



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 15 2017

Ms. Wendy Dzanis,  
Administrator  
UMH PA Corp  
209 Roberts Road  
Pittston, Pennsylvania 18640

RE: Wesley Village  
215 Roberts Road  
Pittston, Pennsylvania 18640  
License #: 241880

Dear Ms. Dzanis:

As a result of the Department of Human Services' annual licensing inspections on May 12, 2017 and May 15, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 24188 - 05/12/2017 - O'Haire, Anne  
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION  
 Resident # 1 has an order for Peroxide mouth wash daily at 9pm. The mouth wash was not administered from 5/11-5/14/17. The home did not submit an incident report to the Department regarding the medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.16 is important for the safety and welfare of our residents. A report was submitted 5/15/17 ( see attached ). The administrator will ensure that the medications are administered per physician orders. The administrator will ensure that any reports to DHS are submitted in a timely fashion. Staff will be educated concerning this violation by 7/5/17. Audits will be conducted monthly to ensure continued compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Wendy Dzanis*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Wendy Dzanis* Date *6/22/17*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6/23/17</u> (Date)	Plan of correction implementation status as of <u>6/23/17</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24188 - 05/12/2017 - O'Haire, Anne  
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home has gas fired boilers, the carbon monoxide detector is not located at least 15 feet from the fossil fuel burning device as required by the Care Facility Carbon Monoxide Detector Standards Act.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Regulation 2600.18 is important for the safety and welfare of our residents. The carbon monoxide detector was immediately moved and is currently compliant. The Plant Operations Director will ensure that any additional detectors are installed within the regulations. The Plant Operations Director will conduct audits on any new detectors. The Administrator will review to ensure continued compliance. ( see attached )

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Wendy Dzamis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wendy Dzamis</i>	Date <i>6/22/17</i>
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Violation Report: 24188 - 05/12/2017 - O'Haire, Anne PCH Name: WESLEY VILLAGE			
1. REGULATION 55 Pa.Code §2600 2600.85(a) - Sanitary conditions shall be maintained.			
2a. DESCRIPTION OF VIOLATION Resident # 2 , #3 & # 4 had dried blood on their glucometers.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.			
<p>Regulation 2600.85 is important for the safety and welfare of our residents.</p> <p>Sanitary conditions – The glucometers were immediately addressed at that time.</p> <p>Staff are signing audit verification upon completion of this daily task. Education will be provided by 7/5/17. The Administrator will audit monthly to ensure continued compliance. (see attached ) _____</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Wendy Dzanis</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wendy Dzanis</i>			Date <i>6/22/17</i>
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Violation Report: 24188 - 05/12/2017 - O'Haire, Anne  
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION  
 The home conducted monthly fire drills on the following consecutive dates: 04-05-16 & 05-05-16 and 07-18-16 & 08-18-16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.132 is important for the safety and welfare of our residents. The dates listed above are a Monday, a Tuesday and a Thursday and this was done with intent to ensure the days were varied. The plant Operations Director will conduct an audit to ensure the fire drills are varied. The Administrator will review this audit to ensure continued compliance.  
 (see attached)

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Wendy Dzanic*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wendy Dzanic</i>	Date <i>6/22/17</i>
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Violation Report: 24188 - 05/12/2017 - O'Haire, Anne  
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa. Code §2600  
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION  
 The home's two patio doors located in the residents' dining room one next to the kitchen and one at the opposite end of the dining room did not have signage indicating if they were exits.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.133 is important for the safety and welfare of our residents. The exit signs are scheduled to be installed by 7/1/17. The Plant Operations Director will conduct random audits to ensure proper placement of signs. Administrator will review to ensure continued compliance. ( see attached)

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 (Required on EVERY Page) *Wenoy Dzanis*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Wenoy Dzanis*      Date *6/22/17*

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 (Date)      (Date)

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *M*  
 (Initials)

Violation Report: 24188 - 05/12/2017 - O'Haire, Anne  
 PCH Name: WESLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

Resident # 5's turns was located in a med cup on the night stand at 4pm. Staff person "A" did not place the medication in the resident's hand, mouth or other route as ordered by the prescriber as part of the medication administration process.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Regulation 2600.182 is important for the safety and welfare of our residents Medication cup with a turns in it was in the resident room. Medication was immediately removed at that time. Staff will be educated by 7/5/17 regarding same. The staff will conduct audits to identify any medication left in a resident room. The Administrator will ensure audits are completed to ensure continued compliance. ( see attached )

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Violation Report: 24188 - 05/12/2017 - OHaire, Anne PCH Name: WESLEY VILLAGE	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	
<b>2a. DESCRIPTION OF VIOLATION</b> Resident # 6's omeprazole liquid was located in the common refrigerator near room #206, the key to the lock box was chained to the box.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
Regulation 2600.183(b) is important for the safety and welfare of our residents. The key was immediately removed at that time. Staff will be educated by 7/5/17. The Administrator will conduct random audits to ensure continued compliance. ( SEE ATTACHED )	
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Violation Report: 24188 - 05/12/2017 - O'Haire, Anne  
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa. Code §2600  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 Resident # 7's Advair Diskus Inhaler was not labeled with the date the inhaler was opened. The manufactures directions state to discontinue use after 30 days one the inhaler is opened.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.183 (e) is important for the safety and welfare of our residents.  
 The inhaler was immediately discarded at that time and replaced from the pharmacy.  
 Staff will be in serviced by 7/5/17 regarding same. The nurse will conduct monthly audits on inhalers. The administrator will review for continued compliance.  
 ( SEE ATTACHED)

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 24188 - 05/12/2017 - O'Haire, Anne  
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration.  
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident # 8's novolog flex pen did not have a pharmacy label attached.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.184 is important for the welfare of our residents. Pharmacy label was immediately attached at that time. Staff will be educated regarding medication labels by 7/5/17. The Nursing supervisor will audit flex pens to ensure label is attached. The Administrator will review to ensure continued compliance. ( SEE ATTACHED)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Wendy Dzanis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wendy Dzanis</i>	Date <i>6/22/17</i>
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Violation Report: 24188 - 05/12/2017 - O'Haire, Anne  
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 Resident # 5 has an order for blood glucose readings 3x daily. On 5/10/17 at 9:00pm a blood glucose reading of 164 was noted on the MAR, there was no reading in the glucometer.  
 Resident #11 at 4:00PM on 05/10/2017 had a blood glucose reading of 146 was on resident #11's MAR. The reading was not found in the glucometer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.185(a) is important for the safety and welfare of our residents. The facility can not retroactively correct the issue noted above as it occurred in the past. Nursing staff will be in serviced by 7/5/17. An audit form was initiated and is completed by the nurse to ensure the documentation is entered correctly in the machine. The Administrator will review to ensure continued compliance. ( SEE ATTACHED )

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Violation Report: 24188 - 05/12/2017 - O'Haire, Anne  
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION  
 Resident # 9's MAR notes meclizine 25mg PRN twice daily, the label to the medication notes 1 tablet every morning.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.186(c) is important for the safety and welfare of our residents. The medication direction change label was immediately placed at that time. Staff will be inserviced by 7/5/17. Audit form was developed and will be completed by staff to ensure direction change labels are utilized. The Administrator will review to ensure continued compliance. ( SEE ATTACHED )

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 24188 - 05/12/2017 - OHaire, Anne  
 PCH Name: WESLEY VILLAGE

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

Resident # 9 's hydrocodone 2.5mg is not a current order but is listed on the MAR.  
 Resident # 10's Humalog 2u at 11a was not initialed as administered on 5/2 & 5/7/17.  
 Resident # 10's Humalog 6u at 7a was not initialed as administered on 5/8/17.  
 Resident # 10's Synthroid 50mg was not initialed as administered on 5/2/17.  
 Resident # 11 has a physician's order for blood glucose monitoring three times daily with insulin to be administered according to a sliding scale. At 10:47am on 5/7/2017 Resident #11's glucometer showed a blood glucose reading of 191. The reading was not recorded on his/her medication administration record (MAR).

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Regulation 2600.187(a) is important to the safety and welfare of our residents. The facility recognizes that we can not retroactively correct as this occurred in the past. Staff will be in serviced by 7/5/17 with a focus of documenting if resident refuses or is out of the facility. Resident #9 did not have the hydrocodone listed on the MAR. The print out given to DHS contained discontinued medication as well as current and the information regarding same was faxed. ( see attached ). Audit forms were developed and will be completed by the staff. Administrator will review for continued compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 05/20/2016	
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Signature of Legal Entity Representative (Required on EVERY Page)	
<i>Wendy Dzannis</i>	

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Wendy Dzannis</i>	<i>6/22/17</i>

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Violation Report: 24188 - 05/12/2017 - O'Haire, Anne  
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 5 has an order for blood glucose readings 3x daily. On 5/10/17 at 9:00pm the blood glucose reading was not completed. Resident #5 has an order for blood glucose readings 3x daily per a sliding scale of insulin. On 5/11/17 at 9:00pm the blood glucose was 201, 2 units of insulin was administered. According to the sliding scale 4 units should have been administered (201-250). Resident # 12's 9am medications were being administered at 10:30am on 5/15/17. Resident # 11 has a physician's order for blood glucose monitoring three times daily. The glucometer used for resident # 10 indicates his/her blood sugar was not tested on 5/10/2017 at 4:00pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Regulation 2600.187(d) is important to the safety and welfare of our residents. The facility recognizes that we can not retroactively correct as this occurred in the past. Staff will be in serviced by 7/5/17 with a focus of documenting if resident refuses or is out of the facility. Audit forms were developed and will be completed by the staff monthly. Administrator will review for continued compliance. ( SEE ATTACHED )

Repeat Violation Yes Date(s) of Previous Violation(s): 05/20/2016

Signature of Legal Entity Representative  
 (Required on EVERY Page) Wendy Ozanis

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Wendy Ozanis Date 6/22/17

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 (Initials)

Violation Report: 24188 - 05/12/2017 - OHaire, Anne  
 PCH Name: WESLEY VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident # 1 has an order for Peroxide mouth wash daily at 9pm. The mouth wash was not administered from 5/11-5/14/17. The home did not notify the prescriber regarding the medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.188(b) is important for the safety and welfare of our residents. A report was submitted 5/15/17 and the physician was immediately notified( see attached ).  
 The administrator will ensure that the medications are administered per physician orders. The administrator will ensure that the physician is notified regarding any reports to DHS.  
 Staff will be educated concerning this violation by 7/5/17.  
 Audits will be conducted monthly by the nurses. The Administrator will review to ensure continued compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Wendy Dzanis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wendy Dzanis</i>	Date <i>6/22/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *6/23/17*  
 (Date)

Plan of correction implementation status as of *6/23/17*  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*  
 (Initials)