		AND HUMAN SERVICES				FORM	APPROVED
		& MEDICAID SERVICES					0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		146101	B. WING			09 /-	11/2014
NAME OF I	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
WILLOW	S HEALTH CENTER				054 ALBRIGHT LANE		
				F	ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	ſS	F	000			
F 314 SS=D	Annual Certification 483.25(c) TREATM PREVENT/HEAL P	ENT/SVCS TO	FЗ	314			
	Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.						
	by: Based on observat review the facility fa reducing measures high risk for skin br and not applying pr the heels. This applies to 1 of pressure ulcers in t The findings include On 9/8/14 at 12:10 back with the head at 1:20 PM, R7 was head of the bed flat elevated, so the kne directly resting on the PM, R7 was in bed the bed flat and the elevated, so the kne directly resting on the						

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

TITLE

(X6) DATE

PRINTED: 10/03/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	```	TIPLE CONSTRUCTION	· · ·	(X3) DATE SURVEY COMPLETED 09/11/2014		
		146101	B. WING		00			
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC				
	S HEALTH CENTER			4054 ALBRIGHT LANE ROCKFORD, IL 61103				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIC DATE		
F 314	9/9/14. On 9/9/14 tray was brought to bedside table. R7 v sleeping with the h the lower part of he were bent with her mattress. R7 ' s clo were on her chair t at 7:55 AM, E4 (ce entered R7 ' s roon 9/9/14 at 8:45 AM, with the head of the part of her bed elev with her heels resti ' s pressure relievir was repeatedly yel " On 9/9/14 at 9:0 s room and turned what was wrong, R room and went and nurse). R7 was in the elevated and the lo so the knees were directly on the matt boots were in the of E5 went into R7 ' s R7 was in bed on h bed elevated and ti elevated, so the kn resting directly on trelieving boots wer 10:00 AM, R7 was head of the bed elev her bed elevated, so her heels directly re pressure relieving f was awake and pla bed. R7 was no lor	age 1 at 7:50 AM, R7 's breakfast o her room and put on her was in bed on her back ead of the bed elevated and er bed elevated, so the knees heels resting directly on the oth pressure relieving boots hat was in her room. On 9/9/14 rtified nursing assistant-CNA) n to feed her breakfast. On R7 was in bed on her back e bed elevated and the lower vated, so the knees were bent ng directly on the mattress. R7 ng boots were on the chair. R7 ling " Oh my god, I 'm afraid. 0 AM, E6 (CNA) went into R7 ' on the radio and asked R7 77 did not respond. E6 left the d talked with E5 (registered bed with the head of the bed over part of her bed elevated, bent with her heels resting tress. R7 's pressure relieving thair. On 9/9/14 at 9:12 AM, room and gave her morphine. her back with the head of the he lower part of her bed ees were bent with her heels he mattress. R7 's pressure e on the chair. On 9/9/14 at 9:12 AM, room and gave her morphine. her back with the head of the he lower part of her bed ees were bent with her heels he mattress. R7 's pressure e on the chair. On 9/9/14 at 9:12 AM, roots were in the chair. R7 and gave her morphine. her back with the head of the he lower part of her bed ees were bent with her heels he mattress. R7 's pressure e on the chair. On 9/9/14 at in bed on her back with the evated and the lower part of so the knees were bent with esting on the mattress. R7 's poots were in the chair. R7 aying with the blankets of her nger yelling. On 9/9/14 at red R7 's room and gave R7	F 3					

If continuation sheet Page 2 of 8

). 0938-039		
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · ·	(X3) DATE SURVEY COMPLETED		
	146101	B. WING _		09/11/2014			
ROVIDER OR SUPPLIER				Ξ			
HEALTH CENTER		4054 ALBRIGHT LANE ROCKFORD, IL 61103					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETIO DATE		
ID FIX a SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) #14 Continued From page 2 her nutritional supplement. R7 was in bed on her back with the head of the bed elevated and the lower part of her bed elevated, so the knees were bent with her heels directly resting on the mattress. R7 's pressure relieving boots were in the chair. On 9/9/14 at 11:34 AM, E4 entered R7 's room and performed peri-care, turned her to the left side and pulled blankets up. R7 was calm and did not seem to be in pain while E4 performed care. R7 did not resist care. R7 's pressure relieving boots were still in her chair. On 9/9/14 at 8:45 AM, E4 stated " she usually eats in bed in her room, she has not been eating much lately. " On 9/9/14 at 9:04 AM, E4 said that she has been declining lately and has been yelling out on a daily basis. On 9/9/14 at 10:30, E5 said that R7 will not take her nutritional supplement if she is too worked up but when she calms down, she can usually get her to drink them. On 9/9/14 at 11:35 AM, E4 stated " I check her and turn her every two hours. I checked her before breakfast this morning." E4 also stated " She does not have a preference to how she lays." E4 was asked about R7 's pressure relieving boots and she stated " Sometimes we leave them off to air out during the day because she wears them all night. I can put them on if you want me to." E4 said that R7 only gets up in the broda chair when her daughter comes to see her. On 9/10/14 at 11:10 AM, E9 (RN) said that she talked with E4 and she said that she checked R7 before breakfast (7:50 AM) and at 11:30, before lunch.			4				
	Continued From part of her nutritional supplexet with the head lower part of her be bent with her heels mattress. R7 's prot the chair. On 9/9/11 's room and perform the left side and purand did not seem to performed care. R7 pressure relieving back in bed in her room and performed care. R7 pressure relieving back in bed in her room and performed care. R7 pressure relieving back is been declin yelling out on a dail E5 said that R7 will supplement if she is calms down, she cat them. On 9/9/14 at 8:45 A eats in bed in her room and performed care. R7 pressure relieving back with the head lower part of her be been to be been b	IDENTIFICATION NUMBER: 146101 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 her nutritional supplement. R7 was in bed on her back with the head of the bed elevated and the lower part of her bed elevated, so the knees were bent with her heels directly resting on the mattress. R7 's pressure relieving boots were in the chair. On 9/9/14 at 11:34 AM, E4 entered R7 's room and performed peri-care, turned her to the left side and pulled blankets up. R7 was calm and did not seem to be in pain while E4 performed care. R7 did not resist care. R7 's pressure relieving boots were still in her chair. On 9/9/14 at 8:45 AM, E4 stated " she usually eats in bed in her room, she has not been eating much lately." On 9/9/14 at 9:04 AM, E4 said that she has been declining lately and has been yelling out on a daily basis. On 9/9/14 at 10:30, E5 said that R7 will not take her nutritional supplement if she is too worked up but when she calms down, she can usually get her to drink them. On 9/9/14 at 11:35 AM, E4 stated " I checked her before breakfast this morning." 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WING 00 SOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 00 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREVIDERS ALBRICHT LANE ROCKFORD, IL 61103 00 Continued From page 2 her nutritional supplement. R7 was in bed on her back with the head of the bed elevated and the lower part of her bed elevated, so the knees were bent with her heels directly resting on the mattress. R7 's pressure relieving boots were in the chair. On 9/9/14 at 11:34 AM, E4 entered R7 's room and performed perfocare, turned her to the left side and pulled blankets up. R7 was calm and did not seem care. R7 did not resist care. R7 's pressure relieving boots were still in her chair. On 9/9/14 at 3:34 AM, E4 stated " 1 checked her bedoining lately and has been ayupplement if she is too worked up but when she calms down, she can usually get her to drink them. On 9/9/14 at 1:35 AM, E4 stated " 1 checked her before breakfast this morning." E4 also stated "She does not have a preference to how she lays." E4 was asked about R7 's pressure relieving boots and she stated " Sometimes we leave them off to air out during the day because she wears them all night. I can put them on if you want me to. " E4 said that R7 only gets up in the broda chair when her daughter comes to see her. On 91/01/14 at 11:30 AM, E9		

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		AND HUMAN SERVICES				FORM	: 10/03/2014 APPROVED . 0938-0391		
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			(X3) DATE SURVEY COMPLETED			
		146101	B. WING	i		09/	11/2014		
NAME OF I	PROVIDER OR SUPPLIER			٤	STREET ADDRESS, CITY, STATE, ZIP CODE	-			
			4054 ALBRIGHT LANE						
WILLOW	S HEALTH CENTER			F	ROCKFORD, IL 61103				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE		
F 314	post fracture of left R7 's MDS dated 8 score of 0 (severely no rejection o f care extensive assist of extensive assist of non-ambulatory. R7 for dressing and ea dependence for bat both sides of upper Range of motion. R bowel and bladder. ulcers. R7 's Braden skin a shows that she is a breakdown. R7 's N dated 8/18/14 docu pressure ulcers and maintain good skin dated 8/25/14 show Pressure ulcers: Pr the Preventative sk identified as being P risk include: pressur the Preventative sk identified as being P risk include: pressur the Preventative sk identified as being P risk include: pressur reposition every two devices as indicated incontinence. R7 ' shows an order for relieving device) wh dated 9/8/14 shows Spenco boots while shows to reposition assist. R7 is marke down on kardex. R2 documentation of a agitation from turnin The policy and proc	ankle. 8/8/14 documents a BIMS y impaired cognition). R7 had behaviors exhibited. R7 is an one for bed mobility and an two for transfers. R7 is 7 is an extensive assist of one ting. R7 requires total thing. R7 has impairment of and lower extremities for R7 is always incontinent of R7 is always incontinent of R7 is at high risk for Pressure assessment dated 8/8/18/14 t great risk for skin Nutrition risk assessment ments R7 is at risk for d shows a care plan goal to integrity. R7 ' s care plan <i>y</i> s under the category eventative skin program. On in program sheet, R7 was high risk. Interventions for high re reducing mattress, b hours, apply supportive d and peri-care after s treatment sheet dated 7/1/14 " spenco boots (pressure hile in bed. " R7 ' s kardex a supportive intervention as a no et also every two hours with one d for high risk for skin break 7 ' s nursing notes showed no refusal to turn or of increased	F	314					

If continuation sheet Page 4 of 8

TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DA	0. 0938-039 TE SURVEY MPLETED	
		146101	B. WING		09/11/2014		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4054 ALBRIGHT LANE ROCKFORD, IL 61103			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETIC DATE	
F 314 F 441 SS=D	hours or per care p	-	F 31 F 44				
	Infection Control Pr safe, sanitary and c	tablish and maintain an ogram designed to provide a comfortable environment and development and transmission ction.					
	Program under whi (1) Investigates, co in the facility; (2) Decides what pu should be applied to	tablish an Infection Control ch it - ntrols, and prevents infections rocedures, such as isolation, o an individual resident; and ord of incidents and corrective					
	determines that a reprevent the spread isolate the resident. (2) The facility mus communicable dise from direct contact direct contact will tr (3) The facility mus hands after each di	tion Control Program esident needs isolation to of infection, the facility must t prohibit employees with a ease or infected skin lesions with residents or their food, if ansmit the disease. t require staff to wash their rect resident contact for which dicated by accepted					
		ndle, store, process and as to prevent the spread of					

If continuation sheet Page 5 of 8

	-	AND HUMAN SERVICES				FORM	APPROVED 0938-0391
	OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPI	LE CONSTRUCTION		E SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:			à	COMPLETED	
		146101	B. WING			09/ [,]	11/2014
NAME OF	PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	00/	11/2014
WILLOW	S HEALTH CENTER				4054 ALBRIGHT LANE		
				F	ROCKFORD, IL 61103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 441	Continued From pa	ge 5	F4	141			
	by: Based on observat review, the facility fa administering IV an Central Line. The fa contaminated glove This applies to 3 of reviewed for infection The findings include 1. Physician order shows R9 has been 2014-Vancomycin-I reconstitute to 500 through Peripherally (PICC line) administ Physician Order Sh including Osteomyc On 9/9/14 at 11:30 administering the IN E3 was flushing the wearing gloves. After connected the tubir the antibiotic. E3 ra machine, programm connected the othe PICC line. (All witho E3 said I should ha this. On 9/10/14 at 10 Al nursing-DON) said, when working with administering media A document entitled for Long Term Care	3 residents (R9, R7, R6) on control in the sample of 11. e: sheet dated September 2014 n an antibiotic since August 5, ntravenous-(IV) 1500 mg milliliters of Normal Saline y Inserted Central Catheter- tered daily. The same eet shows R9 has diagnoses elitis- (Bone Infection.) AM, E3-Registered Nurse was / antibiotic medication to R9. epicc line of R9 without er flushing the Picc line, E3 ng to the IV bag that contains n the IV tubing thru the ned the machine and r end of the IV tubing to R9 ' s but gloves.) ve worn gloves when doing M, E2-(Director of nurses should wear gloves the picc line flushing and or					

Facility ID: IL6010037

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PRINTED: 10/03/2014

TATEMEN	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		146101	B. WING				
	PROVIDER OR SUPPLIER	140101	D. WING_	STREET ADDRESS, CITY, STATE, ZIP CODE	09	/11/2014	
	/S HEALTH CENTER			4054 ALBRIGHT LANE ROCKFORD, IL 61103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIC DATE	
F 441	caring for residents are expected to foll Procedure, 6. Do 2. On 9/9/14 at 11:3 assistant-CNA) per had an incontinence with urine. E4 put g peri-care to R7. E4 to R7. With E4 's c removed R7 's pan pulled her blankets E4 then took the inc her bed and the tow R7 's door to dispo- that was outside of On 9/10/14 at 2:30 wash my hands afte would wash my har after doing the back everything. Sorry, I The facility 's policy handwashing revise staff should wash h dressings, specime tissues, linen, etc., fluids, blood, secret membranes, or bro items potentially co blood, body fluids, e 3. The September lists R6 's diagnose Osteoporosis, Valva and Seizures. On 9/08/2014 at 2:0 Assistant- CNA) pla urinated in the toiled and continued to put	receiving infusion therapies ow infection control on Gloves. 34 E4 (certified nursing formed peri-care on R7. R7 e brief on that was saturated loves on and performed applied an incontinence brief ontaminated gloves still on, E4 ats, turned her to her left side, up and attached her call light. continence pad that was on wels that she used and opened se of the linens in a basket the room. PM, E4 stated, " I should er cleaning the front and then I nds and change my gloves c and before I touch know I didn ' t do that. " y and procedure for ed on 8/2014 shows that all ands: F. after handling used on containers, contaminated G. After contact with bodily tion, excretions, mucous ken skin, H. After handling ntaminated with a resident ' s excretions, or secretions. 2014 Physician Order Sheet es to include Dementia, ular heart disease, Glaucoma, 00 PM, E8 (Certified Nurses aced R6 on the toilet. R6 t. E8 provided peri-care to R6 ull pants up and put R6 into nove her gloves or wash	F 4	41			

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		AND HUMAN SERVICES				FORM	: 10/03/2014 APPROVED . 0938-0391		
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		146101	B. WING	i		09/11/2014			
NAME OF I	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE				
WILLOW	S HEALTH CENTER		4054 ALBRIGHT LANE ROCKFORD, IL 61103						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE		
F 441	your hands before y treatment (peri-care between and wash needed and wash y treatment (peri-care The facility ' s hand 5/24/2001 shows, h performed after cor	00 PM, E7 said, " You wash you put gloves on then you do e), change them (gloves) in hands. You can repeat this as your hands at the end of the	F 4	441					

Facility ID: IL6010037

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