DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/16/2011 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES	/co	· · · · · · · · · · · · · · · · · · ·	D. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN B. WING	19/5/10/8/11/1	(ED
 		345450	43	\{\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1/2011
NAME OF PR	ROVIDER OR SUPPLIER		នា	REET ADDRESS, CITY STATE, ZIP CODE 1011	
WESTWO	OD HEALTH AND REHA	BILITA		625 ASHLAND STREET SEP VALUE ARCHDALE, NC 27263	<u>. </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
				F-314	
	483.25(c) TREATME		F 314	#1 Resident #57 no longer resides in	±.
SS=D	PREVENT/HEAL PR	ESSUKE SUKES		the facility.	8-9-11
	Based on the compre	hensive assessment of a		#2 Current residents receiving	O-2-11
-		nust ensure that a resident		protein powder have been	
	who enters the facility	without pressure sores		reviewed by the Director	
		ssure sores unless the		ii '	8-24-11
		ndition demonstrates that		of Nursing for appropriate	~ ~ τ-11
<u> </u>		e; and a resident having		administration as ordered	
		es necessary treatment and ealing, prevent infection and	<u> </u>	with corrective action taken	
	prevent new sores fro			as indicated at time of review.	
	and the state of t		f	#3 Licensed nurses, on all shifts,	
	· · · · · · · · · · · · · · · · · · ·		J	Including weekends, have been	
T1 _ 1	This REQUIREMENT	is not met as evidenced -	} ·-	re-educated by the Director of	
	by:	g story printing the printing of the printing		Nursing related to following	8-24-11
		ew, obse <u>rvation</u> and staff		the physician and the physician	
		ailed to administer the for wound healing twice a		the physician orders. Medication	! !
		of 2 sampled residents with		pass and following physician	
	pressure ulcers. The			orders will be reviewed during	
	,	• • • • • • • • • • • • • • • • • • •	1	orientation for new licensed	
·	Resident #57 was add	nitted to the facility on		employees. The Director of	
	07/22/05 with multiple			nursing/designee will complete a	
		's disease, Dysphagia,		quality Improvement tool	
		ure (CHF), Hypertension,			
ŀ	and Cerebrovascular			documenting medication pass	
	_	status Minimum Data Set ated 07/22/11 indicated that		competency with 2 nurses daily	
	• •	mory and decision making		x 5 days per week x 2 weeks,	
		tage IV pressure ulcer.		weekly x 4 then monthly x 3.	
	*		, ,	#4 The Director of Nursing/designee	8-31-11
-		problems was " anticipated		will report findings of the	
	decline with risk of ski			quality Improvement reviews_	
	problems with mobility				
		lower extremity edema,		to the Quality Improvement/	
		ladder history of refusing of poor po (per orem) intake		risk Management committee	
		n poo⊨po (peroren) make nstageable ulcer to sacrum		monthly x-4 to identify trends	
		The state of the s		and need for further education	-
ABORATORY (DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		and/or monitoring.	
10000	MAN!	Daniensta	8-30-11		

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.

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NAME OF PROVIDER OR SUPPLIER WESTWOOD HEALTH AND REHABILITA PREFIX TAG PREFIX TAG CAG ID PREFIX TAG CONTINUED FROM INSTEAD PROCESS BY PRUL RESULATORY OR LSC IDENTIFYING INFORMATION) F. 314 Continued From page 1 will show signs/symptoms of healing as evidenced by decrease in size x (times) 30 days " The approaches included weekly skin audits and quarterly. Braden assessment and Probein powder 1 scoop twice a day in apple sauce or pudding for wound healing (8/1/11). Review of the nurse "s notes dated (2/1/11, revealed an unstageable pressure ulcer to sacrum measuring 5 x 4 x 1.5 cm (centimeter), with yellow slough throughout loer bed, foul odor and with moderate amount of yellowish drainage. On 08/01/71, there was a doctor 's order for Protein powder 4 scoop twice a day for wound healing. Review of the Medication Administration Record (MAR) for August, 2011 revealed that the Protein powder was administered once a day instead of twice a day as ordered from 08/01/11 to 8/11/11. On 08/10/11 at 12:15 PM, Resident 457 was observed to clean the ulcer with Normal Saline and Santyl cintment was applied and was covered with dry dressing.	1/2011	
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and Santyl ointment was applied and was covered with dry dressing.		
1		
On 08/10/11 at 4:30 PM, Nurse #1 was interviewed. She acknowledged that the Protein		
powder was only administered once a day instead of twice a day as ordered and stated that this was		
a medication error and would inform the doctor. F 371 483.35(i) FOOD PROCURE; F 371		
SS=E STORE/PREPARE/SERVE - SANITARY.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CON		CONSTRUCTION		X3) DATE SURVEY COMPLETED	
				-					
		345450		B. WIN	G		08/11/2011		
	NAME OF PROVIDER OR SUPPLIER					T ADDRESS, CITY, STATE, ZIP CODE			
	WESTWO	OD HEALTH AND REHAI	BILITA		1	ASHLAND STREET CHDALE, NC 27263	·	•	
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	(X5) COMPLETION DATE	
		<u> </u>							
_		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			#1 Nourishment freeze	r hog haan		
===	F_371	Continued From page	<u>2</u>	F	371	cleaned,	mas been		
		The facility must -	and the second of the second o			orcunion,		8-10-11	
		(1) Procure food from	y by Federal, State or local		ľ	#2 A marriage C.C.			
			y by rederat, diate of local			#2 A review of freezer			
		(2) Store, prepare, dis	tribute and serve food			completed, by the I		8-24-11	
		under sanitary condition				Housekeeping, with	cleaning	0-4-11	
12			· -			done as indicated.			
	Januaria Januaria					#3 Housekeeping staff	have been		
-						re-educated, by the			
						Housekeeping, on t	- 1		
	- 41	This REQUIREMENT	is not met as evidenced		.	following appropria	•		
2		by:				of cleaning of nouri		8-24-11	
	7777		n, staff interview and facility ity failed to clean 1 of 1			freezers. Freezers a			
•			The findings included:	** ; . 					
						and cleaned daily.			
j	: . l		the Nutritional Services			cleaning freezers ar	_		
1		Manual entitled " Clea				daily will be part of			
			nd Freezer, " revised on			for new hires. The I	Iousekeepin;	£	
			Refrigerators, coolers, and and cleaned as needed on			Director will compl	ete a Quality	,	
1		a daily basis. "	and cleaned as needed on			Improvement tool f			
	,					of nourishment free		1	
			and on 8/10/11 at 10:55			days per week x 2 v			
			artment of the nourishment	•		weekly x 4 weeks, t	•		
1		refrigerator was observorance/vellow substan	ved to have an			X 10 months.		!	
		frozen to the bottom s			1	#4 The Housekeeping	Director or	8-31-11	
		م منتها در این می ده در میکند. کار چوار این این این کار کنده در میدر پیچیدر				designee will report		- W1-11	
			8/10/11 at 11:00 AM, the		-	of the Quality Impro		Ì	
		director of housekeepi						·	
-	<u></u> -	responsible for checking	I to the D and E halls was	•		reviews to the Quali			
			r daily and cleaning it as			Improvementt/Risk		U.	
: -		needed. The director of	f housekeeping			committee monthly		!	
		**************************************	freezer should have been			identify trends and 1		·	
_		cleaned yesterday.				further education an	d/or	<u> </u>	
L	OBM CMS 2567	(02-99) Previous Versions Obso	laboration by the second secon		Co.223	monitoring.	Manufacture of the	±	
		(oz-oa) Frovious versions Opso	lete Event ID: KEIR11		Lacary	(L): 923135	If continuation she	. پي.	

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WESTWOOD HEALTH AND REI (X4) ID SUMMARY PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL		625 ASHLAND STREET ARCHDALE, NC 27263			
PREFIX (EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL				7112011	
The property of the service of the s		TAG	X (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
	도 하고 있다. 그는 그리고 하고 있다. 그런 그를 받는 것이 되는 그를 보는 것이 없다. 그리고 있다고 있다면 하는 것이 되는 그는 그리고 있는 그를 보는 것이 되었습니다.					
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and the second s			-			
10.00 A 22.20 A 22.20 A 20.00						
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DM CN6 2667(00 000 Droubby Value of		1	-1			
DRM CMS-2567(02-99) Previous Versions O	bsolete Event ID: KEIR11		Facility ID: 923156	If continuation she	et Page 4	
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<u>-</u>			·- ·- ·- ·			

PAGE 05/07

PRINTED: 09/12/2011 FORM APPROVED

INP.	ENTE	RS FOR MEDICARE	I AND HUMAN SERVICES & MEDICAID SERVICES			FOF	ED: 09/12/20 RM APPROVE
STA	ITEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) I	MULTIPLE CONSTRUCTION		10. 0938-039 E survey
) i () i	OF OURRESTOR	IDENTIFICATION NUMBER	A. BU	ILDING 01 - MAIN BUILDING 01		PLETRO
			345450	e, wi	NG		. interna
NA	NE OF I	PROVIDER OR SUPPLIER		L	STREET ADDRESS, CITY, STATE, ZIP CODE	1 09	/07/2011
W	estw	OOD HEALTH AND RE	A property of the second of th		626 ASHLAND STREET ARCHDALE, NC 27263	· · · · · · · · · · · · · · · · · · ·	
- PiR	(1) ID REFIX FAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST THE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG		MD PE	COMPLETION DATE
₩.	-012 S=D	NFPA 101 LIFE SAF	ETY CODE STANDARD	K12 #1	y	/	
		Building construction	type and height meets one	(A) Penetration in the 1-hr. rated co	iling	9-19-11
		or-the-following:∞-19:4 19.3.5.1	1 .6.2, 19 . 1.6.3, 19.1.6.4,	ŀ	in the sprinkler riser room has b	cen	
			5 THE RESERVE TO BE STORY OF THE RESERVE TO STORY OF THE STORY O	(B) The penetration in the exterior	1	
			, .	1	overhang in the path of the kitch	en :	
			— 11 49 x x q + p → +	#0 A11	back exit has been repaired.		
		This:STANDARD: Isii 42.OFR 483.70	not met as evidenced by:	for per	exterior overhangs will be checked trations in ceiling with repairs a	od .	9-21-11
	E	By observation on 9/9	//11 at approximately noon	1 needed	icuadons in centing with repairs :	เร	1
	, J.ti	ne.building.constructi	ion type was non-compliant.		ntenance Director will be inservice	ed.	
		pecucinangsincin Renetation in the	de:		pliance of building construction t		9-21-11
· · · · · · · · · · · · · · · · · · ·	ន	prinkler riser room w	here a pipe had been		tion in coiling must be sealed wit		y-21-11
4 4		placed.	oor in the exterior overhang		ed material and caulk, to maintain		<u> </u>
	in	the path of the kitch	en'back exit.		of the ceiling assembly. Maintena r will complete a quality	nce	
	· P	enetrations in ceiling	must be sealed with		ement tool documenting construct	tion .	
	a	proved material and ting of the celling as	caulk, to maintain the		nce on exterior overhangs month		
. "K 04	15. N	FPA 101 LIFE SAFE	TY CODE STANDARD		nths then quarterly.	· .	
٠. ₇ .SS	Ď.	18 (8%)	Į		itenance Director will report find	_	1
) 	imination of means o	of egress, including exit		uality Improvement Tool to the R		10-12-11
****** * **** ***			so that failure of any single ill not leave the area in		ment Quality Improvement(RMQ		
/ 4 11 /	∤-da	rkness:: (This does i	not-refer to emergency		tee monthly to identify trends and	١	
	: <u>; [</u> [9]	illigʻin-accordance-v	With-section 7.8.) 19.2.8	the heed	for further repair.		
				(2-12-41) 15 (4-1-4-1		•	
	ļ		•	K45		1	10-22-11
41	75.	n CTANDADD in no			or, double lamp light, connected	to	10.22.11
···•		с-тимынкы-кы СРК-483.70(а)	t-met-as-evidenced-by;	~~~~~~~	ator, has been installed at E hall.	`	
2,07=1 p. 10%	<u>By</u> _	obsetvation on 9/7/1	1_at approximately noon		lischarge illumination has been		10.00.11
****		following exit discha-		* * * * * * * *	on A, B, G, D, F halls and front		10-22-11
· •	ops frict	ervea as non-compl agai: lack of lighting o	lant, specific findings	chuance	with needed repairs completed.		
	1			• • •= •= •• •• • • • • • • •		<u></u>	
			UPPLIER REPRESENTATIVES SIGNA	ATURE	Administrator		O DATE
***/V/	はつく	Li Moon			HOMINISTRATOR	4-	23-//

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 those documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FGAM CMS-2667(02-89) Previous Vorsions Obsolote

A Principle of the Control of the Co

Event ID: KEIR21

Facility ID; 923156

If continuation sheet Page 1 of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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OTATEM	ENT OF DEFICIENCIES	A MEDICAID SERVICES				OMB N	IO, 0938-0391
AND PLA	N OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA	(XX)	CONSTRUCTION	(X3) DATE SURVEY		
1		IDENTIFICATION NUMBER	Λ, Βι	ILDING	01 - Main Building 01	COM	PLETED
1					VI MARK BOILDING ()		
<u> </u>		345450	}∫8. WI	NG) ng	/07/2011
NAMEO	F PROVIDER OR SUPPLIER			STREET	ADORESS, CITY, STATE, ZIP CODE	1	10134011
WEST	WOOD HEALTH AND RE	PHADII IYA		625 A	SHLAND STREET		
	white the second of the second	TIMOLII A			HDALE, NC: 27263		
(X4) 1D	SUMMARY STAT	TEMENT OF DEFICIENCIES	10			 	· · · · · · · · · · · · · · · · · · ·
PREFIX	C ICACH DEFICIENCY	MITET BE BREAKINGS BY BUT	ID PREF	x l	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOLL)	NON NON	(X4) COMPLETION
170	REGOLATORI DR LS	C IDENTIFYING INFORMATION)	TAG		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI	OPRIATE	DATE
``				- 1	DERICIENCY)		1 1
K DAR		•	#3 M	aintene	mee Director will inservice	staff —	
1040	Continued From pag	é.J. ·	on the	e impo	rtance of illumination at exi	it	9-30-11
	_E.ballLlghting_musi	t.be. airanged: to. provide ligh	of least		ading to public way.		7-30-11
		re-leading to the public way			Director will complete a	·	
15 105	(parking lot). The wa	Ilking surfaces within the ex					
	uischarge shall be lill	minated to values of at leas	st Guant		overnent tool documenting		1.
	ringle lighting walk to	at the floor. Fallure of any	prope		ioning of exterior lights		
	single lighting unit do	es not result in an			exit pathways monthly X 1	2	
	designated organites	ss than 0.2 ft-candles in an A-101 7:8.1.1, 7:8:1.3, and	1				
1	7.8.1.4.	75"101"7:0.1.1, 7:0:11.3; and	#4 Ma	intenar	ice Director will report find	ings	10-12-11
K 050		ETY CODE STANDARD			Improvement review to the		10-12-11
SS≒D.	THE CONTRACTOR	TH CODE STANDARD			ittee monthly X12 months t] .
	·Fire.drills are held at a	inexpected times under			ed repairs.	V]
	varying conditions, at I	least quarterly on each shift	identii	у пееце	so tepans.		
1 1	The staff is familiar wit	h procedures and is aware	'		* *** ** *** ***	•	
	that of its are part of es	Stablished routine	X 50	,		L-50 -	
1 1	Responsibility for plant	ning and conducting drills be	#1 Fire	hill for	: 11-7 shift has been		
-	assigned only to comp	etent persons who are	conducte				9-24-11
- }	qualified to exercise le:	adership. Where drills are		TE			1
1 1	conducted between 9 F	PM and 6 AM a coded	#2 rire c	vills w	ill be conducted at		ł
1	announcement may be	used instead of audible	unexpec	ed tim	es under varying conditions	3	9-24-11
	alarms. 19.7.1.2		at least q	uarteri	y on each shift.	j	
1: 1.					Director will be inserviced	ï	
					ce of varying times and	·]
7	The STANDARD Is no	t met as evidenced by;			conducting fire drills.	[ļ
	42 CFR 483.70(a)	timet as evidenced by;					9-21-11
	BV-document review an	9/7/11 at approximately			rector will complete a		
TOTAL YEAR	901 the following fire a	ulte were uou-compliant.			ment tool documenting		
S. S.	pecific findings include	the last four fire drills on.	performa	gce of .	staff when fire drill	` [1
	oird shift for 2010.8 20	11 were held between	conducted	l mont	hly X 3 then quarterly X 12	!	
E4.1. 1	1:05.PM and 11:20.PM		months.			: .	
h	eld_at_unexpected_time			mance	Director will report staff		
## 1K 052 N	FPA:101 LIFE SAFET				h fire drills to the RMQI	1,	10-12-11
—∷ŠS⊭D	<u>. Tarang bijang mengangan di diakan 197</u> di di		bellollum hellollum	iou wil	hly to identify the need for		10-12-11
A	fire alarm-system requ	in Cu to the Salety is				····	
in:	stalled, tested, and ma		turther ed	ucatior	n to the staff.	ľ	1
W	tr-NFPA-70-National E	lectrical Code and NFPA.		•	4.94	ĺ	
	The system has an a	pproved maintenance.			e de desertion de la company d		
OBM CND 0507/0	(2.00) beautiers 1/						
-: JA CMO-SOO, (0	2-99) Provious Versions Obsole	le Eveni ID: KEIR21	Fac	lky ID; 823	156 If continuat	ion sheet t	age 2 of 3

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or discussion which is a construct to the control of the

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES

PRINTED: 09/12/2011 FORM APPROVED OMB NO. 0938-0391

... .

	AND PLA	IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	- 1	MULTIPI. JII.DING	E CONSTRUCTION		E SURVEY PLETED
			345450	1	NG	01 - MAIN BUILDING 01		•
ł	NAME O	F PROVIDER OR SUPPLIER	070430		T		30	0/07/2011
		WOOD HEALTH AND RE	EHABILITA		625	T AODRESS, CITY, STATE, ZIP CODE ASHLAND STREET PHDALE, NO: 27263	T 495 \$ 77 A	
ſ	(X4) ID	SUMMARY STAT	EMENT OF DEFICIENCIES	ID.	L	PROVIDER'S PLAN OF CORRE		{
	PRÉFI) TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION	PREF TAG		(EACH CORRECTIVE ACTION SHO CROSS-REPERENCED TO THE APP DEFICIENCY,	DULD'BE ROPRIATE	COMPLETION DATE
**		· · · · · · · · · · · · · · · · · · ·		K52			· — .	
***	K 052	2 Continued From pag		#1				1 1
1,210		and testing program requirements of NEP	complying with applicable A_70_and.72. 9.6.1.4	(A)	Smo.	ke detector sensitivity has t ucted.	oeen	10-22-11
	N	The second secon	**************************************	-} (Ɓ)	"T'wo	smoke dampers at the end	o€B	
					hall h	have been repaired.	0.15	
	•			#2 Sm	oke d	ampers have been checked	•	
	**** * *		· · · · · · · · · · · · · · · · · · ·	Mainte	mance	Director to assince higher	by	10-22-11
		. ,	, i seere	#3 Adn	ninist	rator will re-educate the	•	
-		This STANDARD is n	of met as evidenced by:	, mainter	nance	director on the importance	of	
7-	171 ava) autorijan	42 CFR 483.70	ormeras-evidenced by	proper	y func	tioning smoke dampors.		
1	4	By observation on 9/9/	111 at approximately noon	Mainter	nance	Director will complete a		1
		the items related to the	effire alarm system was	-quality	impro	vement tool documenting		9-21-11
-	1	non-compliant, specific	findings include:	proper	functio	on of smoke dampers mont	หใบ	9-21-11
		A. Smoke detector ser conducted since 2007.	nsitivity had not been	X 3 mo	nths th	ien quarterly.	•	
1		B.∷I wo smoke dampel not-function properly w	rs at the end of B-hall did	#4 Main	tenan	e Director will report find	ngs	
''		поетанопон ргорену w	nen testea,	for the qu	lality i	mprovement review to the		10-12-11
1	: :		•	KMQI o	ommi	tee monthly X 3 months th	en	
		- king i sati	•	quarterly	to ide	entify needed repairs.L	VII	
				,	1	a de la compansa de l		[
}·····		Total of the same same	,			•	1	
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(5/5/j		The second of the first second of	ا المارين و المواهدة المارية المارية الموادية المارية المارية المارية المارية المارية المارية المارية المارية المارية المارية	. v v Lainminen man a	<u> </u>	and the second s		1
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-	1.	•					- 1	}
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14.74 to source.		17574 384 E. F			ļ			
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		to the transport of the		* **		All and a second		Videology
		2 11 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	÷:	• • •		· · · · · · · · · · · · · · · · · · ·		
		merce a seems as according to the first of the first	, ,			•		
				·		() 1 mg-2011140 20 p1 s10 p1 s1	****	1
ORM.C	MS-2507(02-99) Provious Versions Obsole	le Event ID: KEIR21	Fac	!!(fy 1D: 92	3158 If continu	ellon sheet	Page 3 of 3