# 79742656	Invoice Date 07/14/20	Due Date 08/13/20	Invoice Total \$407.39
Purchase Order# EZ200339320200713163532		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
1	138-2590	50/PK	Clean Swipe Disinfecting Wipes 10X7 GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 105CL03 - IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF ELECTRONIC SDS CALL (800) 472-4346. CASE GOOD ITEM, MAY BE SHIPPED SEPARATELY.	6	6	TC *	9.64	57.84		FL
2	137-3663	30/PK	Wipes Presaturated Clrnm Strl 9x11" GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 105BV19 - IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF ELECTRONIC SDS CALL (800) 472-4346. ESTIMATED DELIVERY DATE: 07/20/20	5	5	T *	15.38	76.90		NV
3	373-2662	50/BX	Super Sani-Cloth Wipe X-Large GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 1057205 - IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF ELECTRONIC SDS CALL (800) 472-4346. ITEM BACK ORDERED, WILL FOLLOW SHORTLY	6	0	TB *				
4	570-1945	12OZ/EA	Hand Sanitizer 12oz Liquid INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL/HANDLING SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO HTTP://WWW.HENRYSCHEIN.COM/US-EN/MEDICAL/LEGALTERMS.ASPX	25	25	T *	9.63	240.75		FL

Please refer to back of paperwork for Terms of Sale and disclosures or go to
<https://www.henryschein.com/us-en/medical/LegalTerms.aspx>. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To# 3900108	Bill To# 1042587	Invoice# 79742656	Invoice Date 07/14/20	Invoice Total \$407.39	CODE STATUS KEY * - Special Schein Pricing B - Backordered; Item will follow C - Case Good Item D - Discontinued; Item no longer available F - Special Offer M - Item will ship directly from manufacturer NC - No Charge P - Prescription Drug; Return Authorization Required * - Item has Safety Data Sheet (SDS) R - Refrigerated Item; May be shipped separately SK - School Kit SM - Shipped from Multiple Buildings T - Taxable Item U - Temporarily Unavailable; please reorder W - Warranty Item WH, MN, M2, DM - DSCSA CODES
Order# 91746540	Order Date 07/13/20	# of Boxes 3	PO# EZ200339320200713163532		

Distribution Names/Address

FL: 6091 Jesse B Smith Ct. Jacksonville, FL 32219 DEAN: RH0284199 State Reg#: 221315 Chem. Reg#: 0067811-NY	NY: 255 Vista Blvd. Sparks, NY 80134 DEAN: RH0181709 State Reg#: WH00300 Chem. Reg#: 0007101-NY
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CORPORATE OFFICE
135 Duryea Road • Melville, NY 11747
1.800.472.4346
www.henryschein.com

INVOICE

Ship/Sold-To: 3900108

Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
Rhngs B
Lumberton, NC 28358-3149

Bill-To: 1042587

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
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MERCHANDISE TOTAL	\$375.49
SALES TAX	\$26.65
FREIGHT CHARGES	\$5.25
INVOICE TOTAL	\$407.39

Ship To# 3900108	Bill To# 1042587	Invoice# 79742656	Invoice Date 07/14/20	Invoice Total \$407.39	CODE STATUS KEY S-Special Schein Pricing B-Backordered; Item will follow C-Case Good Item D-Discontinued; Item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug; Return Authorization Required *-Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Toxic Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, MZ, DM-DSCSA CODES
Order# 91746540	Order Date: 07/13/20	# of Boxes 3	PO#: EZ200339320200713163532		

Distribution Names/Address

FL: 8691 Jesse B Smith Ct, Jacksonville, FL 32218 DEAF: RH0264199 State Reg#: 221315 Chem. Reg#: 006781HNY	NV: 255 Vein Blvd, Sparks, NV 89434 DEAF: RH0181709 State Reg#: WH00360 Chem. Reg#: 006710HNY
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Terms of Sale

THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc. • Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

California: For all shipments of goods to customers located within California, title will pass upon receipt of goods by California customers.

Continental U.S.: All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

Alaska, Hawaii & Pacific Protectorates: Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:

• All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS) • Special delivery orders and hazardous material shipments can be shipped via United Parcel Services (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

Outside U.S. (50 states): If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at henryschein.com. Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

RX PRODUCTS & CONTROLLED SUBSTANCES:

• Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal registrations verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit www.henryschein.com/c222; if you prefer to continue using Federal 222 Forms to order.

Schedule II controlled substances, mail the form to: Henry Schein, Inc. • 5315 West 74th Street • Indianapolis, IN 46258

• Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(MNI, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.HenrySchein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue

DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

credit (if applicable) • Shipping charges will apply on all returns.

Exceptions:

The following special, customized, or government-regulated items are not returnable:

- Immune globulin products • Special order items (products that we do not ordinarily stock)
- Personalized and imprinted items • Opened computer hardware and software Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer Any item marked nonreturnable • Items required to be shipped and stored frozen • Any drop-shipped products

Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered.

Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

1) Returns of prescription drugs will only be accepted if HSI is notified within 30 calendar days of shipment date and valid return authorization is issued by HSI. 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service. 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI. 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

INSTITUTIONAL & CORPORATE ACCOUNTS:

Terms of Sale follow the same guidelines unless denoted differently in a contract. Some offers and promotions outlined in the catalog may not apply. Requests for bids and proposals may be sent to: Henry Schein, Inc., Medical Bid Department (Mail Route E-270) 135 Duryea Road, Melville, NY 11747

INTERNATIONAL AND CANADIAN ORDERS:

We proudly serve healthcare professionals, governments, and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) at, phone: 1-631-843-5325, fax: 1-631-843-5676, or send us an e-mail at: export@henryschein.com.

ARBITRATION:

All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

WARRANTIES:

Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer. EXCEPT AS OTHERWISE PROVIDED HEREIN, TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.

LIMITATION OF LIABILITY:

The customer agrees to look solely to the manufacturer of the product for any claim arising due to loss, injury, damage or death related to the use or sale of products. HENRY SCHEIN SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND LOSS OF GOODWILL, ARISING FROM OR RELATING TO ANY BREACH TO THIS AGREEMENT (OR ANY DUTY OF COMMON LAW, AND WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF HENRY SCHEIN OR ITS AFFILIATES), REGARDLESS OF ANY NOTICE OF THE POSSIBILITY OF SUCH DAMAGES.

Henry Schein Telephone Hotlines...We're Here Ready to Help!

Henry Schein Medical

To Place An Order 1-800-772-4346 8am-8pm, et
To Fax An Order 1-800-329-9109 24 Hours
Customer Service 1-800-472-4348 8am-8:30pm, et
Internet www.henryschein.com/medical
E-mail medsales@henryschein.com

eCommerce Technical Support
PRIVILEGES
Henry Schein Financial Services
ProRepair
International Dept. (USA)
In Canada

1-800-711-6032 8am-8pm, et
1-866-633-8477 9am-5pm, et
1-800-443-2756 8am-8:30pm, et
1-800-367-3874 8am-7pm, et
1-631-843-5325 or Fax 1-631-843-5676
1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

To Place An Order 1-800-645-3550 8:30am-5:30pm, et
To Fax An Order 1-800-533-4793 24 Hours
Customer Service 1-800-645-3550 8:30am-5:30pm, et
Internet www.henryschein.com/ems
E-mail ems@henryschein.com

340B Program

To Place An Order 1-877-344-3402 8:30am-5:30pm, et
To Fax An Order 1-868-885-2263 24 Hours
Customer Service 1-877-344-3402 8:30am-5:30pm, et
Internet www.henryschein.com/medicaid
E-mail customer.support@henryschein.com
e-Commerce Support 1-800-711-6032 8am-8pm, et

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et
To Fax An Order 1-800-524-4969 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com



CORPORATE OFFICE
135 Duryea Road • Melville, NY 11747
1.800.472.4346
www.henryschein.com



INVOICE

010000104258777762078110000000000182360529203

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Ship/Sold-To: 3900108
Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
Rhngs B
Lumberton, NC 28358-3149

Bill-To: 1042587
Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Invoice# 77762078	Invoice Date 05/29/20	Due Date 06/28/20	Invoice Total \$182.36
Purchase Order#		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
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THANKS FOR YOUR ORDER, ZACH OROURKE

1	138-1507	10/BG	Isolation Gown PET AAMI 1 XL Blue ESTIMATED DELIVERY DATE: 06/01/20	3	3	T	52.06	156.18		IN
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INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL/HANDLING SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO
[HTTP://WWW.HENRYSCHEIN.COM/US-EN/MEDICAL/LEGALTERMS.ASPX](http://www.henryschein.com/us-en/MEDICAL/LEGALTERMS.ASPX)

MERCHANDISE TOTAL	\$156.18
SALES TAX	\$11.93
FREIGHT CHARGES	\$14.25
INVOICE TOTAL	\$182.36

Please refer to back of paperwork for Terms of Sale and disclosures or go to
<https://www.henryschein.com/us-en/MEDICAL/LEGALTERMS.ASPX>. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To# 3900108	Bill To# 1042587	Invoice# 77762078	Invoice Date 05/29/20	Invoice Total \$182.36	CODE STATUS KEY S-Special Schein Pricing B-Backordered: Item will follow C-Case Good Item D-Discontinued: Item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug: Return Authorization Required *-Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Toxicable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, WZ, DM-DSCSA CODES
Order# 89773516	Order Date 05/28/20	# of Boxes 1	PO#		

Distribution Names/Address

IN: 5315 W 74th St Indianapolis, IN 46268
DEA#: RH0162494 State Reg#: 49001170A
Chem. Reg#: 006574/HNY

Terms of Sale

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Schedule II controlled substances, mail the form to: Henry Schein, Inc. • 5315 West 74th Street • Indianapolis, IN 46266

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(M.N, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.HenrySchein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

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- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
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DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

credit (if applicable) • Shipping charges will apply on all returns.

Exceptions:

The following special, customized, or government-regulated items are not returnable:

- Immune globulin products • Special order items (products that we do not ordinarily stock)
- Personalized and imprinted items • Opened computer hardware and software Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer Any item marked nonreturnable • Items required to be shipped and stored frozen • Any drop-shipped products

Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered.

Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if HSI is notified within 30 calendar days of shipment date and valid return authorization is issued by HSI. 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service. 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI. 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

INSTITUTIONAL & CORPORATE ACCOUNTS:

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INTERNATIONAL AND CANADIAN ORDERS:

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ARBITRATION:

All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

WARRANTIES:

Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer. EXCEPT AS OTHERWISE PROVIDED HEREIN, TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.

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Henry Schein Medical

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To Fax An Order 1-800-329-9109 24 Hours
Customer Service 1-800-472-4346 8am-8:30pm, et
Internet www.henryschein.com/medical
E-mail medinfo@henryschein.com

eCommerce Technical Support
PRIVILEGES
Henry Schein Financial Services
ProRepair
International Dept. (USA)
In Canada

1-800-711-6632 8am-8pm, et
1-866-633-8477 8am-5pm, et
1-800-443-2756 8am-8:30pm, et
1-800-367-3674 8am-7pm, et
1-631-843-5325 or Fax 1-631-843-5676
1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

To Place An Order 1-800-845-3550 8:30am-5:30pm, et
To Fax An Order 1-800-533-4793 24 Hours
Customer Service 1-800-845-3550 8:30am-5:30pm, et
Internet www.henryschein.com/ems
E-mail ems@henryschein.com

340B Program

To Place An Order 1-877-344-3402 8:30am-5:30pm, et
To Fax An Order 1-888-885-2253 24 Hours
Customer Service 1-877-344-3402 8:30am-5:30pm, et
Internet www.henryschein.com/medical
E-mail customer.support@henryschein.com
e-Commerce Support 1-800-711-6632 8am-8pm, et

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et
To Fax An Order 1-800-524-4969 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com



CORPORATE OFFICE

135 Duryea Road • Melville, NY 11747

1.800.472.4346

www.henryschein.com



INVOICE

010000104258779198002110000000000241910630204

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Ship/Sold-To: 3900108
Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
Rhing B
Lumberton, NC 28358-3149

Bill-To: 1042587
Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Invoice# 79198002	Invoice Date 06/30/20	Due Date 07/30/20	Invoice Total \$241.91
Purchase Order# EZ200339320200630155953		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
1	138-1736	50/BX	Earloop Mask Surgical L2 Blue	3	3	T	31.61	94.83		FL
2	570-1945	12OZ/EA	Hand Sanitizer 12oz Liquid	10	10	T *	9.63	96.30		FL
.GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 105CG81 - IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF ELECTRONIC SDS CALL (800) 472-4346.										
3	120-7082	22OZ/BT	Clorox Bleach Germ Cleaner	3	3	T *	9.90	29.70		FL

.GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 1054160 -
IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF
ELECTRONIC SDS CALL (800) 472-4346.

INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL/HANDLING
SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO
HTTP://WWW.HENRYSCHHEIN.COM/US-EN/MEDICAL/LEGALTERMS.ASPX

MERCHANDISE TOTAL	\$220.83
SALES TAX	\$15.83
FREIGHT CHARGES	\$5.25
INVOICE TOTAL	\$241.91

Please refer to back of paperwork for Terms of Sale and disclosures or go to
<https://www.henryschein.com/us-en/medical/LegalTerms.aspx>. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To# 3900108	Bill To# 1042587	Invoice# 79198002	Invoice Date 06/30/20	Invoice Total \$241.91	CODE STATUS KEY * - Item has Safety Data Sheet (SDS) R - Refrigerated Item; May be shipped separately SK - School Kit BM - Shipped from Multiple Buildings T - Taxable Item U - Importantly Unavailable; please reorder W - Warranty Item WH, MN, MZ, DM - DSCSA CODES
Order# 91219189	Order Date 06/30/20	# of Boxes 1	PO# EZ200339320200630155953		

Distribution Names/Address

FL: 8891 Jesse B Smith Ct Jacksonville, FL 32219
DEA#: RM0254199 State Reg#: 221315
Chem. Reg#: 005781HNY

Terms of Sale

THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details. For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc., Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works") outside North America). Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

California: For all shipments of goods to customers located within California, title will pass upon receipt of goods by California customers.

Continental U.S.: All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

Alaska, Hawaii & Pacific Protectorates: Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:

All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS) • Special delivery orders and hazardous material shipments can be shipped via United Parcel Services (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

Outside U.S. (50 states): If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at henryschein.com. Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works") outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

RX PRODUCTS & CONTROLLED SUBSTANCES:

Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal registrations verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit www.henryschein.com/a222; if you prefer to continue using Federal 222 Forms to order

Schedule II controlled substances, mail the form to: Henry Schein, Inc., 5315 West 74th Street • Indianapolis, IN 46260

Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(MNI, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.HenrySchein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue

DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

credit (if applicable) • Shipping charges will apply on all returns.

Exceptions:

The following special, customized, or government-regulated items are not returnable:

- Immunoglobulin products • Special order items (products that we do not ordinarily stock)
- Personalized and imprinted items • Opened computer hardware and software Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer Any item marked nonreturnable • Items required to be shipped and stored frozen • Any drop-shipped products

Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered. Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if HSI is notified within 30 calendar days of shipment date and valid return authorization is issued by HSI. 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Marketing Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service. 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI. 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

INSTITUTIONAL & CORPORATE ACCOUNTS:

Terms of Sale follow the same guidelines unless denoted differently in a contract. Some offers and promotions outlined in the catalog may not apply. Requests for bids and proposals may be sent to: Henry Schein, Inc., Medical Bld Department (Mail Route E-270) 135 Duryea Road, Melville, NY 11747

INTERNATIONAL AND CANADIAN ORDERS:

We proudly serve healthcare professionals, governments, and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) at, phone: 1-831-843-5325, fax: 1-831-843-5676, or send us an e-mail at: export@henryschein.com.

ARBITRATION. All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

WARRANTIES:

Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer, EXCEPT AS OTHERWISE PROVIDED HEREIN, TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.

LIMITATION OF LIABILITY:

The customer agrees to look solely to the manufacturer of the product for any claim arising due to loss, injury, damage or death related to the use or sale of products. HENRY SCHEIN SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND LOSS OF GOODWILL, ARISING FROM OR RELATING TO ANY BREACH TO THIS AGREEMENT (OR ANY DUTY OF COMMON LAW, AND WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF HENRY SCHEIN OR ITS AFFILIATES), REGARDLESS OF ANY NOTICE OF THE POSSIBILITY OF SUCH DAMAGES.

Henry Schein Telephone Hotlines...We're Here Ready to Help!

Henry Schein Medical

To Place An Order 1-800-772-4346 8am-8pm, et
To Fax An Order 1-800-329-9109 24 Hours
Customer Service 1-800-472-4346 8am-8:30pm, et
Internet www.henryschein.com/medical
E-mail medisls@henryschein.com

eCommerce Technical Support
PRIVILEGES
Henry Schein Financial Services
ProRepair
International Dept. (USA)
In Canada

1-800-711-6032 8am-8pm, et
1-866-633-8477 9am-5pm, et
1-866-443-2756 8am-8:30pm, et
1-800-367-3874 8am-7pm, et
1-631-843-5325 or Fax 1-631-843-5676
1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

To Place An Order 1-800-845-3550 8:30am-5:30pm, et
To Fax An Order 1-800-533-4793 24 Hours
Customer Service 1-800-845-3550 8:30am-5:30pm, et
Internet www.henryschein.com/ems
E-mail ems@henryschein.com

340B Program

To Place An Order
To Fax An Order
Customer Service
Internet
E-mail
e-Commerce Support

1-877-344-3402 8:30am-5:30pm, et
1-888-885-2253 24 Hours
1-877-344-3402 8:30am-5:30pm, et
www.henryschein.com/medical
customer.support@henryschein.com
1-800-711-6032 8am-8pm, et

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et
To Fax An Order 1-800-524-4868 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com



CORPORATE OFFICE
135 Duryea Road • Melville, NY 11747
1.800.472.4346
www.henryschein.com



INVOICE

010000104258777053743110000000000176340513203

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Ship/Sold-To: 3900108
Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
Rhngs B
Lumberton, NC 28358-3149
Bill-To: 1042587
Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Invoice# 77053743	Invoice Date 05/13/20	Due Date 06/12/20	Invoice Total \$176.34
Purchase Order# EZ200339320200508105922		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
1	333-4335	(CS=12/EA)	COEffect Minute Spray ESTIMATED DELIVERY DATE: 05/12/20 CASE GOOD ITEM, MAY BE SHIPPED SEPARATELY.	1	1	T C *	112.92	112.92		IN
2	333-4335	32OZ/BT	COEffect Minute Spray ESTIMATED DELIVERY DATE: 05/12/20	4	4	T *	9.41	37.64		IN

INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL/HANDLING SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO
[HTTP://WWW.HENRYSCHEIN.COM/US-EN/MEDICAL/LEGAL/TERMS.ASPX](http://www.henryschein.com/us-en/medical/legal/terms.aspx)

MERCHANDISE TOTAL	\$150.56
SALES TAX	\$11.53
FREIGHT CHARGES	\$14.25
INVOICE TOTAL	\$176.34

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<https://www.henryschein.com/us-en/medical/Legal/Terms.aspx>. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To# 3900108	Bill To# 1042587	Invoice# 77053743	Invoice Date 05/13/20	Invoice Total \$176.34	CODE STATUS KEY *Special Schein Pricing B-Backordered; Item will follow C-Case Good Item D-Discontinued; Item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug; Return Authorization Required *Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Taxable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, M2, DM-DSCSA CODES
Order# 88989629	Order Date 05/08/20	# of Boxes 2	PO# EZ200339320200508105922		

Distribution Names/Address

116 S315 W 74th St, Indianapolis, IN 46268
DEAF: 810162494 State Reg#: 48301176A
Chem. Reg#: 006574-INY

Terms of Sale

THE HENRY SCHEIN PRICE POLICY:

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Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc. • Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

DELIVERY TERMS:

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Continental U.S.: All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

Alaska, Hawaii & Pacific Protectorates: Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

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• All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS) • Special delivery orders and hazardous material shipments can be shipped via United Parcel Services (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

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RX PRODUCTS & CONTROLLED SUBSTANCES:

• Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal registrations verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit www.henryschein.com/e222; if you prefer to continue using Federal 222 Forms to order.

Schedule II controlled substances, mail the form to: Henry Schein, Inc. • 3315 West 74th Street • Indianapolis, IN 46226

• Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(MN, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.HenrySchein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue

DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoices and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

credit (if applicable) • Shipping charges will apply on all returns.

Exceptions:

- The following special, customized, or government-regulated items are not returnable:
 - Immuno globulin products • Special order items (products that we do not ordinarily stock)
 - Personalized and imprinted items • Opened computer hardware and software • Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer
- Any item marked nonreturnable • Items required to be shipped and stored frozen • Any drop-shipped products

Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered.

Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if HSI is notified within 30 calendar days of shipment date and valid return authorization is issued by HSI.
- 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service.
- 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI.
- 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

INSTITUTIONAL & CORPORATE ACCOUNTS:

Terms of Sale follow the same guidelines unless denoted differently in a contract. Some offers and promotions outlined in the catalog may not apply. Requests for bids and proposals may be sent to: Henry Schein, Inc., Medical Bid Department (Mail Route E-270) 135 Duryea Road, Melville, NY 11747

INTERNATIONAL AND CANADIAN ORDERS:

We proudly serve healthcare professionals, governments, and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) at, phone: 1-631-843-5325, fax: 1-631-843-5676, or send us an e-mail at: export@henryschein.com.

ARBITRATION:

All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. This arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

WARRANTIES:

Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer. EXCEPT AS OTHERWISE PROVIDED HEREIN, TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.

LIMITATION OF LIABILITY:

The customer agrees to look solely to the manufacturer of the product for any claim arising due to loss, injury, damage or death related to the use or sale of products. HENRY SCHEIN SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND LOSS OF GOODWILL, ARISING FROM OR RELATING TO ANY BREACH TO THIS AGREEMENT (OR ANY DUTY OF COMMON LAW, AND WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF HENRY SCHEIN OR ITS AFFILIATES), REGARDLESS OF ANY NOTICE OF THE POSSIBILITY OF SUCH DAMAGES.

Henry Schein Telephone Hotlines...We're Here Ready to Help!

Henry Schein Medical

To Place An Order 1-800-772-4346 8am-8pm, et
To Fax An Order 1-800-329-9109 24 Hours
Customer Service 1-800-472-4346 8am-8:30pm, et
Internet www.henryschein.com/medical
E-mail meds@henryschein.com

eCommerce Technical Support 1-800-711-6032 8am-8pm, et
PRIVILEGES 1-866-833-8477 9am-5pm, et
Henry Schein Financial Services 1-800-443-2756 8am-8:30pm, et
ProRepair 1-800-367-3674 8am-7pm, et
International Dept. (USA) 1-631-843-5325 or Fax 1-631-843-5676
In Canada 1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

To Place An Order 1-800-845-3550 8:30am-5:30pm, et
To Fax An Order 1-800-533-4793 24 Hours
Customer Service 1-800-845-3550 8:30am-5:30pm, et
Internet www.henryschein.com/ems
E-mail ems@henryschein.com

340B Program

To Place An Order 1-877-344-3402 8:30am-5:30pm, et
To Fax An Order 1-866-885-2253 24 Hours
Customer Service 1-877-344-3402 8:30am-5:30pm, et
Internet www.henryschein.com/medical/customer_support@henryschein.com
E-mail 1-800-711-6032 8am-8pm, et
e-Commerce Support

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et
To Fax An Order 1-800-524-4969 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com



INVOICE

010000104258776434231110000000000111150422205

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Ship/Sold-To: 3900108
Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
sra B
Lumberton, NC 28358-3149
Bill-To: 1042587
Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Invoice# 76434231	Invoice Date 04/22/20	Due Date 05/22/20	Invoice Total \$111.15
Purchase Order#		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
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1	333-4335	32OZ/BT	COEffect Minute Spray	2	2	T *	9.41	18.82		PA
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.GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 105MU06 -
IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF
ELECTRONIC SDS CALL (800) 472-4346.
ESTIMATED DELIVERY DATE: 04/22/20

2	106-6794	160/CN	MaxiWipe Germicidal Wipe Large	3	3	T *	6.71	20.13		IN
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.GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 105D957 -
IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF
ELECTRONIC SDS CALL (800) 472-4346.
ESTIMATED DELIVERY DATE: 04/22/20
ITEM RATIONED; ORDER QUANTITY REDUCED.

3	112-6761	50/BX	Essentials Procedure Mask L1 Blue	3	3	T	16.89	50.67		PA
---	----------	-------	-----------------------------------	---	---	---	-------	-------	--	----

THE HIGHER PRICE ON THIS PRODUCT IS A DIRECT RESULT OF
INCREASED COST FROM OUR MANUFACTURERS DURING THE COVID-19
PANDEMIC.
ESTIMATED DELIVERY DATE: 04/22/20

WELCOME TO E-SDS. BEGINNING TODAY, PAPER SDS WILL NO
LONGER BE INCLUDED WITH YOUR ORDER. GO TO YOUR ONLINE ACCOUNT
AND CLICK ON SDS LOOK-UP ON THE NAVIGATION PANE. IF YOU
DON'T HAVE AN ONLINE ACCOUNT, GO TO WWW.HENRYSCHIN.COM AND
CLICK ON CREATE AN ONLINE ACCOUNT. TO OPT OUT OF OUR
ELECTRONIC SDS PROGRAM AND CONTINUE RECEIVING SDS SHEETS
WITH YOUR ORDERS PLEASE CALL CUSTOMER SERVICE AT (800)

Please refer to back of paperwork for Terms of Sale and disclosures or go to
<https://www.henryschein.com/us-en/medical/LegalTerms.aspx>. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To#	Bill To#	Invoice#	Invoice Date	Invoice Total	CODE STATUS KEY					
3900108	1042587	76434231	04/22/20	\$111.15						
Order#	Order Date	# of Boxes	PO#							
88330758	04/20/20	2								

*-Special Schain Pricing
B-Backordered; Item will follow
C-Case Good Item
D-Discontinued; Item no longer available
F-Special Offer
M-Item will ship directly from manufacturer
NC-No Charge
P-Prescription Drug; Return Authorization Required
*-Item has Safety Data Sheet (SDS)
R-Refrigerated Item; May be shipped separately
SK-School Kit
SM-Shipped from Multiple Buildings
T-Taxable Item
U-Temporarily Unavailable; please reorder
W-Warranty Item
WH, MN, M2, DM-DSCSA CODES

Distribution Names/Address

PR: 41 Wacker Rd. Denver, PA 17517 DEAN: RH0236637 State Reg#: 8000000683 Chem. Reg#: 0065731HNY	IN: 5815 W 74th St. Indianapolis, IN 46286 DEAN: RH0162494 State Reg#: 400117GA Chem. Reg#: 006574HNY
--	---



CORPORATE OFFICE

135 Duryea Road • Melville, NY 11747

1.800.472.4346

www.henryschein.com

INVOICE

Ship/Sold-To: 3900108

Santhosh Augustine

Southeastern Gastro

2003 Godwin Ave

sre B

Lumberton, NC 28358-3149

Bill-To: 1042587

Santhosh Augustine

Southeastern Gastro and I M

101 W 27th St

Lumberton, NC 28358-3014

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
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472-4346.

INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL/HANDLING

SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO

[HTTP://WWW.HENRYSCHIN.COM/US-EN/MEDICAL/LEGAL/TERMS.ASPX](http://www.henryschein.com/us-en/medical/legal/terms.aspx)

MERCHANDISE TOTAL	\$89.62
SALES TAX	\$7.28
FREIGHT CHARGES	\$14.25
INVOICE TOTAL	\$111.15

Ship To#	Bill To#	Invoice#	Invoice Date	Invoice Total	CODE STATUS KEY	
3900108	1042587	76434231	04/22/20	\$111.15	S-Special Schein Pricing B-Backordered; Item will follow C-Case Good Item D-Discontinued; Item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug; Return Authorization Required	*-Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Taxable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, MZ, DM-DCGSA CODES
Order#	Order Date:	# of Boxes	PO#:			
88330758	04/20/20	2				

Distribution Names/Address

PA: 41 Weaver Rd. Dairvort, PA 17517 DEA#: RH0235657 State Reg#: 9000000663 Chem. Reg#: 006573HNY	IN: 5315 W 74th St. Indianapolis, IN 46268 DEA#: RH0152494 State Reg#: 48001176A Chem. Reg#: 006573HNY
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Terms of Sale

THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc. • Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

California: For all shipments of goods to customers located within California, title will pass upon receipt of goods by California customers.

Continental U.S.: All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

Alaska, Hawaii & Pacific Protectorates: Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:

• All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS) • Special delivery orders and hazardous material shipments can be shipped via United Parcel Services (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

Outside U.S. (50 states): If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at henryschein.com. Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

RX PRODUCTS & CONTROLLED SUBSTANCES:

• Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal registrations verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit www.henryschein.com/9222: if you prefer to continue using Federal 222 Forms to order.

Schedule II controlled substances, mail the form to: Henry Schein, Inc. • 5315 West 74th Street • Indianapolis, IN 46256

• Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(MIM, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.HenrySchein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue

DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

credit (if applicable) • Shipping charges will apply on all returns.

Exceptions:

The following special, customized, or government-regulated items are not returnable:

- Immune globulin products • Special order items (products that we do not ordinarily stock)
- Personalized and imprinted items • Opened computer hardware and software • Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer Any item marked nonreturnable • Items required to be shipped and stored frozen • Any drop-shipped products

Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered. Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if HSI is notified within 30 calendar days of shipment date and valid return authorization is issued by HSI.
- 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service.
- 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI.
- 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

INSTITUTIONAL & CORPORATE ACCOUNTS:

Terms of Sale follow the same guidelines unless denoted differently in a contract. Some offers and promotions outlined in the catalog may not apply. Requests for bids and proposals may be sent to: Henry Schein, Inc., Medical Bid Department (Mail Route E-270) 135 Duryea Road, Melville, NY 11747

INTERNATIONAL AND CANADIAN ORDERS:

We proudly serve healthcare professionals, governments, and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) at, phone: 1-631-843-5325, fax: 1-631-843-5676, or send us an e-mail at: export@henryschein.com.

ARBITRATION:

All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

WARRANTIES:

Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer. EXCEPT AS OTHERWISE PROVIDED HEREIN, TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.

LIMITATION OF LIABILITY:

The customer agrees to look solely to the manufacturer of the product for any claim arising due to loss, injury, damage or death related to the use or sale of products. HENRY SCHEIN SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND LOSS OF GOODWILL, ARISING FROM OR RELATING TO ANY BREACH TO THIS AGREEMENT (OR ANY DUTY OF COMMON LAW, AND WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF HENRY SCHEIN OR ITS AFFILIATES), REGARDLESS OF ANY NOTICE OF THE POSSIBILITY OF SUCH DAMAGES.

Henry Schein Telephone Hotlines...We're Here Ready to Help!

Henry Schein Medical

To Place An Order 1-800-772-4346 8am-8pm, et
To Fax An Order 1-800-329-9109 24 Hours
Customer Service 1-800-472-4346 8am-8:30pm, et
Internet www.henryschein.com/medical
E-mail meds@henryschein.com

eCommerce Technical Support

PRIVILEGES 1-800-711-6032 8am-8pm, et
Henry Schein Financial Services 1-866-833-8477 9am-5pm, et
ProRepair 1-800-443-2756 8am-8:30pm, et
International Dept. (USA) 1-800-367-3674 8am-7pm, et
In Canada 1-631-843-5325 or Fax 1-631-843-5676
1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

To Place An Order 1-800-445-3550 8:30am-5:30pm, et
To Fax An Order 1-800-531-4793 24 Hours
Customer Service 1-800-472-4346 8am-8:30pm, et
Internet www.henryschein.com/ems
E-mail ems@henryschein.com

340B Program

To Place An Order 1-877-344-3402 8:30am-5:30pm, et
To Fax An Order 1-888-885-1253 24 Hours
Customer Service 1-877-344-3402 8:30am-5:30pm, et
Internet www.henryschein.com/medical
E-mail customer.support@henryschein.com
e-Commerce Support 1-800-711-6032 8am-8pm, et

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et
To Fax An Order 1-800-524-4969 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com


image supply, inc.

CHEMICAL and JANITORIAL SUPPLIES

www.imagesupplyinc.com

P.O. Box 1108 • Lumberton, NC 28359

800-672-8251 • Phone 910-738-1166 • Fax 910-738-1488

INVOICE

Page 1/1

Sold To

 SOUTHEASTERN GASTRO & INTERNAL
 101 WEST 27TH STREET
 LUMBERTON NC 28358-0000

Ship To

 PREMIER BEHAVIORAL SERVICES
 2003 GODWIN AVE.
 SUITE B
 LUMBERTON NC 28358

Customer # 0008035	Order Date 04/21/2020	Sales Order # 371259	Buyer	Customer P/O # JENNIFER	Ship Via Tr T1/001	Salesman 12
Invoice # 371259	Invoice Date 04/23/2020	Ship Date 04/22/20	Freight Terms PREPAID	Job Number	Terms 1 % 10 NET 30	

LN	QNTY ORD	QNTY SHIP	QNTY B/O	PRODUCT NUMBER	DESCRIPTION	UOM	NET PRICE	EXTENSION
1	1	1		JT92	TISSUE JUMBO 9" 2PLY 12/CS PREMIUM JRT MFG# 5206VP	Cs	21.75	\$21.75
2	1	1		RH313	TOWELS TORK BROWN 6/800" GREEN SEAL CERTIFIED MFG# WPRH313	Cs	41.40	\$41.40
3	1	0	1	LYSOL	DISINFECTANT SPRAY LYSOL I.C. HOSPITAL-GRADE 19oz MFG# RAC95029	Dz	148.32	\$0.00
4	1	1		995	FUEL SURCHARGE MFG# 995	Ea	3.25	\$3.25

Signature Proof of Delivery:

 Visit us at www.imagesupplyinc.com to view your
 buying history and place your orders online.
 Thank you for your business.

Terms & Conditions

 This invoice is your final bill, and payment is
 due as indicated by your terms. A service fee of
 1.5% monthly is imposed on overdue invoices.
 Please include your customer # on all checks.

Merchandise	66.40
Freight	0.00
Misc Charges	0.00
Sub Total	66.40
Taxable	66.40
Tax (RC)	4.65
TOTAL	\$71.05

J P 04/22/20 09:18

Archive Copy

Pay By 05/03/2020 Take 1% Discount \$0.66 & Pay Only \$70.39

Writer: AS



image supply, inc.

CHEMICAL and JANITORIAL SUPPLIES

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P.O. Box 1108 • Lumberton, NC 28358

800-672-8251 • Phone 910-738-1166 • Fax 910-738-1488

INVOICE

Page 1/1

Sold To

SOUTHEASTERN GASTRO & INTERNAL
101 WEST 27TH STREET
LUMBERTON NC 28358-0000

Ship To

PREMIER BEHAVIORAL SERVICES
2003 GODWIN AVE.
SUITE B
LUMBERTON NC 28358

Customer #	Order Date	Sales Order #	Buyer	Customer P/O #	Ship Via	Salesman
0008035	04/21/2020	371259		JENNIFER	Tr T1/006	12
Invoice #	Invoice Date	Ship Date	Freight Terms	Job Number	Terms	
371259A	08/18/2020	08/17/20	PREPAID		1 % 10 NET 30	

LN	QNTY ORD	QNTY SHIP	QNTY B/C	PRODUCT NUMBER	DESCRIPTION	UCM	NET PRICE	EXTENSION
5	1	1		SMOOTH	DISINFECTANT SPRAY SMOOTH LINEN FRESH 12/1702 HOSPITAL GRADE TB-EFFECTIVE MFG# 483720L4676	Dz	111.33	\$111.33

Signature Proof of Delivery:

Shanghai

Shawna 08/17/20 10:17

Visit us at www.imagesupplyinc.com to view your buying history and place your orders online.
Thank you for your business.

Terms & Conditions
This invoice is your final bill, and payment is due as indicated by your terms. A service fee of 1.5% monthly is imposed on overdue invoices. Please include your customer # on all checks.

Merchandise	111.33
Freight	0.00
Misc Charges	0.00
Sub Total	111.33
Taxable	111.33
Tax (RC)	7.79
TOTAL	\$119.12

Sent Copy

Pay By 08/28/2020 Take 1% Discount. \$1.11 & Pay Only \$118.01

Writer: AS

Shipment Confirmation #103209364-001

From: officedepotorders@officedepot.com

To: PACHECO.PREMIER@YAHOO.COM

Date: Saturday, July 11, 2020, 02:32 AM EDT

Shipping to: SANTHOSH AUGUSTINE
2003 GODWIN AVE STE B LUMBERTON, NC 28358-3150

**Office DEPOT.
OfficeMax®**

Your order has shipped!

Your order is packed up and ready to go. Track your order below:

Estimated Delivery Date: Monday, July 13, 2020

[Track My Order](#)

In This Shipment:



**Office Depot® Multi-Use Paper, Letter Size (8-1/2" x 11"), 94 (U.S.)
Brightness, 20 Lb, Ream Of 500 Sheets, Case Of 8 Reams**

Quantity Shipped: 5

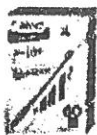
Item # 358955



Post it® Notes Super Sticky Notes, 3" x 3", Miami, Pack Of 24 Pads

Quantity Shipped: 1

Item # 336977



BIC® Round Stic® Ballpoint Pens, Medium Point, 1.0 mm, Translucent Barrel, Black Ink, Pack Of 60 Pens

Quantity Shipped: 1

Item # 664011



BIC® Wite-Out® Correction Tape, Pack Of 4 Correction Tape Dispensers

Quantity Shipped: 1

Item # 581985



Office Depot® Brand Pen-Style Highlighters, 100% Recycled, Yellow, Pack Of 6

Quantity Shipped: 1

Item # 874483



Office Depot® Brand Pen-Style Highlighters, 100% Recycled, Assorted Colors, Pack Of 6 Highlighters

Quantity Shipped: 1

Item # 877678



Germ-X Original Hand Sanitizer, 8 Oz

Quantity Shipped: 12

Item # 7436830

Order Summary

Order Number

103209364-001

Order Date

07/10/2020

Delivery Method

Next Business Day
Delivery

Status

Shipped

103209364001

Questions? We're here to help.
Call 800.GO.DEPOT (1-800) 463-3768 Text (1-904) 853-3768

Download our App for Exclusive Offers



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Shipment Confirmation #117632151-001

From: officedepotorders@officedepot.com

To: PACHECO.PREMIER@YAHOO.COM

Date: Friday, August 21, 2020, 01:03 AM EDT

Shipping to: SANTHOSH AUGUSTINE
2003 GODWIN AVE STE B LUMBERTON, NC 28358-3150

Office DEPOT
OfficeMax

Your order has shipped!

Your order is packed up and ready to go. Track your order below:

Estimated Delivery Date: Friday, August 21, 2020

[Track My Order](#)

In This Shipment:



**Office Depot® Copy And Print Paper, Letter Size (8-1/2" x 11"), 20 Lb, Ream
Of 500 Sheets, Case Of 10 Reams**
Quantity Shipped: 5
Item # 348037



Post it® Super Sticky Notes, 3" x 3", Canary Yellow, Pack Of 12 Pads
Quantity Shipped: 1
Item # 504728



GERM-X Original Hand Sanitizer, 2-Oz Flip-Cap Bottle
Quantity Shipped: 12
Item # 9009240

Picture
Not
Available

2020 CUSTOMER 9 PIP
Quantity Shipped: 1
Item # 7700694

Order Summary

Order Number
117632151-001

Order Date
08/20/2020

Delivery Method
Next Business Day
Delivery

Status
Shipped

117632151001

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From: officedepotorders@officedepot.com

To: PACHECO.PREMIER@YAHOO.COM

Date: Tuesday, August 25, 2020, 03:49 AM EDT

Shipping to: SANTHOSH AUGUSTINE
2003 GODWIN AVE STE B LUMBERTON, NC 28358-3150

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Your order has shipped!

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Estimated Delivery Date: Tuesday, August 25, 2020

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In This Shipment:



Clean Works Fragrance-Free Gel Hand Sanitizer, 8.45-Oz Pump Bottle

Quantity Shipped: 5


Item # 9950634



**Office Depot® Copy And Print Paper, Letter Size (8-1/2" x 11"), 20 Lb, Ream
Of 500 Sheets, Case Of 10 Reams**

Quantity Shipped: 5

Item # 348037

 **Post it® Super Sticky Notes, 3" x 3", Canary Yellow, Pack Of 12 Pads**
Quantity Shipped: 1
Item # 504728

Picture
Not
Available

2020 CUSTOMER 9 PIP
Quantity Shipped: 1
Item # 7700694

Order Summary

Order Number
118541998-001

Order Date
08/19/2020

Delivery Method
Next Business Day
Delivery

Status
Shipped

118541998001

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STANTON H. AUGUSTINE
MD

PREMIER BEHAVIORAL
SERVICES


MICHAEL HEMLICH
LICENSURE & CERT. SECTION LUMBERTON
NIC 28358
ACDHSR
12/2/20

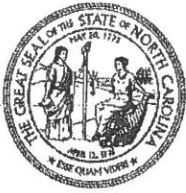
Dear Madam / Sir
Please find we enclosed
plan of correction for
Premier Behavioral Services
MHL# 078-251

I am available at 910-7332007
to answer any questions

Thanking you

Truly


STANTON H. AUGUSTINE



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA CERTIFIED MAIL

September 24, 2020

Santhosh Augustine, MD
Premier Behavioral Services, Inc.
2003 Godwin Avenue, Suite B
Lumberton, NC 28358

RE: Type A1 and Type A2 Administrative Penalties
Premier Behavioral Services, Inc., 2003 Godwin Avenue, Suite B, Lumberton, NC
28358
MHL #078-251
E-mail Address: santhoshaugustine@hotmail.com

Dear Dr. Augustine:

Based on the findings of this agency from a survey completed on September 4, 2020, we find that Premier Behavioral Services, Inc., has operated Premier Behavioral Services, Inc., in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities, and Substance Abuse Services and N.C.G.S. § 122C, Article 3, Clients' Rights for individuals with mental illness, developmental disabilities, or substance abuse issues. After a review of the findings, this agency is taking the following action:

Administrative Penalties – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing a Type A1 administrative penalty of \$5,000.00 against Premier Behavioral Services, Inc., for violation of 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) and assessing a Type A2 administrative penalty of \$1,500.00 against Premier Behavioral Services, Inc., for violation of 10A NCAC 27G .0201 Governing Body Policies (V105).

Payment of the penalties is to be made to the Division of Health Service Regulation and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalties are not paid within sixty (60) days of this notification, a 10% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalties. The facts upon which the administrative penalties are based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

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mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Lisa G. Corbett, General Counsel. This person may receive service of process by mail at the following address:

Ms. Lisa G. Corbett, General Counsel
Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at (252) 568-2744. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Wendy Boone, Eastern Branch Manager at (252) 568-2744.

Sincerely,

Michiele Elliott

Michiele Elliott, Acting Chief
Mental Health Licensure & Certification Section

Cc: dhsrreports@dhhs.nc.gov, DMH/DD/SAS
Medicaid.dhsr.notice@dhhs.nc.gov, NC Medicaid
accreditationNotifications@nctracks.com, NC Medicaid Fiscal Agent
DHSRreports@eastpointe.net
Velvet Nixon, Director, Robeson County DSS
Pam Pridgen, Administrative Supervisor



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 24, 2020

Santhosh Augustine, MD
Premier Behavioral Services, Inc.
2003 Godwin Avenue, Suite B
Lumberton, NC 28358

Re: Complaint Survey completed September 4, 2020
Premier Behavioral Services, Inc., 2003 Godwin Avenue, Suite B, Lumberton,
NC 28358
MHL # 078-251
E-mail Address: santhoshaugustine@hotmail.com
Intake # NC00168348

Dear Dr. Augustine:

Thank you for the cooperation and courtesy extended during the complaint survey completed September 4, 2020. The complaint was substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A1 rule violation is cited for 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512).
- Type A2 rule violation is cited for 10A NCAC 27G .0201 Governing Body Policies (V105).
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Type A1/A2 violations must be **corrected** within 23 days from the exit date of the survey, which is September 27, 2020. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1/A2 violations by the 23rd day from the date of the survey may result in the assessment of an

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September 24, 2020
Santhosh Augustine, MD
Premier Behavioral Services, Inc.

administrative penalty of \$500.00 (Five Hundred) against Premier Behavioral Services, Inc. for each day the deficiency remains out of compliance.

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is November 3, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear at 910-214-0350.

Sincerely,



Betty Godwin, RN, MSN
Nurse Consultant
Mental Health Licensure & Certification
Section



Tareva Jones, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification
Section

Cc: DHSRreports@eastpointe.net
Pam Pridgen, Administrative Assistant

Premier Behavioral Services	Policy No: SA 05(b) Page 1 of 7
Subject: Infection Control-COVID 19 Protocols	Effective Date: 09/09/20 Revised: Scope: All Services

General Prevention and Control Strategies

Exhibit 1

The agency will proactively communicate with staff and clients about agency COVID-19 protocols. The agency will instruct staff and clients to stay at home if they have fever, any respiratory systems, or any systems related to COVID-19 infection.

The agency will maintain a healthy work/service environment. The agency will:

- Perform daily screening for COVID-19 symptoms for staff and clients.
- Perform daily routine cleaning
- Perform enhanced cleaning and disinfection after person suspected/confirmed to have COVID-19.
- Limit travel and advise staff if they must travel to take additional precautions and preparations.
- Follow guidelines set forth by CDC, Federal, and State guidelines during travel.
- Minimize risk to staff when planning meetings and gatherings.
- Use video conferencing or telephone conferencing when possible.
- Cancel or postpone large work-related meetings or gatherings.
- Hold meetings in person only when required and must be in well ventilated spaces.
- Maintain 6 feet social distancing and wear face mask.

In School Services

If services are performed in a school setting the staff will follow all school protocols about COVID-19.

Screening Procedures

To limit the spread of COVID-19, it is important to promptly identify and separate individuals who are potentially infectious. Screening helps reduce the risk of exposure.

Upon arrival to the facility, all individuals, visitors, and staff are screened with a no contact thermometer and screened for commonly associated symptoms of COVID-19 such as;

- Cough;
- Shortness of breath;
- Chills;
- Repeated shaking with chills;

Premier Behavioral Services	Policy No: SA 05(b) Page 2 of 7
Subject: Infection Control-COVID 19 Protocols	Effective Date: 09/09/20
	Revised: Scope: All Services

- Headache;
- Sore throat;
- New loss of taste or smell; and/or
- Muscle pain.

If a person has a temperature of 100.4 or greater OR if he or she confirms they have experienced any of the commonly associated symptoms of COVID-19 the person shall not be allowed in the facility and be sent home or to a healthcare provider.

Social Distancing

COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for 15 minutes or more. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouth, noses or eyes of people nearby. The droplets can also be inhaled into the lungs. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19, hence the importance of physical distancing, as well as, the other measures discussed below.

Social distancing, also called “physical distancing,” means keeping space between yourself and other people outside of your home. To practice social or physical distancing:

- Stay at least 6 feet from other people
- Maintain social distancing by staying 6 feet away from others as clinically appropriate. To support with visualizing this distance, consider utilizing tape on the floor so individuals, setting chairs at least 6 feet apart.
- Social distancing may necessitate changing how you schedule participants or conduct facility-based programming to keep the size of a group to the minimal size needed to ensure social distancing.
- Stay out of crowded places and avoid mass gatherings as outlined in the Governor’s Executive Orders.
- Limit programs with external staff.

Hand Hygiene

Washing your hands is easy, and it’s one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one

Premier Behavioral Services	Policy No: SA 05(b) Page 3 of 7
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person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals. One of the reasons hand hygiene is critical is that COVID-19 is thought to be able to survive on surfaces for approximately 72 hours. Therefore, if you touch a contaminated surface and then touch your mouth, nose or eyes, **without washing your hands** there is the possibility to become infected with the virus.

Follow these five steps every time:

- Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.

Use hand sanitizer when you can’t use soap and water.

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

How to use hand sanitizer:

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

The agency will post signs throughout the facility with simply worded messages and/or pictures reminding individuals to maintain social distances and wash hands frequently. Staff will remind individuals about the importance of these verbally throughout the day.

Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

Premier Behavioral Services	Policy No: SA 05(b) Page 4 of 7
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- Cover your mouth and nose with a tissue when coughing or sneezing or cough or sneeze into your elbow.
- Use in the nearest waste receptacle to dispose of the tissue after use.
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, 60% or greater alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

Cloth Face Coverings

Staff, clients, and visitors are required to wear a cloth face covering to cover their nose and mouth while in the facility. This is to protect people around you if you are infected but do not have symptoms. A cloth face covering should be worn whenever people are in a community setting, especially in situations where you may be near people. These face coverings are not a substitute for social distancing.

Wearing cloth face coverings is an additional public health measure people should take to reduce the spread of COVID-19. CDC still recommends that you stay at least 6 feet away from other people (social distancing), frequent hand cleaning and other everyday preventive actions. A cloth face covering is not intended to protect the wearer, but it may prevent the spread of virus from the wearer to others. This would be especially important if someone is infected but does not have symptoms.

Cloth face coverings are not required and should not be placed on children younger than 2 years of age, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cover without assistance.

Transportation

The following measures will be taken to clean and disinfect vehicles used to transport clients (including personal vehicles).

All vehicles used to transport clients (including personal vehicles) shall be cleaned and disinfected after each use. These vehicles and the staff operating the vehicles may interact with dozens of individuals throughout the day, allowing for the potential spread of infection.

All individuals (including the driver) will wear cloth face coverings in vehicles used to transport clients (including personal vehicles).

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Drivers will ensure adequate ventilation in the vehicle during transportation.

Drivers will advise clients to avoid shaking hands, to wear face masks, cover nose with tissue when coughing/sneezing or to use inside of elbow when no tissue is available, to use hand sanitizer for hand hygiene.

PPE will be available in the vehicle.

A maximum of 4 clients in a 9 passenger van will be allowed and a maximum of 8 clients in a 17 passenger van.

Terminal cleaning of the vehicle will be done daily at the end of the day.

Signage

Posted reminders for people to stay 6 feet apart, including both words and pictures that demonstrate social distancing. The below signs shall be posted:

- A notice on all entry points that requires screening before entry.
- A notice on all entry points that visitors may be restricted at this time.
- A notice that bathrooms are single use only to prevent unintentional congregating in the small space of the bathroom area
- Reminder for mask wearing, hand hygiene and cough etiquette.

Disinfecting Procedures

The agency will:

- Provide access to alcohol-based hand sanitizer with 60-95% alcohol throughout the facility and keep sinks stocked with soap and paper towels.
- Ensure adequate cleaning and disinfection supplies are available. Provide EPA-registered disposable disinfectant wipes so that commonly used surfaces can be wiped down. Routinely (at least once per day, if possible) clean and disinfect surfaces and objects that are frequently touched in common areas.
- This may include cleaning surfaces and objects not ordinarily cleaned daily (e.g., door handles, faucets, toilet handles, light switches, elevator buttons, handrails, countertops, chairs, tables, remote controls, shared electronic equipment, and shared exercise equipment).
- Use regular cleaners, according to the directions on the label. For disinfection, most common EPA registered household disinfectants should

Premier Behavioral Services	Policy No: SA 05(b) Page 6 of 7
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be effective. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time).

- Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting. You may need to wear additional PPE depending on the setting and disinfectant products you are for each product you use, consult and follow the manufacturer's instruction for use.

Actions in case the program or facility needs take if a staff or client has suspected or confirmed Covid-19 infection.

In the event a staff or consumer has suspected or confirmed COVID-19 the agency will:

- Close off any areas used for prolonged periods of time by the person.
- Clean and disinfect the area used by the person, and do not allow anyone to use that location for 24 hours. During the waiting period open the doors and outside windows to increase the circulation in those areas.
- Continue routine cleaning and disinfecting of high-touch services in the facility.
- Notify all staff and clients immediately that they may have been exposed to someone that has suspected or confirmed COVID they should stay home for 14 days and consult their primary care physician for further advice. The agency will maintain confidentiality of the names of staff or client with suspected or confirmed COVID-19 as required by HIPPA.
- If any staff or clients becoming positive for COVID-19, the agency will immediately notify the local health department and obtain further advice. and comply with local health department directions.

Actions if a staff or client becomes ill at the facility.

If a staff or client demonstrates symptoms of COVID-19 while being screened they will be sent home or to a healthcare provider. If a staff or client becomes acutely ill at the facility, an ambulance will be called to transport consumer to the nearby healthcare facility

Return to Facility criteria for staff and clients:

Staff and clients shall remain away from the facility until:

Premier Behavioral Services	Policy No: SA 05(b) Page 7 of 7
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- At least 3 days (72 hours) have passed since recovery, which is defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 10 days have passed since symptoms first appeared.

Individuals with laboratory-confirmed COVID-19 who have not had any symptoms should be excluded from the facility until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

If an individual had COVID-19 ruled out and has an alternate diagnosis (e.g., tested positive for influenza), criteria for return to the facility should be based on that diagnosis.

Steps to take when accepting new admissions during the COVID19 pandemic.

The agency will not admit clients or hire staff that have confirmed COVID-19 status until return to Facility criteria is met.

Steps facility will take when discharging participants from the program.

The agency will not discharge clients if they have suspected or confirmed COVID-19.

Paid Time Off

In the event a staff has suspected or confirmed COVID-19 that is diagnosed in writing by a medical professional, the staff may use accrued paid time off (PTO) during self-quarantine or medical treatment. In the event staff does not have sufficient PTO accrued to cover the first 10 working days of quarantine or medical treatment, the agency will make up the difference for the first 10 workdays of time off. For example: staff has 5 days of PTO accrued. The agency will donate 5 working days of pay. If the staff is paid hourly the agency will pay the daily number of work hours averaged over the past 30 days.

**COVID – 19 STAFF TRAINING
SANTHOSH AUGUSTINE, MD
PREMIER BEHAVIORAL SERVICES**

Symptoms of Covid-19 Infection

9/9/20

COVID-19 affects different people in different ways. Infected people have had a wide range of symptoms reported – from mild symptoms to severe illness.

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

Fever or chills

Cough

Shortness of breath or difficulty breathing

Fatigue

Muscle or body aches

Headache

New loss of taste or smell

Sore throat

Congestion or runny nose

Nausea or vomiting

Diarrhea

Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

Trouble breathing

Persistent pain or pressure in the chest

New confusion

Inability to wake or stay awake

Bluish lips or face

Call your medical provider for any other symptoms that are severe or concerning to you.

What can I do to prevent the coronavirus disease?

Use a cloth face covering when you may not be able to keep 6 feet between yourself and other people. Wash hands frequently with soap and water for at least 20 seconds at a time. Avoid touching your eyes, nose and mouth with unwashed hands. Cover your mouth and nose with a tissue when you cough or sneeze.

Do not reuse tissue after coughing, sneezing or blowing your nose. Clean and disinfect surfaces that are frequently touched

Covid -19 - Care of consumers

- **Premier Behavioral Services staff to**
- **proactively communicate with consumers**, inquiring their well being and instruct consumers to stay at home if they have fever, any respiratory systems, or any systems related to COVID-19 infection. Responsible Person – Receptionist and Check-in Personal.
- **Conduct daily health checks on consumer** - Responsible Person-Check-in Personal

Follow the CDC guidelines, including health questionnaire and forehead temperature check by touchless temperature gun.

- **Conduct daily hazard assessment at facility** -by HR Manager
- **Make sure all consumers wear personal protective equipment** by Receptionist, Program Staff and HR manager.
- **Face masks, hand sanitizer, frequent hand washing, and other guidelines set forth by CDC are readily available at Premier Behavioral Services** by HR manager.
- **Management of sick consumers** by Program staff, Janitorial Staff and HR Manager.

Sick consumers need to be sent home or to a healthcare provider. If a consumer becomes sick at the facility, an emergency ambulance will be called to transport consumer to the nearby healthcare facility.

- **Management of areas used consumer with suspected or confirmed Covid-19 infection** by Program staff, Janitorial staff and HR Manager.

Close off any areas used for prolonged periods of time by the sick person. Clean and disinfect the area used by the sick person, and do not allow another consumer to use that location for 24 hours. During the waiting period open the doors and outside windows to increase the circulation in those areas. Continue routine cleaning and disinfecting of high-touch services in the facility. Follow CDC cleaning and disinfection recommendations. Use disinfectant products that meet the EPA criteria for use against SARS-Cov-2, the virus that causes COVID-19, and are appropriate for the surface. Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting. You may need to wear additional PPE depending on the setting and disinfectant products you are using. Useful information on each product you use consult and follow the manufacturer's instruction for use.

- **Management Consumer who may have been exposed to the COVID-19 virus** by Program staff and HR Manager.

Inform consumer that they are at risk of contracting COVID-19 infection and potentially spread infection to others and they should stay home for 14 days and consult their primary care physician for further advice. Premier Behavioral Services Staff will maintain confidentiality of consumer's possible exposure to COVID-19 in the facility as required by HIPPA.

- **Educate consumers about steps they can take to protect themselves at home and at a healthcare facility** by Program staff.

Consumer will be educated periodically on any new policies or procedures related to COVID-19 set forth by CDC from time to time. Consumers must stay home if they are

sick. Consumers must wash their hands often with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol, if soap and water is not available. Consumers must keep their hands clean at all times, before and after any activities, after coughing, sneezing, or blowing their nose. Avoid touching their eyes, nose, and mouth, with unwashed hands. Cover their mouth and nose with tissue when coughing or sneezing, or use inside of their elbow. Practice social distancing by avoiding large gatherings, and maintaining distance of at least 6 feet from others when possible.

- Consumers are encouraged to avoid public transportation or ride sharing:
Consumers are encouraged to minimize close contact with others during transportation, follow CDC guidelines during transportation. Avoid public transportation or ride sharing if possible.

Transportation protocols in regards to Covid-19 infection.

All transportation vehicles of Premier Behavioral Services will be cleaned with Covid-19 approved disinfectants after every transportation shift.

The transportation driver to prescreen consumers using a standard questionnaire used to screen Covid-19 exposure. Any consumers suspected or confirmed of exposure to Covid-19 infection, consumers with symptoms suggestive of possible Covid-19 infection, or consumers who have traveled to Covid-19 hotspots will be eliminated from the transportation vehicle.

Transportation staff to clean frequently touched surfaces and objects including door handles and seatbelts before transporting another consumer. Transportation staff to wear disposable gloves during cleaning and dispose after each use.

Transportation driver to maintain adequate ventilation in the vehicle during transportation.

Transportation driver to advise consumers to avoid shaking hands, use face masks, cover nose/mouth with tissue when coughing/sneezing (cover face with inside of elbow when no tissue is available), use alcohol-based sanitizers (at least 60% alcohol) for hand hygiene as and when required.

Hand sanitizers, face masks, and other PPE will be readily available for consumers during transportation.

Transportation driver will be responsible for maintaining enough PPE supplies in the vehicle at all times during transportation.

Consumers to maintain adequate social distancing during transportation (maximum of 4 consumers in a 9-passenger van and maximum of 8 consumers in a 17-passenger van).

Transportation driver to report to Premier Behavioral Services administrative staff any adverse incidents which happened during transportation.

Terminal cleaning of the transportation vehicle to be done daily at the end of the day.

How to Prevent and Reduce Transmission Among Employees

Monitor federal, state, and local public health communications about COVID-19 regulations, guidance, and recommendations and ensure that workers have access to that information. Frequently check the [CDC COVID-19 website](#).

Actively encourage sick employees to stay home:

- Employees who have symptoms should notify their supervisor and stay home.
- Sick employees should follow CDC-recommended steps. Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers.
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow CDC recommended precautions.

Conduct daily in-person or virtual health checks (e.g., symptom and/or temperature screening) of employees before they enter the facility, in accordance with state and local public health authorities and, if available, your occupational health services:

- If implementing in-person health checks, conduct them safely and respectfully. Employers may use social distancing, barrier or partition controls, or personal protective equipment (PPE) to protect the screener. However, reliance on PPE

alone is a less effective control and is more difficult to implement, given PPE shortages and training requirements.

- See the "Should we be screening employees for COVID-19 symptoms?" section of [General Business Frequently Asked Questions](#) as a guide.
- Complete the health checks in a way that helps maintain social distancing guidelines, such as providing multiple screening entries into the building.
- Follow guidance from the [Equal Employment Opportunity Commission external icon](#) regarding confidentiality of medical records from health checks.
- To prevent stigma and discrimination in the workplace, make employee health screenings as private as possible. Do not make determinations of risk based on race or country of origin and be sure to maintain confidentiality of each individual's medical status and history.

Identify where and how workers might be exposed to COVID-19 at work.

Employers are responsible for providing a [safe and healthy workplace external icon](#). Conduct a thorough [hazard assessment external icon](#) of the workplace to identify potential workplace hazards related to COVID-19. Use appropriate combinations of controls from the [hierarchy of controls](#) to limit the spread of COVID-19, including engineering controls, workplace administrative policies, and personal protective equipment (PPE) to protect workers from the identified hazards (see table below):

- Conduct a thorough hazard assessment to determine if workplace hazards are present, or are likely to be present, and determine what type of controls or PPE are needed for specific job duties.
- When engineering and administrative controls cannot be implemented or are not fully protective, employers are required by OSHA standards to:
 - Determine what PPE is needed for their workers' specific job duties,
 - Select and provide appropriate PPE to the workers at no cost, and
 - Train their workers on its correct use.
- Encourage workers to wear a cloth face covering at work if the hazard assessment has determined that they do not require PPE, such as a respirator or medical facemask for protection.
 - CDC recommends wearing a cloth face covering as a measure to contain the wearer's respiratory droplets and help protect their co-workers and members of the general public.

- Cloth face coverings are not considered PPE. They may prevent workers, including those who don't know they have the virus, from spreading it to others but may not protect the wearers from exposure to the virus that causes COVID-19.
- Remind employees and customers that CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain, **especially** in areas of significant community-based transmission. Wearing a cloth face covering, however, does not replace the need to practice social distancing.
- See the OSHA COVID-19external icon webpage for more information on how to protect workers from potential COVID-19 exposures and guidance for employerspdf iconexternal icon, including steps to take for jobs according to exposure risk.

Separate sick employees:

- Employees who appear to have symptoms upon arrival at work or who become sick during the day should immediately be separated from other employees, customers, and visitors, and sent home.
- Have a procedure in place for the safe transport of an employee who becomes sick while at work. The employee may need to be transported home or to a healthcare provider.

Take action if an employee is suspected or confirmed to have COVID-19 infection:

In most cases, you do not need to shut down your facility. If it has been less than 7 days since the sick employee has been in the facility, close off any areas used for prolonged periods of time by the sick person:

- Wait 24 hours before cleaning and disinfecting to minimize potential for other employees being exposed to respiratory droplets. If waiting 24 hours is not feasible, wait as long as possible.
- During this waiting period, open outside doors and windows to increase air circulation in these areas.

If it has been 7 days or more since the sick employee used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.

Follow the CDC [cleaning and disinfection recommendations](#):

- Clean dirty surfaces with soap and water before disinfecting them.
- To disinfect surfaces, use [products that meet EPA criteria for use against SARS-Cov-2](#)[external icon](#), the virus that causes COVID-19, and are appropriate for the surface.
- Always wear gloves and gowns appropriate for the chemicals being used when you are cleaning and disinfecting.
- You may need to wear additional PPE depending on the setting and disinfectant product you are using. For each product you use, consult and follow the manufacturer's instructions for use.

Determine which employees may have been exposed to the virus and may need to take additional precautions:

- Inform employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the [Americans with Disabilities Act \(ADA\)](#)[external icon](#).
- Most workplaces should follow the [Public Health Recommendations for Community-Related Exposure](#) and instruct potentially exposed employees to stay home for 14 days, telework if possible, and self-monitor for [symptoms](#).
- [Critical infrastructure](#)[external icon](#) workplaces should follow the guidance on [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#). Employers in critical infrastructure also have an obligation to manage potentially exposed workers' return to work in ways that best protect the health of those workers, their co-workers, and the general public.

Educate employees about steps they can take to protect themselves at work and at home:

- Encourage employees to follow any new policies or procedures related to illness, cleaning and disinfecting, and work meetings and travel.
- Advise employees to:

- Stay home if they are sick, except to get medical care, and to learn what to do if they are sick.
- Inform their supervisor if they have a sick family member at home with COVID-19 and to learn what to do if someone in their home is sick.
- Wash their hands often with soap and water for at least 20 seconds or to use hand sanitizer with at least 60% alcohol if soap and water are not available. Inform employees that if their hands are visibly dirty, they should use soap and water over hand sanitizer. Key times for employees to clean their hands include:
 - Before and after work shifts
 - Before and after work breaks
 - After blowing their nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After putting on, touching, or removing cloth face coverings
- Avoid touching their eyes, nose, and mouth with unwashed hands.
- Cover their mouth and nose with a tissue when you cough or sneeze, or use the inside of their elbow. Throw used tissues into no-touch trash cans and immediately wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer containing at least 60% alcohol. Learn more about coughing and sneezing etiquette on the CDC website.
- Practice routine cleaning and disinfection of frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs. Dirty surfaces can be cleaned with soap and water prior to disinfection. To disinfect, use products that meet EPA's criteria for use against SARS-CoV-2[external icon](#), the cause of COVID-19, and are appropriate for the surface.
- Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. Clean and disinfect them before and after use.
- Practice social distancing by avoiding large gatherings and maintaining distance (at least 6 feet) from others when possible.

For employees who commute to work using public transportation or ride sharing, consider offering the following support:

- If feasible, offer employees incentives to use forms of transportation that minimize close contact with others (e.g., biking, walking, driving or riding by car either alone or with household members).
- Ask employees to follow the CDC guidance on how to protect yourself when using transportation.
- Allow employees to shift their hours so they can commute during less busy times.
- Ask employees to clean their hands as soon as possible after their trip.

Maintain Healthy Business Operations

Identify a workplace coordinator who will be responsible for COVID-19 issues and their impact at the workplace.

Implement flexible sick leave and supportive policies and practices:

- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.
- Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures. Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other.
- The Families First Coronavirus Response Act (FFCRA or Act) requires certain employersexternal icon to provide their employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19.
- Employers with fewer than 500 employees are eligible for 100% tax creditsexternal icon for Families First Coronavirus Response Act COVID-19 paid leave provided through December 31, 2020, up to certain limits.
- Employers that do not currently offer sick leave to some or all of their employees should consider drafting non-punitive “emergency sick leave” policies.
- Employers should not require a COVID-19 test result or a healthcare provider’s note for employees who are sick to validate their illness, qualify for sick leave, or to return to work.
 - Under the American’s with Disabilities Act, employers are permitted to require a doctor’s note from your employeesexternal icon to verify that they are healthy and able to return to work. However, as a practical matter, be aware that healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a

- timely manner. Most people with COVID-19 have mild illness and can recover at home without medical care and can follow CDC recommendations to determine when to discontinue home isolation and return to work.
- The U.S. Equal Employment Opportunity Commission (EEOC) has established guidance regarding Pandemic Preparedness in the Workplace and the Americans with Disabilities Act[external icon](#). The guidance enables employers to take steps to protect workers consistent with CDC guidance, including requiring workers to stay home when necessary to address the direct threat of spreading COVID-19 to others.
 - Review human resources policies to make sure that your policies and practices are consistent with public health recommendations and with existing state and federal workplace laws (for more information on employer responsibilities, visit the Department of Labor's[external icon](#) and the Equal Employment Opportunity Commission's[external icon](#) websites).
 - Connect employees to employee assistance program (EAP) resources, if available, and community resources as needed. Employees may need additional social, behavioral, and other services, for example, to help them manage stress and cope.

Protect employees at higher risk for severe illness through supportive policies and practices. Older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19.

- Support and encourage options to telework, if available.
- Consider offering vulnerable workers duties that minimize their contact with customers and other employees (e.g., restocking shelves rather than working as a cashier), if the worker agrees to this.
- Offer flexible options such as telework to employees. This will eliminate the need for employees living in higher transmission areas to travel to workplaces in lower transmission areas and vice versa.
- Ensure that any other businesses and employers sharing the same workspace also follow this guidance.

Communicate supportive workplace policies clearly, frequently, and via multiple methods. Employers may need to communicate with non-English speakers in their preferred languages.

- Train workers on how implementing any new policies to reduce the spread of COVID-19 may affect existing health and safety practices.
- Communicate to any contractors or on-site visitors about changes that have been made to help control the spread of COVID-19. Ensure that they have the information and capability to comply with those policies.
- Create and test communication systems that employees can use to self-report if they are sick and that you can use to notify employees of exposures and closures.
- Consider using a hotline or another method for employees to voice concerns anonymously.

Assess your essential functions and the reliance that others and the community have on your services or products.

- Be prepared to change your business practices, if needed, to maintain critical operations (e.g., identify alternative suppliers, prioritize existing customers, or temporarily suspend some of your operations).
- Identify alternate supply chains for critical goods and services. Some goods and services may be in higher demand or unavailable.
- If other companies provide your business with contract or temporary employees, talk with them about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Talk with business partners about your response efforts. Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.
- When resuming onsite business operations, identify and prioritize job functions for continuous operations. Minimize the number of workers present at worksites by resuming business operations in phases, balancing the need to protect workers with support for continuing operations.

Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children until childcare programs and K-12 schools resume.

- Plan to monitor and respond to absenteeism at the workplace.

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- Implement plans to continue your essential business functions in case you experience higher-than-usual absenteeism.
 - Prepare to institute flexible workplace and leave policies.
 - Cross-train employees to perform essential functions so the workplace can operate even if key employees are absent.

Establish policies and practices for social distancing. Alter your workspace to help workers and customers maintain social distancing and physically separate employees from each other and from customers, when possible. Here are some strategies that businesses can use:

- Implement flexible worksites (e.g., telework).
 - Implement flexible work hours (e.g., rotate or stagger shifts to limit the number of employees in the workplace at the same time).
 - Increase physical space between employees at the worksite by modifying the workspace.
 - Increase physical space between employees and customers (e.g., drive-through service, physical barriers such as partitions).
 - Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to indicate where to stand when physical barriers are not possible.
-
- Implement flexible meeting and travel options (e.g., postpone non-essential meetings or events in accordance with state and local regulations and guidance).
 - Close or limit access to common areas where employees are likely to congregate and interact.
 - Prohibit handshaking.
 - Deliver services remotely (e.g., phone, video, or web).
 - Adjust your business practices to reduce close contact with customers — for example, by providing drive-through service, click-and-collect online shopping, shop-by-phone, curbside pickup, and delivery options, where feasible.
 - Move the electronic payment terminal/credit card reader farther away from the cashier, if possible, to increase the distance between the customer and the cashier.
 - Shift primary stocking activities to off-peak or after hours, when possible, to reduce contact with customers.

If you have more than one business location, consider giving local managers the authority to take appropriate actions outlined in their COVID-19 response plans based on their local conditions.

Maintain a healthy work environment

Since COVID-19 may be spread by those with no symptoms, businesses and employers should evaluate and institute controls according to the hierarchy of controls to protect their employees and members of the general public.

Consider improving the engineering controls using the building ventilation system. This may include some or all of the following activities:

- Increase ventilation rates.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Increase outdoor air ventilation, using caution in highly polluted areas. With a lower occupancy level in the building, this increases the effective dilution ventilation per person.
- Disable demand-controlled ventilation (DCV).
- Further open minimum outdoor air dampers (as high as 100%) to reduce or eliminate recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold or hot weather.
- Improve central air filtration to the MERV-13 or the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
- Check filters to ensure they are within service life and appropriately installed.
- Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.

Note: Some of the above recommendations are based on the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) Guidance for Building Operations During the COVID-19 Pandemic[external icon](#). Review these ASHRAE guidelines for further information on ventilation recommendations.

Ensure the safety of your building water system and devices after a prolonged shutdown:

- Follow the CDC Guidance for Building Water Systems, which describes 8 steps to take before you reopen your business or building.

Give employees, customers, and visitors what they need to clean their hands and cover their coughs and sneezes:

- Provide tissues and no-touch trash cans.
- Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. Ensure that adequate supplies are maintained.
- Ideally, place touchless hand sanitizer stations in multiple locations to encourage hand hygiene.
- Place posters that encourage hand hygiene to help stop the spread at the entrance to your workplace and in other workplace areas where they are likely to be seen. This should include signs for non-English speakers, as needed.
- Discourage handshaking. Encourage employees to use other noncontact methods of greeting.
- Direct employees to visit CDC's coughing and sneezing etiquette and clean hands webpage for more information.

Perform routine cleaning:

- Follow the Guidance for Cleaning and Disinfecting to develop, implement, and maintain a plan to perform regular cleanings to reduce the risk of exposure to COVID-19.
- Routinely clean all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
 - If surfaces are dirty, clean them using a detergent or soap and water before you disinfect them.
 - For disinfection, most common, EPA-registered, household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19[external icon](#) is available on the EPA website. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time).
- Discourage workers from using each other's phones, desks, offices, or other work tools and equipment, when possible.
- Provide disposable disinfecting wipes so that employees can wipe down commonly used surfaces (e.g., doorknobs, keyboards, remote controls, desks, other work tools and equipment) before each use.

- Store and use disinfectants in a responsible and appropriate manner according to the label.
- Do not mix bleach or other cleaning and disinfection products together. This can cause fumes that could be very dangerous to breathe in.
- Advise employees to always wear gloves appropriate for the chemicals being used when they are cleaning and disinfecting and that they may need additional PPE based on the setting and product.

Perform enhanced cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility:

- If a sick employee is suspected or confirmed to have COVID-19, follow the CDC cleaning and disinfection recommendations.

Limit travel and advise employees if they must travel to take additional precautions and preparations:

- Minimize non-essential travel and consider resuming non-essential travel in accordance with state and local regulations and guidance.
- Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country where you will travel. Specific travel information for travelers going to and returning from countries with travel advisories, and information for aircrew, can be found on the CDC website.
- Advise employees to check themselves for symptoms of COVID-19 before starting travel and to notify their supervisor and stay home if they are sick.
- Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and promptly call a healthcare provider for advice if needed.
- If they are outside the United States, sick employees should follow company policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to help them find an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, or resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.

Minimize risk to employees when planning meetings and gatherings:

- Use videoconferencing or teleconferencing when possible for work-related meetings and gatherings.
- Cancel, adjust, or postpone large work-related meetings or gatherings that can only occur in-person in accordance with state and local regulations and guidance.
- When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces continuing to maintain a distance of 6 feet apart and wear cloth face coverings.

The table below presents examples of controls to implement in your workplace. The most effective controls are those that rely on engineering solutions, followed by administrative controls, then PPE. PPE is the least effective control method and the most difficult to implement. Worksites may have to implement multiple complementary controls from these columns to effectively control the hazard.

Resources for more information:

CDC Guidance

- [COVID-19 Website](#)
- [Business and Workplaces webpage](#)
- [General Business Frequently Asked Questions](#)
- [Small Business](#)
- [Transportation and Delivery](#)
- [What You Need to Know About COVID-19](#)
- [What to Do If You Are Sick With COVID-19](#)
- [What Workers and Employers Can Do to Manage Workplace Fatigue during COVID-19](#)
- [People at Higher Risk of Severe Illness](#)
- [Public Health Recommendations for Community-Related Exposures](#)
- [Public Health Recommendations after Travel-Associated COVID-19 Exposure](#)
- [Health Alert Network](#)
- [Travelers' Health Website](#)
- [National Institute for Occupational Safety and Health's Small Business International Travel Resource Travel Plannerpdf icon](#)
- [Managing Workplace Fatigue](#)

Other Federal Agencies and Partners

- [OSHA COVID-19 Websiteexternal icon](#)
- [OSHA Guidance for Preparing Workplaces for COVID-19pdf iconexternal icon](#)
-

Responsible person to monitor and maintain Covid-19 protocol at Premier Behavioral Services.

Human Resources Manager is the responsible person to monitor and maintain Covid-19 protocol.

Human Resources Manager to promptly report to the Medical Director /Owner of any adverse issues/matters encountered.

Notification to local health department.

- If any of Premier Behavioral Services consumers becoming positive for COVID-19, - Program staff / HR Manager must immediately notify the local health department and obtain further advice.
- Premier Behavioral Services consumers must comply with local health department directions.

Ongoing monitoring of Covid-19 health hazard.

Premier Behavioral Services Program staff to monitor the health and well-being of consumers attending the facility on a daily basis and inform the administrative staff/HR Manager, if any consumer is

showing signs of COVID-19 infection.

Premier Behavioral Services staff to monitor on a daily basis the implementation of the above mentioned COVID-19 health hazard action plan.

If any deficiencies are noted in the implementation and maintenance of the above mentioned action plan the administrative staff should notify Dr. Santhosh Augustine (Owner) immediately(Tel 910 733 2007).

Exhibit 3

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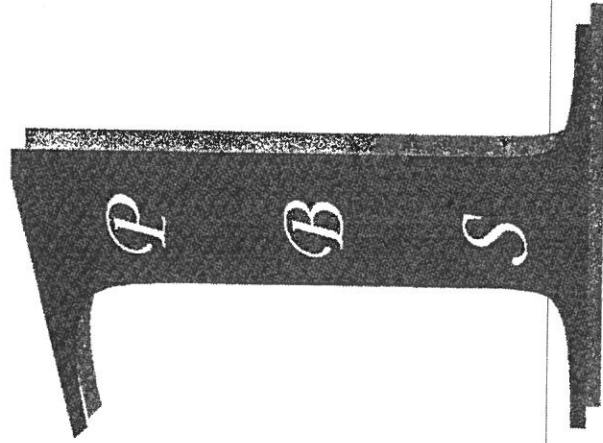
Jennifer Pacheco

September 9, 2020

Date

Trainer

Santhosh Augustine, MD



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Jacqueline Blount

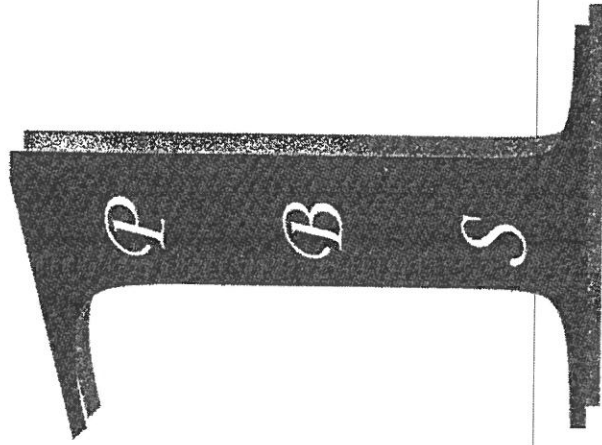
September 17, 2020

Date

Trainer

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Santhosh Augustine, MD



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Michael Coleman

September 17, 2020

Date

Trainer

Santhosh Augustine, MD



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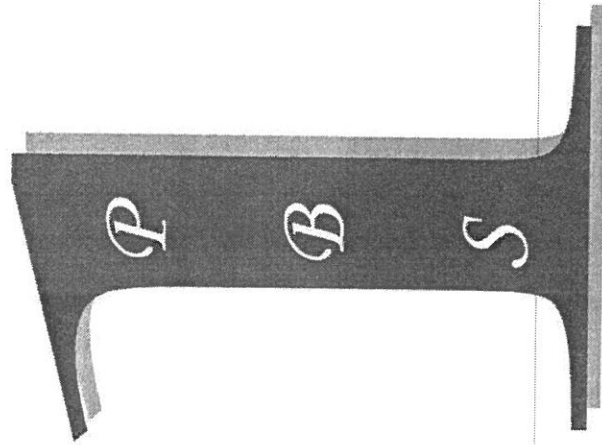
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Santhosh Augustine, MD




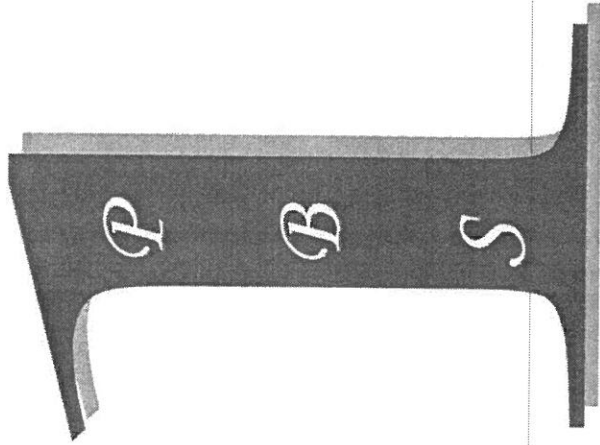
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Tyrone Miles

September 17, 2020
Date

Trainer

Santhosh Augustine, MD



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Calacia Douglas

September 17, 2020

Date

Trainer

A handwritten signature in black ink, appearing to read 'Santhosh Augustine', is written over a horizontal line.

Santhosh Augustine, MD



Awards this
Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

Chanel Turner

September 17, 2020

Date

Trainer

A handwritten signature in black ink, appearing to read "Santhosh Augustine", is written over the printed name.

Santhosh Augustine, MD



Awards this
Certificate of Completion to


COVID-19 Infection Prevention & Control
Staff Training

Chris Taylor

September 17, 2020

Date

Trainer


Santhosh Augustine, MD



Awards this
Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

Donata Williams

September 17, 2020

Date

Trainer

A handwritten signature in black ink, appearing to read 'Santhosh Augustine', is written over the word 'Trainer'.

Santhosh Augustine, MD



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Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

Brittany Jacobs

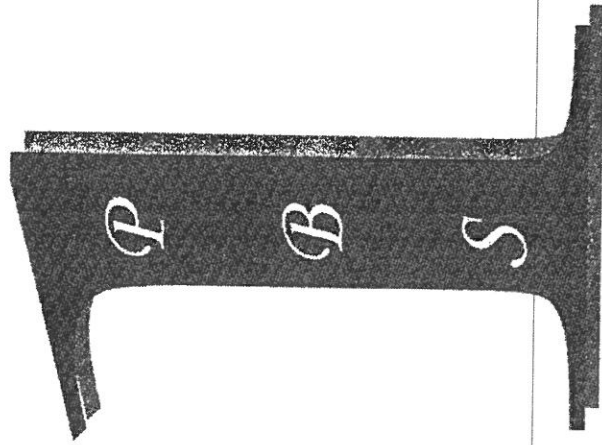
September 17, 2020

Date

Trainer

A handwritten signature in black ink, appearing to read 'Santhosh Augustine'.

Santhosh Augustine, MD



Awards this
Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

Chona Barnes

September 17, 2020

Date

Trainer

A handwritten signature in black ink, appearing to read "Santhosh Augustine", is written over the word "Trainer".

Santhosh Augustine, MD



Awards this
Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

Diedre King

September 17, 2020

Date

Trainer

A handwritten signature in black ink, appearing to read 'Santhosh Augustine', written over a horizontal line.

Santhosh Augustine, MD




Awards this
Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

Robert Smith

September 9, 2020

Date

Trainer

Santhosh Augustine, MD



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Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

Redean Cotton

September 9, 2020
Date

Trainer

A handwritten signature in black ink, appearing to read 'Santhosh Augustine', is written over a horizontal line.

Santhosh Augustine, MD



Awards this
Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

Desmond McCoy

September 9, 2020
Date

Trainer

A handwritten signature in black ink, appearing to read 'Santhosh Augustine', is written over a horizontal line.

Santhosh Augustine, MD



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Certificate of Completion to


COVID-19 Infection Prevention & Control
Staff Training

Jermaine Williams

September 9, 2020

Date

Trainer


Santhosh Augustine, MD

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Staff Training

Shari Moore

September 9, 2020
Date

Trainer


Santhosh Augustine, MD



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Staff Training

Demetrius Covington

September 9, 2020
Date

Trainer

A handwritten signature in black ink, appearing to read 'Santhosh Augustine', written over a horizontal line.

Santhosh Augustine, MD



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Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

Melissa Gerald

September 9, 2020

Date

Trainer

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Santhosh Augustine, MD



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Staff Training

Andrea Ford

September 9, 2020
Date

Trainer 
Santhosh Augustine, MD



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Certificate of Completion to


COVID-19 Infection Prevention & Control
Staff Training

Ashley Turner

September 9, 2020

Date

Trainer


Santhosh Augustine, MD



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Certificate of Completion to

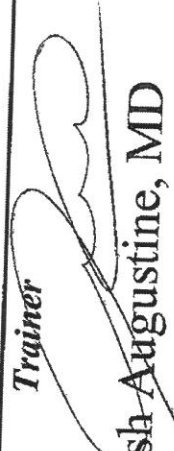
COVID-19 Infection Prevention & Control
Staff Training

Tara Britt

September 9, 2020

Date

Trainer


Santhosh Augustine, MD



Awards this
Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

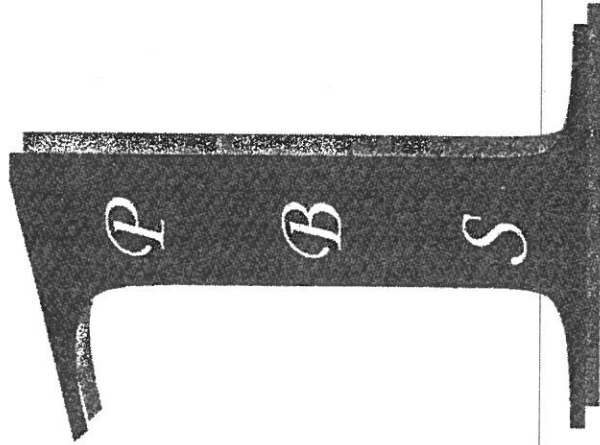
Lindsay Haywood

September 9, 2020

Date

Trainer

Santhosh Augustine, MD



Awards this
Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

Chandra Graham

September 9, 2020

Date

Trainer

A handwritten signature in black ink, appearing to read 'Santhosh Augustine', is written over a horizontal line.

Santhosh Augustine, MD



Awards this
Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

Alicia Jackson

September 9, 2020

Date

Trainer

A handwritten signature in black ink, appearing to read 'Santhosh Augustine', is written over the 'Trainer' label.

Santhosh Augustine, MD



Awards this
Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

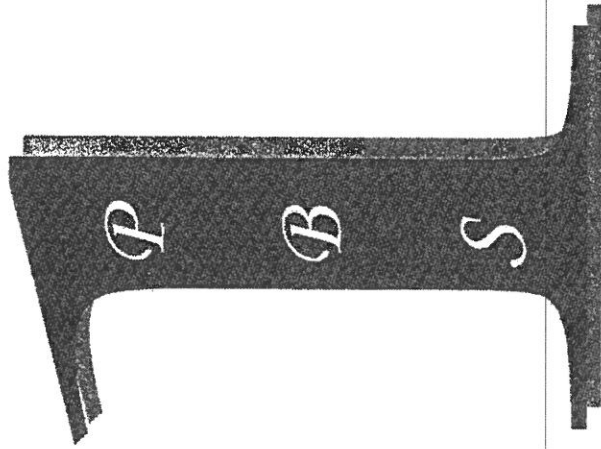
Tony McIntyre

September 9, 2020

Date

Trainer


Santhosh Augustine, MD



Awards this
Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

Rogelio Lynch

September 9, 2020

Date

Trainer

A handwritten signature in black ink, appearing to read "Santhosh Augustine", is written over the word "Trainer".

Santhosh Augustine, MD



Awards this
Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

Daniel Lockamy

September 9, 2020

Date

Trainer

A handwritten signature in black ink, appearing to read "Santhesh Augustine", is written over the word "Trainer".

Santhesh Augustine, MD



Awards this
Certificate of Completion to

COVID-19 Infection Prevention & Control
Staff Training

Thomas Weathers

September 9, 2020

Date

A handwritten signature in black ink, appearing to read 'Santhosh Augustine', written over a horizontal line.

Trainer

Santhosh Augustine, MD



Awards this
Certificate of Completion to

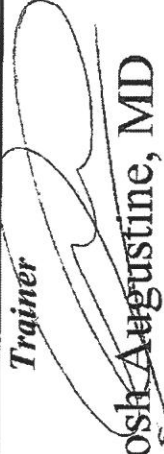
COVID-19 Infection Prevention & Control
Staff Training

Tracy Locklear

September 9, 2020

Date

Trainer


Santhosh Augustine, MD

Order MED-5323 confirmed

From: OneMed Supply (support@onemedsupply.com)

To: pacheco.premier@yahoo.com

Date: Monday, May 4, 2020, 10:05 AM EDT



ORDER MED-5323

Thank you for your purchase!

Hi Premier behavioral services, we're getting your order ready to be shipped. We will notify you when it has been sent.

[View your order](#)

[or Visit our store](#)

Order summary



No Touch Forehead Digital Thermometer Infrared Body
Temperature x 2

\$159.90

Subtotal

\$159.90

Shipping

\$0.00

Taxes

\$0.00

Total

\$159.90 USD

Customer information

Shipping address

Premier behavioral services Incorporated
101 West 27th Street
Lumberton NC 28358
United States

Billing address

Premier behavioral services Incorporated
101 West 27th Street
Lumberton NC 28358
United States

Shipping method

Standard

Payment method



Payment method — **\$159.90**

If you have any questions, reply to this email or contact us at support@onemedsupply.com

Shipment Confirmation #502594642-001

From: officedepotorders@officedepot.com

To: PACHECO.PREMIER@YAHOO.COM

Date: Friday, May 29, 2020, 05:50 AM EDT

Shipping to: SANTHOSH AUGUSTINE
2003 GODWIN AVE STE B LUMBERTON, NC 28358-3150

Office DEPOT.
OfficeMax

Your order has shipped!

Your order is packed up and ready to go. Track your order below:

Estimated Delivery Date: Friday, June 5, 2020

[Track My Order](#)

In This Shipment:



Dr. Talbot's Nuby Digital Non-Contact Infrared Thermometer

Quantity Shipped: 1

Item # 9785293



20% Off Highest Priced Item

Quantity Shipped: 1

Item # 12722975

Order Summary

Order Number
502594642-001

Order Date
05/28/2020

Delivery Method
Standard Shipping

Status
Shipped

502594642001

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www.henryschein.com



INVOICE

010000104258781712905110000000000321450820209

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Ship/Sold-To: 3900108
Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
Rhngs B
Lumberton, NC 28358-3149
Bill-To: 1042587
Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Invoice# 81712905	Invoice Date 08/20/20	Due Date 09/19/20	Invoice Total \$321.45
Purchase Order# EZ200339320200820142438		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
1	138-5700	20/BX	BYD N95 Particulate Respirator Blue	3	3	T	98.39	295.17		FL

INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL/HANDLING
SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO
[HTTP://WWW.HENRYSCHEIN.COM/US-EN/MEDICAL/LEGALTERMS.ASPX](http://www.henryschein.com/us-en/MEDICAL/LEGALTERMS.ASPX)

MERCHANDISE TOTAL	\$295.17
SALES TAX	\$21.03
FREIGHT CHARGES	\$5.25
INVOICE TOTAL	\$321.45

Please refer to back of paperwork for Terms of Sale and disclosures or go to
<http://www.henryschein.com/us-en/medical/LegalTerms.aspx>. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To# 3900108	Bill To# 1042587	Invoice# 81712905	Invoice Date 08/20/20	Invoice Total \$321.45	CODE STATUS KEY S-Special Schein Pricing B-Backordered; item will follow C-Case Good Item D-Discontinued; item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug: Return Authorization Required *Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Taxable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, M2, DM-OSCSA CODES
Order# 93512463	Order Date 08/20/20	# of Boxes 1	PO# EZ200339320200820142438		

Distribution Names/Address
FL: 8691 Jesse B Smith Ct, Jacksonville, FL 32219
DEAN: PI-0254199 State Reg#: 221315
Chem. Reg#: 0067811-NY

Terms of Sale

THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc., Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

California: For all shipments of goods to customers located within California, title will pass upon receipt of goods by California customers.

Continental U.S.: All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

Alaska, Hawaii & Pacific Protectorates: Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:

All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS). Special delivery orders and hazardous material shipments can be shipped via United Parcel Services (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

Outside U.S. (50 states): If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at henryschein.com. Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

RX PRODUCTS & CONTROLLED SUBSTANCES:

Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal registrations verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit www.henryschein.com/c222; if you prefer to continue using Federal 222 forms to order Schedule II controlled substances, mail the form to: Henry Schein, Inc., 5315 West 74th Street, Indianapolis, IN 46268

Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(M1, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.HenrySchein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue

DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced product/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

credit (if applicable) • Shipping charges will apply on all returns.

Exceptions:

The following special, customized, or government-regulated items are not returnable:

- Immune globulin products • Special order items (products that we do not ordinarily stock)
- Personalized and imprinted items • Opened computer hardware and software Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer Any item marked nonreturnable • Items required to be shipped and stored frozen • Any drop-shipped products

Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered.

Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information received immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if HSI is notified within 30 calendar days of shipment date and valid return authorization is issued by HSI. 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service. 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI. 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

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Terms of Sale follow the same guidelines unless denoted differently in a contract. Some offers and promotions outlined in the catalog may not apply. Requests for bids and proposals may be sent to: Henry Schein, Inc., Medical Bld Department (Mail Route E-270) 135 Duryea Road, Melville, NY 11747

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ARBITRATION. All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

WARRANTIES:

Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer. EXCEPT AS OTHERWISE PROVIDED HEREIN, TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.

LIMITATION OF LIABILITY:

The customer agrees to look solely to the manufacturer of the product for any claim arising due to loss, injury, damage or death related to the use or sale of products. HENRY SCHEIN SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND LOSS OF GOODWILL, ARISING FROM OR RELATING TO ANY BREACH OF THIS AGREEMENT (OR ANY DUTY OF COMMON LAW, AND WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF HENRY SCHEIN OR ITS AFFILIATES), REGARDLESS OF ANY NOTICE OF THE POSSIBILITY OF SUCH DAMAGES.

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Henry Schein Medical

To Place An Order 1-800-772-4346 8am-8pm, et
To Fax An Order 1-800-329-9109 24 Hours
Customer Service 1-800-472-4346 8am-8:30pm, et
Internet www.henryschein.com/medical
E-mail medinfo@henryschein.com

eCommerce Technical Support
PRIVILEGES
Henry Schein Financial Services
ProRepair
International Dept. (USA)
In Canada

1-800-711-6032 8am-8pm, et
1-858-633-8477 9am-5pm, et
1-800-443-2756 8am-8:30pm, et
1-800-367-3674 8am-7pm, et
1-631-843-6325 or Fax 1-631-843-5676
1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

To Place An Order 1-800-845-3550 8:30am-5:30pm, et
To Fax An Order 1-800-533-4793 24 Hours
Customer Service 1-800-845-3550 8:30am-5:30pm, et
Internet www.henryschein.com/ems
E-mail ems@henryschein.com

340B Program

To Place An Order 1-877-344-3402 8:30am-5:30pm, et
To Fax An Order 1-888-865-2253 24 Hours
Customer Service 1-877-344-3402 8:30am-5:30pm, et
Internet www.henryschein.com/medical
E-mail customer.support@henryschein.com
eCommerce Support 1-800-711-6032 8am-8pm, et

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et
To Fax An Order 1-800-524-4869 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com



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135 Duryea Road • Melville, NY 11747
1.800.472.4346
www.henryschein.com



INVOICE

010000104258781152878110000000000605760810209

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Ship/Sold-To: 3900108
Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
Rhage B
Lumberton, NC 28358-3149
Bill-To: 1042587
Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Invoice# 81152898	Invoice Date 08/10/20	Due Date 09/09/20	Invoice Total \$605.76
Purchase Order# EZ200339320200810150544		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
1	138-2723	20/BX	DEN Dasheng N95 Particlt Resp White	3	3	T	117.90	353.70		FL
2	104-3809	50/BX	HSI Earloop Mask L1 Blue THE HIGHER PRICE ON THIS PRODUCT IS A DIRECT RESULT OF INCREASED COST FROM OUR MANUFACTURERS DURING THE COVID-19 PANDEMIC. ESTIMATED DELIVERY DATE: 08/12/20	3	3	T	23.06	69.18		IN
3	126-5238	(CS=12/EA)	Medi-Aire Odor Eliminator 8oz 8oz Lemon GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 105MN55 - IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF ELECTRONIC SDS CALL (800) 472-4346. CASE GOOD ITEM, MAY BE SHIPPED SEPARATELY.	1	1	T C *	138.00	138.00		FL
4	333-4335	(CS=12/EA)	COEffect Minute Spray ITEM BACK ORDERED, WILL FOLLOW SHORTLY INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL/HANDLING SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO HTTP://WWW.HENRYSCHIEIN.COM/US-EN/MEDICAL/LEGALTERMS.ASPX	1	0	T B *				

MERCHANDISE TOTAL
SALES TAX
FREIGHT CHARGES

\$560.88
\$39.63
\$5.25

ease refer to back of paperwork for Terms of Sale and disclosures or go to
https://www.henryschein.com/us-en/medical/LegalTerms.aspx. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To# 3900108	Bill To# 1042587	Invoice# 81152898	Invoice Date 08/10/20	Invoice Total \$605.76	CODE STATUS KEY S-Special Schein Pricing B-Backordered; item will follow C-Case Good Item D-Discontinued; item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug; Return Authorization Required *Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Taxable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, MZ, DM-DSCSA CODES
Order# 93006761	Order Date 08/10/20	# of Boxes 3	PO# EZ200339320200810150544		

Distribution Names/Address

FL: 8991 Jesse B Smith Ct Jacksonville, FL 32219
DEAF: RH0284199 State Reg#: 221315
Chem. Reg#: 006781HNY
IN: 5815 W 7th St Indianapolis, IN 46258
DEAF: RH0162854 State Reg#: 4801176A
Chem. Reg#: 006574HNY

HENRY SCHEIN®
 CORPORATE OFFICE
 135 Duryea Road • Melville, NY 11747
 1.800.472.4346
 www.henryschein.com

INVOICE

Ship/Sold-To: 3900108
 Santhosh Augustine
 Southeastern Gastro
 2003 Godwin Ave
 Rhng B
 Lumberton, NC 28358-3149
 Bill-To: 1042587
 Santhosh Augustine
 Southeastern Gastro and I M
 101 W 27th St
 Lumberton, NC 28358-3014

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
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INVOICE TOTAL \$605.76

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Order# 93006761	Order Date: 08/10/20	# of Boxes 3	PO#: EZ200339320200810150544		

Distribution Names/Address

FL: 6691 Jesse B Smith Ct, Jacksonville, FL 32219 DEAF: R40284199 State Reg#: 221315 Chem. Reg#: 006781HNY	IN: 3315 W 74th St, Indianapolis, IN 46268 DEAF: R40102494 State Reg#: 48001178A Chem. Reg#: 006574HNY
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Terms of Sale

THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc., Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

California: For all shipments of goods to customers located within California, title will pass upon receipt of goods by California customers.

Continental U.S.: All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

Alaska, Hawaii & Pacific Protectorates: Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:

All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS) • Special delivery orders and hazardous material shipments can be shipped via United Parcel Services (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

Outside U.S. (50 states): If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at henryschein.com. Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

RX PRODUCTS & CONTROLLED SUBSTANCES:

Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal registrations verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit www.henryschein.com/c222; if you prefer to continue using Federal 222 Forms to order

Schedule II controlled substances, mail the form to: Henry Schein, Inc., 5315 West 74th Street • Indianapolis, IN 46268

Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(MNI, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.HenrySchein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue

DISCOUNTS, REBATES AND DISCLOSURES: Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

credit (if applicable) • Shipping charges will apply on all returns.

Exceptions:

The following special, customized, or government-regulated items are not returnable:

- Immune globulin products • Special order items (products that we do not ordinarily stock)
- Personalized and imprinted items • Opened computer hardware and software Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer Any item marked nonreturnable • Items required to be shipped and stored frozen • Any drop-shipped products

Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered. Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if HSI is notified within 30 calendar days of shipment date and valid return authorization is issued by HSI.
- 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service.
- 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI.
- 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

INSTITUTIONAL & CORPORATE ACCOUNTS:

Terms of Sale follow the same guidelines unless denoted differently in a contract. Some offers and promotions outlined in the catalog may not apply. Requests for bids and proposals may be sent to: Henry Schein, Inc., Medical Bid Department (Mail Route E-278) 135 Duryea Road, Melville, NY 11747

INTERNATIONAL AND CANADIAN ORDERS:

We proudly serve healthcare professionals, governments, and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) at, phone: 1-631-843-5325, fax: 1-631-843-5876, or send us an e-mail at: export@henryschein.com.

ARBITRATION. All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall include an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a compelling organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

WARRANTIES:

Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer, EXCEPT AS OTHERWISE PROVIDED HEREIN. TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.

LIMITATION OF LIABILITY:

The customer agrees to look solely to the manufacturer of the product for any claim arising due to loss, injury, damage or death related to the use or sale of products. HENRY SCHEIN SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND LOSS OF GOODWILL, ARISING FROM OR RELATING TO ANY BREACH TO THIS AGREEMENT (OR ANY DUTY OF COMMON LAW, AND WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF HENRY SCHEIN OR ITS AFFILIATES), REGARDLESS OF ANY NOTICE OF THE POSSIBILITY OF SUCH DAMAGES.

Henry Schein Telephone Hotlines...We're Here Ready to Help!

Henry Schein Medical

To Place An Order 1-800-772-4346 8am-8pm, et
To Fax An Order 1-800-329-9199 24 Hours
Customer Service 1-800-472-4346 8am-8:30pm, et
Internet www.henryschein.com/medical
E-mail medsales@henryschein.com

eCommerce Technical Support
PRIVILEGES
Henry Schein Financial Services
ProRepair
International Dept. (USA)
In Canada

1-800-711-6032 8am-8pm, et
1-866-633-6477 9am-5pm, et
1-800-443-2758 8am-8:30pm, et
1-800-367-3874 8am-7pm, et
1-631-843-6325 or Fax 1-631-843-5876
1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

To Place An Order 1-800-845-3550 8:30am-5:30pm, et
To Fax An Order 1-800-533-4793 24 Hours
Customer Service 1-800-845-3550 8:30am-5:30pm, et
Internet www.henryschein.com/ems
E-mail ems@henryschein.com

340B Program

To Place An Order 1-877-344-3402 8:30am-6:30pm, et
To Fax An Order 1-888-885-2253 24 Hours
Customer Service 1-877-344-3402 8:30am-5:30pm, et
Internet www.henryschein.com/medical
E-mail customer.support@henryschein.com
e-Commerce Support 1-800-711-6032 8am-8pm, et

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et
To Fax An Order 1-800-524-4969 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com



INVOICE

010000104258779742656110000000000407390714206

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Ship/Sold-To: 3900108
Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
Rhngs B
Lumberton, NC 28358-3149
Bill-To: 1042587
Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Invoice# 79742656	Invoice Date 07/14/20	Due Date 08/13/20	Invoice Total \$407.39
Purchase Order# EZ200339320200713163532		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
1	138-2590	50/PK	Clean Swipe Disinfecting Wipes 10X7 GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 105CL03 - IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF ELECTRONIC SDS CALL (800) 472-4346. CASE GOOD ITEM, MAY BE SHIPPED SEPARATELY.	6	6	TC *	9.64	57.84		FL
2	137-3663	30/PK	Wipes Presaturated Clrnm Strl 9x11" GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 105BV19 - IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF ELECTRONIC SDS CALL (800) 472-4346. ESTIMATED DELIVERY DATE: 07/20/20	5	5	T *	15.38	76.90		NV
3	373-2662	50/BX	Super Sani-Cloth Wipe X-Large GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 1057205 - IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF ELECTRONIC SDS CALL (800) 472-4346. ITEM BACK ORDERED, WILL FOLLOW SHORTLY	6	0	TB *				
4	570-1945	12OZ/EA	Hand Sanitizer 12oz Liquid INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL/HANDLING SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO HTTP://WWW.HENRYSCHEIN.COM/US-EN/MEDICAL/LEGALTERMS.ASPX	25	25	T *	9.63	240.75		FL

Please refer to back of paperwork for Terms of Sale and disclosures or go to
<https://www.henryschein.com/us-en/medical/LegalTerms.aspx>. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To# 3900108	Bill To# 1042587	Invoice# 79742656	Invoice Date 07/14/20	Invoice Total \$407.39	CODE STATUS KEY S-Special Schein Pricing B-Backordered; Item will follow C-Case Good Item D-Discontinued; Item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug; Return Authorization Required *-Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Taxable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, M2, DM-DSCSA CODES
Order# 91746540	Order Date 07/13/20	# of Boxes 3	PO# EZ200339320200713163532		

Distribution Names/Address

FL: 6091 Jesse B Smith Ct Jacksonville, FL 32219 DEAN: RH0284199 State Reg#: 221315 Chem. Reg#: 0067811-NY	NY: 255 Vista Blvd. Sparks, NY 80134 DEAN: RH0181709 State Reg#: WH00300 Chem. Reg#: 0007101-NY
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CORPORATE OFFICE
135 Duryea Road • Melville, NY 11747
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INVOICE

Ship/Sold-To: 3900108

Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
Rhngs B
Lumberton, NC 28358-3149

Bill-To: 1042587

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
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MERCHANDISE TOTAL	\$375.49
SALES TAX	\$26.65
FREIGHT CHARGES	\$5.25
INVOICE TOTAL	\$407.39

Ship To# 3900108	Bill To# 1042587	Invoice# 79742656	Invoice Date 07/14/20	Invoice Total \$407.39	CODE STATUS KEY S-Special Schein Pricing B-Backordered; Item will follow C-Case Good Item D-Discontinued; Item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug; Return Authorization Required *-Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Toxic Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, MZ, DM-DSCSA CODES
Order# 91746540	Order Date: 07/13/20	# of Boxes 3	PO#: EZ200339320200713163532		

Distribution Names/Address

FL: 8691 Jesse B Smith Ct, Jacksonville, FL 32218 DEAF: RH0264199 State Reg#: 221315 Chem. Reg#: 006781HNY	NV: 255 Vein Blvd, Sparks, NV 89434 DEAF: RH0181709 State Reg#: WH00360 Chem. Reg#: 006710HNY
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For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc. • Dept. CH 10241 • Palatine, IL 60055-0241

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DISCOUNTS, REBATES AND DISCLOSURES:

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We proudly serve healthcare professionals, governments, and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) at, phone: 1-631-843-5325, fax: 1-631-843-5676, or send us an e-mail at: export@henryschein.com.

ARBITRATION:

All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

WARRANTIES:

Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer. EXCEPT AS OTHERWISE PROVIDED HEREIN, TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.

LIMITATION OF LIABILITY:

The customer agrees to look solely to the manufacturer of the product for any claim arising due to loss, injury, damage or death related to the use or sale of products. HENRY SCHEIN SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND LOSS OF GOODWILL, ARISING FROM OR RELATING TO ANY BREACH TO THIS AGREEMENT (OR ANY DUTY OF COMMON LAW, AND WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF HENRY SCHEIN OR ITS AFFILIATES), REGARDLESS OF ANY NOTICE OF THE POSSIBILITY OF SUCH DAMAGES.

Henry Schein Telephone Hotlines...We're Here Ready to Help!

Henry Schein Medical

To Place An Order 1-800-772-4346 8am-8pm, et
To Fax An Order 1-800-329-9109 24 Hours
Customer Service 1-800-472-4348 8am-8:30pm, et
Internet www.henryschein.com/medical
E-mail medsales@henryschein.com

eCommerce Technical Support
PRIVILEGES
Henry Schein Financial Services
ProRepair
International Dept. (USA)
In Canada

1-800-711-6032 8am-8pm, et
1-866-633-8477 9am-5pm, et
1-800-443-2756 8am-8:30pm, et
1-800-367-3874 8am-7pm, et
1-631-843-5325 or Fax 1-631-843-5676
1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

To Place An Order 1-800-645-3550 8:30am-5:30pm, et
To Fax An Order 1-800-533-4793 24 Hours
Customer Service 1-800-645-3550 8:30am-5:30pm, et
Internet www.henryschein.com/ems
E-mail ems@henryschein.com

340B Program

To Place An Order 1-877-344-3402 8:30am-5:30pm, et
To Fax An Order 1-868-885-2263 24 Hours
Customer Service 1-877-344-3402 8:30am-5:30pm, et
Internet www.henryschein.com/medicaid
E-mail customer.support@henryschein.com
e-Commerce Support 1-800-711-6032 8am-8pm, et

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et
To Fax An Order 1-800-524-4969 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com

INVOICE

010000104258777762078110000000000182360529203

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Ship/Sold-To: 3900108
Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
Rhngs B
Lumberton, NC 28358-3149

Bill-To: 1042587
Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Invoice# 77762078	Invoice Date 05/29/20	Due Date 06/28/20	Invoice Total \$182.36
Purchase Order#		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
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THANKS FOR YOUR ORDER, ZACH OROURKE

1	138-1507	10/BG	Isolation Gown PET AAMI 1 XL Blue ESTIMATED DELIVERY DATE: 06/01/20	3	3	T	52.06	156.18		IN
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INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL/HANDLING
SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO
[HTTP://WWW.HENRYSCHEIN.COM/US-EN/MEDICAL/LEGAL/TERMS.ASPX](http://www.henryschein.com/us-en/medical/legal/terms.aspx)

MERCHANDISE TOTAL	\$156.18
SALES TAX	\$11.93
FREIGHT CHARGES	\$14.25
INVOICE TOTAL	\$182.36

Please refer to back of paperwork for Terms of Sale and disclosures or go to
<https://www.henryschein.com/us-en/medical/LegalTerms.aspx>. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To# 3900108	Bill To# 1042587	Invoice# 77762078	Invoice Date 05/29/20	Invoice Total \$182.36	CODE STATUS KEY S-Special Schein Pricing B-Backordered: Item will follow C-Case Good Item D-Discontinued: Item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug: Return Authorization Required *-Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Toxable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, WZ, DM-DSCSA CODES
Order# 89773516	Order Date 05/28/20	# of Boxes 1	PO#		

Distribution Names/Address

IN: 5315 W 74th St Indianapolis, IN 46268
DEA#: RH0162494 State Reg#: 49001170A
Chem. Reg#: 006574/HNY

Terms of Sale

THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc., Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

California: For all shipments of goods to customers located within California, title will pass upon receipt of goods by California customers.

Continental U.S.: All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

Alaska, Hawaii & Pacific Protectorates: Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:

All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS) • Special delivery orders and hazardous material shipments can be shipped via United Parcel Services (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

Outside U.S. (50 states): If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at henryschein.com. Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

RX PRODUCTS & CONTROLLED SUBSTANCES:

Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal registrations verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit www.henryschein.com/e222; if you prefer to continue using Federal 222 Forms to order Schedule II controlled substances, mail the form to: Henry Schein, Inc. • 5315 West 74th Street • Indianapolis, IN 46266

Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(MN, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.HenrySchein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue

DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

credit (if applicable) • Shipping charges will apply on all returns.

Exceptions:

The following special, customized, or government-regulated items are not returnable:

- Immune globulin products • Special order items (products that we do not ordinarily stock)
- Personalized and imprinted items • Opened computer hardware and software Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer Any item marked nonreturnable • Items required to be shipped and stored frozen • Any drop-shipped products

Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered.

Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if HSI is notified within 30 calendar days of shipment date and valid return authorization is issued by HSI. 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service. 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI. 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

INSTITUTIONAL & CORPORATE ACCOUNTS:

Terms of Sale follow the same guidelines unless denoted differently in a contract. Some offers and promotions outlined in the catalog may not apply. Requests for bids and proposals may be sent to: Henry Schein, Inc., Medical Bld Department (Mail Route E-270) 135 Duryea Road, Melville, NY 11747

INTERNATIONAL AND CANADIAN ORDERS:

We proudly serve healthcare professionals, governments, and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) at, phone: 1-631-843-5326, fax: 1-631-843-5676, or send us an e-mail at: export@henryschein.com.

ARBITRATION:

All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

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Henry Schein Telephone Hotlines...We're Here Ready to Help!

Henry Schein Medical

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To Fax An Order 1-800-329-9109 24 Hours
Customer Service 1-800-472-4346 8am-8:30pm, et
Internet www.henryschein.com/medical
E-mail medinfo@henryschein.com

eCommerce Technical Support
PRIVILEGES
Henry Schein Financial Services
ProRepair
International Dept. (USA)
In Canada

1-800-711-6632 8am-8pm, et
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1-800-443-2756 8am-8:30pm, et
1-800-367-3674 8am-7pm, et
1-631-843-5325 or Fax 1-631-843-5676
1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

To Place An Order 1-800-845-3550 8:30am-5:30pm, et
To Fax An Order 1-800-533-4793 24 Hours
Customer Service 1-800-845-3550 8:30am-5:30pm, et
Internet www.henryschein.com/ems
E-mail ems@henryschein.com

340B Program

To Place An Order 1-877-344-3402 8:30am-5:30pm, et
To Fax An Order 1-888-885-2253 24 Hours
Customer Service 1-877-344-3402 8:30am-5:30pm, et
Internet www.henryschein.com/medical
E-mail customer.support@henryschein.com
e-Commerce Support 1-800-711-6632 8am-8pm, et

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et
To Fax An Order 1-800-524-4969 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com



INVOICE

010000104258779198002110000000000241910630204

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Ship/Sold-To: 3900108
Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
Rhing B
Lumberton, NC 28358-3149
Bill-To: 1042587
Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Invoice# 79198002	Invoice Date 06/30/20	Due Date 07/30/20	Invoice Total \$241.91
Purchase Order# EZ200339320200630155953		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
1	138-1736	50/BX	Earloop Mask Surgical L2 Blue	3	3	T	31.61	94.83		FL
2	570-1945	12OZ/EA	Hand Sanitizer 12oz Liquid	10	10	T *	9.63	96.30		FL
.GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 105CG81 - IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF ELECTRONIC SDS CALL (800) 472-4346.										
3	120-7082	22OZ/BT	Clorox Bleach Germ Cleaner	3	3	T *	9.90	29.70		FL

.GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 1054160 -
IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF
ELECTRONIC SDS CALL (800) 472-4346.

INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL/HANDLING
SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO
HTTP://WWW.HENRYSCHEIN.COM/US-EN/MEDICAL/LEGALTERMS.ASPX

MERCHANDISE TOTAL	\$220.83
SALES TAX	\$15.83
FREIGHT CHARGES	\$5.25
INVOICE TOTAL	\$241.91

Please refer to back of paperwork for Terms of Sale and disclosures or go to
<https://www.henryschein.com/us-en/medical/LegalTerms.aspx>. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To#	Bill To#	Invoice#	Invoice Date	Invoice Total	CODE STATUS KEY	
3900108	1042587	79198002	06/30/20	\$241.91	* - Item has Safety Data Sheet (SDS) R - Refrigerated Item; May be shipped separately SK - School Kit BM - Shipped from Multiple Buildings T - Taxable Item U - Importantly Unavailable; please reorder W - Warranty Item WH, MN, MZ, DM - DSCSA CODES	
Order# 91219189	Order Date 06/30/20	# of Boxes 1	PO# EZ200339320200630155953			

Distribution Names/Address

FL: 8891 Jesse B Smith Ct Jacksonville, FL 32219
DEA#: RM0254199 State Reg#: 221315
Chem. Reg#: 005781HNY

Terms of Sale

THE HENRY SCHEIN PRICE POLICY:

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Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details. For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc., Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works") outside North America). Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

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Continental U.S.: All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

Alaska, Hawaii & Pacific Protectorates: Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:

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RX PRODUCTS & CONTROLLED SUBSTANCES:

Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal registrations verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit www.henryschein.com/a222; if you prefer to continue using Federal 222 Forms to order

Schedule II controlled substances, mail the form to: Henry Schein, Inc., 5315 West 74th Street • Indianapolis, IN 46260

Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(MNI, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue

DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

credit (if applicable) • Shipping charges will apply on all returns.

Exceptions:

The following special, customized, or government-regulated items are not returnable:

- Immunoglobulin products • Special order items (products that we do not ordinarily stock)
- Personalized and imprinted items • Opened computer hardware and software Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer Any item marked nonreturnable • Items required to be shipped and stored frozen • Any drop-shipped products

Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered. Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if HSI is notified within 30 calendar days of shipment date and valid return authorization is issued by HSI. 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Marketing Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service. 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI. 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

INSTITUTIONAL & CORPORATE ACCOUNTS:

Terms of Sale follow the same guidelines unless denoted differently in a contract. Some offers and promotions outlined in the catalog may not apply. Requests for bids and proposals may be sent to: Henry Schein, Inc., Medical Bld Department (Mail Route E-270) 135 Duryea Road, Melville, NY 11747

INTERNATIONAL AND CANADIAN ORDERS:

We proudly serve healthcare professionals, governments, and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) at, phone: 1-831-843-5325, fax: 1-831-843-5676, or send us an e-mail at: export@henryschein.com.

ARBITRATION. All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

WARRANTIES:

Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer, EXCEPT AS OTHERWISE PROVIDED HEREIN, TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.

LIMITATION OF LIABILITY:

The customer agrees to look solely to the manufacturer of the product for any claim arising due to loss, injury, damage or death related to the use or sale of products. HENRY SCHEIN SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND LOSS OF GOODWILL, ARISING FROM OR RELATING TO ANY BREACH TO THIS AGREEMENT (OR ANY DUTY OF COMMON LAW, AND WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF HENRY SCHEIN OR ITS AFFILIATES), REGARDLESS OF ANY NOTICE OF THE POSSIBILITY OF SUCH DAMAGES.

Henry Schein Telephone Hotlines...We're Here Ready to Help!

Henry Schein Medical

To Place An Order 1-800-772-4348 8am-8pm, et
To Fax An Order 1-800-329-9109 24 Hours
Customer Service 1-800-472-4346 8am-8:30pm, et
Internet www.henryschein.com/medical
E-mail medisls@henryschein.com

eCommerce Technical Support
PRIVILEGES
Henry Schein Financial Services
ProRepair
International Dept. (USA)
In Canada

1-800-711-6032 8am-8pm, et
1-866-633-8477 9am-5pm, et
1-866-443-2756 8am-8:30pm, et
1-800-367-3874 8am-7pm, et
1-631-843-5325 or Fax 1-631-843-5676
1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

To Place An Order 1-800-845-3550 8:30am-5:30pm, et
To Fax An Order 1-800-533-4793 24 Hours
Customer Service 1-800-845-3550 8:30am-5:30pm, et
Internet www.henryschein.com/ems
E-mail ems@henryschein.com

340B Program

To Place An Order
To Fax An Order
Customer Service
Internet
E-mail
e-Commerce Support

1-877-344-3402 8:30am-5:30pm, et
1-888-885-2253 24 Hours
1-877-344-3402 8:30am-5:30pm, et
www.henryschein.com/medical
customer.support@henryschein.com
1-800-711-6032 8am-8pm, et

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et
To Fax An Order 1-800-524-4868 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com



CORPORATE OFFICE
135 Duryea Road • Melville, NY 11747
1.800.472.4346
www.henryschein.com



INVOICE

010000104258777053743110000000000176340513203

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Ship/Sold-To: 3900108
Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
Rhngs B
Lumberton, NC 28358-3149
Bill-To: 1042587
Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Invoice# 77053743	Invoice Date 05/13/20	Due Date 06/12/20	Invoice Total \$176.34
Purchase Order# EZ200339320200508105922		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
1	333-4335	(CS=12/EA)	COEffect Minute Spray ESTIMATED DELIVERY DATE: 05/12/20 CASE GOOD ITEM, MAY BE SHIPPED SEPARATELY.	1	1	T C *	112.92	112.92		IN
2	333-4335	32OZ/BT	COEffect Minute Spray ESTIMATED DELIVERY DATE: 05/12/20 INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL/HANDLING SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO HTTP://WWW.HENRYSCHEIN.COM/US-EN/MEDICAL/LEGAL/TERMS.ASPX	4	4	T *	9.41	37.64		IN

MERCHANDISE TOTAL \$150.56
SALES TAX \$11.53
FREIGHT CHARGES \$14.25
INVOICE TOTAL \$176.34

Please refer to back of paperwork for Terms of Sale and disclosures or go to
<https://www.henryschein.com/us-en/medical/Legal/Terms.aspx>. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To# 3900108	Bill To# 1042587	Invoice# 77053743	Invoice Date 05/13/20	Invoice Total \$176.34	CODE STATUS KEY *Special Schein Pricing B-Backordered; Item will follow C-Case Good Item D-Discontinued; Item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug; Return Authorization Required *Item has Safety Data Sheet (SDS) R-Refrigerated item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Taxable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, M2, DM-DSCSA CODES
Order# 88989629	Order Date 05/08/20	# of Boxes 2	PO# EZ200339320200508105922		

Distribution Names/Address

116 S315 W 74th St Indianapolis, IN 46268
DEAF: 810162494 State Reg#: 48001176A
Chem. Reg#: 006574/IN

Terms of Sale

THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc. • Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

California: For all shipments of goods to customers located within California, title will pass upon receipt of goods by California customers.

Continental U.S.: All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

Alaska, Hawaii & Pacific Protectorates: Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:

All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS) • Special delivery orders and hazardous material shipments can be shipped via United Parcel Services (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

Outside U.S. (50 states): If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at henryschein.com. Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

RX PRODUCTS & CONTROLLED SUBSTANCES:

Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal registrations verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit www.henryschein.com/e222; if you prefer to continue using Federal 222 Forms to order.

Schedule II controlled substances, mail the form to: Henry Schein, Inc. • 3315 West 74th Street • Indianapolis, IN 46226

Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(MN, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.HenrySchein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue

DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoices and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

credit (if applicable) • Shipping charges will apply on all returns.

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Henry Schein Medical

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Customer Service 1-800-472-4346 8am-8:30pm, et
Internet www.henryschein.com/medical
E-mail meds@henryschein.com

eCommerce Technical Support 1-800-711-6032 8am-8pm, et
PRIVILEGES 1-866-833-8477 9am-5pm, et
Henry Schein Financial Services 1-800-443-2756 8am-8:30pm, et
ProRepair 1-800-367-3674 8am-7pm, et
International Dept. (USA) 1-631-843-5325 or Fax 1-631-843-5676
In Canada 1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

To Place An Order 1-800-845-3550 8:30am-5:30pm, et
To Fax An Order 1-800-533-4793 24 Hours
Customer Service 1-800-845-3550 8:30am-5:30pm, et
Internet www.henryschein.com/ems
E-mail ems@henryschein.com

340B Program

To Place An Order 1-877-344-3402 8:30am-5:30pm, et
To Fax An Order 1-888-885-2253 24 Hours
Customer Service 1-877-344-3402 8:30am-5:30pm, et
Internet www.henryschein.com/medical
E-mail customer.support@henryschein.com
e-Commerce Support 1-800-711-6032 8am-8pm, et

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et
To Fax An Order 1-800-524-4969 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com



INVOICE

010000104258776434231110000000000111150422205

Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Ship/Sold-To: 3900108
Santhosh Augustine
Southeastern Gastro
2003 Godwin Ave
sra B
Lumberton, NC 28358-3149
Bill-To: 1042587
Santhosh Augustine
Southeastern Gastro and I M
101 W 27th St
Lumberton, NC 28358-3014

Invoice# 76434231	Invoice Date 04/22/20	Due Date 05/22/20	Invoice Total \$111.15
Purchase Order#		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
1	333-4335	32OZ/BT	COEffect Minute Spray	2	2	T*	9.41	18.82		PA
.GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 105MU06 - IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF ELECTRONIC SDS CALL (800) 472-4346. ESTIMATED DELIVERY DATE: 04/22/20										
2	106-6794	160/CN	MaxiWipe Germicidal Wipe Large	3	3	T*	6.71	20.13		IN
.GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS SDS, 105D957 - IF YOU CANNOT ACCESS ONLINE OPTIONS OR TO OPT OUT OF ELECTRONIC SDS CALL (800) 472-4346. ESTIMATED DELIVERY DATE: 04/22/20 ITEM RATIONED; ORDER QUANTITY REDUCED.										
3	112-6761	50/BX	Essentials Procedure Mask L1 Blue	3	3	T	16.89	50.67		PA
THE HIGHER PRICE ON THIS PRODUCT IS A DIRECT RESULT OF INCREASED COST FROM OUR MANUFACTURERS DURING THE COVID-19 PANDEMIC. ESTIMATED DELIVERY DATE: 04/22/20 WELCOME TO E-SDS. BEGINNING TODAY, PAPER SDS WILL NO LONGER BE INCLUDED WITH YOUR ORDER. GO TO YOUR ONLINE ACCOUNT AND CLICK ON SDS LOOK-UP ON THE NAVIGATION PANE. IF YOU DON'T HAVE AN ONLINE ACCOUNT, GO TO WWW.HENRYSCHIN.COM AND CLICK ON CREATE AN ONLINE ACCOUNT. TO OPT OUT OF OUR ELECTRONIC SDS PROGRAM AND CONTINUE RECEIVING SDS SHEETS WITH YOUR ORDERS PLEASE CALL CUSTOMER SERVICE AT (800)										

Please refer to back of paperwork for Terms of Sale and disclosures or go to
<https://www.henryschein.com/us-en/medical/LegalTerms.aspx>. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To# 3900108	Bill To# 1042587	Invoice# 76434231	Invoice Date 04/22/20	Invoice Total \$111.15	<div>CODE STATUS KEY</div> <div>S-Special Schain Pricing B-Backordered; Item will follow C-Case Good Item D-Discontinued; Item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug; Return Authorization Required *-Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Taxable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, M2, DM-DSCSA CODES</div>
Order# 88330758	Order Date 04/20/20	# of Boxes 2	PO#		

Distribution Names/Address

PR: 41 Wacker Rd. Denver, PA 17517 DEAN: RH0236637 State Reg#: 8000000683 Chem. Reg#: 0065731HNY	IN: 5815 W 74th St. Indianapolis, IN 46286 DEAN: RH0162494 State Reg#: 400117GA Chem. Reg#: 006574HNY
--	---



CORPORATE OFFICE

135 Duryea Road • Melville, NY 11747

1.800.472.4346

www.henryschein.com

INVOICE

Ship/Sold-To: 3900108

Santhosh Augustine

Southeastern Gastro

2003 Godwin Ave

sre B

Lumberton, NC 28358-3149

Bill-To: 1042587

Santhosh Augustine

Southeastern Gastro and I M

101 W 27th St

Lumberton, NC 28358-3014

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
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472-4346.

INCLUDED IN THE BELOW FREIGHT CHARGE IS A FUEL/HANDLING

SURCHARGE. FOR THE CURRENT TERMS OF SALE GO TO

[HTTP://WWW.HENRYSCHIN.COM/US-EN/MEDICAL/LEGAL/TERMS.ASPX](http://www.henryschein.com/us-en/medical/legal/terms.aspx)

MERCHANDISE TOTAL	\$89.62
SALES TAX	\$7.28
FREIGHT CHARGES	\$14.25
INVOICE TOTAL	\$111.15

Ship To#	Bill To#	Invoice#	Invoice Date	Invoice Total	CODE STATUS KEY	
3900108	1042587	76434231	04/22/20	\$111.15	S-Special Schein Pricing B-Backordered; Item will follow C-Case Good Item D-Discontinued; Item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug; Return Authorization Required	*-Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Taxable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, MZ, DM-DCGSA CODES
Order#	Order Date:	# of Boxes	PO#:			
88330758	04/20/20	2				

Distribution Names/Address

PA: 41 Weaver Rd. Dairvort, PA 17517 DEAN: RH0235657 State Reg#: 9000000663 Chem. Reg#: 006573HNY	IN: 5315 W 74th St. Indianapolis, IN 46268 DEAN: RH0152494 State Reg#: 48001176A Chem. Reg#: 006573HNY
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Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc. • Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

California: For all shipments of goods to customers located within California, title will pass upon receipt of goods by California customers.

Continental U.S.: All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

Alaska, Hawaii & Pacific Protectorates: Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:

• All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS) • Special delivery orders and hazardous material shipments can be shipped via United Parcel Services (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

Outside U.S. (50 states): If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at henryschein.com. Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

RX PRODUCTS & CONTROLLED SUBSTANCES:

• Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal registrations verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit www.henryschein.com/9222: if you prefer to continue using Federal 222 Forms to order.

Schedule II controlled substances, mail the form to: Henry Schein, Inc. • 5315 West 74th Street • Indianapolis, IN 46256

• Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(MIM, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.HenrySchein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged.
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue

DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

credit (if applicable) • Shipping charges will apply on all returns.

Exceptions:

The following special, customized, or government-regulated items are not returnable:

- Immune globulin products • Special order items (products that we do not ordinarily stock)
- Personalized and imprinted items • Opened computer hardware and software Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer Any item marked nonreturnable • Items required to be shipped and stored frozen • Any drop-shipped products

Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered. Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if HSI is notified within 30 calendar days of shipment date and valid return authorization is issued by HSI.
- 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service.
- 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI.
- 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

INSTITUTIONAL & CORPORATE ACCOUNTS:

Terms of Sale follow the same guidelines unless denoted differently in a contract. Some offers and promotions outlined in the catalog may not apply. Requests for bids and proposals may be sent to: Henry Schein, Inc., Medical Bid Department (Mail Route E-270) 135 Duryea Road, Melville, NY 11747

INTERNATIONAL AND CANADIAN ORDERS:

We proudly serve healthcare professionals, governments, and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) at, phone: 1-631-843-5325, fax: 1-631-843-5676, or send us an e-mail at: export@henryschein.com.

ARBITRATION:

All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

WARRANTIES:

Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer. EXCEPT AS OTHERWISE PROVIDED HEREIN, TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.

LIMITATION OF LIABILITY:

The customer agrees to look solely to the manufacturer of the product for any claim arising due to loss, injury, damage or death related to the use or sale of products. HENRY SCHEIN SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND LOSS OF GOODWILL, ARISING FROM OR RELATING TO ANY BREACH TO THIS AGREEMENT (OR ANY DUTY OF COMMON LAW, AND WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF HENRY SCHEIN OR ITS AFFILIATES), REGARDLESS OF ANY NOTICE OF THE POSSIBILITY OF SUCH DAMAGES.

Henry Schein Telephone Hotlines...We're Here Ready to Help!

Henry Schein Medical

To Place An Order 1-800-772-4346 8am-8pm, et
To Fax An Order 1-800-329-9109 24 Hours
Customer Service 1-800-472-4346 8am-8:30pm, et
Internet www.henryschein.com/medical
E-mail meds@henryschein.com

eCommerce Technical Support

PRIVILEGES 1-800-711-6032 8am-8pm, et
Henry Schein Financial Services 1-866-833-8477 9am-5pm, et
ProRepair 1-800-443-2756 8am-8:30pm, et
International Dept. (USA) 1-800-367-3674 8am-7pm, et
In Canada 1-631-843-5325 or Fax 1-631-843-5676
1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

To Place An Order 1-800-445-3550 8:30am-5:30pm, et
To Fax An Order 1-800-531-4793 24 Hours
Customer Service 1-800-472-4346 8am-8:30pm, et
Internet www.henryschein.com/ems
E-mail ems@henryschein.com

340B Program

To Place An Order 1-877-344-3402 8:30am-5:30pm, et
To Fax An Order 1-888-885-1253 24 Hours
Customer Service 1-877-344-3402 8:30am-5:30pm, et
Internet www.henryschein.com/medical
E-mail customer.support@henryschein.com
e-Commerce Support 1-800-711-6032 8am-8pm, et

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et
To Fax An Order 1-800-524-4989 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com


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INVOICE

Page 1/1

Sold To

 SOUTHEASTERN GASTRO & INTERNAL
 101 WEST 27TH STREET
 LUMBERTON NC 28358-0000

Ship To

 PREMIER BEHAVIORAL SERVICES
 2003 GODWIN AVE.
 SUITE B
 LUMBERTON NC 28358

Customer #	Order Date	Sales Order #	Buyer	Customer P/O #	Ship Via	Salesman
0008035	04/21/2020	371259		JENNIFER	Tr T1/001	12
Invoice #	Invoice Date	Ship Date	Freight Terms	Job Number	Terms	
371259	04/23/2020	04/22/20	PREPAID		1 % 10 NET 30	

LN	QNTY ORD	QNTY SHIP	QNTY B/O	PRODUCT NUMBER	DESCRIPTION	UOM	NET PRICE	EXTENSION
1	1	1		JT92	TISSUE JUMBO 9" 2PLY 12/CS PREMIUM JRT MFG# 5206VP	Cs	21.75	\$21.75
2	1	1		RH313	TOWELS TORK BROWN 6/800" GREEN SEAL CERTIFIED MFG# WPRH313	Cs	41.40	\$41.40
3	1	0	1	LYSOL	DISINFECTANT SPRAY LYSOL I.C. HOSPITAL-GRADE 19oz MFG# RAC95029	Dz	148.32	\$0.00
4	1	1		995	FUEL SURCHARGE MFG# 995	Ea	3.25	\$3.25

Signature Proof of Delivery:

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 buying history and place your orders online.
 Thank you for your business.

Terms & Conditions

 This invoice is your final bill, and payment is
 due as indicated by your terms. A service fee of
 1.5% monthly is imposed on overdue invoices.
 Please include your customer # on all checks.

Merchandise	66.40
Freight	0.00
Misc Charges	0.00
Sub Total	66.40
Taxable	66.40
Tax (RC)	4.65
TOTAL	\$71.05

J P 04/22/20 09:18

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Pay By 05/03/2020 Take 1% Discount \$0.66 & Pay Only \$70.39

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INVOICE

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Sold To

SOUTHEASTERN GASTRO & INTERNAL
101 WEST 27TH STREET
LUMBERTON NC 28358-0000

Ship To

PREMIER BEHAVIORAL SERVICES
2003 GODWIN AVE.
SUITE B
LUMBERTON NC 28358

Customer # 0008035	Order Date 08/17/2020	Sales Order # 378191	Buyer	Customer P/O # JENNIFER	Ship Via Tr T1/007	Salesman 12
Invoice # 378191	Invoice Date 08/19/2020	Ship Date 08/18/20	Freight Terms PREPAID	Job Number	Terms 1 % 10 NET 30	

[illegible]

Signature Proof of Delivery:

$|cmifz|$

Jennifer 08/18/20 12:17

Visit us at www.imagesupplyinc.com to view your buying history and place your orders online.
Thank you for your business.

Terms & Conditions
This invoice is your final bill, and payment is due as indicated by your terms. A service fee of 1.5% monthly is imposed on overdue invoices. Please include your customer # on all checks.

Merchandise	114.58
Freight	0.00
Misc Charges	0.00
Sub Total	114.58
Taxable	114.58
Tax (RC)	8.02
TOTAL	\$122.60

Archive Copy

Pay By 08/29/2020 Take 1% Discount \$1.15 & Pay Only \$121.45

Writer: AS

Shipment Confirmation #103209364-001

From: officedepotorders@officedepot.com

To: PACHECO.PREMIER@YAHOO.COM

Date: Saturday, July 11, 2020, 02:32 AM EDT

Shipping to: SANTHOSH AUGUSTINE
2003 GODWIN AVE STE B LUMBERTON, NC 28358-3150

**Office DEPOT.
OfficeMax®**

Your order has shipped!

Your order is packed up and ready to go. Track your order below:

Estimated Delivery Date: Monday, July 13, 2020

[Track My Order](#)

In This Shipment:



**Office Depot® Multi-Use Paper, Letter Size (8-1/2" x 11"), 94 (U.S.)
Brightness, 20 Lb, Ream Of 500 Sheets, Case Of 8 Reams**

Quantity Shipped: 5

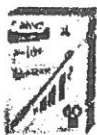
Item # 358955



Post it® Notes Super Sticky Notes, 3" x 3", Miami, Pack Of 24 Pads

Quantity Shipped: 1

Item # 336977



BIC® Round Stic® Ballpoint Pens, Medium Point, 1.0 mm, Translucent Barrel, Black Ink, Pack Of 60 Pens
Quantity Shipped: 1
Item # 664011



BIC® Wite-Out® Correction Tape, Pack Of 4 Correction Tape Dispensers
Quantity Shipped: 1
Item # 581985



Office Depot® Brand Pen-Style Highlighters, 100% Recycled, Yellow, Pack Of 6
Quantity Shipped: 1
Item # 874483



Office Depot® Brand Pen-Style Highlighters, 100% Recycled, Assorted Colors, Pack Of 6 Highlighters
Quantity Shipped: 1
Item # 877678



Germ-X Original Hand Sanitizer, 8 Oz
Quantity Shipped: 12
Item # 7436830

Order Summary

Order Number
103209364-001

Order Date
07/10/2020

Delivery Method
Next Business Day
Delivery

Status
Shipped

103209364001

Questions? We're here to help.
Call 800.GO.DEPOT (1-800) 463-3768 Text (1-904) 853-3768

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This sale is subject to the [terms of use](#) that govern this website. We reserve the right to cancel or limit any order that is made contrary to any applicable offer, discount, promotion or coupon. Please be advised that prices vary based upon the order and delivery location(s) and the applicable retail store location.

Office Depot has paid the CA Electronic Waste Recycling fee on your behalf for all online and telephone purchases made in or to CA.

For compliance with select California laws and for financial reporting purposes, all sales shipped to California and Texas customers are made by eDepot, LLC, a wholly-owned subsidiary of Office Depot, Inc, and are F.O.B. destination point.

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Shipment Confirmation #117632151-001

From: officedepotorders@officedepot.com

To: PACHECO.PREMIER@YAHOO.COM

Date: Friday, August 21, 2020, 01:03 AM EDT

Shipping to: SANTHOSH AUGUSTINE
2003 GODWIN AVE STE B LUMBERTON, NC 28358-3150

Office DEPOT
OfficeMax

Your order has shipped!

Your order is packed up and ready to go. Track your order below:

Estimated Delivery Date: Friday, August 21, 2020

[Track My Order](#)

In This Shipment:



**Office Depot® Copy And Print Paper, Letter Size (8-1/2" x 11"), 20 Lb, Ream
Of 500 Sheets, Case Of 10 Reams**
Quantity Shipped: 5
Item # 348037



Post it® Super Sticky Notes, 3" x 3", Canary Yellow, Pack Of 12 Pads
Quantity Shipped: 1
Item # 504728



GERM-X Original Hand Sanitizer, 2-Oz Flip-Cap Bottle
Quantity Shipped: 12
Item # 9009240

Picture
Not
Available

2020 CUSTOMER 9 PIP
Quantity Shipped: 1
Item # 7700694

Order Summary

Order Number
117632151-001

Order Date
08/20/2020

Delivery Method
Next Business Day
Delivery

Status
Shipped

117632151001

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8/31/2020

Yahoo Mail - Shipment Confirmation #117632151-001

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Shipment Confirmation #118541998-001

From: officedepotorders@officedepot.com

To: PACHECO.PREMIER@YAHOO.COM

Date: Tuesday, August 25, 2020, 03:49 AM EDT

Shipping to: SANTHOSH AUGUSTINE
2003 GODWIN AVE STE B LUMBERTON, NC 28358-3150

Office DEPOT.
OfficeMax®

Your order has shipped!

Your order is packed up and ready to go. Track your order below:

Estimated Delivery Date: Tuesday, August 25, 2020

[Track My Order](#)

In This Shipment:



Clean Works Fragrance-Free Gel Hand Sanitizer, 8.45-Oz Pump Bottle

Quantity Shipped: 5


Item # 9950634



**Office Depot® Copy And Print Paper, Letter Size (8-1/2" x 11"), 20 Lb, Ream
Of 500 Sheets, Case Of 10 Reams**

Quantity Shipped: 5

Item # 348037

 **Post it® Super Sticky Notes, 3" x 3", Canary Yellow, Pack Of 12 Pads**
Quantity Shipped: 1
Item # 504728

Picture
Not
Available

2020 CUSTOMER 9 PIP
Quantity Shipped: 1
Item # 7700694

Order Summary

Order Number
118541998-001

Order Date
08/19/2020

Delivery Method
Next Business Day
Delivery

Status
Shipped

118541998001

Questions? We're here to help.
Call 800.GO.DEPOT (1-800) 463-3768 Text (1-904) 853-3768

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Office Depot has paid the CA Electronic Waste Recycling fee on your behalf for all online and telephone purchases made in or to CA.

For compliance with select California laws and for financial reporting purposes, all sales shipped to California and Texas customers are made by eDepot, LLC, a wholly-owned subsidiary of Office Depot, Inc, and are F.O.B. destination point.

8/31/2020

Yahoo Mail - Shipment Confirmation #118541998-001

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STANTON H. AUGUSTINE
MD

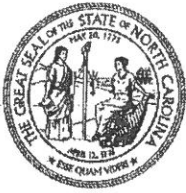
PREMIER BEHAVIORAL
SERVICES

MICHAEL HEATH
LICENSURE & CERT. SECTION LUMBERTON
NIC 28358
ACDHSR
12/2/20

Dear Madam / Sir
Please find we enclosed
plan of correction for
Premier Behavioral Services
MIC# 078-251

I am available at 910-7332007
to answer any questions
Thanking you
Truly

STANTON H. AUGUSTINE



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA CERTIFIED MAIL

September 24, 2020

Santhosh Augustine, MD
Premier Behavioral Services, Inc.
2003 Godwin Avenue, Suite B
Lumberton, NC 28358

RE: Type A1 and Type A2 Administrative Penalties
Premier Behavioral Services, Inc., 2003 Godwin Avenue, Suite B, Lumberton, NC
28358
MHL #078-251
E-mail Address: santhoshaugustine@hotmail.com

Dear Dr. Augustine:

Based on the findings of this agency from a survey completed on September 4, 2020, we find that Premier Behavioral Services, Inc., has operated Premier Behavioral Services, Inc., in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities, and Substance Abuse Services and N.C.G.S. § 122C, Article 3, Clients' Rights for individuals with mental illness, developmental disabilities, or substance abuse issues. After a review of the findings, this agency is taking the following action:

Administrative Penalties – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing a Type A1 administrative penalty of \$5,000.00 against Premier Behavioral Services, Inc., for violation of 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) and assessing a Type A2 administrative penalty of \$1,500.00 against Premier Behavioral Services, Inc., for violation of 10A NCAC 27G .0201 Governing Body Policies (V105).

Payment of the penalties is to be made to the Division of Health Service Regulation and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalties are not paid within sixty (60) days of this notification, a 10% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalties. The facts upon which the administrative penalties are based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

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mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Lisa G. Corbett, General Counsel. This person may receive service of process by mail at the following address:

Ms. Lisa G. Corbett, General Counsel
Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at (252) 568-2744. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Wendy Boone, Eastern Branch Manager at (252) 568-2744.

Sincerely,

Michiele Elliott

Michiele Elliott, Acting Chief
Mental Health Licensure & Certification Section

Cc: dhsrreports@dhhs.nc.gov, DMH/DD/SAS
Medicaid.dhsr.notice@dhhs.nc.gov, NC Medicaid
accreditationNotifications@nctracks.com, NC Medicaid Fiscal Agent
DHSRreports@eastpointe.net
Velvet Nixon, Director, Robeson County DSS
Pam Pridgen, Administrative Supervisor



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 24, 2020

Santhosh Augustine, MD
Premier Behavioral Services, Inc.
2003 Godwin Avenue, Suite B
Lumberton, NC 28358

Re: Complaint Survey completed September 4, 2020
Premier Behavioral Services, Inc., 2003 Godwin Avenue, Suite B, Lumberton,
NC 28358
MHL # 078-251
E-mail Address: santhoshaugustine@hotmail.com
Intake # NC00168348

Dear Dr. Augustine:

Thank you for the cooperation and courtesy extended during the complaint survey completed September 4, 2020. The complaint was substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A1 rule violation is cited for 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512).
- Type A2 rule violation is cited for 10A NCAC 27G .0201 Governing Body Policies (V105).
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Type A1/A2 violations must be **corrected** within 23 days from the exit date of the survey, which is September 27, 2020. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1/A2 violations by the 23rd day from the date of the survey may result in the assessment of an

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

September 24, 2020
Santhosh Augustine, MD
Premier Behavioral Services, Inc.

administrative penalty of \$500.00 (Five Hundred) against Premier Behavioral Services, Inc. for each day the deficiency remains out of compliance.

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is November 3, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear at 910-214-0350.

Sincerely,



Betty Godwin, RN, MSN
Nurse Consultant
Mental Health Licensure & Certification
Section



Tareva Jones, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification
Section

Cc: DHSRreports@eastpointe.net
Pam Pridgen, Administrative Assistant