STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		VA0260	B. WING		C 01/06/2023		
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NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT				
LYNN CAI	RE CENTER		NANDOAH AVE				
	FRONT ROYAL, VA 22630						
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F 000	Initial Comments		F 000				
	Corrections are requi Virginia Rules and Re of Nursing Facilities. investigated during the The census in this 12 time of the survey.	rected 1/3/23 through 1/6/23. red for compliance with the egulations for the Licensure Eight complaints were		This Plan of Correction constitutes this facility's writallegation of compliance for the deficient cited. This Plan of Corrections submitted to meet requirements established by and federal law.	cies on is		
F 001	Non Compliance		F 001				
	The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-140 (A). Policies and procedures. Cross reference to F580.						
	12VAC5-371-140 (D.: Cross reference to F6	2). Policies and procedures. 622 & F623.					
	12VAC5-371-150 (A) Cross reference to F5	(B.1). Resident Rights. 580 & F622.	and the second s				
	12VAC5-371-210 (A. Cross reference to F9		AGEL AMERICAN CONTRACTOR OF THE PROPERTY OF TH				
	12VAC5-371-220 (A) (B). Nursing Services. Cross reference to F684, F689, F695 & F698.		Userina and a management of the state of the				
	12VAC5-371-220 (D). Nursing Services. Cross reference to F687.						
	12VAC5-371-250 (A). Resident Assessment and care planning.						

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

TITLE Administrator

(X6) DATE 1/24/23

STATE FORM

6899

M9JR11

If continuation sheet 1 of 7

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN	ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			COMPLETED				
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I VAINI CAI	1000 SHENANDOAH AVENUE							
LINNUAL	LYNN CARE CENTER FRONT ROYAL, VA 22630							
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)			
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				DEFICIENCY)				
F 001	Continued From page	e 1	F 001					
	0			F 001				
	Cross reference to F6	041.		12VAC5-371-140 (A). Policies and				
	40) (A OF 074 050 (D (N = 11		procedures.				
		2). Resident Assessment		Cross reference to F580. Cross reference POC for F580				
	and Care Planning.			Oross reference i do for i soo				
	Cross reference to F6			12VAC5-371-140 (D.2). Policies an	d			
		Staff Development &		procedures.				
	Inservice Training			Cross reference to F622 & F623.				
	Cross reference to F7	730.		Cross reference POC for F622 & F6	523			
				12VAC5-371-150 (A) (B.1). Resider	nt Righte			
		E)/Policies and procedures.		Cross reference to F580 & F622.	it ragnits.			
	Based on staff interview and facility document review, it was determined that the facility staff failed to evidence verification of a current license			Cross Reference POC for F580 & F	622			
				12VAC5-371-210 (A.5). Nurse Staff	ing.			
		sworn statement, a criminal		Cross reference to F947. Cross reference POC for F947				
	background check in accordance with the laws of the State of Virginia, and/or reference checks for 10 of 25 employee records reviewed, LPNs			Closs releience FOC for F347				
				12VAC5-371-220 (A) (B). Nursing S	Services.			
			ANTURE COMMITTEE	Cross reference to F684, F689, F69				
		rses) #7, #8, and #9, CNAs	Cross reference POC F684, F689, F		F695 &			
	(certified nursing assistants) #8 and #9, RNs		No.	F698.				
		4 and #5, and OSMs (other	NATURAL PROPERTY OF THE PROPER	2VAC5-371-220 (D). Nursing Service	200			
		social worker, #8, a speech	NAME OF THE PERSON OF THE PERS	Cross reference to F687.	,00.			
	pathologist, and #11,	, a housekeeper.	enverona.	Cross reference POC for F687				
			NINO DE LA CONTRACTION DE LA C	10)/4 05 07/ 050 (4) 5				
	The findings include:			12VAC5-371-250 (A). Resident Ass and	sessment			
	A marrian vivia a see de si	to d of the amenda, as a second		care planning. Cross reference to I	641.			
		ted of the employee records		Cross reference POC for F641				
		ed by the facility within the						
	past 24 months. This	review revealed the		12VAC5-371-250 (B.2). Resident				
	following.			Assessment and Care Planning.				
	For 1 DN 47 6:22 4 7/0	2/22 #h		Cross reference to F637.				
		5/22, there was no sworn		Cross reference POC for F637				
	statement completed	at the time of filte.						
	Ear CNA #0 himad 2/0	2/21 there were license		12VAC5-371-260 (F). Staff Develop	oment &			
	verification at the time	3/21, there was license		Inservice Training Cross reference to F730.				
	vernication at the time	e or fille.		Cross reference POC for F730				
	For OSM #4 bired 10	NE/21 there was no swarn	Manage of the second					
		0/5/21, there was no sworn	THE PROPERTY OF THE PROPERTY O					
		ninal background check timeframe required by the	MANAGEM					
	· ·	иненаше гединей ву ше	The state of the s					
	regulation.		REPOWN.					

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F 001	Continued From page	e 2	F 001	F001. 1)Licensed verification,	sworn	
				statement, criminal background	Ł	
	For LPN #8, hired 9/1	13/22, there was no criminal		checks, reference check.		
	background check.	•		1. No individual residents appe	ar to	
				have been affected as no resid		
	For OSM #8, hired 6/	1/21, there was no timely		were noted. LPN # 7, 8, 9		
	criminal background			CNA # 8, 9, RN # 4, 5, OSM #	4	
	verification at the time			Social Worker # 8, Speech	',	
				pathologist # 11, and the		
	For CNA #9, hired 6/	1/21, there was no sworn		housekeeper will have their		
		background check within		Licensed verified (if applicable	,	
	the time frame required by the regulation.			sworn statement, background	/;	
		- a a, are regulation.		screening, and reference chec	ke	
		22, there was no criminal		completed by 1/27/23.	NS	
	background check within 30 days of hire, and no license verification at the time of hire. For OSM #11, hired 12/10/21, there was no sworn		and a Constant	2. All residents have the poten	tial to	
				be affected. Administrator desi		

			AAAAAAA	will perform an audit on all curr		
	statement at the time		CO-Section 1	employees to ensure their licer	ises	
			V-900-00-00-00-00-00-00-00-00-00-00-00-00	are verified, sworn statement,		
	For RN #5, hired 8/3/	22, there was no criminal		references and background		
	background check.	—— ,		screening variances will be		
				corrected.		
	For LPN #9, hired 7/	16/22, there was no license	NOOPE	3. Administrator will educate H		
	verification at the time		MADDINE STATE OF THE STATE OF T	Resources Director on the poli		
				regarding license verification,		
	On 1/5/23 at 2:49 p.n	n., OSM #13, the human		statement, reference checks a	na	
		as interviewed. She stated	-	background screenings.	•••	
		quired to complete a sworn		4. Administrator or designee w		
	statement prior to hir		A-CONTROL OF THE CONTROL OF THE CONT	audit 10 employee files per we	ek for	
	responsible for obtaining this for facility		TO CANTALON OF THE PARTY OF THE	four weeks, then five for eight		
	employees, and cont		Occurrent	weeks. The Administrator or		
	responsible for obtain		MANYEMEN	Designee will identify any trend		
	1 .	ed the criminal background	No.	or patterns and additional educ		
	1	pleted through the Virginia		will be provided on an ongoing		
		e within 30 days of hire. She		basis. Findings will be present		
		to verify staff licensure as		QAPI monthly x 3 for review ar	nd	
		d an individual's application.		recommendations.		
		sponsible for reference		5. Findings will be presented to)	
	1	ff, and contract companies		QAPI monthly x 3 for review ar		
	are responsible for their own reference checks			recommendations.		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 001	Continued From page 3 She stated contract companies are supposed to send her a letter verifying these checks have been done for their employees, but sometimes the contract companies are not forthcoming with documents. She stated the facility had been recently sold, and she could not be held responsible for actions taken or not taken prior to her starting work under the new owners. On 1/5/23 at 4:40 p.m., ASM (administrative staff member) #1, ASM #2, ASM #5, regional nurse consultant, and ASM #6, the regional maintenance director, were informed of these concerns. A review of the facility policy, "Abuse," revealed, in part: "PreventionThe facility will not employ or otherwise engage individuals whoHave been		2)S scr 1. I to I we RN # 8 hav bac by 2. / to I des all	F001 2)Sworn statement, Backgrous creening checks. 1. No individual residents app to have been affect as no reswere noted. LPN # 7,8,CNA # RN #4, 5, OSM # 4, Social W # 8, Speech pathologist # 11 have their sworn statement a background screening compleby 1/27/23. 2. All residents have the pote to be affected. Administrator designee will perform an audiall current employees to ensutheir sworn statements, and background screening varian will be corrected.	pear ident #9, forker will nd eted ntial it on
	individuals by a court entered into the State concerning abuse, ne mistreatment of residitheir property Have against his or her prolicensure body as a reneglect, exploitation, residents or misappro Criminal record che accordance with state No further information 2) 12VAC5-371-75. CBased on staff intervireview, it was determined to evidence a secondance as	roperty, or mistreatment of of lawHave had a finding a nurse aide registry eglect, exploitation, ents or misappropriation of a disciplinary action in effect fessional license by a state esult of a finding of abuse, and/or mistreatment of opriation of resident property ecks will be obtained in a law and/or facility policy." In was provided prior to exit. Friminal records check. Even and facility document ined that the facility staff worn statement and/or a check in accordance with		will be corrected. 3. Administrator will educate Human Resources Director the policy regarding license verification, sworn statement, background screening. 4. Administrator or designee and additional to employee files per weeks. The Administrator or Designee will identify any treat and or patterns and additional education will be provided on ongoing basis. Findings will be presented to QAPI monthly xerview and recommendations.	and will reek ight nds al an oe 3 for s. to

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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employee records reversed practical nurses) #7, a nursing assistant) #9, and #5, and OSMs (of social worker, #8, a sign a housekeeper. The findings include: A review of the employees hired by the months was conducted following: For LPN #7, hired 7/6 statement completed For OSM #4, hired 10 statement and no criminal background check. For OSM #8, hired 6/1 statement or criminal the time frame required for RN #4, hired 7/8/2 background check with the time frame required for OSM #11, hired 1 statement at the time	riewed, LPNs (licensed and #8, CNA (certified RNs (registered nurses) #4 ther staff members) #4, a peech pathologist, and #11, yee records for 25 he facility within the past 24 hd. This review revealed the 1/22, there was no sworn at the time of hire. 1/5/21, there was no sworn hinal background check. 1/21, there was no criminal 1/21, there was no sworn background check within he by the regulation. 1/22, there was no criminal thin 30 days of hire. 1/2/10/21, there was no sworn of hire.	F 001	- Control of the cont			
On 1/5/23 at 2:49 p.m	n., OSM #13, the human	CARGODIAL				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page employee records rev practical nurses) #7, a nursing assistant) #9, and #5, and OSMs (o social worker, #8, a si a housekeeper. The findings include: A review of the emplo employees hired by the months was conducted following: For LPN #7, hired 7/6 statement completed For OSM #4, hired 10 statement and no criminal that the time frame required For CNA #9, hired 6/1 statement or criminal the time frame required For RN #4, hired 7/8/2 background check with the time frame required the time frame required the time frame that the time for RN #4, hired 1/8/2 background check with the time for RN #5, hired 8/3/2 background check.	RECENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 employee records reviewed, LPNs (licensed practical nurses) #7, and #8, CNA (certified nursing assistant) #9, RNs (registered nurses) #4 and #5, and OSMs (other staff members) #4, a social worker, #8, a speech pathologist, and #11, a housekeeper. The findings include: A review of the employee records for 25 employees hired by the facility within the past 24 months was conducted. This review revealed the following: For LPN #7, hired 7/6/22, there was no sworn statement completed at the time of hire. For OSM #4, hired 10/5/21, there was no riminal background check. For LPN #8, hired 9/13/22, there was no timely criminal background check. For CNA #9, hired 6/1/21, there was no sworn statement or criminal background check within the time frame required by the regulation. For RN #4, hired 7/8/22, there was no criminal background check within 30 days of hire. For OSM #11, hired 12/10/21, there was no sworn statement at the time of hire. For RN #5, hired 8/3/22, there was no criminal background check within 30 days of hire.	ROVIDER OR SUPPLIER RE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 employee records reviewed, LPNs (licensed practical nurses) #7, and #8, CNA (certified nursing assistant) #9, RNs (registered nurses) #4, a social worker, #8, a speech pathologist, and #11, a housekeeper. The findings include: A review of the employee records for 25 employees hired by the facility within the past 24 months was conducted. This review revealed the following: For LPN #7, hired 7/6/22, there was no sworn statement completed at the time of hire. For OSM #4, hired 10/5/21, there was no criminal background check. For LPN #8, hired 6/1/21, there was no timely criminal background check. For CNA #9, hired 6/1/21, there was no sworn statement or criminal background check within the time frame required by the regulation. For RN #4, hired 7/8/22, there was no criminal background check within the time frame required by the regulation. For RN #4, hired 7/8/22, there was no criminal background check within 30 days of hire. For OSM #11, hired 12/10/21, there was no sworn statement at the time of hire. For RN #5, hired 8/3/22, there was no criminal background check within 30 days of hire. For RN #5, hired 8/3/22, there was no criminal background check.	ROVIDER OR SUPPLIER TODGE TO SUPPLIER RECENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22830 SUMMARY STATEMENT OF DEPICIENCIES SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC BEATTPYING INFORMATION) Continued From page 4 employee records reviewed, LPNs (licensed practical nurses) #7, and #8, CNA (certified nursing assistant) #9, RNs (registered nurses) #4, a social worker, #8, a speech pathologist, and #11, a housekeeper. The findings include: A review of the employee records for 25 employees hired by the facility within the past 24 months was conducted. This review revealed the following: For LPN #7, hired 7/6/22, there was no sworn statement completed at the time of hire. For CSM #4, hired 9/13/22, there was no criminal background check. For CNA #9, hired 6/1/21, there was no sworn statement or criminal background check within the time frame required by the regulation. For RN #4, hired 7/8/22, there was no criminal background check within 30 days of hire. For OSM #11, hired 12/10/21, there was no sworn statement at the time of hire. For CNA #1, hired 18/1/21, there was no sworn statement at the time of hire. For RN #4, hired 8/3/22, there was no criminal background check within 30 days of hire. For PN #5, hired 8/3/22, there was no criminal background check. For RN #5, hired 8/3/22, there was no criminal background check. For RN #5, hired 8/3/22, there was no criminal background check.	TOMOTOR OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SHENANDOAH AVENUE FRONT ROYAL, VA 22630 SUMMARY STATEMENT OF DEPICIENCIES [EACH DEPICIENCY MUST BE PRECEDED BY TULL RESULLATIONY OR LSC IDENTIFYING INFORMATION] [EACH DEPICIENCY MUST BE PRECEDED BY TULL RESULLATIONY OR LSC IDENTIFYING INFORMATION] [EACH DEPICIENCY MUST BE PRECEDED BY TULL RESULLATIONY OR LSC IDENTIFYING INFORMATION] [EACH DEPICIENCY OR LSC IDENTIFYING INFORMATION] [EACH DEPICIENCY OR LSC IDENTIFYING INFORMATION] [EACH DEPICIENCY] F 001 F 0	

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	rossuross director w	as intomisused. Cha atatad	NO STATE OF THE ST			
		as interviewed. She stated	- interpretation			
	1	quired to complete a sworn				
	statement prior to hir					
	responsible for obtain					
	employees, and cont					
	responsible for obtain					
		ed the criminal background				
		pleted through the Virginia				
	-	e within 30 days of hire. She	natural desired and the second			
	stated contract companies are supposed to send her a letter verifying these checks have been done for their employees, but sometimes the contract companies are not forthcoming with documents. She stated the facility had been recently sold, and she could not be held responsible for actions taken or not taken prior to		aventarana			
			PER COLUMN TO THE COLUMN TO TH			
			e-manual control contr			

	her starting work und	er the new owners.	A CONTRACTOR OF THE CONTRACTOR			
	On 1/5/23 at 4:40 n n	n., ASM (administrative staff	SEA CONTRACTOR OF THE CONTRACT			
		2, ASM #5, regional nurse	O COLOR			
	consultant, and ASM	_				ALL
		were informed of these				
	concerns.	, were informed of these	ACACTION/A			
	oon oom o		and the second			
	A review of the facilit	y policy, "Abuse," revealed,	0			
		The facility will not employ				
	1 '	individuals whoHave been				
	found quilty of abuse	, neglect, exploitation,				
		property, or mistreatment of				
		t of lawHave had a finding	morphisms.			
1	entered into the State	_	NORANGONEEN			
	concerning abuse, ne		Name of the state			
		lents or misappropriation of	The state of the s			
	l .	a disciplinary action in effect				
		ofessional license by a state				
		result of a finding of abuse,				
		and/or mistreatment of				
		opriation of resident property				
		ecks will be obtained in				-
	accordance with state law and/or facility policy."		номереном			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
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	1 9					
	No further information	n was provided prior to exit.				
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