Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING 08/15/2024 MHL047-164 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 103 CASPIA COURT **AMAT GROUP HOMES 2** RAEFORD, NC 28376 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual, follow-up and complaint survey was completed on August 15, 2024. The complaint (intake #NC00219194) was unsubstantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. V 110 V 110 27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills;

Division of Health Service Regulation (X6) DATE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE VOTES SIONAL 8/26/2024

STATE FORM EGG9 EGZ911 (Continuation sheet 1) of

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1)		1) PROVIDER/SUPPLIER/CLIA (X2) MULTI		2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDFLANC	OF CORRECTION		A. BUILDING:		_		
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NAME OF P	ROVIDER OR SUPPLIER		PIA COURT				
AMAT CROUP HOMES 2			D, NC 28376				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE	
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V 110	Continued From page	e 1	V 110				
	(6) communication skills; and						
	(7) clinical skills.	,					
	(f) The governing bo	dy for each facility shall					
		ent policies and procedures					
	plan upon hiring each	e individualized supervision					
	pian apon ming odo	paraproression					
		and the second have					
	This Rule is not met	iew and interviews, one of					
	[]) failed to demonstrate					
		required for the population					
	served. The findings	s are:					
	Review on 8/15/24 o	of Staff #1's personnel files	V110	QP will ensure that stat	ff #1		
_	revealed:		V110				
	-Hired date of 8/19/2	3 as the Paraprofessional.		undergo regular training	anu		
	Interview on 8/15/24	with Client #1 revealed:		development programs	ما ما		
	-Staff #1 stayed at th	ne facility.		focused on enhancing t			
		ng to her; you have to repeat		communication skills, i			
	everything."	tand her but che's nice and		verbal and active lister	ling.		
	she watches everyth	tand her but she's nice and ning they do."					
	-"I don't think she un	derstands English; it's very					
		es I don't understand her and					
	I have to repeat mys	self."	v110	QP will ensure that staf	f #1		
	Interview on 8/15/24	with Client #2 revealed:	45 40	undergo regular training	and		
		communicating with [staff		development programs			
	#1]."			focused on enhancing	the		
		to repeat and ask the same		communication skills, i			
	questions.	understanding staff #1.		verbal and active lister			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN C	OF CORRECTION	IDENTIFICATION TO MODELL	A. BUILDING:			
		MHL047-164	B. WING		08/15	5/2024
NAME OF PE	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE,	ZIP CODE		
		103 CASI	PIA COURT			
AMAT GR	OUP HOMES 2	RAEFOR	D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETE DATE
V 110	Continued From page	2	V 110			
	Interview on 8/15/24 -She lived at the facil -"I like it here." -She understands sta her you have to repeat -"You have to repeat Interview on 8/15/24	with Client #3 revealed: ity for one year. Iff #1 but when you talk to at yourself several times. stuff." with Client #4 revealed:	V110	OP will ensure that staff #1 undergo regular training and development programs focused on enhancing the communication skills,		8/15/24
	anything"You have to repeat -"It is also hard unde Interview on 8/15/24 -She liked it the grou	including verbal and listening. and understanding [staff #1]." 18/15/24 with Client #5 revealed: the group home.		8/30/24		
	-"It is hard to underso No interview with clie hospital.	ent #6 as she was in the	V110	QP will ensure that staff #1 undergo regular training and development program focused on enhancing the communication skills, including verbal and active listening.		imp.date 8/15/24 compl.
01	8/15/24 with Staff #1 -Division of Health R repeatedly asked for medicationDHSR surveyor did response and repeat	egualation (DHSR) surveyor client #2's record and not get an appropriate ted the request two times.	V110			date: 8/30/24
	-She was unable to be bedrooms were in the Client #2 provided to surveyor. Interview on 8/15/24 revealed: -She worked various -"I had no issues contained to be bedroom t	ell the surveyor how many	V110	QP will ensure that sta undergo regular training and development prog focused on enhancing communication skills, including verbal and a listening.	ng grams the	imp.date 8/15/24 compl. date: 8/30/24

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING 08/15/2024 MHL047-164 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 103 CASPIA COURT **AMAT GROUP HOMES 2** RAEFORD, NC 28376 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 110 V 110 Continued From page 3 -"If staff #1 did not understand she would send her a text and then call her to ask if she understands." Interview on 8/15/24 with the Owner/Qualified V110 imp.date QP will ensure that staff #1 Professional revealed: 8/15/24 -She would not hire someone who did not speak undergo regular training English. and development programs -Clients never complained about problems focused on enhancing the compl. communicating with staff #1. -She reported it could be the accent based on the date: communication skills, country staff #1 was from. 8/30/24 including verbal and active -She would schedule staff #1 for training on listening. communication skills. Livery and the section party V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO		DATE SURVEY COMPLETED
		IDENTIFICATION NUMBER:	A. BUILDING:		
		MHL047-164	B. WING		R 08/15/2024
NAME OF PROVIDER OR SUPPLIER STREET AD 103 CASE		DDRESS, CITY, STATE, PIA COURT D, NC 28376	ZIP CODE		
				PROVIDER'S PLAN OF CORRECTION	(X5)
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V 114	Continued From pag	e 4	V 114		
V 736	failed to ensure fire a completed on each sindings are: Review on 8/15/24 or revealed: -There were no fire on 2nd shift for the 2-There were no fire on 2nd shift since 3/2-There were no fire on 3rd shift for the 2-There were no fire on 3rd shift since 1/4-Interview on 8/15/24 Professional reveale-She was aware the to be conducted at 1-She reported staff and disaster drills mand disaster drills mand conducted at 1-She would make sidisaster drills on each 27G .0303(c) Facility 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and maintained in a safety of the same conducted in a safety of the same conducted at 1-She would make sidisaster drills on each 27G .0303(c) Facility 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and maintained in a safety of the same conducted at 1-She would make sidisaster drills on each 27G .0303(c) Facility 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and maintained in a safety of the same conducted at 1-She would make sidisaster drills on each 27G .0303(c) Facility 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and maintained in a safety of the same conducted at 1-She would make sidisaster drills on each 27G .0303(c) Facility 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and maintained in a safety of the same conducted at 1-She would make sidisaster drills on each 27G .0303(c) Facility 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility and 10A NCAC 27G .03 EXTERIOR REQUITED (c) Each facility a	iew and interview the facility and disaster drills were shift at least quarterly. The of the facility's fire drills book and disaster drills conducted and quarter. and disaster drills conducted and 3rd quarter. and disaster drills conducted and 3rd quarter. and disaster drills conducted and and 3rd quarter. and disaster drills conducted and and disaster drills were and disaster drills were east quarterly on each shift. were supposed to conduct fire nonthly. The property of the shift at least quarterly. The property of the shift at least quarterly. The property of the facility is and Grounds Maintenance and Conducted Maintenance and	V114	QP will ensure staff cond fire drills on every shifts	uct impl. date: 8/15/24 compl. date. 8/30/24

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED. IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ 08/15/2024 MHL047-164 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 103 CASPIA COURT **AMAT GROUP HOMES 2** RAEFORD, NC 28376 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 736 V 736 Continued From page 5 This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, and attractive manner. The findings are: Observation on 8/15/24 at 9:45 a.m. of the facility revealed: -Client #1's and client #3's bedroom door was replaced with a curtain. -The curtain rod was bent and unable to hold the weight of the curtain. -There was a dent in the middle of client #5's mattress Interview on 8/15/24 with Client #1 revealed: V736 QP will ensure that client #1 and impl -She shared rooms with client #3. Client#5 bedroom door is replaced date: -They had dividers in their room. -The curtain was "okay" but preferred the door. 8/16/24 curtain will be replaced with bedroom door. Interview on 8/15/24 with Client #3 revealed: -She lived at the facility for one year. compl. -"I like it here." date: -She shared her room with client #1. 9/7/24 -She lived at the facility when the bedroom door -The owner replaced the door with the curtain. -She felt the curtain did not provide enough privacy since the bedroom was near the kitchen. -"It's been a while since the door was removed." Interview on 8/15/24 with Client #5 revealed: V736 QP will ensure mattress in client -She needed a dresser or night stand. imp. #5 room is replaced though it is -There was a dent in the middle of her bed. date: -"The box spring was collapsing in the middle of a new mattress. Client #5 has a 8/15/24 the bed." dresser in her room. -She did not inform staff about the issues with her bed. comp Interview on 8/15/24 with the Owner/Qualfied date

Division of Health Service Regulation

Professional revealed:

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: R 08/15/2024 B. WING MHL047-164 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 103 CASPIA COURT **AMAT GROUP HOMES 2** RAEFORD, NC 28376 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 736 V 736 Continued From page 6 -Client #1's and client #3's bedroom door was QP will ensure that client #1 and impl V736 removed. Client#3 bedroom door is replaced date -The door was a double door. -The door broke from clients opening and closing curtain will be replaced with 8/16/24 bedroom door. -She would put the door back up. -She did know there was a problem with client compl. #5's bed. date: -She reported client #5 had a new mattress. 9/7/24 -She would look for a solid mattress. V 738 V 738 27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. Capitale per file Tay or a This Rule is not met as evidenced by: Based on record review and interviews, the governing body failed to assure the building was kept free from insects. The findings are: Interview on 8/15/24 with Client #2 revealed: -She shared her bedroom with client #4. -She saw a bed bug on her bed about 2 or 3 days ago. -She told staff #1. -Staff #1 sprayed something around the room. -"I think she sprayed bed bug spray." Interview on 8/15/24 with Client #4 revealed: -She shared her bedroom with client #2. -She saw a bed bug on her bed and client #2's

bed about 2 or 3 days ago.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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-		MHL047-164	B. WING		08/1	5/2024
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	re, ZIP CODE		
		103 CASE	PIA COURT			- 1
AMAT GR	OUP HOMES 2	RAEFOR	D, NC 28376			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
V 738	Continued From page	7	V 738			
	-She and client #2 rei -The bed bug was on -She and client #2 tol -Staff #1 sprayed aro -She had not seen a Interview on 8/15/24 revealed: -She did not know the bugsClients had chores a -Clients did a deep cl -The protocol was to day at least 3 times a cleaning on Saturday -She was not aware exterminator regardin sightings. Interview on 8/15/24 Professional reveale -She heard client #2 had bed bugsShe checked to see -Yesterday she saw #2 and client #4's roi -She reported contact -She scheduled an a between 2 and 4 p.mShe placed a sticky if there were any bug if the there were any bug	moved the bed bug. the end of her bed. d staff #1. und the room. bed bug since. with the House Manager ere was an issue with bed and cleaned daily. teaning every Saturday. spray bug spray every other a week and during deep the owner contacted an ang the recent bed bugs with the Owner/Qualified d: and client #4 reported they if there were bed bugs. traces of bed bugs in client orm. cting an exterminator. ppointment for 8/20/24 a. trap that would let her know	V738	QP will ensure exterming comes out the date the promised to come and care of the bed bugs.	У	imp.date 8/14/24 compl. date: 8/20/24
	1 2 2					

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SPECIAL SERVICE AGREEMENT

	, BILLING ADDRESS: NUMBER, STREET
	Shall of No. 110 Maria
SERVICE ADDRESS: NUMBER, STREET	CITY, STATE, ZIP CODE
113 (x50,6 C+	
CITY, STATE, ZIP CODE	PERSON TO CONTACT
Reeford NC 28376	
TYPE AND NO. OF STRUCTURES TO SERVICE	OFFICE PHONE
1500 100m	
PESTS TO BE TREATED (SPECIFIC OCCASIONAL INVADERS) (DO NOT ABBREVIATE)	PRODUCTS PURCHASED
1200 12095	
	I agree to pay Orkin Pest Control the below amount at this time for treatment of
	the pest(s) indicated.
PROBLEM AREAS	SERVICES RENDERED \$ PAYMENT MADE BY:
1300 1000	PRODUCTS PURCHASED \$ CASH
	SALES/SERVICE TAX \$ CHECK #
SPECIAL INSTRUCTIONS	AMOUNT DUE \$ PAYMENT OPTION FORM AMOUNT PAID (\$ 38.3.5 \square P.O. #
SPECIAL INSTRUCTIONS	
	BALANCE DUE \$
1 TREATMENT 2 TREATMENTS	DISPUTE RESOLUTION: (A.) Mediation/Arbitration: ANY CONTROVERSY OR CLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT, OR THE SERVICES PERFORMED BY ORKIN
(OTHER)	UNDER THIS AGREEMENT OR ANY OTHER AGREEMENT, REGARDLESS OF WHETHER THE CONTROVERSY OR CLAIM AROSE BEFORE OR AFTER THE EXECUTION, TRANSFER
	OR ACCEPTANCE OF THIS AGREEMENT, INCLUDING BUT NOT LIMITED TO ANY TORT AND STATUTORY CLAIMS, AND ANY CLAIMS FOR PERSONAL OR BODILY INJURY OR
This Special Service Agreement is guaranteed for 30 days only, and WILL NOT provide permanent control. For CONTINUOUS protection and control, we strongly recommend a REGULAR PEST CONTROL SERVICE.	DAMAGE TO REAL OR PERSONAL PROPERTY, SHALL BE SETTLED BY BINDING ARBITRATION. UNLESS THE PARTIES AGREE OTHERWISE, THE ARBITRATION SHALL BE
REGULAR PEST CONTROL SERVICE. Service Exclusions.	ADMINISTERED UNDER THE RULES OF THE AMÉRICAN ARBITRATION ASSOCIATION ("AAA") AND SHALL BE CONDUCTED BY AAA. IF ADMINISTERED UNDER THE AAA RULES. A CLAIM SHALL BE DETERMINED UNDER THE AAA SUPPLEMENTARY PROCEDURES FOR
Services Requiring a Separate Agreement: The Customer understands that this Agreement does not cover Bed Bugs, Carpenter Ants, Fire Ants, or Mosquitoes. Service for these	CONSUMER-RELATED DISPUTES IN CASES WHERE SUCH PROCEDURES ARE APPLICABLE. ANY OTHER CONTROVERSY OR CLAIM SHALL BE DETERMINED UNDER
pests requires a separate Agreement or Addendum. The requirement of a separate agreement or addendum cannot be waived by the Customer or any employee or agent of	THE ARA COMMERCIAL ARBITRATION RULES. THE CUSTOMER AND ORKIN AGREE THAT THE ARBITRATOR SHALL FOLLOW THE SUBSTANTIVE LAW, INCLUDING THE TERMS AND
Orkin. 2. Additional Exclusions: This Agreement does not cover Brown Recluse Spiders or mold or any	CONDITIONS OF THIS AGREEMENT, EITHER PARTY HAS THE RIGHT TO REQUIRE A PANEL OF THREE (3) ARBITRATORS, BUT IN THE ABSENCE OF THE PARTIES'
mold-like conditions. This exclusion cannot be waived by the Customer or any employee or agent of Orkin. The Customer expressly releases Orkin from liability for any claim for personal injury	AGREEMENT, THE REQUESTING PARTY SHALL BE RESPONSIBLE FOR THE COST OF THE ADDITIONAL ARBITRATORS. EITHER PARTY MAY REQUEST AT ANY TIME PRIOR TO THE
(including stings or bites from fire ants, spiders, or any other pests) or property damage (to include the structure or contents) caused by any pests.	HEARING THAT THE AWARD BE ACCOMPANIED BY A REASONED OPINION. THE AWARD RENDERED BY THE ARBITRATOR(S) SHALL BE FINAL AND BINDING ON ALL PARTIES.
Limitation of Liability: The Customer expressly releases Orkin from liability for any claim for personal injury (including stings or bites from any pests) or property damage (to include	EXCEPT THAT A PARTY MAY WITHIN 30 DAYS OF THE ORIGINAL AWARD REQUEST AN ARBITRAL APPEAL TO AN APPEAL TRIBUNAL, CONSTITUTED IN THE SAME NUMBER AND
for personal injury (including stings or bites from any pests) or property damage (to include the structure or contents) caused by any pests. The Customer agrees that under no circum stances shall Orkin be liable for any amount greater than the amount paid by the Customer	BY THE SAME PROCESS AS THE INITIAL ARBITRATOR(S). THE APPEALING PARTY SHALL BE RESPONSIBLE FOR THE FILING FEE AND OTHER ARBITRATION FEES AND COSTS SUBJECT TO AWARD BY THE APPEAL TRIBUNAL UNDER APPLICABLE LAW. THE APPEAL
to Orkin for the services to be provided. In no event will Orkin be responsible for consequential damages for loss of use of property. Any claim by the Customer for damages	TRIBUNAL SHALL REVIEW ALL QUESTIONS OF LAW AND FACT UNDER A CLEARLY ERRONEOUS STANDARD. THE AWARD OF THE APPEAL TRIBUNAL SHALL BE FINAL AND
must be made in writing within one (1) year of the incident at issue or it will be deemed waived.	BINDING, JUDGMENT MAY BE ENTERED ON THE AWARD IN ANY COURT HAVING JURISDICTION THEREOF, CUSTOMER AND ORKIN ACKNOWLEDGE AND AGREE THAT
Indemnification: The Customer agrees to defend, indemnify and hold harmless Orkin, its directors, officers and employees, agents and representatives, from and against any and	THIS ARBITRATION PROVISION IS MADE PURSUANT TO A TRANSACTION INVOLVING
all claims, lawsuits, losses, penalties, damages, expenses (to include reasonable attorney's fees), settlements, costs, charges and liabilities of every kind and nature arising	INTERSTATE COMMERCE AND SHALL BE GOVERNED BY THE FEDERAL ARBITRATION ACT. BEFORE HAVING RECOURSE TO ARBITRATION, CUSTOMER AND ORKIN EACH AGREES TO TRY IN GOOD FAITH TO SETTLE ANY CONTROVERSY OR CLAIM BY AT
out of or relating to any and all claims, demands, obligations, actions, proceedings or causes of actions of every kind and character, including injury to person or property of	LEAST FOUR (4) HOURS OF MEDIATION ADMINISTERED UNDER THE AAA COMMERCIAL MEDIATION RULES WITH ORKIN AGREEING TO PAY THE COSTS OF THE MEDIATION. THE
whatsoever kind and nature in connection with the services provided hereunder (hereinafter 'Claim'), unless such Claim is caused by the gross negligence or willful misconduct of Orkin.	AAA MAY BE CONTACTED AT THE TOLL-FREE NUMBER 800.778,7879, OR THROUGH THE FOLLOWING WEBSITE: http://www.adr.org. (B) Class Action Waiver: ANY LEGAL
CHEMICAL INFORMATION WARNING: Virtually all pesticides have some odor which may	PROCEEDING OF ANY NATURE MUST BE BROUGHT IN THE PARTY'S INDIVIDUAL CAPACITY, AND NOT AS A PLAINTIFF OR CLASS MEMBER IN ANY PURPORTED CLASS
be present for a short time after application. At your request, Orkin will provide information about the chemicals to be used in treating the premises.	ACTION, COLLECTIVE ACTION, PRIVATE ATTORNEY GENERAL ACTION, OR MULTIPLE PLAINTIFF OR SIMILAR REPRESENTATIVE PROCEEDING.
	ENTIRE AGREEMENT: This Agreement constitutes the entire agreement between the Parties with respect to the Services and supersedes all prior negotiations, representations or agreements
	relating thereto either written or oral, except to the extent that they are expressly incorporated herein. Unless otherwise expressly provided herein, no changes, alterations, or modifications to the Assessment shall be effective unless in writing and capacity the recognition before an extensive provided the expression of the extensive provided the expression of the extensive provided th
ORKIN INSPECTOR EMPLOYEE # OR CERTIFICATION #	this Agreement shall be effective unless in writing and signed by the respective parties hereto, no dealings between the parties or customs shall be permitted to contradict, vary, add to, or modify the written terms of this Agreement. If any term or provision, or portion thereof, is deemed to be
100 W. 11001-610 VI. 410366.50K	invalid or unenforceable under applicable law, this Agreement shall be considered divisible as to each such lerm or provision, and such unenforceable term or provision, shall not affect any other
BRANCH ADDRESS: STREET PHONE	term or provision of this Agreement, and the remaining terms and provisions of this Agreement shall remain binding and be construed and enforced accordingly. This Agreement is the product of
reyetteville NI 2000	negotiations between the Parties and shall be construed without regard to any presumption or rule requiring adverse construction or interpretation against either Party.
CITY, STATE, ZIP CODE	CANCELLATION: CUSTOMER MAY CANCEL THIS
BRANCH MANAGER'S SIGNATURE:	AGREEMENT AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF
DIVITOR MATAGER & SIGNATURE	THIS TRANSACTION.
Signatura () Ourner (Alassea () Assat	
Signature () Owner () Lessee () Agent	
Title ————	