

INITIAL REPORT OF
PATIENT CARE OMBUDSMAN

CASE NO. 3:19-bk-02764-JAF

CHAPTER 11

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**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION**

In Re:
First Florida Living Options, LLC
d/b/a Hawthorne Inn of Ocala
d/b/a Hawthorne Health and Rehab of Ocala

Case No. 3:19-bk-02764-JAF
Chapter 11

Debtor.

SUBMISSION OF INITIAL REPORT BY PATIENT CARE OMBUDSMAN, CAROL CARR,
PURSUANT TO 11 U.S.C. § 333(b)(2)

Carol Carr, the Patient Care Ombudsman (“PCO”) appointed under 11 U.S.C. § 333 in the above-referenced Chapter 11 bankruptcy case of the Debtor, hereby submits her Initial Report to the Court pursuant to 11 U.S.C. § 333(b) concerning the quality of resident care provided to the residents of the affected Debtor. The Report is hereby attached as Exhibit A.

Submitted by:

By: /s/ Grace Anne Jaye

Grace Anne Jaye
FL Bar No.: 0847143
Acting Legal Advocate
Long Term Care Ombudsman Program
Florida Department of Elder Affairs
4040 Esplanade Way
Tallahassee, Florida 32399
Tel.: (850) 414-2096
E-Mail: jayeg@elderaffairs.org

**IN RE: FIRST FLORIDA LIVING OPTIONS, LLC
D/B/A HAWTHORNE INN OF OCALA
D/B/A HAWTHORNE HEALTH AND REHAB OF OCALA**

PURSUANT TO 11 U.S.C. § 333

I. PCO's APPOINTMENT AND SCOPE OF REVIEW

The Debtor is a health care business within the scope of § 101(27)(A). This Court ordered the appointment of a PCO pursuant to 11 U.S.C. § 333(a)(1) to monitor, and report to the Court, the quality of care provided to its residents by the Debtor. The PCO, whose appointment by the U.S. Trustee was approved by the Court, performed the duties described in 11 U.S.C. § 333(b) and (c). The PCO performed these duties with the assistance of the North Central District Ombudsman Manager for the State of Florida Long Term Care Ombudsman Program and a certified volunteer ombudsman as well as a North Regional Ombudsman Manager, when needed.

There have been two PCOs assigned in this case. On October 1, 2019, Carol Carr, assumed the position of Acting State Long Term Care Ombudsman. Her immediate predecessor, Michael Milliken, resigned from his position effective September 20, 2019.

The observation period for this Initial Report was from September 10, 2019, through November 7, 2019. During this period, the PCO through her agents and designees performed five on-site visits to Hawthorne Inn of Ocala and Hawthorne Health and Rehab of Ocala. The PCO reviewed Florida Agency for Health Care Administration reports on the facilities, noting any deficiencies for follow-up. The PCO interviewed health-care workers in the facilities, the medical director of the facilities, and the Administrators of the facilities.

II. INTRODUCTION

The Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 (“BAPCPA”) requires the court to consider authorizing the appointment of a PCO whenever a “health care business” (as that term is defined by BAPCPA) files for bankruptcy protection. The use of ombudsmen in nursing facilities, however, has long been in existence. Since 1978, Congress has required each state to establish an ombudsman program to monitor and advocate for improved quality of care to nursing facility residents. Certain amendments to the Older Americans Act of 1965 (“Act”) (42 U.S.C. §§ 3058f, 3058g) authorize a state ombudsman to identify, investigate and resolve complaints made by, or on behalf of, residents that relate to the health, safety, welfare and rights of residents at nursing facilities. As a model for the PCO, BAPCA includes references to the Act.

Chapter 400, Part I, Florida Statutes, establishes the Office of the Florida Long-Term Care Ombudsman Program (LTCOP). The State Long-Term Care Ombudsman heads the office and is responsible to carry out its purpose and functions in accordance with state and federal laws. My role as the PCO in this case is limited in scope. The Florida Ombudsman Program consists of the Central Office, located in Tallahassee, Florida and 14 District Offices located throughout the state. The North Central District Office serving the Hawthorne long-term care facilities in the Ocala area is located at 1515 E. Silver Springs Blvd #203, Ocala, FL 34470. The district manager and a specially trained certified volunteer ombudsman from that office who will assist in monitoring these facilities are “agents” or “designees” of the PCO in carrying out the duties required in § 333(b) of the U.S. Bankruptcy Code. The North Central District Ombudsman Manager is Lori Berndt and the

certified volunteer ombudsman is Dennis Phillips. They are assisted when needed by the North Regional Ombudsman Manager, Michael Phillips.

III. FACILITY FUNDING AND OCCUPANCY

Florida Agency for Health Care Administration (AHCA) records reflect that Hawthorne Health and Rehab of Ocala and Hawthorne Inn of Ocala are owned/licensed by First Florida Living Options, LLC. The controlling interest for First Florida Living Options, LLC, is Florida Living Options, Inc. Together the two facilities make up approximately two-thirds of the property known as Hawthorne Village. The additional third is made up of an independent living building.

Hawthorne Health and Rehab of Ocala is a nursing home facility licensed by AHCA, license no. 1541096, and is dually certified to provide services to Medicare and Medicaid eligible residents. The facility has a licensed capacity of 120 residents. The census was at all times during this initial monitoring, less than capacity.

Hawthorne Inn of Ocala is an assisted living facility, licensed by AHCA, as assisted living license no. 7129, and is licensed to provide services to a maximum of 36 residents. As with the nursing home, the census at all times during this initial monitoring, was less than capacity.

The parent company has been involved throughout the Chapter 11 proceeding standing ready and willing to provide financing if needed. It appears that even though permission to borrow from the parent was sought, it has never been activated.

IV. STAFFING

The administrator of Hawthorne Health and Rehab of Ocala is Aaron Coppola. Debbie Huguelet serves as the Director of Nursing (DON). Registered nurse staffing is dictated by 42 CFR 483.35(b)(1) which requires, "Except when waived under paragraph (e) or (f) of this section,

the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.” Interviewed residents revealed no complaints or other issues related to staffing.¹ Pursuant to section 400.23(3)(a), Florida Statutes, based upon the average census at the nursing facility, the daily ratio of nurse to residents is 1:40 and the CNAs ratio is 1:20. Combined nurse and CNA contact with residents is required to be 3.6 hours per resident per day. The nursing facility maintained staffing levels well above the statutory requirements as can be seen in the staffing reports located in Exhibit One. At no time in any covered time period did the contact hours go below 3.6 per resident per day. Contact hours were above 3.6 per resident per day combined with the exception of Sunday, September 15, 2019, when the combined contact hours were 3.6 per resident per day.

Hawthorne Inn is administered by Lavern Battieste. Staffing of Florida Assisted Living facilities is dictated by Florida Administrative Code 59A-36.010(3)(1). The staffing for Assisted Living is different from nursing home staffing as it is calculated on a weekly basis and not on a daily basis. Based upon the average census at the Inn, staff weekly hours should range between 253 (16 to 25 residents) and 294 (26 to 35 residents), pursuant to Rule 59A-36.010, Florida Administrative Code. The actual staffing numbers were consistently above the minimum, as can be seen from the staffing reports in Exhibit One.

V. OMBUDSMAN VISITS AND COMPLAINT ACTIVITY

The volunteer ombudsman visited the facilities (5) five times during the past 60-day period and completed one (1) facility administrative assessment dated November 7, 2019. Visits were conducted September 10, September 25, October 8, October 17, and November 7, 2019, the latter

¹ Please see the staffing reports incorporated into this report as Exhibit One to this report for specific numbers on each bi-weekly visit made by State Long Term Care Ombudsman local ombudsman and the District Ombudsman Manager to the Hawthorne facilities at issue in this litigation.

of which was an Administrative Assessment. Currently there are no outstanding care issues. Facility employees are assisting the ombudsman to quickly resolve any issues.²

At each visit, the ombudsman asked “focal questions” of residents. Examples of “focal questions” can be found in the Monitoring Guidelines used in interviewing residents at both Hawthorne Inn and Hawthorne Health and Rehab.³

VI. REGULATORY SERVICES

The Agency for HealthCare Administration (AHCA), the regulatory agency overseeing Hawthorne Health and Rehab of Ocala, conducted a standard survey at the facility on May 23, 2019. Deficiencies were written for the following issues: F0684: Provide appropriate treatment and care according to orders, resident’s preferences and goals for one of two residents receiving specific services in 29 sampled residents; F0690: Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections for one of two residents receiving specific services in 29 sampled residents; F0761: Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles: and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs in one of three medication carts; F0812: Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards; F0883: Develop and implement policies and procedures for flu and pneumonia vaccinations for one of five reviewed for this care area of 29 sampled residents.

² Please see the comments sections of the ombudsman’s assessment forms incorporated into this report as Exhibit Two.

³ These two documents are incorporated into this report as Exhibit Three.

A follow up to the recertification survey was conducted by desk review on August 14, 2019 for Hawthorne Health and Rehab of Ocala. The facility was determined to be in compliance with 42 CFR 483, requirements for long-term care facilities at that time.

October 2, 2019 through October 3, 2019, AHCA conducted an abbreviated biennial re-licensure with Extended Congregate Care (ECC) and Emerging Power Plan (EPP) monitoring survey of Hawthorne Inn of Ocala. The provider had no deficiencies at the time of the survey.⁴

VII. MEDICAL CARE

According to interviews with the Administrators, the medical director, and speaking with residents and staff there is no indication that the residents' medical care is being neglected at Hawthorne Health and Rehab of Ocala.

According to interviews with the Administrator, medical director, and speaking with residents and staff there is no indication that residents' medical care is being neglected at Hawthorne Inn of Ocala.⁵

VIII. SUPPLY AND SERVICES

According to interviews with the Administrator, vendor relationship and staffing is stable. There are thirteen (13) CNAs and seven (7) nurses employed with Hawthorne Health and Rehab. Five (5) staffers were interviewed on October 17, 2019, there is no indication that vendor relationships are strained, nor problems with payroll.

⁴ Please see copies of these surveys incorporated to this report as Exhibit Four. It appears that any deficiencies were rapidly addressed by the facilities and posed little to no risk to the safety and wellbeing of the residents.

⁵ For notes on the interview with the Medical Director of the facilities, please see Exhibit Five incorporated into this report.

According to interviews with the Administrator, staffing is stable, vendor relationships are maintained, and residents' needs are being met at Hawthorne Inn of Ocala. Three (3) staff were interviewed and are aware of the bankruptcy proceedings.⁶

IX. MEDICAL RECORDS

Confidentiality of records appears maintained. Medical records at Hawthorne Health and Rehab are stored electronically on a server that is inaccessible to unauthorized persons. There are posting terminals throughout the facility and they are password protected. Medical records at Hawthorne Inn are kept in a separate room which is locked and inaccessible to unauthorized persons.

Date: December 10, 2019

Respectfully submitted,

/s/ Carol Carr

Carol Carr
Patient Care Ombudsman

⁶ In order to support the interviews with staff and administration regarding supply and services, please see Exhibit Six incorporated into this report. It consists of supply and food orders for the two Hawthorne facilities.

NH STAFFING REQUIREMENTS
EFFECTIVE JULY 1, 2011

Census	Requirement		
	1	2.5	3.6
1	1	2.5	3.6
2	2	5	7.2
3	3	7.5	10.8
4	4	10	14.4
5	5	12.5	18
6	6	15	21.6
7	7	17.5	25.2
8	8	20	28.8
9	9	22.5	32.4
10	10	25	36
11	11	27.5	39.6
12	12	30	43.2
13	13	32.5	46.8
14	14	35	50.4
15	15	37.5	54
16	16	40	57.6
17	17	42.5	61.2
18	18	45	64.8
19	19	47.5	68.4
20	20	50	72
21	21	52.5	75.6
22	22	55	79.2
23	23	57.5	82.8
24	24	60	86.4
25	25	62.5	90
26	26	65	93.6
27	27	67.5	97.2
28	28	70	100.8
29	29	72.5	104.4
30	30	75	108
31	31	77.5	111.6
32	32	80	115.2
33	33	82.5	118.8
34	34	85	122.4
35	35	87.5	126
36	36	90	129.6
37	37	92.5	133.2
38	38	95	136.8
39	39	97.5	140.4
40	40	100	144
41	41	102.5	147.6
42	42	105	151.2
43	43	107.5	154.8
44	44	110	158.4

Census	Nurse Hours	CNA Hours	Weekly avg /person/day
45	45	112.5	162
46	46	115	165.6
47	47	117.5	169.2
48	48	120	172.8
49	49	122.5	176.4
50	50	125	180
51	51	127.5	183.6
52	52	130	187.2
53	53	132.5	190.8
54	54	135	194.4
55	55	137.5	198
56	56	140	201.6
57	57	142.5	205.2
58	58	145	208.8
59	59	147.5	212.4
60	60	150	216
61	61	152.5	219.6
62	62	155	223.2
63	63	157.5	226.8
64	64	160	230.4
65	65	162.5	234
66	66	165	237.6
67	67	167.5	241.2
68	68	170	244.8
69	69	172.5	248.4
70	70	175	252
71	71	177.5	255.6
72	72	180	259.2
73	73	182.5	262.8
74	74	185	266.4
75	75	187.5	270
76	76	190	273.6
77	77	192.5	277.2
78	78	195	280.8
79	79	197.5	284.4
80	80	200	288
81	81	202.5	291.6
82	82	205	295.2
83	83	207.5	298.8
84	84	210	302.4
85	85	212.5	306
86	86	215	309.6
87	87	217.5	313.2
88	88	220	316.8

Census	Nurse Hours	CNA Hours	Weekly avg /person/day
89	89	222.5	320.4
90	90	225	324
91	91	227.5	327.6
92	92	230	331.2
93	93	232.5	334.8
94	94	235	338.4
95	95	237.5	342
96	96	240	345.6
97	97	242.5	349.2
98	98	245	352.8
99	99	247.5	356.4
100	100	250	360
101	101	252.5	363.6
102	102	255	367.2
103	103	257.5	370.8
104	104	260	374.4
105	105	262.5	378
106	106	265	381.6
107	107	267.5	385.2
108	108	270	388.8
109	109	272.5	392.4
110	110	275	396
111	111	277.5	399.6
112	112	280	403.2
113	113	282.5	406.8
114	114	285	410.4
115	115	287.5	414
116	116	290	417.6
117	117	292.5	421.2
118	118	295	424.8
119	119	297.5	428.4
120	120	300	432
121	121	302.5	435.6
122	122	305	439.2
123	123	307.5	442.8
124	124	310	446.4
125	125	312.5	450
126	126	315	453.6
127	127	317.5	457.2
128	128	320	460.8
129	129	322.5	464.4
130	130	325	468
131	131	327.5	471.6
132	132	330	475.2

F.S. 400.23 (3)(a)
 CNA = No less than 1:20 residents
 Nurse = No less than 1:40 residents
 Weekly avg = 3.6
 hours per resident per day

**NH STAFFING REQUIREMENTS
EFFECTIVE JULY 1, 2011**

Census	Nurse Hours	CNA Hours	Weekly avg /person/day
133	133	332.5	478.8
134	134	335	482.4
135	135	337.5	486
136	136	340	489.6
137	137	342.5	493.2
138	138	345	496.8
139	139	347.5	500.4
140	140	350	504
141	141	352.5	507.6
142	142	355	511.2
143	143	357.5	514.8
144	144	360	518.4
145	145	362.5	522
146	146	365	525.6
147	147	367.5	529.2
148	148	370	532.8
149	149	372.5	536.4
150	150	375	540
151	151	377.5	543.6
152	152	380	547.2
153	153	382.5	550.8
154	154	385	554.4
155	155	387.5	558
156	156	390	561.6
157	157	392.5	565.2
158	158	395	568.8
159	159	397.5	572.4
160	160	400	576
161	161	402.5	579.6
162	162	405	583.2
163	163	407.5	586.8
164	164	410	590.4
165	165	412.5	594
166	166	415	597.6
167	167	417.5	601.2
168	168	420	604.8
169	169	422.5	608.4
170	170	425	612
171	171	427.5	615.6
172	172	430	619.2
173	173	432.5	622.8
174	174	435	626.4

Census	Nurse Hours	CNA Hours	Weekly avg /person/day
175	175	437.5	630
176	176	440	633.6
177	177	442.5	637.2
178	178	445	640.8
179	179	447.5	644.4
180	180	450	648
181	181	452.5	651.6
182	182	455	655.2
183	183	457.5	658.8
184	184	460	662.4
185	185	462.5	666
186	186	465	669.6
187	187	467.5	673.2
188	188	470	676.8
189	189	472.5	680.4
190	190	475	684
191	191	477.5	687.6
192	192	480	691.2
193	193	482.5	694.8
194	194	485	698.4
195	195	487.5	702
196	196	490	705.6
197	197	492.5	709.2
198	198	495	712.8
199	199	497.5	716.4
200	200	500	720
201	201	502.5	723.6
202	202	505	727.2
203	203	507.5	730.8
204	204	510	734.4
205	205	512.5	738
206	206	515	741.6
207	207	517.5	745.2
208	208	520	748.8
209	209	522.5	752.4
210	210	525	756
211	211	527.5	759.6
212	212	530	763.2
213	213	532.5	766.8
214	214	535	770.4
215	215	537.5	774
216	216	540	777.6

Census	Nurse Hours	CNA Hours	Weekly avg /person/day
217	217	542.5	781.2
218	218	545	784.8
219	219	547.5	788.4
220	220	550	792
221	221	552.5	795.6
222	222	555	799.2
223	223	557.5	802.8
224	224	560	806.4
225	225	562.5	810
226	226	565	813.6
227	227	567.5	817.2
228	228	570	820.8
229	229	572.5	824.4
230	230	575	828
231	231	577.5	831.6
232	232	580	835.2
233	233	582.5	838.8
234	234	585	842.4
235	235	587.5	846
236	236	590	849.6
237	237	592.5	853.2
238	238	595	856.8
239	239	597.5	860.4
240	240	600	864
241	241	602.5	867.6
242	242	605	871.2
243	243	607.5	874.8
244	244	610	878.4
245	245	612.5	882
246	246	615	885.6
247	247	617.5	889.2
248	248	620	892.8
249	249	622.5	896.4
250	250	625	900
251	251	627.5	903.6
252	252	630	907.2
253	253	632.5	910.8
254	254	635	914.4
255	255	637.5	918
256	256	640	921.6
257	257	642.5	925.2
258	258	645	928.8

F.S. 400.23 (3)(a)
 CNA = No less than 1:20 residents
 Nurse = No less than 1:40 residents
 Weekly avg = 3.6
 hours per resident per day

59A-36.010 Staffing Standards.

(1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter.

(a) An administrator must:

1. Be at least 21 years of age;
2. If employed on or after October 30, 1995, have, at a minimum, a high school diploma or G.E.D.;
3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.;
4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to July 1, 1997, are not required to take the competency test unless specified elsewhere in this rule; and,
5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.

(b) In the event of extenuating circumstances, such as the death of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:

1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and,
2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.

(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care. Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile radius of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.

(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to April 20, 1998, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not simultaneously serve as an administrator of any other facility.

(e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, June 2016, which is incorporated by reference and available online at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-09393>.

(2) STAFF.

(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable disease. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.

1. Evidence of a negative tuberculosis examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of tuberculosis testing materials satisfies the annual tuberculosis examination requirement. An individual with a positive tuberculosis test must submit a health care provider's statement that the individual does not constitute a risk of communicating tuberculosis.

2. If any staff member has, or is suspected of having, a communicable disease, such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable disease.

(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must

exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.

(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.

(d) An assisted living facility contracting to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.

(e) For facilities with a licensed capacity of 17 or more residents, the facility must:

1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,
2. Maintain time sheets for all staff.

(f) Level 2 background screening must be conducted for staff, including staff contracted by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.

(3) STAFFING STANDARDS.

(a) Minimum staffing:

1. Facilities must maintain the following minimum staff hours per week:

Number of Residents, Day Care Participants, and Respite Care Residents	Staff Hours/Week
0-5	168
6-15	212
16- 25	253
26-35	294
36-45	335
46-55	375
56- 65	416
66-75	457
76-85	498
86-95	539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.

2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.

3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.

4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.

5. A staff member who has completed courses in First Aid and Cardiopulmonary Resuscitation (CPR) and holds a currently valid card documenting completion of such courses must be in the facility at all times.

a. Documentation of attendance at First Aid or CPR courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.

b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and CPR.

6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least 21 years of age must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager.

7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement.

8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.

9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.

(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.

(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.

(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.

1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs.

2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency.

(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.

(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively.

Rulemaking Authority 429.41, 429.52, 429.929 FS. Law Implemented 429.174, 429.176, 429.41, 429.52, 429.905 FS. History—New 5-14-81, Amended 1-6-82, 9-17-84, Formerly 10A-5.19, Amended 10-20-86, 6-21-88, 8-15-90, 9-30-92, Formerly 10A-5.019, Amended 10-30-95, 4-20-98, 11-2-98, 10-17-99, 7-30-06, 4-15-10, 4-17-14, 5-10-18, Formerly 58A-5.019, 7-1-19.

Calculating Staffing for Long Term Care Facilities

Facility Name	Hawthorne Village of Ocala	Surveyor Name:	
Provider #	10-6802	Date:	
Survey Date		Completed by:	<i>T. J. ...</i>
Completed on	<i>9/8/19</i>	Completed on	<i>9/8/19</i>

For Two Week Pay Period (Immediate) Prior to Survey or Other Period Requested by Surveyor

Week One	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Date (mm/dd/yyyy)	08/25/19	08/26/19	08/27/19	08/28/19	08/29/19	08/30/19	08/31/19		
Census	101	101	100	98	97	95	98	Total Census:	691.00
HOURS: Enter the number of LPN and RN hours actual, worked per day, for the dates above									
R.N. Hours	40.50	24.25	38.25	35.75	34.00	40.25	24.75		
LP.N. Hours	67.75	102.25	64.50	89.00	93.60	63.50	107.75		
Total Nursing Hours	128.25	126.50	122.75	124.75	127.60	123.75	132.50	Total Hours:	886.00
Daily Average	1.27	1.25	1.23	1.27	1.31	1.28	1.35	Weekly Average:	1.28

RATIO: Enter the number of licensed nurses (RN and LPN) on duty each shift (the number, not the hours):									
Nurses/1st shift	6	6	6	6	6	6	6		
Nurses/2nd shift	4	5	5	5	5	5	5		
Nurses/3rd shift	5	4	4	4	4	4	5		
Min per Shift Nursing	3	3	3	3	3	3	3		

HOURS: Enter the number of CNA hours actual, worked per day, for the dates above									
C.N.A. Hours	258.00	255.75	253.25	261.00	257.60	258.75	274.75		
Daily Average	2.63	2.53	2.53	2.66	2.65	2.70	2.80		

RATIO: Enter the number of CNAs on duty each shift for the dates above (the number, not the hours):									
CNAs/1st shift	13	13	15	15	13	13	15		
CNAs/2nd shift	12	13	11	12	13	13	13		
CNAs/3rd shift	9	8	8	8	8	9	8		
Min per Shift CNAs	6	6	5	5	6	6	6		

Combined Nursing and CNA Hours									
Combined Nursing and CNA Hours	384	382	376	386	385	383	407	Total Hours:	2703.00
Daily Average	3.60	3.78	3.76	3.84	3.87	3.88	4.16	Weekly Average:	3.91

Findings, this page:

EXHIBIT

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SEP 10 2019

BY: *JLB*

For Two Week Pay Period Immediately Prior to Survey or Other Period Requested by Surveyor

Week Two	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
Date (mm/dd/yy)	09/01/19	09/02/19	09/03/19	09/04/19	09/05/19	09/06/19	09/07/19			
Census	97	96	98	96	101	102	99			
HOURS: Enter the number of LPN and RN hours actually worked per day for the dates above										
R.N. Hours	23.50	48.75	58.00	41.00	12.00	32.25	33.25			
LPN Hours	106.75	85.50	75.50	65.25	118.25	105.25	97.25			
Total Nursing Hours	130.25	134.25	133.50	128.25	128.25	137.50	130.50			
Daily Average	1.34	1.40	1.37	1.28	1.27	1.35	1.32			
RATIO: Enter the number of licensed nurses (RN and LPN) on duty each shift (the number, not the hours)										
Nurses "1st shift"	6	6	6	6	6	6	6			
Nurses "2nd shift"	5	5	5	5	5	5	5			
Nurses "3rd shift"	5	5	5	4	4	5	4			
Min per Shift Nursing	3	3	3	3	3	3	3			
HOURS: Enter the number of CNA hours actual, worked per day for the dates above										
C.N.A. Hours	253.25	244.00	256.50	240.50	282.25	258.00	261.25			
Daily Average	2.81	2.54	2.67	2.54	2.60	2.51	2.64			
RATIO: Enter the number of CNAs on duty each shift for the dates above (the number, not the hours)										
CNAs "1st shift"	14	13	14	13	14	14	13			
CNAs "2nd shift"	11	13	12	12	13	12	12			
CNAs "3rd shift"	8	7	8	8	8	8	9			
Min per Shift CNAs	5	5	5	5	5	5	5			
Combined Nursing and CNA Hours										
Daily Average	3.84	3.78	3.86	3.75	3.91	3.84	3.82			
	3.95	3.94	4.04	3.82	3.87	3.86	3.96			
Total Hours:								3700.25	Weekly Average:	3.92

Findings, this page:

EXHIBIT

RECEIVED
 SEP 10 2019
 BY: *RB*

Facility Name: Hawthorne Village of Coala Calculating Staffing for Long Term Care Facilities
 Provider #: 10-5602
 Survey Date: 9/25/2019
 Completed by: Tina Cypret
 Date: _____
 Surveyor Name: _____
 Date: _____

For Two Week Pay Period Immediately Prior to Survey, or Other Period Requested by Surveyor

Week One	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	
Date (m/d/yyyy)	09/13/19	09/12/19	09/13/19	09/14/19	09/15/19	09/16/19	09/17/19	
Census	97	100	102	101	105	105	105	
HOURS: Enter the number of LPN and RN hours actually worked per day for the dates above								
R.N. Hours	59.25	32.50	60.25	21.75	24.25	52.50	47.50	
LP.N. Hours	60.25	100.25	63.50	96.00	87.25	85.00	84.00	
Total Nursing Hours	119.50	132.75	123.75	117.75	111.50	137.50	131.50	
Daily Average	1.23	1.33	1.21	1.17	1.06	1.31	1.25	
Total Hours:								874.25
Weekly Average:								1.22

RATIO: Enter the number of licensed nurses (RN and LPN) on duty each shift (the number, not the hours):

Shift	5	6	6	6	5	6	6
Nurses/ 1st shift	5	6	6	6	5	6	6
Nurses/ 2nd shift	6	5	5	4	5	6	5
Nurses/ 3rd shift	4	5	4	4	4	5	5
Min per Shift Nursing	3	3	3	3	3	3	3

HOURS: Enter the number of CNA hours actually worked per day for the dates above

C.N.A. Hours	249.25	262.25	260.50	261.50	284.25	269.25	266.25
Daily Average	2.57	2.62	2.55	2.58	2.52	2.56	2.54

RATIO: Enter the number of CNAs on duty each shift for the dates above. (the number, not the hours):

Shift	14	14	14	16	14	14	14
CNA's/ 1st shift	14	14	14	16	14	14	14
CNA's/ 2nd shift	11	13	12	11	13	13	12
CNA's/ 3rd shift	8	8	8	7	7	8	9
Min per Shift CNAs	5	5	5	6	6	6	6

Combined Nursing and CNA Hours

Daily Average	3.80	3.95	3.84	3.79	3.76	4.07	3.98	
Total Hours:								2707.50
Weekly Average:								3.78

NEGATIVE
 SEP 25 2019
 BY: *[Signature]*

Findings, this page:

For Two Week Pay Period Immediately Prior to Survey or Other Period Requested by Surveyor

Week Two	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	
Date (m/d/yyyy)	10/02/19	10/03/19	10/04/19	10/05/19	10/06/19	10/07/19	10/08/19	
Census	107	108	104	106	105	105	107	Total Census: 742.00
HOURS: Enter the number of LPN and RN hours actually worked per day for the dates above								
*RN. Hours	58.25	20.00	32.00	40.50	53.00	20.00	24.00	Total RN Hours: 247.75
LPN. Hours	79.50	108.00	104.50	93.75	81.00	111.00	105.00	Total LPN Hours: 742.00
Total Nursing Hours	135.75	128.00	136.50	134.25	134.00	131.00	129.00	Total Nursing Hours: 928.50
Daily Average	1.27	1.19	1.31	1.27	1.28	1.25	1.21	Daily Average: 1.25
RATIO: Enter the number of licensed nurses (RN and LPN) on duty each shift (the number, not the hours):								
Nurses/ 1st shift	6	8	6	6	6	6	6	
Nurses/ 2nd shift	5	6	6	5	5	5	6	
Nurses/ 3rd shift	5	4	5	5	5	5	6	
Min per Shift Nursing	3	3	3	3	3	3	4	
HOURS: Enter the number of CNA hours actually worked per day for the dates above								
CNA. Hours	292.75	276.00	266.75	272.00	278.25	272.00	269.50	
Daily Average	2.74	2.56	2.56	2.57	2.65	2.59	2.52	Daily Average: 2.58
RATIO: Enter the number of CNAs on duty each shift for the dates above (the number, not the hours):								
CNA/ 1st shift	15	14	14	12	14	14	15	
CNA/ 2nd shift	14	14	13	13	14	13	12	
CNA/ 3rd shift	10	8	9	9	9	9	9	
Min per Shift CNAs	6	6	6	6	6	6	6	
Combined Nursing and CNA Hours	429	404	403	408	412	403	399	
Daily Average	4.00	3.74	3.88	3.83	3.93	3.84	3.72	Daily Average: 3.85
Total Hours:								2855.75
Weekly Average:								3.85

Findings, this page:

APPROVED BY: [Signature]
 DATE: 10/21/19

Calculating Staffing for Long Term Care Facilities

Facility Name: Hawthorne Village of Ocala
 Provider # 10-6602
 Survey Date: 9/25/2019
 Completed by: Tina Cypret
 Completed on: 9/25/2019
 Surveyor Name: _____
 Date: _____

For Two Week Pay Period Immediately Prior to Survey or Other Period Requested by Surveyor

Week One	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Total Census:
Date (mm/dd/yyyy)	10/23/19	10/24/19	10/25/19	10/26/19	10/27/19	10/28/19	10/29/19	
Census	104	106	104	104	103	103	99	723.00
* R.N. Hours: Enter the number of LPN and RN hours actually worked per day for the dates above								
R.N. Hours	28.00	17.00	50.00	24.00	23.75	43.75	39.75	
L.P.N. Hours	91.75	102.50	72.25	105.00	85.50	85.25	88.50	
Total Nursing Hours:	119.75	119.50	122.25	129.00	109.25	129.00	128.25	
Daily Average	1.15	1.13	1.18	1.24	1.06	1.25	1.30	1.19
Total Hours: 857.00 Weekly Average: 1.19								

RATIO: Enter the number of licensed nurses (RN and LPN) on duty each shift (the number, not the hours):

Nurses/ "first shift"	6	6	5	6	5	6	6
Nurses/ "2nd shift"	4	5	5	4	5	5	6
Nurses/ "third shift"	4	4	5	5	4	5	5
Min per Shift Nursing	3	3	3	3	3	3	3

HOURS: Enter the number of CNA hours actually worked per day for the dates above

C.N.A. Hours	289.25	271.25	263.00	261.75	259.75	257.50	253.75
Daily Average	2.78	2.56	2.53	2.52	2.52	2.50	2.56

RATIO: Enter the number of CNAs on duty each shift for the dates above (the number, not the hours):

CNAs/ "first shift"	15	13	12	13	11	14	13
CNAs/ "2nd shift"	14	15	14	12	12	13	12
CNAs/ "third shift"	9	8	9	9	11	8	8
Min per Shift CNAs	6	6	6	6	6	6	5

Combined Nursing and CNA Hours

CNA Hours	409	391	385	391	369	387	382
Daily Average	3.93	3.69	3.70	3.76	3.58	3.75	3.86
Total Hours: 2713.25 Weekly Average: 3.75							

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BY: *[Signature]*

For Two Week Pay Period Immediately Prior to Survey or Other Period Requested by Surveyor

Week Two	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday		
Date (mm/dd/yyyy)	10/30/19	10/31/19	11/01/19	11/02/19	11/03/19	11/04/19	11/05/19		
Census	104	105	104	105	107	105	105	Total Census:	735.00
HOURS: Enter the number of LPN and RN hours actually worked per day for the dates above									
* R.N. Hours	36.00	12.00	24.00	36.50	45.50	12.25	16.50		
L.P.N. Hours	92.75	98.75	99.25	97.25	92.50	114.25	108.50		
Total Nursing Hours:	128.75	110.75	123.25	133.75	138.00	126.50	125.00	Total Hours:	886.00
Daily Average	1.24	1.05	1.19	1.27	1.29	1.20	1.19	Weekly Average:	1.21

RATIO: Enter the number of licensed nurses (RN and LPN) on duty each shift (the number, not the hours):									
Nurses/"first shift"	6	5	6	6	6	6	6		
Nurses/"2nd shift"	5	4	5	5	5	4	4		
Nurses/"third shift"	5	5	4	5	5	5	5		
Min per Shift Nursing	3	3	3	3	3	3	3		
HOURS: Enter the number of CNA hours actually worked per day for the dates above									
C.N.A. Hours	267.75	264.50	267.75	279.00	292.75	267.25	264.00		
Daily Average	2.57	2.52	2.57	2.66	2.74	2.55	2.51		

RATIO: Enter the number of CNAs on duty each shift for the dates above (the number, not the hours):									
CNAs/"first shift"	13	13	12	14	13	12	13		
CNAs/"2nd shift"	14	13	14	13	13	15	13		
CNAs/"third shift"	8	8	9	9	9	8	9		
Min per Shift CNAs	6	6	6	6	6	6	6		
Combined Nursing and CNA Hours									
Daily Average	3.81	3.57	3.76	3.93	4.03	3.75	3.70	Total Hours:	2789.00
								Weekly Average:	3.79

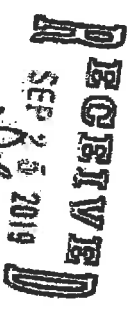
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BY: [Signature]

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Hawthorne Health and Rehab of Ocala date range schedule - printed: 09/25/19 04PM; * Split SMT - Does NOT include Break time.

Employee	Shift	09/17	09/25	Position	tu	we	th	fr	sa	su	mo	tu	we
Quenza, Inelis...	10p-8a	Facility W...	PACNA	7.5	17	18	19	20	21	22	23	24	25
Duncan, Beverly...	2p-10p	Facility W...	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Evars, Carmel...	2p-10p	Facility W...	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Ford, Jacquelin...	2p-10p	Facility W...	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Gaffney, Brenda	8a-2p	Facility W...	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Gaffney, Brenda	2p-10p	Facility W...	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Hassell, Diane	8a-2p	Facility W...	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Jackson, Ashley	8a-2p	Facility W...	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Jarvis, Sherrik...	8a-2p	Facility W...	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Lucker, Vestor...	10p-8a	Facility W...	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Macey, Alyson...	8a-2p	Facility W...	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Rivera, Elena	10p-8a	Facility W...	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Simmons, Eileen	2p-10p	Facility W...	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Vickers, Marique...	8a-2p	Facility W...	PACNA	FM	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Washington, Joy...	8a-2p	Facility W...	PACNA	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Yawn, Katharine	8a-2p	Facility W...	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Yawn, Katharine	2p-10p	Facility W...	PACNA	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
				88.0	88.0	88.0	88.5	88.5	88.5	88.5	88.5	87.5	86.5

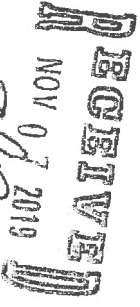


 SEP 25 2019


 PY: *[Signature]*

Hawthorne Health and Rehab of Ocala date range schedule - printed: 11/05/19 09AM; * Split Shift - Does NOT include Break time.

Employee	Shift	10/22	11/05	tu	we	th	fr	sa	su	mo	tu	we	th	fr	sa	su	mo	tu
Carpenier, Noel	6a-2p	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Cuevas, Isabels...	10p-6a	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Duncan, Beverle...	2p-10p	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Ford, Jacquelin...	2p-10p	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Gaffney, Brenda	6a-2p	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Gaffney, Brenda	2p-10p	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Jackson, Ashley	6a-2p	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Jackson, Ashley	2p-10p	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
James, Standri...	6a-2p	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Luckey, Vastori...	10p-6a	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Rivera, Elena	10p-6a	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Simpson, Eileen	2p-10p	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Vickers, Mergue...	6a-2p	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Welker, Lequish...	6a-2p	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Welker, Lequish...	10p-6a	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Washington, Joy...	6a-2p	Facility W.	PACNA	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
Washington, Joy...	8:30a-5:30a	Facility W.	PACNA	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
				98.0	90.5	52.5	45.0	52.5	52.5	52.5	8.0	8.0	8.0	45.0	45.0	45.0	7.5	7.5



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 BY: 



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BY: *[Signature]*

RESIDENT VISIT

OMBUDSMAN INFORMATION		
Date: 9-10-19	Ombudsman Name: Lori Berndt	
Additional Ombudsmen: Mr. Milliken, Mr. Dennis Phillips		
District: 4	Council: Withlacoochee	Total Mileage: 12
Time In: 11:45 AM	Time Out: 12:45 PM	Total Time for Completion: 2 hours
FACILITY INFORMATION		
Facility Name: Hawthorne Inn of Ocala		
Address: 4100 SW 33rd Avenue		Administrator: Lavern Battieste
City / Zip: Ocala, FL 34474		Designee:
Phone: 352-237-7773	Email:	
Facility License No.: 7129	Facility Type: NH <input type="checkbox"/> ALF <input checked="" type="checkbox"/> AFCH <input type="checkbox"/>	
Specialty ALF <input type="checkbox"/> ECC <input checked="" type="checkbox"/> LMH <input type="checkbox"/>	Licensing is posted Yes <input checked="" type="checkbox"/>	
Licenses: LNS <input type="checkbox"/>	and current: No <input type="checkbox"/>	
Licensed Capacity: 36	Current Census: 27	No. Residents Visited: 8
INSTRUCTIONS:		

Purpose: Residents must have regular and timely access to ombudsmen. Through frequent visits to long-term care facilities, ombudsmen are able to develop relationships, explain the Ombudsman Program services to residents and family members, and proactively address resident issues to prevent escalation of concerns that impact quality of life.

Conducting the Visit:

1. Upon entering the facility, sign in to the facility's visitor log book.
2. Identify yourself to the facility administrator or designee, as a representative of the Office of State Long-Term Care Ombudsman.
3. Interact with residents, family members if available, and staff.
4. Do not record resident identifying information, including names, physical descriptions, or room identifiers.
5. If a complaint is identified for a specific resident, consult with the District Office to determine if a case should be opened. If a case is opened, follow complaint investigation procedures including obtaining consent, and do not record the issue on the visit form.
6. Record the number of consultations provided and describe the topic areas of the consultation in 1-3 words.
7. Sign out of the visitor log book before exiting the facility.

COMPLETION OF VISIT:

Information about the Ombudsman Program was provided to residents and family members.

CONSULTATION(S) PROVIDED:

None

Individual, No.: 5

Topic(s): Social Activities

Facility Staff, No. 1

Topic(s): Suggestions for Social Activity Calendar

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BY:

Ombudsman Comments, if any:

Ombudsmen spoke with several residents throughout the facility. Some residents outside would like more social activity. Discussed with Administrator. Facility appeared clean, in good condition. Resident rights posted.



FLORIDA OMBUDSMAN PROGRAM
ADVOCATING FOR QUALITY LONG-TERM CARE

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BY: *LB*

RESIDENT VISIT

OMBUDSMAN INFORMATION		
Date: 9-10-19	Ombudsman Name: Lori Berndt	
Additional Ombudsmen: Mr. Milliken, Mr. Dennis Phillips		
District: 4	Council: Withlacoochee	Total Mileage: 12
Time In: 11:00 AM	Time Out: 2:05 PM	Total Time for Completion: 3.5 hrs
FACILITY INFORMATION		
Facility Name: Hawthorne Health and Rehab of Ocala		
Address: 4100 SW 33rd Avenue		Administrator: Aaron Coppola
City / Zip: Ocala, FL 34474		Designee:
Phone: 352-237-7776	Email:	
Facility License No.: 1541096	Facility Type: NH <input checked="" type="checkbox"/> ALF <input type="checkbox"/> AFCH <input type="checkbox"/>	
Specialty ALF <input type="checkbox"/> ECC <input type="checkbox"/> LMH <input type="checkbox"/>	Licensing is posted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Licenses: LNS <input type="checkbox"/>	and current: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Licensed Capacity: 120	Current Census: 108	No. Residents Visited: 28
INSTRUCTIONS:		

Purpose: Residents must have regular and timely access to ombudsmen. Through frequent visits to long-term care facilities, ombudsmen are able to develop relationships, explain the Ombudsman Program services to residents and family members, and proactively address resident issues to prevent escalation of concerns that impact quality of life.

Conducting the Visit:

1. Upon entering the facility, sign in to the facility's visitor log book.
2. Identify yourself to the facility administrator or designee, as a representative of the Office of State Long-Term Care Ombudsman.
3. Interact with residents, family members if available, and staff.
4. Do not record resident identifying information, including names, physical descriptions, or room identifiers.
5. If a complaint is identified for a specific resident, consult with the District Office to determine if a case should be opened. If a case is opened, follow complaint investigation procedures including obtaining consent, and do not record the issue on the visit form.
6. Record the number of consultations provided and describe the topic areas of the consultation in 1-3 words.
7. Sign out of the visitor log book before exiting the facility.

COMPLETION OF VISIT:

Information about the Ombudsman Program was provided to residents and family members.

CONSULTATION(S) PROVIDED:

None
 Individual, No.: 10 Topic(s): LTCOP, Resident Rights
 Facility Staff, No. 3 Topic(s): Bankruptcy Monitoring Plan

Ombudsman Comments, if any:

State Ombudsman advised Administrator Aaron Coppola and Regional Director of Operations Joseph Cassiba of the required bankruptcy procedures. Advised the facility that Ombudsman Dennis Phillips or Lori Berndt will conduct a visit to the assisted living facility and nursing home at least every two weeks. Staffing records, medical supply and food supply records will be needed. Toured the facility and met with several residents, staff and family members. No complaints were voiced on this date. Will monitor the facility every two weeks or more often if needed.



FLORIDA OMBUDSMAN PROGRAM
ADVOCATING FOR QUALITY LONG-TERM CARE

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SEP 25 2019

RESIDENT VISIT

BY: *JN*

OMBUDSMAN INFORMATION

Date: 9-25-2019

Ombudsman Name: DENNIS PHILLIPS

Additional Ombudsmen:

District: 4

Council: Withlacoochee

Total Mileage: 13

Time In: 3:30 P.M.

Time Out: 4:30 P.M.

Total Time for Completion: 1 HR.

FACILITY INFORMATION

Facility Name: Hawthorne Inn of Ocala

Address: 4100 SW 33rd Avenue

Administrator: Lavern Battieste

City / Zip: Ocala, FL 34474

Designee:

Phone: (352) 237-7773

Email:

Facility License No.: 7129

Facility Type: NH ALF AFCH

Specialty ALF ECC LMH

Licensing is posted Yes

Licenses: LNS

and current: No

Licensed Capacity: 36

Current Census: ~~104~~ 24 No. Residents Visited: SEVEN

INSTRUCTIONS:

Purpose: Residents must have regular and timely access to ombudsmen. Through frequent visits to long-term care facilities, ombudsmen are able to develop relationships, explain the Ombudsman Program services to residents and family members, and proactively address resident issues to prevent escalation of concerns that impact quality of life.

Conducting the Visit:

1. Upon entering the facility, sign in to the facility's visitor log book.
2. Identify yourself to the facility administrator or designee, as a representative of the Office of State Long-Term Care Ombudsman.
3. Interact with residents, family members if available, and staff.
4. Do not record resident identifying information, including names, physical descriptions, or room identifiers.
5. If a complaint is identified for a specific resident, consult with the District Office to determine if a case should be opened. If a case is opened, follow complaint investigation procedures including obtaining consent, and do not record the issue on the visit form.
6. Record the number of consultations provided and describe the topic areas of the consultation in 1-3 words.
7. Sign out of the visitor log book before exiting the facility.

COMPLETION OF VISIT:

Information about the Ombudsman Program was provided to residents and family members.

CONSULTATION(S) PROVIDED:

None

Individual, No.:

Topic(s):

Facility Staff, No. 3

Topic(s): UPDATED OMBUDSMAN WALL POSTER



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SEP 25 2019

RESIDENT VISIT

BY: *JLB*

OMBUDSMAN INFORMATION		
Date: 9-25-2019	Ombudsman Name: DENNIS PHILLIPS	
Additional Ombudsmen:		
District: 4	Council: Withlacoochee	Total Mileage: --
Time In: 2:45 P.M.	Time Out: 3:30 P.M.	Total Time for Completion: 1 HR.
FACILITY INFORMATION		
Facility Name: Hawthorne Health and Rehab of Ocala		
Address: 4100 SW 33rd Ave	Administrator: Aaron M Coppola	
City / Zip: Ocala, FL 34474	Designee:	
Phone: (352) 237-7776	Email:	
Facility License No.: 1541096	Facility Type: NH <input checked="" type="checkbox"/> ALF <input type="checkbox"/> AFCH <input type="checkbox"/>	
Specialty ALF <input type="checkbox"/> ECC <input type="checkbox"/> LMH <input type="checkbox"/>	Licensing is posted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Licenses: LNS <input type="checkbox"/>	and current: No <input type="checkbox"/>	
Licensed Capacity: 120	Current Census: 107	No. Residents Visited: 12
INSTRUCTIONS:		

Purpose: Residents must have regular and timely access to ombudsmen. Through frequent visits to long-term care facilities, ombudsmen are able to develop relationships, explain the Ombudsman Program services to residents and family members, and proactively address resident issues to prevent escalation of concerns that impact quality of life.

Conducting the Visit:

1. Upon entering the facility, sign in to the facility's visitor log book.
2. Identify yourself to the facility administrator or designee, as a representative of the Office of State Long-Term Care Ombudsman.
3. Interact with residents, family members if available, and staff.
4. Do not record resident identifying information, including names, physical descriptions, or room identifiers.
5. If a complaint is identified for a specific resident, consult with the District Office to determine if a case should be opened. If a case is opened, follow complaint investigation procedures including obtaining consent, and do not record the issue on the visit form.
6. Record the number of consultations provided and describe the topic areas of the consultation in 1-3 words.
7. Sign out of the visitor log book before exiting the facility.

COMPLETION OF VISIT:	
<input checked="" type="checkbox"/> Information about the Ombudsman Program was provided to residents and family members.	
CONSULTATION(S) PROVIDED:	
<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Individual, No. TWO	Topic(s): SLOW RESPONSE TIME TO CALL LIGHTS
<input checked="" type="checkbox"/> Facility Staff, No. FIVE	Topic(s): " " " " " "



FLORIDA OMBUDSMAN PROGRAM
ADVOCATING FOR QUALITY LONG-TERM CARE

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RESIDENT VISIT

BY: *RB*

OMBUDSMAN INFORMATION

Date: 10-8-2019 Ombudsman Name: AENNIS PHILLIPS
 Additional Ombudsmen: _____
 District: 4 Council: Withlacoochee Total Mileage: 13 MILES
 Time In: 11:00 A.M. Time Out: 12:38 P.M. Total Time for Completion: ONE HR.

FACILITY INFORMATION

Facility Name: Hawthorne Inn of Ocala
 Address: 4100 SW 39rd Avenue Administrator: Lavern Battieste
 City / Zip: Ocala, FL 34474 Designee: _____
 Phone: (352) 237-7773 Email: _____
 Facility License No.: 7129 Facility Type: NH ALF AFCH
 Specialty ALF ECC LMH Licensing is posted Yes
 Licenses: LNS and current: No
 Licensed Capacity: 36 Current Census: 25 No. Residents Visited: SEVEN

INSTRUCTIONS:

Purpose: Residents must have regular and timely access to ombudsmen. Through frequent visits to long-term care facilities, ombudsmen are able to develop relationships, explain the Ombudsman Program services to residents and family members, and proactively address resident issues to prevent escalation of concerns that impact quality of life.

Conducting the Visit:

1. Upon entering the facility, sign in to the facility's visitor log book.
2. Identify yourself to the facility administrator or designee, as a representative of the Office of State Long-Term Care Ombudsman.
3. Interact with residents, family members if available, and staff.
4. Do not record resident identifying information, including names, physical descriptions, or room identifiers.
5. If a complaint is identified for a specific resident, consult with the District Office to determine if a case should be opened. If a case is opened, follow complaint investigation procedures including obtaining consent, and do not record the issue on the visit form.
6. Record the number of consultations provided and describe the topic areas of the consultation in 1-3 words.
7. Sign out of the visitor log book before exiting the facility.

COMPLETION OF VISIT:

Information about the Ombudsman Program was provided to residents and family members.

CONSULTATION(S) PROVIDED:

None
 Individual, No.: _____ Topic(s): _____
 Facility Staff, No. _____ Topic(s): _____



FLORIDA OMBUDSMAN PROGRAM
ADVOCATING FOR QUALITY LONG-TERM CARE

RECEIVED
OCT 09 2019

BY: *JB*

RESIDENT VISIT

OMBUDSMAN INFORMATION		
Date: 10-8-2019	Ombudsman Name: JENNIS PHILLIPS	
Additional Ombudsmen:		
District: 4	Council: Withlacoochee	Total Mileage: 6 MILES
Time In: 11:00 A.M.	Time Out: 12:00 P.M.	Total Time for Completion: ONE HR.
FACILITY INFORMATION		
Facility Name: Hawthorne Health and Rehab of Ocala		
Address: 4100 SW 33rd Ave	Administrator: Aaron M Coppola	
City / Zip: Ocala, FL 34474	Designee:	
Phone: (352) 237-7776	Email:	
Facility License No.: 1541096	Facility Type: NH <input checked="" type="checkbox"/> ALF <input type="checkbox"/> AFCH <input type="checkbox"/>	
Specialty ALF <input type="checkbox"/> ECC <input type="checkbox"/> LMH <input type="checkbox"/>	Licensing is posted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Licenses: LNS <input type="checkbox"/>	and current: No <input type="checkbox"/>	
Licensed Capacity: 120	Current Census: 108	No. Residents Visited: TEN
INSTRUCTIONS:		

Purpose: Residents must have regular and timely access to ombudsmen. Through frequent visits to long-term care facilities, ombudsmen are able to develop relationships, explain the Ombudsman Program services to residents and family members, and proactively address resident issues to prevent escalation of concerns that impact quality of life.

Conducting the Visit:

1. Upon entering the facility, sign in to the facility's visitor log book.
2. Identify yourself to the facility administrator or designee, as a representative of the Office of State Long-Term Care Ombudsman.
3. Interact with residents, family members if available, and staff.
4. Do not record resident identifying information, including names, physical descriptions, or room identifiers.
5. If a complaint is identified for a specific resident, consult with the District Office to determine if a case should be opened. If a case is opened, follow complaint investigation procedures including obtaining consent, and do not record the issue on the visit form.
6. Record the number of consultations provided and describe the topic areas of the consultation in 1-3 words.
7. Sign out of the visitor log book before exiting the facility.

COMPLETION OF VISIT:	
<input checked="" type="checkbox"/> Information about the Ombudsman Program was provided to residents and family members.	
CONSULTATION(S) PROVIDED:	
<input type="checkbox"/> None	
<input type="checkbox"/> Individual, No.:	Topic(s):
<input checked="" type="checkbox"/> Facility Staff, No. TWO	Topic(s): STAFFING

HEALTH & REHAB

Monitoring Guidelines

Note: Talk with as many individual residents as possible during each visit.

Keep conversations informal and conversational.

It is not your role to announce to residents either in a group or individually that you are there because of a bankruptcy proceeding. However, respond truthfully to any questions from residents or staff.

Facility Name: HAWTHORNE REHAB County: MABION

Number of Residents interviewed: 12 Today's Census: 101 Date: 10-17-19

1. Staffing:

Do you receive a response from staff in a reasonable time when you ask for assistance?

2. Food Service:

Are the servings adequate so that you feel full after each meal?

Do you ever ask for a second serving of a food you really like? Are snacks available for you?

Is there anything you would like to see changed about the food and meal service?

3. Medications:

Are you receiving all your prescribed medications every day?

Is there anything about your medications that is concerning you?

4. Dr. Visits:

Have you been able to keep all scheduled medical appointments? If not, tell me about any problems you encountered. Are you able to talk with your Dr. by telephone when you need to?

5. Transportation:

When you need it, is transportation arranged for you by the facility? What kind of trips do they usually help you with?

6. Daily ADL Assistance:

Are you getting the hands-on help you need for dressing, walking, bathing, grooming, or personal hygiene?

Have you had any problems this week with your care?

Do the aides have needed supplies when they assist you with these activities, i.e. incontinent products, soap, towels, bath cloths, .etc..

7. Laundry:

Are you receiving your clean clothing back from the laundry?
Is your laundry being done before you run out of clean clothes? Have there been any recent problems with laundry services?

8. Residents' Rights:

Do you feel that your right to privacy and making choices is being respected by staff in this facility?
Do you receive your mail on time and unopened?
When you want money from your personal needs account, how do you get it?
Who do you notify or ask when you want to withdraw some money from your account?

9. Complaints:

Do you have any concerns or complaints you would like assistance with today? (List the complaints and any actions taken internally by you to address).

Resident

Concern/Complaint: THE RESIDENT DID NOT RECEIVE A SHOWER
TODAY AS REQUIRED BY PHYSICIAN'S ORDER.

Resident

Concern/Complaint: THE RESIDENT FEEL DOWN IN THE BATHROOM
WHILE BEING ASSISTED BY A CNA.

Resident

Concern/Complaint: _____

Resident

Concern/Complaint: _____

(Use Back of this page for recording any additional information as needed)

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Meet with the Supervisor-In-Charge, manager or owner to discuss any of the following issues as you deem to be appropriate:

1. Would you say staffing is stable at this time? No walk-offs, resignations, etc. YES
2. Are you currently maintaining facility contracts for food purchase/delivery, pharmacy services/delivery, laundry services, etc.? YES
3. Do you feel you are able to meet each of your residents needs at the present time? YES
4. Are there any concerns that you wish to share with me at this time? NO
5. With the resident's permission, discuss concerns that were brought to your attention during your visit today. NONE

HEALTH & REHAB

Staff Interviews

Note: The facility manager or S.I.C. will have been informed about the bankruptcy proceedings. Other staff may not have been informed. It is not your role to "publish or broadcast" to all other staff that a bankruptcy proceeding is underway. However, respond truthfully to any questions related to the bankruptcy from staff.

Number of Staff interviewed: 5 Number of Staff on duty this shift: _____

Date: 10-17-19

13 CNAS
7 NURSES

HEALTH & REHAB

Meet with the Supervisor-In-Charge, manager or owner to discuss any of the following issues as you deem to be appropriate:

1. Would you say staffing is stable at this time? No walk-offs, resignations, etc. **YES**
2. Are you currently maintaining facility contracts for food purchase/delivery, pharmacy services/delivery, laundry services, etc.? **YES**
3. Do you feel you are able to meet each of your residents needs at the present time? **YES**
4. Are there any concerns that you wish to share with me at this time? **NO**
5. With the resident's permission, discuss concerns that were brought to your attention during your visit today.

**RESIDENT HAS NOT RECEIVED A SHOWER TODAY.
ANOTHER RESIDENT FELL DOWN IN THE BATHROOM.**

Monitoring Guidelines

Note: Talk with as many individual residents as possible during each visit.

Keep conversations informal and conversational.

It is not your role to announce to residents either in a group or individually that you are there because of a bankruptcy proceeding. However, respond truthfully to any questions from residents or staff.

Facility Name: HAWTHORNE INN County: MARION

Number of Residents interviewed: 7 Today's Census: 25 Date: 10-17-19

1. Staffing:
Do you receive a response from staff in a reasonable time when you ask for assistance?
2. Food Service:
Are the servings adequate so that you feel full after each meal?
Do you ever ask for a second serving of a food you really like? Are snacks available for you?
Is there anything you would like to see changed about the food and meal service?
3. Medications:
Are you receiving all your prescribed medications every day?
Is there anything about your medications that is concerning you?
4. Dr. Visits:
Have you been able to keep all scheduled medical appointments? If not, tell me about any problems you encountered. Are you able to talk with your Dr. by telephone when you need to?
5. Transportation:
When you need it, is transportation arranged for you by the facility? What kind of trips do they usually help you with?
6. Daily ADL Assistance:
Are you getting the hands-on help you need for dressing, walking, bathing, grooming, or personal hygiene?
Have you had any problems this week with your care?
Do the aides have needed supplies when they assist you with these activities, i.e. incontinent products, soap, towels, bath cloths, .etc..

Ombudsman Comments, if any:

one resident reported slow response time but did not want to ~~respond to~~ ^{us} open a case per Omb.

Ombudsman spoke to facility staff about this (slow response time.)

122

Staff Interviews

Note: The facility manager or S.I.C. will have been informed about the bankruptcy proceedings. Other staff may not have been informed. It is not your role to "publish or broadcast" to all other staff that a bankruptcy proceeding is underway. However, respond truthfully to any questions related to the bankruptcy from staff.

Number of Staff interviewed: 3 Number of Staff on duty this shift: ~~3~~ 4

Date: 10-17-19



ADMINISTRATIVE ASSESSMENT

OMBUDSMAN INFORMATION		
Date: 11/7/2019	Ombudsman Name: Dennis Phillips	
Additional Ombudsmen: Lori Berndt		
District: 4	Council: Withlacoochee	Total Mileage: 12
Time In: 2:15 PM	Time Out: 3:15 PM	Total Time for Completion: 2 hours
FACILITY INFORMATION		
Facility Name: Hawthorne Inn of Ocala		
Address: 4100 SW 33rd Avenue		Administrator: Lavern Battieste
City / Zip: Ocala, FL 34474		Designee:
Phone: 352-237-7773	Email:	
Facility License No.: 7129	Facility Type: NH <input type="checkbox"/> ALF <input checked="" type="checkbox"/> AFCH <input type="checkbox"/>	
Specialty ALF <input type="checkbox"/> ECC <input checked="" type="checkbox"/> LMH <input type="checkbox"/>	Licensing is posted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Spot Check: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Licensed Capacity: 36	Current Census: 25	No. Residents Interviewed: 6
INSTRUCTIONS:		

Purpose

An administrative assessment is a general review of conditions in a long-term care facility impacting on a resident's health, safety, welfare, or rights as viewed from the resident's perspective. The assessment should identify issues impacting on resident quality of life and should identify areas where improvements may be suggested.

Conducting the Assessment

1. Upon entering the facility, identify yourself to the administrator or designee as a representative of the Office of State Long-Term Care Ombudsman. Cite section 400.0074, Florida Statutes, as your authority to conduct the administrative assessment. It is sufficient to ask the receptionist to notify the administrator or designee if he or she is unavailable.
2. Ask for the current census and the name of the resident council president, if any.
3. Interact with at least 5 residents or a minimum of 10 percent of the residents. If there are fewer than 5 residents, interact with as many as possible.
4. Complete all assessment items.
5. Do not record resident identifying information, including names, physical descriptions, or room identifiers.
6. If a complaint is identified for a specific resident, consult with the District Office to determine if a case should be opened. If a case is opened, follow complaint investigation procedures including obtaining consent, and do not record the issue on the assessment form.

Completing the Assessment

1. Upon completion, discuss the assessment findings with the administrator or designee and discuss the impact of the findings on the residents' quality of life.
2. Identify assessment items marked as a concern and suggested for follow-up, if necessary.
3. Record the number of consultations provided and describe the topic areas of the consultation in 1 – 3 words.

MARK EACH ITEM CODE AS:

No Concern Noted – It is evident by interviews and observations that the facility is meeting residents’ needs as expressed in the item.

Concern – It is evident by interviews and observations that the facility may not be meeting residents’ needs as expressed in the item. If “concern” is marked, use the box below the section to record the reason for marking an item as a concern.

N/A – The item does not apply to this facility.

Resident Comments and Ombudsman Observations – Use the box below the section to record resident comments and ombudsman observations applicable to the section and for explaining why an item was marked as a concern.

NH-Nursing Home, ALF-Assisted Living Facility, AFCH-Adult Family-Care Home

RESIDENTS RIGHTS		No Concerns Noted	Concern	N/A
RR-1	Residents Rights, Ombudsman Program, and Abuse information are clearly visible to all residents and Ombudsman Program information is available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RR-2	Privacy is respected with closeable rooms, announced entry, and space for private and uncensored communication access.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RR-3	Independence, interests, and personal choices are supported by honoring resident decisions about daily schedules, services, participation in activities, and care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RR-4	Residents indicate an understanding of how to file a grievance, and indicate their grievances are adequately addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RR-5	Resident council, if active, meets regularly, is conducted by residents, and minutes reflect complaint resolution and administration’s response to suggestions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RR-6	Family council, if active, is provided with meeting space and concerns are considered by the facility. (NH and ALF only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

Residents voice no concerns. LTCOP poster and required postings available and clearly visible. Letter appointing Carol Carr as the Patient Care Ombudsman in the bankruptcy proceeding posted with licenses and other required notices.

SOCIAL AND LEISURE ACTIVITIES		No Concerns Noted	Concern	N/A
SL-1	A weekly or monthly plan of social and recreational activities is posted in large print, prominently placed, and visible to residents (NH and ALF only).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SL-2	Activities provided reflect the input of residents, a variety of interests, and consider the ability levels of the participants.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SL-3	Residents have reasonable opportunities to participate in exercise and outdoor activities (ALF and AFCH only).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SL-4	Residents have reasonable opportunity to participate in social, religious, or community activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SL-5	Forms of outside communication or information, such as television, radio, newspaper or telephone, are available to residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

Social activities are posted near the activity room. The posting is very large and in bold print. The facility had identified the date on the posting with a fall flower however the fall flower was on the wrong date, but was changed immediately when Ombudsman pointed this out.

Ombudsman was concerned about the activity of "ice cream social" posted, yet there was no ice cream social happening. An employee reported that the Activity Director is not working today therefore, they didn't have the ice cream social but residents can come for ice cream if they want it.

There is a large screen TV in the common area and many books to read. Resident did not voice any concerns.

PHYSICAL ENVIRONMENT		No Concerns Noted	Concern	N/A
PE-1	The facility appears clean, in good-repair, no offensive odors, and no apparent problems with pests.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PE-2	Residents' rooms reflect a personalized, home-like atmosphere and are at a temperature desired by residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PE-3	Residents are able to secure their personal belongings and property.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PE-4	Resident rooms have clean bedding, dresser or closet, and adequate lighting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PE-5	Common areas are provided for a variety of resident activities at the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PE-6	Entrances/exits are well-marked and unobstructed, and the facility appears free from hazards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

Facility appeared clean, no odors, beds made and entrances/exits clear from obstructions.

PERSONAL CARE AND SERVICES		No Concerns Noted	Concern	N/A
PC-1	Residents appear clean and well groomed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PC-2	Residents indicate appropriate and timely assistance is provided for activities of daily living.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PC-3	Residents indicate assistance with toileting or incontinent care is provided regularly and consistently as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PC-4	Residents have access to laundry facilities or services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PC-5	Residents needing memory care services are being provided with appropriate activities and security.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PC-6	Staff response to requests or call signals are timely and to the residents' satisfaction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

A resident reported , "I like it here, staff are nice to me". Laundry is done at the facility unless family wants to do it. The nursing home orders the food and supplies for the ALF.

STAFF-RESIDENT RELATIONS		No Concerns Noted	Concern	N/A
SR-1	Residents perceive that there is adequate staff to meet their needs during all shifts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SR-2	Residents indicate that staff demonstrates a caring attitude, treating residents with dignity and respect, addressing residents by name.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SR-3	Staff is available to communicate in the language understood by the residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

No concerns voiced from the residents interviewed. There are two openings for additional staff. Administrator states she "absolutely feels they have enough staff to meet the needs of residents." Spoke with one staff member who has been employed there for the past 20 years. She states, "I like my job."

There were three staff on duty today (not including Administrator) and the census was 25.

NUTRITION AND FOOD SERVICE		No Concerns Noted	Concern	N/A
NF-1	Menus are posted in NH daily and posted or reasonably available for ALF weekly, alternative menu choices are available, and the food being served matches the posting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NF-2	Menus are easy to read and communicated in methods understandable for all residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NF-3	Food quality, quantity, temperature, and appearance are acceptable to residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NF-4	Residents receive assistance with eating as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NF-5	Snacks, beverages, water and meals are available or offered at different times during the day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

No concerns voiced from the residents. Residents have access to snacks and beverages at all times. Menu posted with alternatives.

MEDICATION MANAGEMENT		No Concerns Noted	Concern	N/A
MM-1	Residents indicate that they receive the correct medication in the proper dosages, by the appropriate method, and at the correct time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MM-2	Residents indicate assistance is provided with obtaining prescribed medications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MM-3	Assistance is provided with scheduling medical appointments and securing transportation as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

Residents reported no concerns.

FAMILY AND STAFF COMMENTS:

There were no family members to interview, but interviewed staff who offered no complaints or any concerns.

EXIT INTERVIEW

Total Number of Visits for This Assessment: 1

Conducted with Name: Lavern Battieste Title: Administrator

Concerns, comments, observations, and areas of resident satisfaction:

Reported no concerns voiced by the residents however, an alternative to a posted activity would be a good idea if Activity Director is not available.

Recommendations for enhancing quality of life and suggestions for improvements:

Recommend always following the activity schedule. If the Activity Director is not available for a specific activity, plan an alternate to ensure residents have an opportunity to engage with others and remain active.

Assessment Items suggested for follow-up: None

Item Code: _____ Brief description: _____

Item Code: _____ Brief description: _____

Item Code: _____ Brief description: _____

DISTRICT OFFICE CONTACT:

If you check any of the boxes below, contact the District Office.

- Concerns exist requiring immediate referral to another agency.
- A complaint needs to be filed.
- Items were identified that need follow-up.

CONSULTATION(S) PROVIDED:

- None
- Individual, No.: 3 Topic(s): LTCOP
- Facility Staff, No.: 2 Topic(s): LTCOP

FOLLOW-UP:

Date:

Time In:

Time Out:

Total Time for
Completion:

Total Mileage: 12



ADMINISTRATIVE ASSESSMENT

OMBUDSMAN INFORMATION		
Date: 11/7/2019	Ombudsman Name: Dennis Phillips	
Additional Ombudsmen: Lori Berndt		
District: 4	Council: Withlacoochee	Total Mileage: 12
Time In: 12:05 PM	Time Out: 3:30 PM	Total Time for Completion: 4.5
FACILITY INFORMATION		
Facility Name: Hawthorne Health and Rehabilitation Center		
Address: 4100 SW 33rd Avenue	Administrator: Aaron M Coppola	
City / Zip: Ocala, FL 34474	Designee: Deborah Huguelet, D.O.N.	
Phone: 352-237-7776	Email: administrator@hawthornevillageofocala.com	
Facility License No.: 34206	Facility Type: NH <input checked="" type="checkbox"/> ALF <input type="checkbox"/> AFCH <input type="checkbox"/>	
Specialty ALF Licenses:	ECC <input type="checkbox"/> LMH <input type="checkbox"/> LNS <input type="checkbox"/>	Licensing is posted Yes <input checked="" type="checkbox"/> and current: No <input type="checkbox"/>
Licensed Capacity: 120	Current Census: 103	No. Residents Interviewed: 15
INSTRUCTIONS:		

Purpose

An administrative assessment is a general review of conditions in a long-term care facility impacting on a resident’s health, safety, welfare, or rights as viewed from the resident’s perspective. The assessment should identify issues impacting on resident quality of life and should identify areas where improvements may be suggested.

Conducting the Assessment

1. Upon entering the facility, identify yourself to the administrator or designee as a representative of the Office of State Long-Term Care Ombudsman. Cite section 400.0074, Florida Statutes, as your authority to conduct the administrative assessment. It is sufficient to ask the receptionist to notify the administrator or designee if he or she is unavailable.
2. Ask for the current census and the name of the resident council president, if any.
3. Interact with at least 5 residents or a minimum of 10 percent of the residents. If there are fewer than 5 residents, interact with as many as possible.
4. Complete all assessment items.
5. Do not record resident identifying information, including names, physical descriptions, or room identifiers.
6. If a complaint is identified for a specific resident, consult with the District Office to determine if a case should be opened. If a case is opened, follow complaint investigation procedures including obtaining consent, and do not record the issue on the assessment form.

Completing the Assessment

1. Upon completion, discuss the assessment findings with the administrator or designee and discuss the impact of the findings on the residents’ quality of life.
2. Identify assessment items marked as a concern and suggested for follow-up, if necessary.
3. Record the number of consultations provided and describe the topic areas of the consultation in 1 – 3 words.

MARK EACH ITEM CODE AS:

No Concern Noted – It is evident by interviews and observations that the facility is meeting residents’ needs as expressed in the item.

Concern – It is evident by interviews and observations that the facility may not be meeting residents’ needs as expressed in the item. If “concern” is marked, use the box below the section to record the reason for marking an item as a concern.

N/A – The item does not apply to this facility.

Resident Comments and Ombudsman Observations – Use the box below the section to record resident comments and ombudsman observations applicable to the section and for explaining why an item was marked as a concern.

NH-Nursing Home, ALF-Assisted Living Facility, AFCH-Adult Family-Care Home

RESIDENTS RIGHTS		No Concerns Noted	Concern	N/A
RR-1	Residents Rights, Ombudsman Program, and Abuse information are clearly visible to all residents and Ombudsman Program information is available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RR-2	Privacy is respected with closeable rooms, announced entry, and space for private and uncensored communication access.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RR-3	Independence, interests, and personal choices are supported by honoring resident decisions about daily schedules, services, participation in activities, and care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RR-4	Residents indicate an understanding of how to file a grievance, and indicate their grievances are adequately addressed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RR-5	Resident council, if active, meets regularly, is conducted by residents, and minutes reflect complaint resolution and administration’s response to suggestions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RR-6	Family council, if active, is provided with meeting space and concerns are considered by the facility. (NH and ALF only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

Met with resident council president. No complaints voiced from council president or the resident council. Reviewed the last two months of resident council minutes. One staff person on the evening shift was talking loudly. This was addressed to the staff person by the Director of Nursing and the problem was resolved.

Resident council president reports that the "workers and the patients are much closer here than at the other facility I lived at."

Letter appointing Carol Carr as the Patience Care Ombudsman for the bankruptcy proceeding was posted with the other required posting for residents and family to review if needed.

SOCIAL AND LEISURE ACTIVITIES		No Concerns Noted	Concern	N/A
SL-1	A weekly or monthly plan of social and recreational activities is posted in large print, prominently placed, and visible to residents (NH and ALF only).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SL-2	Activities provided reflect the input of residents, a variety of interests, and consider the ability levels of the participants.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SL-3	Residents have reasonable opportunities to participate in exercise and outdoor activities (ALF and AFCH only).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SL-4	Residents have reasonable opportunity to participate in social, religious, or community activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SL-5	Forms of outside communication or information, such as television, radio, newspaper or telephone, are available to residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

Met with the Activities Director, Julie Miller. Reviewed activity schedule. Julie has two assistants to assist her with the residents. Residents receive pet friendly visits from the Humane Society every Tuesday. Vocal another non-profit animal rescue provider also brings dogs to visit the residents once a month. There are non-denominational religious services weekly. During Easter, Catholic residents have the opportunity for confession and, if requested, Julie will contact a local priest to visit more often. They also will find a Rabbi or other religious leaders if requested by residents.

The facility has access to a courtyard with a garden. Per activity director, they take the residents outside multiple times during the week. She has her assistants sit with the residents and supervise them when they are outside. A lot of various activities are planned with the input of the residents. One resident reports that the facility "provides me with advanced activities and wants me to enter a competition for my art!" The facility has started a chorus for residents so they can put on a show for the Holidays for their friends and family.

The monthly activity schedule was posted in various locations throughout the building and also seen in many residents rooms.

PHYSICAL ENVIRONMENT		No Concerns Noted	Concern	N/A
PE-1	The facility appears clean, in good-repair, no offensive odors, and no apparent problems with pests.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PE-2	Residents' rooms reflect a personalized, home-like atmosphere and are at a temperature desired by residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PE-3	Residents are able to secure their personal belongings and property.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PE-4	Resident rooms have clean bedding, dresser or closet, and adequate lighting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PE-5	Common areas are provided for a variety of resident activities at the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PE-6	Entrances/exits are well-marked and unobstructed, and the facility appears free from hazards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

Visited every area of the facility including Garden Court where the memory unit is located. There were no odors. Building appeared to be clean and in good condition. Entrances and exit were well marked and all visitors must be "buzzed in" to visit. Staff available at the front desk to assist visitors when visiting their loved ones. The activity and common rooms were clean and all have a large screen TV and books for entertainment. Plenty of private space available for residents to meet with friends and family. On Thursday's, staff are required to wear bright neon green polo shirts for "safety day" to bring awareness to staff and residents on the importance of safety.

PERSONAL CARE AND SERVICES		No Concerns Noted	Concern	N/A
PC-1	Residents appear clean and well groomed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PC-2	Residents indicate appropriate and timely assistance is provided for activities of daily living.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PC-3	Residents indicate assistance with toileting or incontinent care is provided regularly and consistently as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PC-4	Residents have access to laundry facilities or services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PC-5	Residents needing memory care services are being provided with appropriate activities and security.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PC-6	Staff response to requests or call signals are timely and to the residents' satisfaction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

A resident reported when asking about timeliness of call lights, "they usually come to help me in 3-4 minutes." When Ombudsmen were visiting the Garden Court-memory unit, all residents were up, out of bed, beds made and residents were in common area. The residents were clean, appropriately dressed and music was playing. Residents appeared to be well groomed and cared for evident by multiple staff supervising the unit.

STAFF-RESIDENT RELATIONS		No Concerns Noted	Concern	N/A
SR-1	Residents perceive that there is adequate staff to meet their needs during all shifts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SR-2	Residents indicate that staff demonstrates a caring attitude, treating residents with dignity and respect, addressing residents by name.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SR-3	Staff is available to communicate in the language understood by the residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

Only one resident who did not wish to provide consent expressed concern that a staff was rushing her/him with dressing. It is important per the resident that she/he "look nice" when going to activities. "I like to match" and I feel "rushed sometimes" with a particular staff person. The resident did not want to provide the name of the staff person because the same staff person "bathes me really well". This resident agreed to let the Ombudsman speak "in general terms" about the concern with the Administrator and Director of Nursing. Other residents voiced no concerns.

NUTRITION AND FOOD SERVICE		No Concerns Noted	Concern	N/A
NF-1	Menus are posted in NH daily and posted or reasonably available for ALF weekly, alternative menu choices are available, and the food being served matches the posting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NF-2	Menus are easy to read and communicated in methods understandable for all residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NF-3	Food quality, quantity, temperature, and appearance are acceptable to residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NF-4	Residents receive assistance with eating as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NF-5	Snacks, beverages, water and meals are available or offered at different times during the day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

Most residents offered no complaints about the food. One resident did report that sometimes if breakfast is delivered after 8:00 am, the food may be cold. The resident added that it isn't often and did not want to file a complaint.

Ombudsmen were able to witness residents eating lunch. There were staff available to assist the residents.

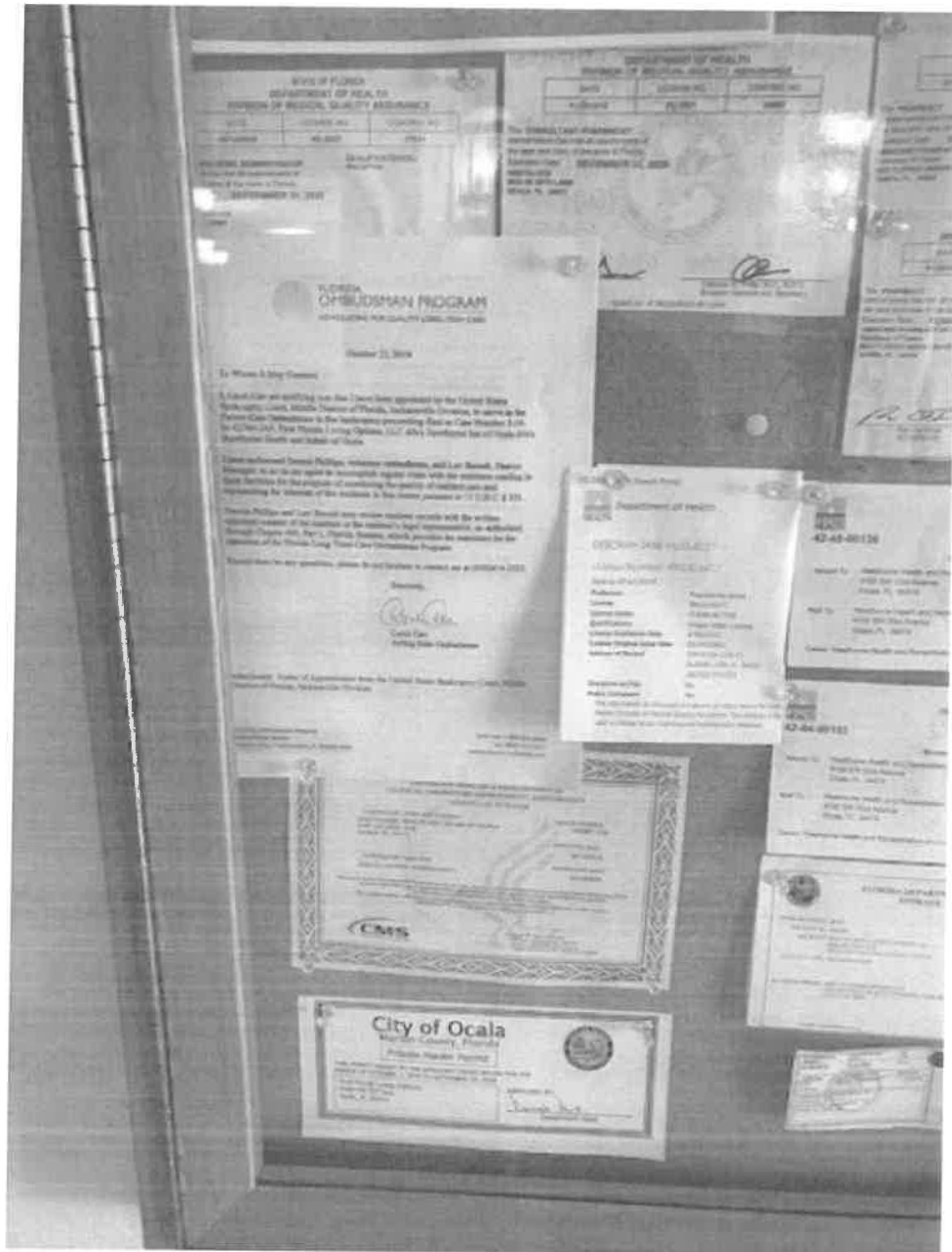
MEDICATION MANAGEMENT		No Concerns Noted	Concern	N/A
MM-1	Residents indicate that they receive the correct medication in the proper dosages, by the appropriate method, and at the correct time.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MM-2	Residents indicate assistance is provided with obtaining prescribed medications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MM-3	Assistance is provided with scheduling medical appointments and securing transportation as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS: No concerns reported about medication.				

FAMILY AND STAFF COMMENTS:
 Some staff were interviewed and reported working at the facility for many years. They all report they feel they can go to the Administrator if they had a problem and/or concern.

EXIT INTERVIEW Total Number of Visits for This Assessment: 1
 Conducted with Name: Aaron Coppola and Deborah Hugelot Title: Administrator and Director of Nursing

Concerns, comments, observations, and areas of resident satisfaction:
 Exited with Administrator and Director of Nursing. Advised both of them in general about staff that may be rushing residents when dressing them. Director of Nursing said she will speak with staff. Discussed the other concern about the food if delivered after eight a.m. being cold. The Administrator will address this with the staff delivering the trays. Praised the staff for the various activities and frequent interaction with the residents. Also, advised them that the facility appeared clean and in good condition. Administrator advised Ombudsmen of Thursday's "Safety Day" and how it help brings awareness about the importance of safety to all the staff and residents.

Recommendations for enhancing quality of life and suggestions for improvements:
 Ombudsmen recommended that staff are reminded not to rush residents with personal care specifically dressing. Let the residents take their time in deciding what they wish to wear; not staff choosing the clothing. Also, advised Administrator to make sure all meal deliveries provide warm food and in a timely manner.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF MEDICAL QUALITY ASSURANCE

DATE	ISSUED BY	ISSUED TO
10/21/14	FL/MS	MS/MS

THE CYBLESISMAN PROGRAM
BUREAU OF MEDICAL QUALITY ASSURANCE
DEPARTMENT OF HEALTH
3901 BOULEVARD
TALLAHASSEE, FLORIDA 32310

DEPARTMENT OF HEALTH
BUREAU OF MEDICAL QUALITY ASSURANCE

DATE	ISSUED BY	ISSUED TO
10/21/14	FL/MS	MS/MS

THE CYBLESISMAN PROGRAM
BUREAU OF MEDICAL QUALITY ASSURANCE
DEPARTMENT OF HEALTH
3901 BOULEVARD
TALLAHASSEE, FLORIDA 32310

FLORIDA CYBLESISMAN PROGRAM
BUREAU OF MEDICAL QUALITY ASSURANCE

October 21, 2014

To: Whose & Why: [Name]

A complaint was received from the [Name] regarding the [Name]... [Text continues with details of the complaint and the program's response.]

Very truly yours,
[Signature]
[Name]
[Title]

[Signature]
[Name]
[Title]

DEPARTMENT OF HEALTH
BUREAU OF MEDICAL QUALITY ASSURANCE

CERTIFICATION OF ADOPTION

Adoptive Parent: [Name]
Adopted Child: [Name]
Adoption Date: [Date]
Adoption Agency: [Name]



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BUSINESS TAX CERTIFICATE

FOR

Hawthorne Village

BUSINESS LICENSE NUMBER: A1234
AUTHORIZED BY REGULATOR/ACTIVITY: 2019 09 30 20
TYPE OF BUSINESS: Health
SUBTYPE: SELF

EXPIRES: 9/30/2020

THIS PERMIT IS ISSUED FOR THE PERIOD AS RESTRICTIONS
AND MUST BE CORRECTLY DISPLAYED AT ALL TIMES.



FLORIDA
OMBUDSMAN PROGRAM
ADVOCATING FOR QUALITY LONG TERM CARE

October 25, 2019

To Whom It May Concern:

I, Carol Carr, am writing you that I have been appointed by the United States Bankruptcy Court, Middle District of Florida, Jacksonville Division, as well as the Patient Care Ombudsman in the bankruptcy proceeding filed in Case Number 19-15164-JAC, First Florida Living Options, LLC dba Hawthorne Inn of Ocala dba Hawthorne Health and Estate of Ocala.

I have authorized Dennis Phillips, registered arbitrator, and Lori Smith, District Manager, to act as my agent to accomplish regular visits with the residents residing in these facilities for the purpose of monitoring the quality of resident care and representing the interests of the residents in the matter pursuant to 11 U.S.C. § 541.

Dennis Phillips and Lori Smith may receive resident records with the written informed consent of the resident or the resident's legal representative, as authorized through Chapter 400, Part 2, Florida Statutes, which provides the mechanism for the operation of the Florida Long Term Care Ombudsman Program.

Should there be any questions, please do not hesitate to contact me at (910) 14-1223.

Sincerely,

Carol Carr
Acting Vice Ombudsman

Attestation: Letter of Appointment from the United States Bankruptcy Court, Middle District of Florida, Jacksonville Division.

Florida Ombudsman Program
1000 University Avenue, Suite 100
Jacksonville, Florida 32202

910-14-1223
www.floridacareombudsman.org



Monitoring Guidelines

Note: Talk with as many individual residents as possible during each visit. Keep conversations informal and conversational. Remember that it is not your role to announce to residents either in a group or individually that you are there because of a bankruptcy proceeding. However, respond truthfully to any questions from residents or staff.

Facility Name: **Hawthorne Inn of Ocala**

Facility County of Operations: **Marion**

Number of Residents interviewed: **6**

Today's Census: **25**

Today's Date: **11-7-19**

1. Staffing:

Do you receive a response from staff in a reasonable time when you ask for assistance? Does staff show a caring attitude and treat you with dignity and respect, using your name when responding to you? Do you believe that there are adequate staff members to meet your needs at all times?

2. Food Service:

Are the servings adequate so that you feel full after each meal? Do you ever ask for a second serving of a food you really like? Are snacks available for you? Is there anything you would like to see changed about the food and meal service? Do you receive assistance with eating as needed? Are menus posted weekly for ALF and daily for NH? Are alternatives available for you?

3. Medications:

Are you receiving all your prescribed medications every day? Is there anything about your medications that is concerning you? Do you receive assistance with medication as needed? Do you receive assistance in scheduling medical appointments, including transportation to and from medical appointments?

4. Dr. Visits:

Have you been able to keep all scheduled medical appointments? If not, tell me about any problems you encountered. Are you able to talk with your Dr. by telephone when you need to?

5. Transportation:

When you need it, is transportation arranged for you by the facility? What kind of trips do they usually help you with?

6. Daily ADL Assistance:

Are you getting the hands-on help you need for dressing, walking, bathing, grooming, or personal hygiene? Have you had any problems this week with your care?
Do the aides have needed supplies when they assist you with these activities, i.e. incontinent products, soap, towels, bath cloths, etc.

7 Laundry:

Are you receiving your clean clothing back from the laundry?
Is your laundry being done before you run out of clean clothes?
Have there been any recent problems with laundry services?

8. Residents' Rights:

Do you feel that your right to privacy and making choices is being respected by staff in this facility?
Do you receive your mail on time and unopened?
When you want money from your personal needs account, how do you get it?
Who do you notify or ask when you want to withdraw some money from your account?

9. Complaints:

Do you have any concerns or complaints you would like assistance with today? (List the complaints and any actions taken internally by you to address).

Resident

Concern/Complaint: **No concerns voiced at this visit.**

Proposed action needed, if any, and what follow-up, if any, is needed?

Resident
Concern/Complaint:

Proposed action needed, if any, and what follow-up, if any, is needed?

Resident
Concern/Complaint:

Proposed action needed, if any, and what follow-up, if any, is needed?

Resident
Concern/Complaint:

Proposed action needed, if any, and what follow-up, if any, is needed?

(Use Back of this page for recording any additional information as needed)

Staff Interviews

Note: The facility manager or S.I.C. will have been informed about the bankruptcy proceedings. Other staff may not have been informed. It is not your role to "publish or broadcast" to all other staff that a bankruptcy proceeding is underway. However, respond truthfully to any questions related to the bankruptcy from staff.

Number of Staff interviewed: _____ Number of Staff on duty this shift: _____

Today's date: _____

Meet with the Supervisor-In-Charge, manager or owner to discuss any of the following issues as you deem to be appropriate:

1. Would you say staffing is stable at this time? No walk-offs, resignations, etc.
2. Are you currently maintaining facility contracts for food purchase/delivery, pharmacy services/delivery, laundry services, etc.?
3. Do you feel you are able to meet each of your residents needs at the present time?
4. Are there any concerns that you wish to share with me at this time?
5. With the resident's permission, discuss concerns that were brought to your attention during your visit today.

Monitoring Guidelines

Note: Talk with as many individual residents as possible during each visit. Keep conversations informal and conversational. Remember that it is not your role to announce to residents either in a group or individually that you are there because of a bankruptcy proceeding. However, respond truthfully to any questions from residents or staff.

Facility Name: Hawthorne Health and Rehabilitation Center

Facility County of Operations: Marion

Number of Residents interviewed: 15

Today's Census: 103

Today's Date: 11/7/19

1. Staffing:

Do you receive a response from staff in a reasonable time when you ask for assistance? Does staff show a caring attitude and treat you with dignity and respect, using your name when responding to you? Do you believe that there are adequate staff members to meet your needs at all times?

2. Food Service:

Are the servings adequate so that you feel full after each meal?
Do you ever ask for a second serving of a food you really like?
Are snacks available for you?
Is there anything you would like to see changed about the food and meal service? Do you receive assistance with eating as needed? Are menus posted weekly for ALF and daily for NH? Are alternatives available for you?

3. Medications:

Are you receiving all your prescribed medications every day?
Is there anything about your medications that is concerning you? Do you receive assistance with medication as needed? Do you receive assistance in scheduling medical appointments, including transportation to and from medical appointments?

4. Dr. Visits:

Have you been able to keep all scheduled medical appointments? If not, tell me about any problems you encountered. Are you able to talk with your Dr. by telephone when you need to?

5. Transportation:

When you need it, is transportation arranged for you by the facility? What kind of trips do they usually help you with?

6. Daily ADL Assistance:

Are you getting the hands-on help you need for dressing, walking, bathing, grooming, or personal hygiene? Have you had any problems this week with your care?
Do the aides have needed supplies when they assist you with these activities, i.e. incontinent products, soap, towels, bath cloths, etc.

7 Laundry:

Are you receiving your clean clothing back from the laundry?
Is your laundry being done before you run out of clean clothes?
Have there been any recent problems with laundry services?

8. Residents' Rights:

Do you feel that your right to privacy and making choices is being respected by staff in this facility?
Do you receive your mail on time and unopened?
When you want money from your personal needs account, how do you get it?
Who do you notify or ask when you want to withdraw some money from your account?

9. Complaints:

Do you have any concerns or complaints you would like assistance with today? (List the complaints and any actions taken internally by you to address).

Resident
Concern/Complaint:

A resident reported that the food tray is delivered after 8:00 am, it is sometimes cold. The resident did not want to file a complaint or allow their name to be released to the Administrator. Advised Administrator in general to monitor the timeliness of food delivery and the temperature of the food.

Proposed action needed, if any, and what follow-up, if any, is needed?

Administrator will monitor the timeliness of meal delivery and temperature of food.

Resident
Concern/Complaint:

A resident complained that they feel rushed when receiving assistance with dressing. Advised the Director of Nursing to speak with staff about taking their time when providing personal care, specifically assistance with dressing.

Proposed action needed, if any, and what follow-up, if any, is needed?

Director of Nursing will monitor nursing staff and remind them to take their time when providing personal care to residents.

Resident
Concern/Complaint:

Proposed action needed, if any, and what follow-up, if any, is needed?

Staff Interviews

Note: The facility manager or S.I.C. will have been informed about the bankruptcy proceedings. Other staff may not have been informed. It is not your role to "publish or broadcast" to all other staff that a bankruptcy proceeding is underway. However, respond truthfully to any questions related to the bankruptcy from staff.

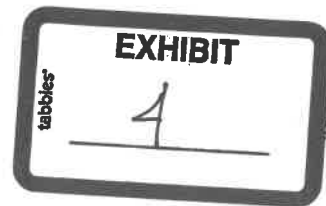
Number of Staff interviewed: _____

Number of Staff on duty this shift: _____

Today's date: _____

Meet with the Supervisor-In-Charge, manager or owner to discuss any of the following issues as you deem to be appropriate:

1. Would you say staffing is stable at this time? No walk-offs, resignations, etc.
2. Are you currently maintaining facility contracts for food purchase/delivery, pharmacy services/delivery, laundry services, etc.?
3. Do you feel you are able to meet each of your residents needs at the present time?
4. Are there any concerns that you wish to share with me at this time?
5. With the resident's permission, discuss concerns that were brought to your attention during your visit today.



AGENCY FOR HEALTH CARE ADMINISTRATION

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Search Criteria Selected:
 Provider Name: HAWTHORNE HEALTH AND REHAB OF OCALA
 Provider Type: Nursing Home

This website utilizes popup windows that may not open correctly if blocked. Please check your browser popup blocker settings if you have trouble viewing documents. The Statement of Deficiencies Public Record Search displays a complete list of inspections. Documents on this page are redacted per 45 Code of Federal Regulations (CFR) 164.514 through the use of an automated redaction software, which may over-redact to protect from the potential release of confidential information. Manually redacted documents can be obtained by contacting the Public Records Office at PublicRecordsReq@ahca.myflorida.com.

Users will be directed to the federal Nursing Home Compare website at www.medicare.gov/nursinghomecompare for nursing home standard and complaint inspections with deficiencies cited that were conducted within the last three years.

	<u>Inspection Type</u>	<u>Document Type</u>	<u>Visit Date</u>	<u>Pages</u>	<u>Inspection Status</u>
1	Standard	Statement of Deficiencies	08/14/2019	2	Deficiencies Corrected
2	Standard	Statement of Deficiencies	05/23/2019		Deficiencies Cited
3	Fire/Life/Safety	Statement of Deficiencies	05/20/2019	1	No Deficiencies
4	Fire/Life/Safety	Statement of Deficiencies	05/20/2019	1	No Deficiencies
5	Complaint	Statement of Deficiencies	04/23/2019	1	No Deficiencies
6	Complaint	Statement of Deficiencies	04/23/2019	1	No Deficiencies
7	Complaint	Statement of Deficiencies	09/05/2018	1	No Deficiencies
8	Standard	Statement of Deficiencies	09/05/2018	3	No Deficiencies
9	Standard	Statement of Deficiencies	05/16/2018	2	Deficiencies Corrected
10	Fire/Life/Safety	Statement of Deficiencies	05/16/2018	2	Deficiencies Corrected

[Return to Provider Results](#)



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/14/2019
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NAME OF PROVIDER OR SUPPLIER HAWTHORNE HEALTH AND REHAB OF OCALA	STREET ADDRESS, CITY, STATE, ZIP CODE 4100 SW 33RD AVE OCALA, FL 34474
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
(N 000)	<p>INITIAL COMMENTS</p> <p>A follow up to the relicensure survey was conducted by desk review on August 14, 2019 for Hawthorne Health and Rehab of Ocala. Deficient practice was not identified.</p>	(N 000)		

AMCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X8) DATE

08/19/19

STATE FORM

6809

LVIF12

If continuation sheet 1 of 1

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

PRINTED: 08/27/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105602	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/14/2019
NAME OF PROVIDER OR SUPPLIER HAWTHORNE HEALTH AND REHAB OF OCALA			STREET ADDRESS, CITY, STATE, ZIP CODE 4100 SW 33RD AVE OCALA, FL 34474		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 000}	INITIAL COMMENTS An follow up to the recertification survey was conducted by desk review on August 14, 2019 for Hawthorne Health and Rehab of Ocala. The facility was in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.	{F 000}			

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

TITLE

(X6) DATE

Electronically Signed

08/19/2019

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105602	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____
NAME OF PROVIDER OF SUPPLIER HAWTHORNE HEALTH AND REHAB OF OCALA		STREET 4100 SW OCALA
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECISE OR LSC IDENTIFYING INFORMATION)
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	(continued... from page 3) There was one dented can of coconut milk stored in the dry food storage area with canned products available for service to residents. There was one unlabeled plastic bag of dinner rolls stored in the freezer. There were 5 uncovered and unlabeled trays of dinner rolls and 2 trays of individual cake portions not fully covered on a rack in the kitchen main service area. There were 7 unlabeled and undated glasses with a brown liquid substance stored in the cooler. During interview on 05/20/2019 at 9:40 AM, the facility Certified Dietary Manager confirmed that the dented can of coconut milk should be discarded. The Dietary Manager confirmed the plastic bag of dinner rolls was unlabeled and undated. He confirmed the trays of dinner rolls were undated and unlabeled and confirmed that the individual portions were not fully covered. The Dietary Manager confirmed that the individual portions that contained the brown liquid substance were undated and unlabeled.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY OR LSC IDENTIFYING INFORMATION)
<p>F 0812</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview and record review, the facility failed to ensure that all food items were stored in a safe and sanitary manner.</p> <p>Findings:</p> <p>Record review of the facility policy titled Proper Labeling of Food (Revised: 1/15) revealed the facility standard of practice all refrigerated product, prepared for meals, taken out of original container or any leftovers, needs to have a label as specified:</p> <p>LABELING OF REFRIGERATED FOODS: The label should include: PRODUCT NAME, SEE THE PRODUCT/LEFTOVER THROUGH THE PLASTIC WRAP OR LID, YOU MUST LABEL THE CONTAINER OR RE-SEALABLE BAG WITH THE PRODUCT NAME. I.e. Pureed Peaches DATE: Document the date the product is placed in the refrigerator. I.e: 6/23/15.</p> <p>LABELING OF FROZEN PRODUCT TO BE THAWED: Frozen products such as roast, chicken, eggs in a bag, carton eggs etc. pulled to thaw in the refrigerator must be labeled. The item should be placed in a clean bus tub or tray. A label should be created with the PRODUCT NAME, PULL DATE.</p> <p>LABELING OF FOOD ITEMS LEFT IN ORIGINAL CONTAINER: Individual bottles, pancake syrup, chocolate syrup bottles, gallon jars of pickles and other containers of mayonnaise, salad dressing, peanut butter, parmesan cheese, spices, cold cereal, rolled oats, dried beans, rice, nonfat dry milk, etc. should be marked with date opened.</p> <p>LABELING OF MILK, SUPPLEMENTS & THICKENED DRINKS: Gallons of milk should have an OPEN DATE. Pitchers or glasses of milk, fortified whole milk, fortified and thickened drinks should have a label with the date prepared, discard date and the preparation date and initials of staff preparing the beverage. However, if the EXPIRATION DATE of the milk for fortified drinks is less than 7 days, the milk should be discarded on the expiration date.</p> <p>An initial tour of the main facility kitchen was completed on 05/20/2019 beginning at 8:00 AM with the facility Certified Dietary Manager.</p>
<p>FORM CMS-2567(02-99) Previous Versions Obsolete</p>	<p>Event ID: YL1011 Facility ID: 105602</p>

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

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

105602

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

NAME OF PROVIDER OF SUPPLIER

HAWTHORNE HEALTH AND REHAB OF OCALA

STREET

4100 SW
OCALA

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY OR LSC IDENTIFYING INFORMATION)

F 0761

Level of harm - Minimal harm
or potential for actual harm

Residents Affected - Few

(continued... from page 2)
(Photographic evidence).

Record review of Facility Policy 5.3 Storage and Expiration Dating of Medications, Syringes and Needles. Application: LTC Facility Receiving Pharmacy Services From Pharmacy. Effective Date: 12/01/07. Revision Date: 5/10/10, 10/31/16, 04/05/19.

Applicability

This Policy 5.3 sets for the procedures relating to the storage and expiration of medications, biologics, syringes and needles.

Procedure

5. Once any medication or biologic package is opened, Facility should follow manufacturer/suppliers guidelines with respect to expiration dates for opened medication. Facility staff should record the date opened on the medication container when medication has a shortened expiration date once opened.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECISE OR LSC IDENTIFYING INFORMATION)
<p>F 0761</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals are stored in locked compartments, separately locked, compartments for controlled substances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY. Based on observation, interview and record review, the facility failed to label vials of eye drops with the open date in 1 of 3 medication carts.</p> <p>Findings:</p> <p>On 05/22/19 at 9:20 AM Unit 1 Medication Cart observation with Staff A, Unit Manager confirmed 3 vials of opened eye drops were not dated for Resident #30. There were 1 vial of Dorzolamide HCL 2% opened and not dated, 1 vial of Latanoprost opened and not dated, 1 vial of [MEDICATION NAME] Acetate 1 % opened and not dated. A, Unit Manager confirmed 3 vials of opened eye drops were not dated for Resident #30.</p>

FORM CMS-2567(02-99)
Previous Versions Obsolete

Event ID: YL1011

Facility ID: 105602

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105602	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____
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NAME OF PROVIDER OF SUPPLIER HAWTHORNE HEALTH AND REHAB OF OCALA	STREET 4100 SW OCALA
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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY OR LSC IDENTIFYING INFORMATION)

F 0690
Level of harm - Minimal harm or potential for actual harm
Residents Affected - Few

(continued... from page 1)
05/15/2019) that read discontinue Foley catheter. The physician's order did not follow the physician's instructions if no void in 6 hours perform bladder scan, if post-void residual is greater than 400, reinsert Foley catheter.
Record review of Resident #147's clinical record revealed a progress note (dated 05/18/2019) that documented the facility received a physician's order to reinsert Resident #147's catheter related to [MEDICAL CONDITION].
Record review of Resident #147's clinical record revealed a physician's order (dated 05/18/2019) that read Foley 16 french, 10 cubic centimeter, normal saline in place change every 30 days or if plugged as needed.
Record review of Resident #147's clinical record failed to reveal documentation that the facility had transcribed the full physician's order related to discontinuation of Resident #147's catheter that instructed the facility nursing staff if no void in 6 hours perform bladder scan, if post-void residual is greater than 400, reinsert Foley catheter.
Record review of Resident #147's clinical record failed to reveal documentation that the facility had assessed Resident #147 by performing a bladder scan after 6 hours and determining Resident #147's post-void residual before re-inserting Resident #147's catheter.
During interview on 05/22/2019 beginning at 12:22 PM, the facility Director confirmed that Resident #147's clinical record did not contain documentation that the facility had assessed Resident #147 by performing a bladder scan after 6 hours of void and determining Resident #147's post-void residual before re-inserting Resident #147's catheter.
During interview on 05/22/2019 at 2:03 PM, Employee A (Licensed Practical Nurse) confirmed she had received the physician's order to assess Resident #147 by performing a bladder scan after 6 hours of no void and determining Resident #147's post-void residual before re-inserting Resident #147's catheter from the Advanced Registered Nurse Facility site at the facility. She confirmed she had not been able to find documentation that the facility had assessed Resident #147 by performing a bladder scan after 6 hours and determining Resident #147's post-void residual before re-inserting Resident #147's catheter. She agreed the full verbal physician's order related to assessment of Resident #147's status by use of a bladder scan to determine his post-void residual had been transcribed onto Resident #147's Medication Administration Record.

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90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings are not immediately disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an immediate plan of correction is a requisite to continued program participation.

FORM CMS-2567(02-99)
Previous Versions Obsolete

Event ID: YL1O11

Facility ID: 105602

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECISE OR LSC IDENTIFYING INFORMATION)
<p>F 0684</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY</p> <p>Based on observation, interview, and record review, the facility failed to ensure that 2 residents receiving intravenous therapy received treatment and care in accordance with professional standards related to intravenous (IV) therapy care. (Resident #395)</p> <p>Findings:</p> <p>An initial observation and interview of Resident #395 occurred on 05/20/2019. When asked why the Resident was admitted, he said it was related to an infection. He is currently receiving IV antibiotics. Upon request to observe the Resident's IV, the facility proceeded to show me his Peripherally Inserted Central Catheter (PICC) line in his right extremity. Upon inspection of the PICC line, the date marked on the dressing was 05/08/2019 (photographic evidence). Dressing showed some peeling and cut edges.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on 05/20/2019, information about IV dressing care and charting was requested. ADON stated that changes are done weekly and as needed unless otherwise indicated. The ADON does the weekly dressing changes, but a Registered Nurse is available for dressing changes. ADON pulled up Resident #395 electronic Medication Administration Record (MAR). ADON confirmed the order was for a weekly IV dressing change replacement every Wednesday and not marked as completed on the eMAR on 05/15/2019.</p> <p>A record review was done for Resident #395. A physician's orders [REDACTED] and a physician's orders [REDACTED]. Facility policy review for IV dressings indicates that dressing changes using a transparent dressing are to be done upon admission weekly, or if the integrity of the dressing has been compromised.</p>
<p>F 0690</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY</p> <p>Based on interview and record review, the facility failed to assess 1 of 2 residents dependent on catheter use prior to the re-insertion of a catheter of 29 samples. (Resident #147)</p> <p>Findings:</p> <p>Record review of Resident #147's clinical record revealed Resident #147 was admitted to the facility with [DIAGNOSES REDACTED].</p> <p>Record review of Resident #147's clinical record revealed a progress note (dated 05/15/2019) that documented the facility received a physician's order to discontinue Resident #147's Foley catheter. The progress note documented Resident #147 was hospitalized prior to hospitalization. The progress note documented the physician's order to perform a bladder scan, if post-void residual is greater than 400, reinsert the catheter.</p> <p>Record review of Resident #147's clinical record revealed a physician's order [REDACTED].</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ 7

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from if the institution can demonstrate that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the first deficiency statement on each page must be excused from the report. < >

Medicare.gov | Nursing Home Compare

The Official U.S. Government Site for Medicare

Inspection report

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105602	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____
NAME OF PROVIDER OF SUPPLIER HAWTHORNE HEALTH AND REHAB OF OCALA		STREET 4100 SW OCALA
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY OR LSC IDENTIFYING INFORMATION)	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECISE OR LSC IDENTIFYING INFORMATION)
<p>F 0883</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY</p> <p>Based on record review and interview, the facility failed to provide influenza pneumococcal vaccine for 1 of 5 reviewed for this care area of 29 sampled residents (Resident #9)</p> <p>Findings:</p> <p>Record review of Resident #9 Immunization consent forms (Dated 2/3/2019) revealed the resident consented to have the Influenza and pneumococcal vaccine.</p> <p>Record review of Medication Administration History (Dated 2/1/2019 to 3/1/2019) revealed the immunizations were scheduled to be given on 2/5/2019. It also revealed the immunizations were not administered because the drug was unavailable.</p> <p>Record review of the physician's orders [REDACTED].>Record review of the facility's Immunization Policy Number 3.34, Revised 06/2017 stated, It is the policy of the facility to provide immunizations in accordance with the Center for Disease Control and Prevention recommendations, resident consent, and physician orders.</p> <p>In an interview on 5/22/2019 at 2:45 PM, the Director of Nursing confirmed that the resident did not receive the vaccine as ordered by the physician and consented by the resident.</p>

FORM CMS-2567(02-99)
Previous Versions Obsolete

Event ID: YL1011

Facility ID: 105602

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Hawthorne Health and Rehabilitation Center

11-7-2019

Meet with the Supervisor-In-Charge, manager or owner to discuss any of the following issues as you deem to be appropriate:

1. **Would you say staffing is stable at this time? No walk-offs, resignations, etc.** Yes, staffing is stable. The facility has met the required staffing hours for 10/23/19-10/29/19. Florida Statutes, Chapter 400.23 (3) (a) (1) require 1 nursing direct care hour per resident per day, 2.5 CNA direct care hours per resident per day, and in the aggregate 3.6 direct care hours per resident per day. The facility is exceeding these hours. See attached staffing hours.
2. **Are you currently maintaining facility contracts for food purchase/delivery, pharmacy services/delivery, laundry services, etc.?** Yes, we use Sysco as our food service provider and Medline Industries, Inc. for our medical supplies. See attached supply orders.
3. **Do you feel you are able to meet each of your residents needs at the present time?** Yes, we can meet the resident's needs.
4. **Are there any concerns that you wish to share with me at this time?** There are no currently no concerns. We address any concerns as they occur.

Hawthorne Inn of Ocala

11-7-2019

Meet with the Supervisor-In-Charge, manager or owner to discuss any of the following issues as you deem to be appropriate:

1. **Would you say staffing is stable at this time? No walk-offs, resignations, etc.** Absolutely. Though we have two positions vacant, we continue to meet and often exceed the required staffing hours. The facility has met and exceeded the required staffing hours for 10/22/19-11/05/19 by approximately 30 percent. Florida Administrative Code, Section 59A-36.010 (3) (a) (1) requires 253 staffing hours per week for a census of 25. The facility has logged on average 380 hours per week. See attached staffing hours.
2. **Are you currently maintaining facility contracts for food purchase/delivery, pharmacy services/delivery, laundry services, etc.?** Yes. Our supplies are order together with the rehabilitation center. They use Sysco as the food service provider and Medline Industries, Inc. for the medical supplies. See attached supply orders.
3. **Do you feel you are able to meet each of your residents needs at the present time?** Yes, we can meet the resident's needs.
4. **Are there any concerns that you wish to share with me at this time?** There are currently no concerns. We address any concerns as they occur.

Staff Interviews-Hawthorne Health and Rehabilitation Center

Note: The facility manager or S.I.C. will have been informed about the bankruptcy proceedings. Other staff may not have been informed. It is not your role to "publish or broadcast" to all other staff that a bankruptcy proceeding is underway. However, respond truthfully to any questions related to the bankruptcy from staff.

Date: 11-7-2019 1:10 PM

Met with Medical Director Dr. Srinivasa Murthy. He reports he knew about the bankruptcy proceedings about a month after it was filed. He reports no changes in care after bankruptcy filing. He did put on "different glasses" after he heard about the bankruptcy and observed the facility more closely. He looks at cleanliness, care, transportation services and staff competency. He meets every Thursday with the staff to discuss any issues or concerns they may have. They discuss dietary, number of falls, infection control and number of residents having to be readmitted to the hospital. He likes to compare this facility with the national ratings of other facilities.

Dr. Murthy reported a delay in his pay but adds that this rarely happens and happened before the bankruptcy. He sees patients as needed and staff can contact him anytime for any questions or concerns. They can text him for directions and/or orders. Dr. Murthy see patients within 48 hours after they are admitted to the nursing facility. He often comes on Sundays to meet with families and see talk with weekend staff. He looks at all the patient's needs, the post-acute hospital patients and long-term patients.

Dr. Murthy reports he works closely with the Director of Nursing Deborah Huguelet RN, BSN to monitor and assess patient care and needs.

Staff Interviews-Hawthorne Health and Rehabilitation Center

Note: The facility manager or S.I.C. will have been informed about the bankruptcy proceedings. Other staff may not have been informed. It is not your role to "publish or broadcast" to all other staff that a bankruptcy proceeding is underway. However, respond truthfully to any questions related to the bankruptcy from staff.

Date: 11-7-2019 12:15 PM

Interviewed Aaron Coppola, Administrator to follow up on the last visit about a resident fall and another resident not receiving a shower. The first resident "lost his footing" and was lowered to the ground by the Certified Nursing Assistant (C.N.A.). Resident was assessed and appropriate for a one person assist with showers. They met after the incident and assessed what interventions were in place. Director of Nursing, Administrator and Risk Management asked multiple questions such as, was the resident wearing proper foot wear like grip socks, does the resident need to be educated and were safety precautions in place? They found no mitigating factors from the incident and the resident suffered no injury. He has since finished therapy and discharged home.

The second resident who didn't get his shower had returned from a dermatology appointment and provided staff that afternoon with the orders from the dermatologist for daily bathing. The staff completed the orders by creating a bathing schedule that occurs daily during the 2:00 pm-10:00 pm shift. The resident had complained that morning to the Ombudsman not realizing his shower was scheduled that day but at 2:00 pm. He was advised of the schedule and agreed. He completed his therapy and later discharge home.

6

10/00/01

JMS HARTSHORN ELITE COVIA DTP
100 SW 35RD AVE
CALA FL 34474-4466

SYSCO
A Division of
Food Business

SYSCO CENTRAL FLORIDA, INC.
200 WEST STOKES ROAD
OCOCHEE, FL 34761
407-877-8500

352-237-7776
FLORIDA LIVING OPTIONS INC
285 S EMMANUEL ST
GAINESVILLE FL 32601

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

INVOICE DATE	9/02/19	INVOICE NUMBER	941462	INVOICE DATES	222767628	QUANTITY	1	UNITS	5
ORDER NUMBER	1087	ORDER DATE		ORDER DATES					
TERMS: NET 1 DAY FROM INVOICE PAYMENT: 169269 NORMAL DELIVERY SALES TAX: 5%									

LINE	QTY	UNIT	DESCRIPTION	PRICE	AMOUNT	TAX	TOTAL	DATE	STATUS
1	24	OE	DANNON YOGURT ASST STR/BUT/CR ACQUVA	2705	6221958	14.38	6336342		
2	20	OE	HOOD MILK HEAL 100% LACT CAL ENRICHED	6348	6532857	10.77	6640635		
3	12	OE	DE MILK 2% DAIRY REGULAR THICK	5019	4254284	25.31	4509593		
4	150	PKYXS	CIS CONTAINER FOAM BNG 3C D YED199S30000	7551324	14.82		14.82		
5	40	5 CT	SYSCO CUP FOAM 16 OZ	360855	32.49		32.49		
6	10	1000CS	DAIRY LID PVA5 STRAW SLOT 12-24OZ	1651	4096327	13.84	4234915		
7	24	PKOZ	DE MILK 2% DAIRY HONEY THICK	3357	0429357	18.83	6148714		
8	8	25CT	CIS PLA5 FOAM TAW WRT 6 IN	8593610	18.83		18.83		
9	1	1	SYSCO SUBSTITUTED	1555254	30.18		30.18		
10	1	1	CIS PLA5 FOAM TAW WRT 9 IN	8593602	24.00		24.00		
11	1	1	WARRANT WATER THICK HONEY SF PPH	60310	7028197	25.14	7630394		
12	1	1	WARRANT WATER THICK REGULAR SF PPH	60309	7028199	24.33	7630396		
13	1	1	100 HOUSEKEEPING SUPPLIES	6117583	131.77		131.77		
14	1	1	CLEANER CONZ EQUIP DILUTER	2763688	131.77		131.77		
15	1	1	WARRANT WATER THICK REGULAR SF PPH	60309	7028199	24.33	7630396		
16	16	24.1	316						

OPEN: 8:00 AM CLOSE: 5:00 PM
 NO. OF CANS: 1087
 NO. OF PCS: 1087
 PAYABLE ON OR BEFORE: 9/11/19
 SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOCHEE, FL 34761
 CONF. ON PAGE 6

3838 BAYSHORE BLVD
4100 SW 33RD AVE
OCALA FL 34474-4466

FLORIDA LIVING OPTIONS INC
285 S FARMER ST
352-237-7776



At the heart of food distribution
SYSICO CENTRAL FLORIDA, INC.
200 WEST STONEY ROAD
OCOOEE, FL 34761
407-877-8500

CUSTOMER'S ONLY MAIL INVOICE CONFIDENTIAL PROPERTY OF SYSICO
DATE: 9/02/19
CUSTOMER NO: 941462
PRINTER NO: 222767828
PAGE: 1 OF 3

SHIP TO: 1067
CARRIER: UPS
SHIP DATE: 9/02/19
SHIP TIME: 12:00 PM
DELIVER TO: 200 WEST STONEY ROAD
OCOOEE, FL 34761

LINE	QTY	UNIT	DESCRIPTION	PRICE	TAX	TOTAL	AMOUNT
1	1	EA	PEANUT BUTTER CREAMY	51.50	0.00	51.50	51.50
2	1	EA	PEANUT BUTTER CREAMY	51.50	0.00	51.50	51.50
3	1	EA	PEANUT BUTTER CREAMY	51.50	0.00	51.50	51.50
...
23	23	EA	OPEN: 8:00 AM	18.00	0.00	18.00	18.00
23	23	EA	CLOSE: 5:00 PM	699.00	0.00	699.00	699.00
						TOTAL	2696.17

BY MAIL OPPORTUNITY AND AFFILIATES ACTION CLAUSES OF 41 CFR 90-1.4, 90-250.4 AND 90-714.4 AND INCORPORATED HEREIN BY REFERENCE

CUSTOMER'S ORIGINAL INVOICE. CONFIDENTIAL PROPERTY OF SYSCO

352-237-7776
 FLORIDA LIVING OPTIONS INC
 285 S PAVANAN ST
 DATE SRVING TL 61401

SYSCO
 At the heart of food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

INVOICE DATE	9/02/19	INVOICE NUMBER	941462	AMOUNT DUE	22767628	1	1
INVOICE PERIOD	8/01/19 - 8/31/19	CUSTOMER NUMBER	1067	TERMS	NET 1 DAY FROM INVOICE	MANIFEST# 146269 NORMAL DELIVERY	
BILL TO				BILL TO NAME: FLORIDA LIVING OPTIONS INC			
BILL TO ADDRESS				BILL TO ADDRESS: 285 S PAVANAN ST			
BILL TO CITY/STATE/ZIP				BILL TO CITY/STATE/ZIP: OCOEE, FL 34761			
BILL TO PHONE				BILL TO PHONE: 352-237-7776			
BILL TO FAX				BILL TO FAX: 352-237-7776			
BILL TO EMAIL				BILL TO EMAIL: info@flivingoptions.com			
BILL TO CONTACT				BILL TO CONTACT: MR: STEIN MARIE BELCHER			

ITEM	QUANTITY	UNIT	PRICE	AMOUNT	TAX	TOTAL	DESCRIPTION
1	26	1	27	23.9	327		OPEN: 8:00 AM CLOSE: 5:00 PM
2	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
3	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
4	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
5	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
6	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
7	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
8	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
9	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
10	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
11	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
12	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
13	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
14	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
15	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
16	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
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97	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
98	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
99	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761
100	1	1	1	1	1		SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761

NO. INVO
 SYSCO
 NO. PCS
 PAYABLE ON OR BEFORE
 961.87
 CONT. ON PAGE 2

RYAN PAPERSON BLTH Ocala DIR
4100 SW 33RD AVE
OCALA FL 34474-4466

FLORIDA LIVING OPTIONS INC
285 S FARMHAM ST
GAINESBURG

SYSCO CENTRAL FLORIDA, INC.
200 WEST STONY ROAD
OCOCHEE, FL 34761
407-877-8500

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO
DATE: 9/04/19
INVOICE NUMBER: 941462
INVOICE BOOK: 222771507
PAGE: 6 OF 2

SHIP 1 DAY FROM INVOICE
WARRANTY 146955 NORMAL DELIVERY
NA: SFTLN MAIRL BELCHER
DRIVER: MENSLEY

DATE	TIME	ITEM	QUANTITY	UNIT PRICE	TOTAL PRICE	DISCOUNT	TAX	TOTAL
9/4/19	08:00	1000	100	10.00	1000.00	0.00	0.00	1000.00
9/4/19	08:00	2000	200	20.00	4000.00	0.00	0.00	4000.00
9/4/19	08:00	3000	300	30.00	9000.00	0.00	0.00	9000.00
9/4/19	08:00	4000	400	40.00	16000.00	0.00	0.00	16000.00
9/4/19	08:00	5000	500	50.00	25000.00	0.00	0.00	25000.00
9/4/19	08:00	6000	600	60.00	36000.00	0.00	0.00	36000.00
9/4/19	08:00	7000	700	70.00	49000.00	0.00	0.00	49000.00
9/4/19	08:00	8000	800	80.00	64000.00	0.00	0.00	64000.00
9/4/19	08:00	9000	900	90.00	81000.00	0.00	0.00	81000.00
9/4/19	08:00	10000	1000	100.00	100000.00	0.00	0.00	100000.00
9/4/19	08:00	11000	1100	110.00	121000.00	0.00	0.00	121000.00
9/4/19	08:00	12000	1200	120.00	144000.00	0.00	0.00	144000.00
9/4/19	08:00	13000	1300	130.00	169000.00	0.00	0.00	169000.00
9/4/19	08:00	14000	1400	140.00	196000.00	0.00	0.00	196000.00
9/4/19	08:00	15000	1500	150.00	225000.00	0.00	0.00	225000.00
9/4/19	08:00	16000	1600	160.00	256000.00	0.00	0.00	256000.00
9/4/19	08:00	17000	1700	170.00	289000.00	0.00	0.00	289000.00
9/4/19	08:00	18000	1800	180.00	324000.00	0.00	0.00	324000.00
9/4/19	08:00	19000	1900	190.00	361000.00	0.00	0.00	361000.00
9/4/19	08:00	20000	2000	200.00	400000.00	0.00	0.00	400000.00
9/4/19	08:00	21000	2100	210.00	441000.00	0.00	0.00	441000.00
9/4/19	08:00	22000	2200	220.00	484000.00	0.00	0.00	484000.00
9/4/19	08:00	23000	2300	230.00	529000.00	0.00	0.00	529000.00
9/4/19	08:00	24000	2400	240.00	576000.00	0.00	0.00	576000.00
9/4/19	08:00	25000	2500	250.00	625000.00	0.00	0.00	625000.00
9/4/19	08:00	26000	2600	260.00	676000.00	0.00	0.00	676000.00
9/4/19	08:00	27000	2700	270.00	729000.00	0.00	0.00	729000.00
9/4/19	08:00	28000	2800	280.00	784000.00	0.00	0.00	784000.00
9/4/19	08:00	29000	2900	290.00	841000.00	0.00	0.00	841000.00
9/4/19	08:00	30000	3000	300.00	900000.00	0.00	0.00	900000.00

NO. REC. 23 DATE 9/4/19 TIME 16.2 CASH 370
 SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOCHEE, FL 34761
 PAYABLE ON OR BEFORE
 CONT. ON PAGE 3

86

FLORIDA LIVING OPTIONS INC
285 S PARKMAN ST
GAINESBURG FL 34474-4466

352-237-7776

FLORIDA LIVING OPTIONS INC
285 S PARKMAN ST
GAINESBURG FL 34474-4466



SYSCO CENTRAL FLORIDA, INC.
200 WEST STONEY ROAD
OCOCHEE, FL 34761
407-877-8500

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

Invoice # 9/04/19
Invoice # 9/07
9/04/19 941462 222771307 6 5
3064
NEXT 1 DAY FROM INVOICE
MANIFEST # 1469535 NORMAL DELIVERY
MR. STEIN WHITE BELCHER

LINE	QUANTITY	UNIT	DESCRIPTION	PRICE	TOTAL	TAX	AMOUNT	DATE	STATUS
108	108	89	2111						
SUBTOTAL					3991.59				
TOTAL					3991.59				
TAX									
INVOICE									
AMOUNT									
TOTAL									
3991.59									

OPEN: 8:00 AM
CLOSE: 5:00 PM

NO. OF
STOPS

PAYABLE ON OR BEFORE
9/05/19

LAST PAGE

BARB HARTSHORN HIGH OCCALA DIV
4100 SW 33RD AVE
OCALA FL 34474-4466

FLORIDA LIVING OPTIONS INC
285 S PARKWAY ST
GAINESVILLE FL 34401

SYSCO
A Division of
Food and Service
SYSCO CENTRAL FLORIDA, INC.
200 WEST STONY ROAD
OCOCHEE, FL 34761
407-877-8500

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DATE: 9/06/19
INVOICE NUMBER: 941462
SYSCO ORDER NUMBER: 222774657

QUANTITY: /007
SYSCO ORDER NUMBER: 941462

DATE: 9/07/19
SYSCO ORDER NUMBER: 222774657

SYSCO ORDER NUMBER: 941462
SYSCO ORDER NUMBER: 222774657
MA: SHIRIN WASTE BRISHER

ITEM	QTY	UNIT PRICE	TOTAL PRICE	DATE	DESCRIPTION
13	13	7.9	243		OPEN: 8:00 AM CLOSE: 5:00 PM
74	2	76	152		
			1273		
NO. POS: 13 DATE: 9/06/19 TIME: 12:00 AMOUNT: 2288.21 TAX: 2288.21 TOTAL: 4576.42 PAYABLE ON OR BEFORE: 9/07/19 SYSCO - CENTRAL FLORIDA PO BOX 40 OCOCHEE, FL 34761					



REMS HAWTHORNE HLTH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466

352-237-7776
FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GAINESBURG IL 61401

sysco
At the heart of food and service
SYSICO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOEHE, FL 34761
407-877-8500

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSICO

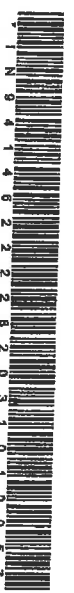
DEBIT DATE	10/02/19	CUSTOMER	941462	INVOICE NUMBER	222820310	PAGE	1	4
TRUCK STOP	/010							
ROUTE	3055	TERMS	-PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE NET 1 DAY FROM INVOICE MANIFEST# 1473708 NORMAL DELIVERY MA: SFEIN MARIE BELCHER					

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
1	CS	1250 OZ	CAMPBELL SOUP TOMATO	4040390	27.72	27.72		
1	CS	247.25 OZ	CAMPBELL SOUP TOMATO IND EZO	4040481	18.35	18.35		
1	CS	6 OZ	HABITA SPICE CUMIN GRND	7223944	4.74	4.74		
2	CS	ONTY 1 LB	IME/MCC SPICE CURRY POWDER	5228747	15.34	30.68		
1	CS	123 LB	PACKER SQUASH YEL SLICED GR A	1088707	46.16	46.16		
1	CS	122 LB	FLAVRPK SQUASH ZUCCHINI SLICED GR A	1207265	33.73	33.73		
1	CS	66.5 LB	BIG VAL STRAWBERRY SLT 4X1 FRZN	7052088	54.69	54.69		
1	CS	66.5 LB	SYS CLS STRAWBERRY SLICED 4X1	1024363	90.25	90.25		
1	CS	66.5 LB	PACKER STRAWBERRY SLT 4X1	2220806	71.60	71.60		
1	CS	125 LB	BKRSCLS SUGAR BROWN LIGHT CANE	1854694	21.86	21.86		
1	CS	104 LB	SYS CLS SUGAR GRANULATED XFINE CANE	2926727	30.69	30.69		
1	CS	2000L/100Z	SYS CLS SUGAR PACKET	4000899	13.26	13.26		
2	CS	2000 GM	SMTPLUS SUGAR SUB PACKET YELLOW	5817251	24.79	49.58		
2	CS	42.5 LB	BERCLS TURKEY BREAST SLT O/RSTD	1960434	52.75	105.50		
2	CS	64 LB	SYS CLS VEGETABLE BLEND CHECUT SPRIN	3533585	31.01	62.02		
2	CS	83 LB	CSELECT VEGETABLE BLEND SONOM	5241783	39.03	78.06		
1	CS	484 OZ	YOPLAIT YOGURT RASPBERRY/PEACH ORIG	5076587	20.47	20.47		
1	CS	484 OZ	DANNON YOGURT STW/BLU RASP LITTEA FIT	7849706	18.70	18.70		
				GROUP TOTAL****		3376.79		

CLASSES	SEAL	TOT. PCS	CUBE	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM
19	3	22	16.4	454		
REMIT TO SYSICO - CENTRAL FLORIDA PO BOX 40 OCOHEE, FL 34761						
DRIVER'S SIGN			NO. PCS COST. AMOUNT DELAY. SIGN X		NO. PCS REC.	
TAX TOTAL			3376.79		INVOICE TOTAL	

INFORMATION: PACK PROTECTION, THE PERMANENT ASSIGNMENT, COMMODITIES LISTED ON THIS INVOICE ARE SUBJECT TO THE SYSTEMS YOU...
 AUTHORIZED BY SECTION 5 (C) OF THE FLORIDA CONSUMER PROTECTION ACT 1930 (F.S.C. 499.01) THE SELLER'S LIABILITY...
 A FRESH CLAY OVER THESE COMMODITIES FROM THE STATE OF FLORIDA OR OTHER PRODUCERS DERIVED FROM THESE COMMODITIES...
 BEING OUT OF YOUR RECEIPT OF THESE PRODUCTS/SERVICES. YOU ARE RECEIVING FURTHER FROM THESE COMMODITIES...
 REPRESENTATIVE CLASSIFY ON TO PARTICIPATE AS A MEMBER OF A CLASS OR PAYMENTS. IN ANY LABORER INCLUDING ANY FROM MEMBER

90



FLMS HAWTHORNE HLTH Ocala DIP
 4100 SW 33RD AVE
 Ocala FL 34474-4466



At the heart of food and service
 Sysco CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

352-237-7776
 FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE	10/02/19	CUSTOMER	941462	INVOICE NUMBER	222820310	PAGE	1
TRUCK STOP	/010	ORDER	3055	TERMS	-PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE NET 1 DAY FROM INVOICE MANTEST# 1473708 NORMAL DELIVERY MA: SSELIN MARIE BEICHER		

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
ITEM DESCRIPTION									
			5105 DIETARY SUPPLIES						
1	CS	1000CT	SYS IMP SPOON PLAS WET HVY FULL LEN YPMSWSYS	8201638	46.19	46.19			
1	CS	4.44OZ	THICKENER FOOD CLR	2859314	23.87	23.87			
1	CS	19GAL	REFCARE WATER THICK HONEY SF RTU	7028197	25.14	25.14			
1	BX	15 GAL	REFCARE WATER THICK NECTAR SF RTU	603309	24.33	24.33			
			5150 EQUIPMENT & UTENSILS	7028199	24.33	119.53			
1	CS	2416X19	SYSCO TOWEL BAR TERRY RIBBED	5756465	34.20	34.20			
			6100 HOUSEKEEPING SUPPLIES			34.20			
3	CS	15013X21	CHIX WIPER TOWEL QUATSAP ANTIMIC RD	4997146	41.67	125.01			
			GROUP TOTAL*****			125.01			
ORDER SUMMARY						43989			
CHASSIS									
8	SEAL	TOL.PCS	CODE	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM			
103	7	110	79.1	1969					
DRIVER'S SIGN									
NO. PCS					NO. PCS				
SIGN					SIGN				
X					X				
REMIT TO									
SYSCO - CENTRAL FLORIDA									
PO BOX 40									
OCOEE, FL 34761									
PAYABLE ON OR BEFORE									
10/03/19									
INVOICE TOTAL									
3655.53									
INVOICE TOTAL									
3655.53									

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

BEAMS HANDBORNE HLTH OCALA DIP
 4100 SW 33RD AVE
 OCALA FL 34474-4466
 352-237-7776
 FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

SYSCO
 At the heart of food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

DELIV. DATE: 10/04/19
 TRUCK STOP: /013
 PURCHASE ORDER: 5062
 TERMS - LAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE
 NET 1 DAY FROM INVOICE
 MANIFEST# 1474114 NORMAL DELIVERY
 MA: SSETIN MARIE BELCHER

INVOICE NUMBER: 22823575
 PAGE: 1

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	62.5 LBS	SYSPS IMP ASPARAGUS SPEAR MED 10F P	2161735	66.92	66.92	
1	CS	62 LB	FARMLND BACON CANADIAN SLI .75 O 70247821497	0356024	43.80	43.80	
1	CS	115 LB	SYS REL BACON LAYFLAT 18/22 SMOK 608057-0895	1073402	54.24	54.24	
2	CS	140 LB	PACKER BANANA FRESH TIP GREEN	1158542	21.44	42.88	
1	CS	1024 OZ	SYS C1S BREAD PULLMAN WHITE 28 SLT 54316730	8386765	28.89	28.89	
2	CS	835 OZ	ROTELLA BREAD SOURDOUGH LG 5/8 SLT	4671940	30.13	60.26	
1	CS	4.25 LB	WHLETEMP BUTTER CHIP CNTL SLTD 47 CT AA 6060	3029475	55.76	55.76	
1	CS	122 LB	SYS C1S CARROT SLI GR A P 74865-02384	1038660	20.60	20.60	
1	CS	961 OZ	GM CEREAL CHERIO GF BMLPK 32262000	2177584	40.29	40.29	
1	CS	961 OZ	GM CEREAL CHERIO HNY NUT BMLP 11918000	4044558	40.29	40.29	
2	CS	1242 OZ	HSRCC1S CEREAL HOT OAT OUICK 23527601425	8562621	34.44	68.88	
3	CS	364 OZ	SYS C1S CHICKEN BRST CORDON BLEU 100000062432	1624329	48.07	144.21	
1	CS	25 LB	TYSON CHICKEN MEAT FULLED NAW 10239940928	2617019	34.64	34.64	
1	CS	625 CT	C1V1CLS COCOA MIX IND NO SUGAR ADDED 39931	7678281	32.40	32.40	
1	CS	962 OZ	C1V1CLS COFFEE GRND DECAF BLEND W/F 3582970	5932142	83.35	83.35	
1	CS	824CT	FFIELDST COOKIE FUDGE RND IW 09850	4591646	26.15	26.15	
1	CS	1232 OZ	WHLFCLS CREAMER HALF & HALF EST 1002749	4828554	28.54	28.54	

OPEN: 8:00 AM CLOSE: 5:00 PM
 NO. PCS DELAY. SIGN X
 NO. PCS REC.

REMIT TO: SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOEE, FL 34761

TAX TOTAL: 872.10
 INVOICE TOTAL:

PAYABLE ON OR BEFORE
 CONT. ON PAGE 2



FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALLESBURG IL 61401

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALLESBURG IL 61401

Sysco
At the heart of food and service
SYSCO CENTRAL FLORIDA, INC.
200 WEST STOKY ROAD
OCFEE, FL 34761
407-877-8500

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DEPT. DATE	10/04/19	CUSTOMER	941462	INVOICE NUMBER	222823575	PAGE	6
ORDER #	5062	PURCHASE ORDER	NET 1 DAY FROM INVOICE	MANIFEST#	1474114	NORMAL DELIVERY	
TERMS	TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE						
MA:	SSEFIN MARIE BELCHER						

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	1.3 GAL	REFRASI DRINK BASE LMN CONC 7X1 B1B	4676934	65.25	65.25	
1	SCS	6#10	SYS C1S FILLING PIE CHERRY	4016523	83.18	83.18	
1	CS	182.750Z	SYS C1S GELATIN ASSORTED CITRUS SUGFERE	53212	69.36	69.36	
1	CS	182.750Z	SYS C1S GELATIN ASSORTED RED SUGARFREE	53213	69.37	69.37	
2	CS	62 LB	HORMEL HAM SLICED SMK NAT .5 OZ FRSH	32225	55.26	110.52	
1	CS	1.3 GAL	REFRASI JUICE CONC ORG BIND 100% 4X1	60215	51.55	51.55	
1	CS	112 CT	IMPERFR LEMON FRSH	7412596	10.26	10.26	
1	CS	301 LB	SYS C1S MARGARINE SOLID ZTF	21726WFS	21.00	21.00	
1	CS	41 GAL	SYS REL MAYONNAISE HEAVY DUTY	4002432	23.89	23.89	
5	CS	25 LB	AREZZIO MEATBALL BF/CHKN ALL PURP 02-6552-05	7673031	30.44	152.20	
5	CS	508 OZ	DATPURE MILK HOMOGENIZED HP	4688810	16.49	82.45	
4	CS	41 GAL	WHLFCIS MILK WHL GALLON	4676306	19.13	76.52	
1	CS	61.5 LB	SYS C1S MIX GRAVY BISCUIT HMSTY ZTF	92428	19.09	19.09	
1	CS	5001/5 OZ	MUSTARD YELLOW PACKET 10013000530504	4006649	12.57	12.57	
2	CS	723.5 OZ	WHLFCIS OMELET EGG W/CHEESE I 74865-46279-00	7360704	47.70	95.40	
1	CS	25 LB	LABELLA PASTA NOODLE EGG WIDE	600729	18.35	18.35	
2	CS	962.750Z	AREZCIS PASTA SHELL JUMBO W/CHEESE	76411	56.29	112.58	
1	SCS	122.5 LB	SYS C1S PEA GREEN GR A P	1259530	35.07	35.07	
1	CS	208 OZ	SYS C1S PIE SHELL VEG DEEP DISH 9	07229	24.64	24.64	
1	CS	6#10	SYS SUP PINEAPPLE TIDBIT JGE	1J5T6062	41.53	41.53	

DRIVER'S SIGN	NO. PCS	CUST. ORDER AMOUNT	SYMBOLS OF ALL ITEMS	NO. PCS	REC.
OPEN: 8:00 AM	CLOSE: 5:00 PM				
34	34	21.1	750		

SYSCO - CENTRAL FLORIDA
PO BOX 40
OCFEE, FL 34761

PAYABLE ON OR BEFORE

TAX TOTAL 2046.88

CONT. ON PAGE 3



RPM'S HAWTHORNE HLTH OCCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GAINESBURG IL 61401

SYSCO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOCHEE, FL 34761
407-877-8500

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

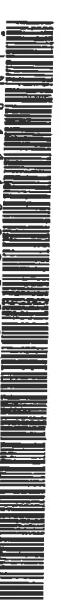
DEPT. DATE	10/04/19	CUSTOMER	FLORIDA LIVING OPTIONS INC	INVOICE NUMBER	6	PAGE	3
ORDER NUMBER	941462	ORDER DATE	10/04/19	ORDER NUMBER	222823575	ORDER NUMBER	6
ORDER NUMBER	5062	ORDER DATE	10/04/19	ORDER NUMBER	222823575	ORDER NUMBER	6
ORDER NUMBER	5062	ORDER DATE	10/04/19	ORDER NUMBER	222823575	ORDER NUMBER	6
ORDER NUMBER	5062	ORDER DATE	10/04/19	ORDER NUMBER	222823575	ORDER NUMBER	6

DRIVER: RAINEY

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	6.5 LB	LAMB POTATO FRY TWISTER ORIG BUTTERD B0073	0079103	30.30	30.30	
1	CS	6#10	SYS CLS PUDDING BUTTERSCOTCH ZTF 79873250854	4011011	26.56	26.56	
1	CS	6#10	SYS CLS PUDDING VANILLA ZTF 79873230854	4011078	31.63	31.63	
1	CS	125 LB	SYS IMP RICE PARBOILED PERFECT R1YK25920	4671350	14.46	14.46	
3	CS	ONLY GAL	SYS IMP SAUCE BBQ RESERVE SMOKEY 13632SYS	5778071	15.05	45.15	
2	CS	ONLY 28 OZ	HUYFONG SAUCE CHILI HOT SRIRACHA	2451417	3.70	7.40	
1	CS	6#10	AREZCLIS SAUCE MARRINARA PREMIUM MW ARBNA99	4730424	26.18	26.18	
1	SCS	41 GAL	JDMFCIS SAUCE SWEET & SOUR LIK18006100	9497611	44.23	44.23	
5	CS	110 LB	FARMHAND SAUSAGE POLISH LINK SMKD 70247135297	1870997	34.34	171.70	
2	CS	200.8 OZ	SYS CLS SAUSAGE PORK LINK SKIS CK 10000019686	2035004	29.13	58.26	
2	CS	1061.5 OZ	SYS CLS SAUSAGE PORK PTY END MIL 10000019698	1589290	30.22	60.44	
1	CS	4840Z	SYS CLS SHERBET ORANGE CUP 4 OZ 1020064	3412485	13.29	13.29	
1	CS	964 OZ	LIGIS SHERBET RASPBERRY CUP 38441	8125296	25.40	25.40	
2	CS	6280Z	SYS IMP SOUP BASE CREAM 12804SYS	3990686	37.58	75.16	
1	CS	1250 OZ	CAMPBELL SOUP CREAM OF CHICKEN HLTY 000004143	5044979	45.74	45.74	
1	CS	1250 OZ	CAMPBELL SOUP CREAM OF MUSHROOM 000004266	4040382	38.55	38.55	
2	CS	20001 GM	SMYPLUS SUGAR SUB PACKET YELLOW 46007	5817251	24.79	49.58	
1	CS	723 IN	SYS CLS TART SHELL 7486518892	4009890	16.80	16.80	
2	CS	72.550Z	HERSCIS TOAST FRENCH HTRSRY TH1 007486574659	5420328	36.94	73.88	
1	CS	1216 OZ	RICHES TOPPING WHIP SUGAR FREE ON TOP 02090	2336816	48.61	48.61	

OPEN: 8:00 AM	CLOSE: 5:00 PM
NO. PCS DELIV. <input checked="" type="checkbox"/>	NO. PCS REC.
NO. PCS	NO. PCS
NO. PCS	NO. PCS
NO. PCS	NO. PCS

SYSCO - CENTRAL FLORIDA	PO BOX 40	OCOCHEE, FL 34761
TAX	TOTAL	TOTAL
2950.20	2950.20	2950.20
CONT. ON PAGE 4		



REMS HAWTHORNE HLTH OCALA DIP
 4100 SW 33RD AVE
 OCALA FL 34474-4466



At the heart of food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GATSBURG IL 61401

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DEPT. DATE	10/04/19	CUSTOMER	941462	INVOICE NUMBER	222823575	PAGES	6
TRUCK STOP	/013						
ROUTE	5062						
ORDER NUMBER	TERMS -PART DUE BALANCES ARE SUBJECT TO SERVICE CHARGE						
	NET 1 DAY FROM INVOICE						
	MANIFEST# 1474114 NORMAL DELIVERY						
	MA: SERIN MARIE BELCHER						

LINE	QTY	PACK	SIZE	ITEM DESCRIPTION	TERM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS		
D	3	CS	28-10#	SYS IMP TURKEY BRST BMLS RAW FOIL 2265570132	1102995	3.510	10.53	197.96				
				18.410 18.950 19.040 T/WT=		56.400						
F	2	CS	64 LB	SYS CLS VEGETABLE BLEND CHFCT GERM 00708462	3533544	32.43	64.86					
F	1	CS	122 LB	SYS CLS VEGETABLE BLEND SCDVYN GR A 1474980	1474980	25.97	25.97					
D	1	CS	3.5LTR	REFRASI WATER FLAVOR STRAWB KIMI ENHAN 60059	4675728	26.86	26.86					
C	1	CS	484 OZ	DANNON YOGURT STW/BLU RASP LITERS FIT 00468	7849706	18.70	18.70					
				5102 SUPPLMENTS			3284.55					
C	1	CS	208 OZ	HP HOOD MILK NEAT 100% LACT CAL ENRCHD 6348	6532857	10.77	10.77					
D	1	CS	1232 OZ	SYS IMP MILK 2% DAIRY NECTAR THICK 5019	4254284	25.31	25.31					
				5105 DIETARY SUPPLIES			36.08					
D	2	CS	4025 CT	SYS CO CUP FOAM TALL 12 OZ 88845	4088845	24.20	48.40					
D	1	CS	6460Z	SYS IMP DRINK TEA SWT LEMON HONEY THCK 3317	0101998	10.96	10.96					
D	1	CS	6460Z	SYS IMP DRINK TEA SWT LEMON NECTAR THK 3316	0101618	9.57	9.57					
D	2	CS	118 IN	SYS CLS FOIL ALMN ROLL HVY WGT 500 FT W699328	6993767	25.95	51.90					
D	2	CS	10100CT	DART LID PLAS STRAW SLOT 12-24OZ 16SL	4096327	13.48	26.96					
D	1	CS	2480Z	SYS IMP MILK 2% DAIRY HONEY THICK 3357	0429357	18.83	18.83					
D	1	CS	4125CT	SYS CLS NAPKIN DNR 15X17 1/8 FINESSE 066039	7953310	35.98	35.98					
D	1	SCS	24400CT	SYS CLS STRAW PLAS WRPD FLEX W YSTWF76MSYS24	0191397	52.54	52.54					
F	1	CS	484OZ	MAG CUP SUPPLEMENT CHOCOLATE MAGIC CUP 33904	2489946	24.09	24.09					
F	1	CS	484OZ	MAG CUP SUPPLEMENT VANILLA MAGIC CUP 19850	2489912	24.09	24.09					
D	1	CS	125 LB	SYS IMP THICKENER FOOD 3327	0102194	57.65	57.65					
CHASSS				SPLIT TOT PCS	CDBR	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM				
24				24	32.2	408						

REMIT TO: SYSCO - CENTRAL FLORIDA, PO BOX 40, OCOEE, FL 34761

TAX TOTAL: 3681.60
 CONT. ON PAGE 5

95

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

REMS HAWTHORNE HITE OCALA DIP
 4100 SW 33RD AVE
 OCALA FL 34474-4466

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

Sysco
 At the heart of food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

DATE	10/04/19	INVOICE NUMBER	6	PAGE	5
TRUCK STOP	/013	CUSTOMER	941462	INVOICE NUMBER	222823575
ROUTE	5062	PURCHASE ORDER	TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE NET 1 DAY FROM INVOICE MANIFEST# 1474114 NORMAL DELIVERY MA: SFTIN MARIE BELCHER		

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	AMOUNT	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	44.44OZ	THICKENER FOOD CLR	2859314	23.87	23.87		
1	CS	13GAL	REFCARE WATER THICK HONEY SF RTU	7028197	25.14	25.14		
1	BX	15 GAL	REFCARE WATER THICK NEGAR SF RTU	7028199	24.33	24.33		
			GROUP TOTAL****			434.31		
1	CS	8L	75L BECOLAB CLEANER COFF EQUIP DIPPITYP	2763688	131.77	131.77		
			** HAZARD **					
2	CS	10056	GAISYS BEL LINER REPRO 43X46 1.5 ML X8646AKSX01	1764521	26.81	53.62		
2	RL	00012-16CS	SYS CLS LINER ROLL 24X33 6 MC NA 24833RNSR01	5881966	27.13	54.26		
			GROUP TOTAL****			239.65		
ORDER SUMMARY						50117		

CHGS	SELT	NO. PCS	CUMR	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM
8	8	8	4.8	158	REMIT TO: SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761	
115	5	120	107.9	2307	PAYABLE ON OR BEFORE 10/05/19	

NO. PCS DELVD. NO. PCS REC.
 TAX TOTAL 3994.59
 INVOICE TOTAL 3994.59
 LAST PAGE

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE: 10/07/19
 TRUCK STOP: /007
 PURCHASE ORDER: 222826689
 TERMS: *PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE
 NET 1 DAY FROM INVOICE
 MANIFEST# 1474439 NORMAL DELIVERY
 MA: SSFTN MARIE BELCHER

DELIV. DATE: 10/07/19
 TRUCK STOP: /007
 PURCHASE ORDER: 222826689
 TERMS: *PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE
 NET 1 DAY FROM INVOICE
 MANIFEST# 1474439 NORMAL DELIVERY
 MA: SSFTN MARIE BELCHER

352-237-7776
 FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

QTY	PKGS	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
1	CS	6#10	CASACLS BEAN BLACK	5844220	26.90	26.90		
2	CS	122 LB	SYS CIS BEAN GREEN CUT GR A P	74865-04977	24.76	49.52		
5	CS	484 OZ	SYS CIS BEEF PHILLY STRL BROWN	8563017	68.08	340.40		
2	CS	1212 CNT	SYS CIS BUN HOT DOG WHITE 6 HINGD	54607120	30.19	60.38		
1	CS	122 LB	SYS CIS CAULIFLOWER IOF P	1628593	26.56	26.56		
2	CS	701.200Z	KELLOGG CEREAL FROSTED FLAKES IND	3800021962	33.80	67.60		
1	CS	1242 OZ	HSRCLS CEREAL HOT OAT QUICK	23527601425	34.44	34.44		
2	CS	701.520Z	KELLOGG CEREAL RAIKIN BRAN INDIV	3800021942	33.80	67.60		
1	CS	45 LB	GR TAKE CHEESE CHDR MILD PTRR SHRD	90001	52.59	52.59		
1	SCS	65 LB	AREZIMP CHEESE MOZZARELLA IMPRS SHRD	100721	79.97	79.97		
1	CS	81.5 LB	BRLIMP CHEESE PROV NONSMK SLT INT	7.170754	47.29	47.29		
1	CS	62#	SORENTO CHEESE RICOTTA WEL MILK	0203000	29.67	29.67		
2	CS	485 OZ	SYS CIS CHICKEN BRST IYZ WARR ZIPLOC	83618	41.25	82.50		
3	CS	25#	HORMEL CHICKEN DICED FC ALL NAT	62846	117.09	117.09		
1	CS	962 OZ	ITVCLS COFFEE GRAND DECAF BLEND W/F	3582970	83.35	83.35		
1	CS	961.5 OZ	CTTAVO COFFEE GRAND DECAF COL W/F	3587003	88.08	88.08		
1	CS	127.050Z	CRACKER ASSORTMENT FOR CH	5929057461	45.91	45.91		

CASES	SPLIT	NO. PCS	CODE	GROSS WT.	OPEN:	CLOSE:
28		28		481	8:00 AM	5:00 PM

DRIVER: NO. PCS SIGN X
 NO. PCS SIGN X
 PAYABLE ON OR BEFORE

REMIT TO: SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOEE, FL 34761

TAX TOTAL: 1299.85
 INVOICE TOTAL: 1299.85

CONT. ON PAGE 2

IMPORTANT NOTICE: THE PERISHABLE ACTION CLAUSE OF THIS INVOICE ARE SUBJECT TO THE STANDARD TERMS AND CONDITIONS OF THE PERISHABLE ACTION CLAUSE OF THIS INVOICE. THE SELLER OF THIS COMMODITY IS NOT RESPONSIBLE FOR THE LOSS OF THIS COMMODITY. THE BUYER SHALL PAYMENT OF THIS COMMODITY WITHIN THE SPECIFIED TIME FRAME. THE BUYER SHALL BE RESPONSIBLE FOR THE LOSS OF THIS COMMODITY. THE BUYER SHALL BE RESPONSIBLE FOR THE LOSS OF THIS COMMODITY. THE BUYER SHALL BE RESPONSIBLE FOR THE LOSS OF THIS COMMODITY.

QUAL OPPORTUNITY AND AFFIRMATIVE ACTION CLAUSES OF 41 CFR 60-1.4, 60-250.4 AND 60-714.4 ARE INCORPORATED HEREIN BY REFERENCE

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

RWMS HAWTHORNE HILTH OCALA DIP
 4100 SW 33RD AVE
 OCALA FL 34474-4466

SYSCO CENTRAL FLORIDA, INC.
 At the heart of food and service
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

INVOICE DATE	10/07/19	CUSTOMER	RWMS HAWTHORNE HILTH OCALA DIP	INVOICE NUMBER	222826689	PAGE	2
INVOICE TYPE	1007	ORDER NUMBER	1074	TERMS	NET 1 DAY FROM INVOICE	ORDER NUMBER	1474439
INVOICE AMOUNT	941462	ORDER NUMBER	1074	TERMS	NET 1 DAY FROM INVOICE	ORDER NUMBER	1474439
INVOICE BALANCE	222826689	ORDER NUMBER	1074	TERMS	NET 1 DAY FROM INVOICE	ORDER NUMBER	1474439
INVOICE BALANCE	222826689	ORDER NUMBER	1074	TERMS	NET 1 DAY FROM INVOICE	ORDER NUMBER	1474439

DRIVER: MA: SFPIN MARIE BELCHER

QTY	PK	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	5002	PACK	NABISCO CRACKER ASST FAVORITE	2060	36.96	36.96		
1	CS	144	93 OZ	CRACKER CHEESE ON CHS 24/ 7978392175	2338596	17.72	17.72		
1	CS	144	93 OZ	AUSTIN CRACKER CHEESE FNT BUTER 2 7978392177	2338608	17.72	17.72		
1	CS	82.5	LB	SYS CROUTON SEASONED HMSY ZTF	74920	41.07	41.07		
1	CS	2162	2 OZ	PILLSBRY DOUGH BISCUIT ZT SOTHERN 94562-31151	5995438	42.34	42.34		
2	CS	1202	OZ	BKRCLES DOUGH PUFF PASTRY SQUARE 7486559335	2227643	46.70	93.40		
1	CS	13	GAL	REFRASI DRINK BASE LMN CONC 7X1 BIB 60030	4676934	65.25	65.25		
2	CS	65	LB	WILFCUS EGG SCRAMBLE MIX BNB 34730-54802-00	4125250	45.45	90.90		
3	CS	243	OZ	EMANTRY EMPANADA BEEF AND CHS	4304636	21.70	65.10		
1	SCS	6#10		SYS CFS FILLING PIE BLUEBERRY	123041	88.66	88.66		
1	CS	28	LB	SYS IMP GRAPEFRUIT SEGMENT IT SY 74865.64926	3855343	35.00	35.00		
2S				ONLYS LB SYS CFS HONEY PURE WILDELOWER GR A JU PF4107	5611652	21.64	43.28		
1	CS	13	GAL	REFRASI JUICE CONC APPLE BIND 100% 4X1 60154	4752083	52.66	52.66		
1	CS	13	GAL	REFRASI JUICE CONC ORG BIND 100% 4X1 60215	4757666	51.55	51.55		
1	CS	301	LB	SYS CFS MARGARINE SOLID ZTF	4549099	21.00	21.00		
5	CS	508	OZ	DAIPURE MILK HOMOGENIZED HP	4688810	16.49	82.45		
1	CS	65	LB	SYS REL MIX BROWNIE COMPLT	1242439	26.34	26.34		
1	CS	65	LB	SYS REL MIX CAKE YELLOW COMPLT	5301627	23.87	23.87		
2	CS	1212	CT	BKRCLES MUFFIN ENGLISH FRK SPLIT 20Z 342608	3257975	34.87	69.74		
1	STB	25	LB	IMPFRSH MUSHROOM SLICED FRSH TUBS	6056907	21.69	21.69		

CASHS SPLIT TOT. PCS CBSE GROSS WT. OPEN: 8:00 AM CLOSE: 5:00 PM
 28 2 30 21.7 660

DRIVER'S SIGN: NO. PCS SIGN: NO. PCS REC. PAYABLE ON OR BEFORE: SYSCO - CENTRAL FLORIDA, PO BOX 40, OCOEE, FL 34761

TAX TOTAL: 2286.55
 INVOICE TOTAL: 2286.55
 CONT. ON PAGE 3

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

REMS HANTHORNE HITE OCALA DIP
 4100 SW 33RD AVE
 OCALA FL 34474-4466

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

SYSCO CENTRAL FLORIDA, INC.
 At the heart of food and service
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

INVOICE DATE	10/07/19	CUSTOMER	REMITTANCE ORDER
INVOICE NUMBER	941462	INVOICE NUMBER	22826689
TERMS	NET 1 DAY FROM INVOICE	TERMS	NET 1 DAY FROM INVOICE
MANIFEST#	1474439	MANIFEST#	1474439
MA:	SEFIN MARIE BELCHER	MA:	SEFIN MARIE BELCHER

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	AMOUNT	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	6#10	SYS REL ORANGE MANDARIN BRKN IS	3548393	49.98	49.98		
1	CS	121 LB	LABELLA PASTA LASAGNA RIDGED 10	660777	19.04	19.04		
1	CS	122.5 LBS	SYS CLS PEA GREEN GR A P	1259530	35.07	35.07		
5	CS	404 OZ.	BCH BLK PORK CHOP BNLS C/C 4 OZ SEAS	5741580	35.74	178.70		
2	CS	62.25 LBS	SYS CLS POTATO AU GRATIN CLASSIC CAS	4703567	55.56	111.12		
2	CS	6#10	SYS CLS POTATO DICED WHI	00015213510	30.61	61.22		
1	CS	1029.30Z	BASTICAM POTATO MASHED NATURE S OWN	10169	54.39	54.39		
1	CS	62.5 LBS	IMP RICE LONG GRAIN 6 WILD GRD	9696949	39.83	39.83		
1	CS	110LB	PORTSIM SALMON ATL PRTN BLSL 4 OZ NOR	52100	97.58	195.16		
1	CS	6#10	SYS REL SAUCE CHEESE AGED CHED Z	79871060855	50.01	50.01		
1	CS	6#10	AREZIME SAUCE MARINARA PREMIUM CA	4978965	33.24	33.24		
2	CS	25 LB	SYS CLS SAUSAGE PORK BULK ROLL RAW MLD	19671	21.48	42.96		
1	CS	122 LB	SYS CLS SPINACH CHOPPED TOP	2282234	28.64	28.64		
5	CS	110LB	SIX PRS STEAK SALISBURY PTY 4.6 OZ FC	91012	49.29	246.45		
2	CS	64 LB	SYS CLS VEGETABLE BLEND CHEF CUT KEY	00708481	33.67	67.34		
1	CS	64 LB	SYS IMP VEGETABLE BLEND FALITA 1	2182665	32.63	32.63		
1	CS	64 LB	SEABROK VEGETABLE BLEND FALITA	299-10003	32.63	32.63		
1	CS	62.5 LBS	IMP VEGETABLE BLEND PEPPE	10071179677796	34.34	34.34		

OPEN: 8:00 AM CLOSE: 5:00 PM

NO. PCS DELIV. SIGN X NO. PCS REC.

REMITTANCE NO. SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761

PAYABLE ON OR BEFORE

TOTAL 3598.98

CONT. ON PAGE 4

LEGAL OPPORTUNITY AND AFFIRMATIVE ACTION CLAUSES OF 41 CFR 60-1.4, 60-250.4 AND 60-714.4 ARE INCORPORATED HEREIN BY REFERENCE

99

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

REMS HAWTHORNE HLTH OCALA DIP
 4100 SW 33RD AVE
 OCALA FL 34474-4466
 352-237-7776
 FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

SYSCO
 At the heart of
 food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

DELIV. DATE	10/07/19	CUSTOMER	941462	INVOICE NUMBER	22826689	PAGE	2
TRUCK STOP	/007	SUBSCRIBER ORDER					
ROUTE	1074	TERMS -FAST DUE BALANCES ARE SUBJECT TO SERVICE CHANGE					
		NET 1 DAY FROM INVOICE					
		MANIFEST# 1474439 NORMAL DELIVERY					
		DRIVER:	MA: SSFLIN MARIE BELCHER				

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS	QTY
D	OUT	CS	6#10 SYS CLS VAN CUT FCY	4114625	31.73				
D	2	CS	DUNBAR YAM CUT FCY	8159766	42.17	84.34			
GROUP TOTAL****						3683.32			
D	1	CS	646OZ SYS IMP DRINK TEA SWT LEMON HONEY THCK	0101998	10.96	10.96			
D	1	CS	646OZ SYS IMP DRINK TEA SWT LEMON NECTAR THK	0101618	9.57	9.57			
D	1	CS	44.4AOZTHCKEELZ THICKENER FOOD CLR	2859314	23.87	23.87			
D	1	CS	13GAL REFCARE WATER THICK HONEY SF RTU	7028197	25.14	25.14			
D	1	CS	15 GAL REFCARE WATER THICK NECTAR SF RTU	7028199	24.33	24.33			
ORDER SUMMARY						93.87			
				53271		53272			

CASES	SPLIT TOT. PCS	CODE	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM	REMITT NO	SUB	TOTAL
7	7	4.4	207			SYSCO - CENTRAL FLORIDA	TOTAL	3777.19
94	2	96	75.2	1980		PO BOX 40	TAX	
						OCOEE, FL 34761	INVOICE	3777.19
							TOTAL	
							INVOICE	3777.19

IMPORTANT PAID PROTECTION: THE PURCHASER HEREBY AGREES TO THE TERMS AND CONDITIONS OF THIS INVOICE AND TO THE SERVICE PROVIDED BY SYSCO. THE PURCHASER'S ACCEPTANCE OF THIS INVOICE SHALL BE DEEMED AS ACCEPTANCE OF THE TERMS AND CONDITIONS OF THIS INVOICE. THE PURCHASER'S FAILURE TO RETURN THIS INVOICE WITHIN THE SPECIFIED TIME FRAME SHALL BE DEEMED AS ACCEPTANCE OF THE TERMS AND CONDITIONS OF THIS INVOICE. THE PURCHASER'S FAILURE TO RETURN THIS INVOICE WITHIN THE SPECIFIED TIME FRAME SHALL BE DEEMED AS ACCEPTANCE OF THE TERMS AND CONDITIONS OF THIS INVOICE. THE PURCHASER'S FAILURE TO RETURN THIS INVOICE WITHIN THE SPECIFIED TIME FRAME SHALL BE DEEMED AS ACCEPTANCE OF THE TERMS AND CONDITIONS OF THIS INVOICE.

PAYABLE ON OR BEFORE 10/08/19
 LAST PAGE

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE: 10/09/19
 INVOICE NUMBER: 222832124
 PAGE: 2

CUSTOMER: REMS HAWTHORNE HTLTH OCCALA DIP
 4100 SW 33RD AVE
 OCCALA FL 34474-4466
 TEL 34474-4466

SYSCO CENTRAL FLORIDA, INC.
 At the heart of food and service
 200 WEST STORY ROAD
 OCCOEE, FL 34761
 407-877-8500

TERMS: NET 1 DAY FROM INVOICE
 MANIFEST# 1474779 NORMAL DELIVERY
 MA: SFRIN MARIE BELCHER

DRIVER: KINGSLEY
 PURCHASE ORDER: 3062
 TERMS - BAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE

NO.	QTY	PK	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS	QTY
F	1	CS	122.5	1BPACKER	ASPARAGUS CUTS & TIP	1091412	72.72	72.72				
F	1	CS	62	LB	FARMLAND BACON CANADIAN SLT. 75 O	0356024	43.80	43.80				
F	1	CS	115	LB	SYS REL BACON LAYFLAT 18/22 SMOK	1073402	54.24	54.24				
D	1	CS	6#10		SYS IMP BEAN KIDNEY DARK RED FCV	5112180	26.19	26.19				
C	1	CS	210-14#		BEA BST BEEF CORNED BRSKT RAW 120	0285348	4.120	130.60				
C	1	CS	110	LB	FARMLAND BOLOGNA STK ALL-BEEF NO	2300465	33.26	33.26				
F	1	CS	1024	OZ	SYS CLS BREAD PULLMAN WHITE 28 SLI	8386765	28.89	28.89				
F	1	CS	1175	CTNEWYORK	BREADSTICK GARLIC 6 IN	8080525	24.17	24.17				
F	1	CS	1012	CT	SYS CLS BUN HAMBURGER RND 4 2.1 OZ	9565383	31.43	31.43				
C	1	CS	150	LB	PACKER CABBAGE GREEN FRSH CARTON MED	1491810	19.49	19.49				
D	1	CS	1224Z		QUAKER CEREAL HOT GRITS QUICK HOWINY	6976047	20.74	20.74				
F	5	CS	25LB		SYS CLS CHICKEN FAJ BRST STRIP CKD	1647353	38.23	191.15				
F	3	CS	25	LB	BONICI CHICKEN WING OVEN ROAST	7601550	46.34	139.02				
D	1	CS	91	LB	BBRLCLS CHIP POTATO REG	2077345	21.67	21.67				
F	5	CS	110	LB	SEASDE COD LOIN 4 OZ IOF	6540348	53.52	267.60				
D	1	CS	962	OZ	CITVCLS COFFEE GRND BLEND MED W/F	5932043	80.59	80.59				
F	1	CS	25LB		SYS IMP CRANBERRY WHL IOF	2527653	20.79	20.79				

CHASRS: 27
 SPLIT: 27
 NET PCS: 27
 CUER: 24.3
 GROSS WT.: 453
 OPEN: 8:00 AM
 CLOSE: 5:00 PM

REMIT TO: SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCCOEE, FL 34761

TOTAL: 1206.35
 TAX: 1206.35
 INVOICE TOTAL: 1206.35
 CONT. ON PAGE 2



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

HMS HAWTHORNE HLTH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



At the heart of food and service

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALVESBURG FL 32110

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DATE: 10/09/19
INVOICE NUMBER: 222832124
PAGE: 2

BUYER: /007
PURCHASE ORDER: 3062

TERMS: -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE
NET 1 DAY FROM INVOICE
MANIFEST# 1474779 NORMAL DELIVERY
MA: SERFIN MARIE BELCHER

352-237-7776
FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALVESBURG FL 32110

DRIVER: KINGSLEY

QTY	PACK	SIZE	ITEM DESCRIPTION	TERM CODE	UNIT PRICE	AMOUNT	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	45LB	WHLEFCLS CREAM SOUR AIL NAT GRD A	1203207	26.42	26.42		
1	CS	722.5 OZ	CROISSANT MARGARINE CRVD ZTF	8000095	18.24	18.24		
1	CS	3201 OZ	OTSPKMY DOUGH COOKIE BUTR SUGAR	7040512	31.56	31.56		
1	CS	3201 OZ	OTSPKMY DOUGH COOKIE CHOCOLATE CHIP	7040504	34.08	34.08		
1	CS	2401 OZ	BRIDGEF DOUGH ROLL PARKERHOUSE	1011329	22.80	22.80		
1S	ONLY1 GAL		SYS CLS DRESSING COLESLAW	4537374	13.44	13.44		
2S	ONLY1 GAL		SYS CLS DRESSING RANCH BTM BNGR	953216D0854	12.35	24.70		
1	CS	484 OZ	WHLEFCLS ICE CREAM CHOC CUP 4 OZ	3412424	15.24	15.24		
1	CS	244.6 OZ	BNY ICE CREAM CONE VARIET	00070640400799	52.64361	18.73		
1	CS	484 OZ	WHLEFCLS ICE CREAM SANDWICH VA	00070640310104	16.65155	17.41		
1	CS	484 OZ	WHLEFCLS ICE CREAM STWERY CUP 4 OZ	1020057	3412394	15.24		
1	CS	484 OZ	WHLEFCLS ICE CREAM VAN CUP 4 OZ	1020025	3412410	15.24		
1	CS	13 GAL	REFRASI JUICE CONC APPLE BLND	100% 4X1 60154	4752083	52.66		
1	CS	33.5LTR	REFRASI JUICE CONC ORG 100% 4X1 BIB	60205	4754492	63.83		
1	CS	41 GAL	SYS REL MAYONNAISE HEAVY DUTY	4002432	23.96	23.96		
5	CS	508 OZ	DAIPURE MILK HOMOGENIZED HP	4688810	16.49	82.45		
2	CS	41 GAL	WHLEFCLS MILK WHL GALLON	4676306	19.13	38.26		
1	CS	50.5 PT	WHLEFCLS MILK 2% HP	4698983	15.62	15.62		
1	CS	67LB	BKRSCLS MIX CAKE COFF CINN STRSL CMP	5913132	65.53	65.53		
1	CS	65 LB	BKRSCLS MIX CORNBRAD HMSIVY COM	734730-46736	2748897	33.54		

CASES: 23 SPLIT TOT. PCS: 3 CUBE: 26 GROSS WT.: 18.1 578

OPEN: 8:00 AM CLOSE: 5:00 PM

NO. PCS: 3062

NO. PCS: 3062

NO. PCS: 3062

REMIT TO: SYSCO - CENTRAL FLORIDA, PO BOX 40, OCACHE, FL 34761

TAX TOTAL: 1835.30

INVOICE TOTAL: 1835.30

PAYABLE ON OR BEFORE

CONT. ON PAGE 3



RMS HAWTHORNE HITH OCALA DIP
 4100 SW 33RD AVE
 OCALA FL 34474-4466



At the heart of
 Food and Service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOCHEE, FL 34761
 407-877-8500

352-237-7776
 FLORIDA LIVING OPTIONS INC
 285 S FARRHAM ST
 GAINESBURG FL 32608

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DEL. DATE	10/09/19
TRUCK STOP	941462
ROUTE	/007
INVOICE NUMBER	222832124
PAGE	2
INVOICE NUMBER	2
PAGE	3
PURCHASE ORDER	3062
TERMS	-PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE
NET 1 DAY FROM INVOICE	
MANIFEST#	1474779 NORMAL DELIVERY
MA:	SSEFIN MARIE BELCHER

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	TAX AMOUNT	EXTENDED PRICE	INVOICE ADJUSTMENTS
3	CS	6#90Z	SYS TMP PIE APPLE OLD FSHN RTB 10	9789934	43.13		129.39	
1	CS	6#10	SYS CLS POTATO DICED WHF	4108866	30.61		30.61	
1	CS	150 LB	PACKER POTATO RED #2 B	6979165	22.59		22.59	
1	CS	6#10	SYS CLS PUDDING BANANNA ZTF	4011110	31.36		31.36	
1	CS	6#10	SYS CLS PUDDING CHOCOLATE ZTF	4011037	31.05		31.05	
1	CS	12#	SYS IMP RICE PARBOILED PERFECT	4671350	14.46		14.46	
1	CS	12#	HORMEL SALAMI GENOA SLT	9124470	51.95		51.95	
25	ONS	135 OZ	OZCASACIS SALSA CHUNKY MILD AUTHEN	48549030211	7775693	16.58	33.16	
1	CS	25 LB	PORTIMP SHRIMP CW PDD CKD 250/350	1306794	86.59		86.59	
2	CS	100#	1 OZSMUCKER SYRUP BREAKFAST SUGAR FRE	5932280	11.83		23.66	
2	CS	72#	55OZSYS CLS TOAST FRENCH HTSRV THF	007486574659	5420328	36.93	73.86	
2	CS	40#	4 OZ JENNIEO TURKEY BURGER NAT 93/7 RTC	4Z 245510	7075663	31.04	62.08	
1	OUT	CS	64 LB SYS IMP VEGETABLE BLEND FALITA	2182665	32.67		32.63	
1	CS	64 LB	SEABROK VEGETABLE BLEND FALITA	299-10003	7096623	32.63	32.63	
1	CS	33.5	FLAVOR SYRUP KIMI ENHAN 60059	4675728	26.86		26.86	
1	CS	1250CT	SYS CLS BAG PIAS. RECLOSE GAL. XX-HE	30498530	7863634	15.36	15.36	
1	CS	100CT	SYS CLS BAG PIAS. RECLOSE 2 GAL. 13X	30498535	7863662	12.90	25.80	
2	CS	4125CT	SYS CLS NAPKIN DNR. 15X17 1/8 FINESSE	066039	7953310	35.98	71.96	
5105 DIETARY SUPPLIES GROUP TOTAL****							2485.55	
OPEN: 8:00 AM CLOSE: 5:00 PM								

PAYABLE ON OR BEFORE
 SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOCHEE, FL 34761

TOTAL 2598.67
 TAX
 INVOICE

CONT. ON PAGE 4

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

REMS HAWTHORNE HLTH Ocala DIP
 4100 SW 33RD AVE
 Ocala FL 34474-4466

FL 34474-4466

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401



At the heart of
 food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STOKY ROAD
 OCOEE, FL 34761
 407-877-8500

DELIV. DATE	10/09/19	CUSTOMER		INVOICE NUMBER	222832124	PAGE	2
TRUCK STOP	/007	941462					4
ROUTE	3062	PURCHASE ORDER					
TERMS -FAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE							
NET 1 DAY FROM INVOICE							
MANIFEST# 1474779 NORMAL DELIVERY							
MA: SFEIN MARIE BEICHER							

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	TAX	INVOICE CODE	ADJUSTMENTS
ORDER SUMMARY										
			62152	62154	58810					
			GROUP TOTAL****							
			113.12							

CASES	SPLIT	NO. PCS	COBE	GROSS WT.	OPEN	8:00 AM	CLOSE	5:00 PM	REMIT TO	SUB	TOTAL
73	5	78	60.1	1526					SYSCO - CENTRAL FLORIDA	TOTAL	2598.67
									PAYABLE ON OR BEFORE	TAX	
									10/10/19	TOTAL	2598.67
									INVOICE	TOTAL	2598.67

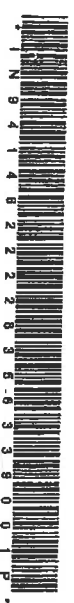
NO. PCS DELIV. SIGN X NO. PCS REC.

REMIT TO: SYSCO - CENTRAL FLORIDA, PO BOX 40, OCOEE, FL 34761

PAYABLE ON OR BEFORE 10/10/19

INVOICE TOTAL 2598.67

LAST PAGE



REMS HAWTHORNE BLTH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



At the heart of food and service
SYSCO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOE, FL 34761
407-877-8500

352-237-7776
FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GAINESBURG FL 32601

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE	10/11/19	CUSTOMER	941462	INVOICE NUMBER	222835633	PAGE	9
TRUCK SECT	/009	ROUTE	4085	PURCHASE ORDER			
TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE				NET 1 DAY FROM INVOICE			
MA: SSETIN MARIE BELCHER				MANTREST# 1475146 NORMAL DELIVERY			

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	6#10	LOWER CREDIT FEES; NEXT DAY FUNDING & DATA YOU CAN USE				
1	CS	6#10	GET CAKE INSIGHTS (A SYSCO COMPANY) 1-855-532-7738				
1	CS	6#10	5100 FOOD SUPPLIES				
1	CS	6#10	SYS CUS APPLESAUCE FANCY UNSWEETENE A19-1737	4062030	32.41	32.41	
1	CS	115 LB	SYS REL BACON LAYFLAT 18/22 SMOK 608057-0895	1073402	54.24	54.24	
2	CS	6#10	SYS CUS BEAN BUTTER FCY	4062261	32.73	65.46	
1	CS	6#10	BUSH BEAN CHILLI STYLE	4277620	25.26	25.26	
1	CS	6#10	SYS CUS BEAN GREEN CUT 4SV BL F 007486510487	4062394	28.02	28.02	
1	CS	122 LB	SYS CUS BEAN GREEN ITALIAN CUT G 74865-07851	1389931	30.93	30.93	
1	CS	6#10	SYS CUS BEAN WAX CUT FANCY	4925194	29.96	29.96	
5	CS	404 OZ	SYS CUS BEEF FRITTER STEAK	7152366	32.82	164.10	
1	CS	1024OZ	SYS CUS BREAD PULLMAN WHEAT 28SLI	8386815	28.16	28.16	
1	CS	1024 OZ	SYS CUS BREAD PULLMAN WHITE 28 SLI	8386765	28.89	28.89	
1	CS	1251 "	BKRS CUS BREAD TOAST GRUC	54312870	27.11	27.11	
1	CS	122.5 LB	SYS CUS BROCCOLI CUTS POIY GR A	6988166	28.30	28.30	
2	CS	1012 CT	SYS CUS BUN HAMBURGER RND 4 2.1 OZ 54399390	9565383	31.43	62.86	
1	CS	44.25L	BHIMP BUTTER CHIP CNTL SLTD 47 CT AA 6060	3029475	53.89	53.89	
1	CS	6#10	SYS CUS CARROT DICED FCY	4109724	28.69	28.69	
1	CS	122LB	SYS CUS CARROT SLI GR A P	1038660	20.60	20.60	
1	CS	122 LB	SYS CUS CAULIFLOWER IQF P	1628593	26.56	26.56	

CASES	23	TOT. PCS	24.4	GROSS WT.	604	OPEN: 8:00 AM	CLOSE: 5:00 PM
DRIVER'S SIGN	NO. PCS DELIV. X		CUST. ASSUMED SERVICES STANDARDS OF ALL ITEMS		NO. PCS REC.		

SYSCO - CENTRAL FLORIDA
PO BOX 40
OCOE, FL 34761

PAYABLE ON OR BEFORE

TOTAL 735.44

CONT. ON PAGE 2

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RMS HAWTHORNE HLTH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



At the heart of food and service
SYSKO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOEEE, FL 34761
407-877-8500

352-237-7776

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GAINESBURG IL 61401

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPRIETARY USE ONLY

DELIV. DATE	10/11/19	CUSTOMER	INVOICE NUMBER	PAGES
TRUCK STOP	/009	PURCHASE ORDER	941462	222835633
ROUTE	4065	TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE		
		NET 1 DAY FROM INVOICE		
		MANIFEST# 1475146 NORMAL DELIVERY		
		DRIVER: SSTEIN MARIE BRICHER		

QTY	PACK	SIZE	ITEM DESCRIPTION	TERM CODE	UNIT PRICE	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
15	ONL	XL.5	IMBERLIMP CHEESE CHDR MLD SLI INT .75 Y 170748	3546369	7.24	7.24		
2	CS	503.2 OZ	TYSON RLD CHICKEN BRD PTY RAW 3.20 10383810928	8438107	19.89	39.78		
3	CS	126 LB	BRKBUSH CHICKEN BRD 8PC PRECOOKED	2038644	86.72	260.16		
1	CS	163#AVG	SYS REL CHICKEN CVP 8PC CUT MRN TRM T/WT= 48.000	8317315	1.190	57.12		
2	CS	25 LB	TYSON CHICKEN MEAT PULLED NAT 10239940928	2617019	34.64	69.28		
1	CS	4L GAL	WHITERS CIDER APPLE PASTURIZED PET 4171884	6361042	24.35	24.35		
1	CS	962 OZ	CITYCLS COFFEE GRND BLEND MED W/F 3582965	5932043	80.59	80.59		
1	CS	5002 CT	HSRCLLS CRACKER SALTYNE 7486502808	4204996	14.45	14.45		
1	CS	424 CT	BKRSCLS DANISH ASST MINI 1.25 OZ 22125	2114021	38.21	38.21		
1	BK	43 LB	SWEETST DESSERT BAR VARIETY #3 OZ 0476	6692677	65.84	65.84		
1	CS	2162.2 OZ	PILLSBY DOUGH BISCUIT ZT SOTHERN 94562-31151	5995438	42.34	42.34		
1	SCS	4L GAL	SYS CLS DRESSING RANCH BTM BNOT 953216D0854	4537645	35.71	35.71		
2	CS	65 LB	SUNFRSH EGG SCRAMBLE VALUE MIX 100007720	2397586	38.31	76.62		
1	CS	25LB	ABEZIMP EGGPLANT CUTLET BRD NAPLES CUT 73749	5191812	31.91	31.91		
2	SCS	6#10	SYS CLS FILLING PIE APPLE FPFPR0110SYS02	6348015	47.94	95.88		
1	CS	6#10	SYS CLS FRUIT COCKTAIL CH IN EXTRA L 2183368	2183368	50.74	50.74		
1	CS	114-19#	BKRSCLS HAM PIT BNLS SKMD OLD FSHN W/A 06775 T/WT= 17.700	8974461	2.450	43.37		
1	CS	13 GAL	REPRASI JUICE CONC ORG 60% 5X1 BIB 60211	4754550	52.28	52.28		
2	CS	508 OZ	DAIDURE MILK HOMOGENIZED HP	4688810	16.49	32.98		

CASES	SPLIT	WT. PCS	CUBE	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM
25	1	26	22.0	643		

DRIVER'S SIGN	NO. PCS	CUST. SIGN	NO. PCS

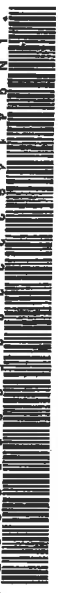
REMIT TO: SYSKO - CENTRAL FLORIDA
PO BOX 40
OCOEEE, FL 34761

PAYABLE ON OR BEFORE

TAX TOTAL: 1854.29

CONT. ON PAGE 3

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RFMS HAWTHORNE HLTH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALLESBURG IL 61401

SYSCO CENTRAL FLORIDA, INC.
At the heart of food and service
200 WEST STORY ROAD
OCOEEE, FL 34761
407-877-8500

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATES	10/11/19	CUSTOMER	941462	INVOICE NUMBER	222835633	PAGE	9	3
ROUTE	4065	PURCHASE ORDER	NET 1 DAY FROM INVOICE	MANIFEST#	1475146	NORMAL DELIVERY		
TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE								
MA: SSETN MARIE BELCHER								

ITEM CODE	UNIT PRICE	EXTENDED PRICE	INVOICE ADJUSTMENTS
4698983	15.62	15.62	
2748897	33.54	33.54	
4007118	19.09	19.09	
4948287	26.52	26.52	
5444039	21.81	21.81	
6056907	21.69	21.69	
5072137	54.04	54.04	
3548393	49.98	49.98	
8009169	25.50	25.50	
9349960	53.47	53.47	
6177455	47.96	47.96	
2182091	53.96	53.96	
8744914	35.62	35.62	
9792771	36.53	109.59	
4087409	41.53	41.53	
5812393	1.630	61.78	
4108866	30.61	30.61	
0117341	54.39	54.39	
8461089	32.31	32.31	
4011037	31.05	31.05	

CASES	SPRINT	TOT. PCS	CUBS	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM
22		22	19.1	651		

DRIVER'S SIGN	NO. PCS	CUST. ORDER NUMBER	NO. PCS

IMPORTANT FROM PROVISIONS: THE PERISHABLE AGRICULTURAL COMMODITIES LISTED ON THIS INVOICE ARE SUBJECT TO THE SUPPLY AND DEMAND. THE PRICE OF THESE COMMODITIES IS SUBJECT TO CHANGE WITHOUT NOTICE. THE PRICE OF THESE COMMODITIES IS SUBJECT TO CHANGE WITHOUT NOTICE. THE PRICE OF THESE COMMODITIES IS SUBJECT TO CHANGE WITHOUT NOTICE. THE PRICE OF THESE COMMODITIES IS SUBJECT TO CHANGE WITHOUT NOTICE.

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

REMEX HAWTHORNE HLTH Ocala DIP
 4100 SW 33RD AVE FL 34474-4466
 Ocala FL 34474-4466
 352-237-7776
 FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

sysco
 At the heart of food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 COCOE, FL 34761
 407-877-8500

DATE	10/11/19	CUSTOMER	941462	INVOICE NUMBER	222835633	PAGES	9	4
ORDER NO	/009	ROUTE	4065	PURCHASE ORDER		TERMS	-PAST DUE BALANCES ARE SUBJECT TO SERVICE CHANGE	
						NET 1 DAY FROM INVOICE		
						MANIFEST# 1475146 NORMAL DELIVERY		
						MA: SFRIN MARIE BELCHER		

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	BK	125 LB	SYS IMP RICE PARBOILED PERFECT	4671350	14.46	14.46	
1	CS	6#10	SYS REL SAUCE CHEESE AGED CHED Z 79871060855	0389365	50.01	50.01	
1	CS	6#10	AREZIMP SAUCE MARINARA PREMIUM CA	4978965	33.24	33.24	
1	CS	25 LB	SYS CLS SAUSAGE PORK BULK ROLL RAW MLD 19671	1604107	21.48	21.48	
1	CS	200.8 OZ	SYS CLS SAUSAGE PORK LINK SKLS CK 10000019686	2035004	29.67	29.67	
1	CS	1061.5 OZ	SYS CLS SAUSAGE PORK PTY CKD MIL 10000019698	1589290	30.77	30.77	
1S	ONLYZ1	OZ	MRS DASH SEASONING BLEND ORGNTL SLT FRE 396430	7474893	14.91	14.91	
1	CS	321 OZ	MRS DASH SEASONING GARLIC AND HERB	MD293	44.74	44.74	
2	CS	41 GAL	Q CHEF SOUP CLAM CHOWDER	324146100400	60.77	121.54	
1	CS	61000CT	SYS CLS SPICE PEPPER PACKET .1 GM	4123212	26.97	26.97	
5	CS	110LB	SIX PTS STEAK SALSIBURY PTY 4.6 OZ FC 91012	0553170	49.29	246.45	
1	BG	125 LB	BKRSCLS SUGAR BROWN LIGHT CANE	1854694	21.86	21.86	
1	CS	241 LB	DOMINO SUGAR CONFECTIONER 10X CANE	4113957	26.02	26.02	
1	SCS	5100 CT	CITVCLS TEA HOT BAG BLK ENV DECAF	5062088	28.20	28.20	
1	CS	324 OZ	CITVIMP TEA ICED BREW BLK FP 4OZ	6230619	33.77	33.77	
2S	ONLY#5		SYS CLS TOPPING CARAMEL	4821591	8.68	17.36	
1	CS	1216 OZ	WHIFCLS TOPPING WHPD IN BAG	2389534	39.82	39.82	
3	CS	2B-10#	SYS IMP TURKEY BRST BNLS RAW FOIL 2265570132	1102995	3.510	192.91	
2	CS	83 LB	CSELECT VEGETABLE BLEND SONOM 10071179003762	5241783	39.03	78.06	
				GROUP TOTAL****		3746.59	

CASES SPLIT FOR PCS CUBE GROSS WT. OPEN: 8:00 AM CLOSE: 5:00 PM
 25 3 28 17.0 475

DRIVER'S SIGN NO. PCS COST FROM INVOICE NUMBER OF ALL ITEMS NO. PCS REC.
 DELIV. SIGN **X**

REMIT TO SYSCO - CENTRAL FLORIDA
 PO BOX 40
 COCOE, FL 34761

TAX TOTAL 3746.59
 INVOICE TOTAL 3746.59

PAYABLE ON OR BEFORE CONT. ON PAGE 5



REMS HAWTHORNE HLTH OCALA DIP
 4100 SW 33RD AVE
 OCALA FL 34474-4466



At the heart of
 food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE	10/14/19	CUSTOMER		INVOICE NUMBER	222838787	PAGE	1
TRUCK STOP	/011	941462					
TERMS	PURCHASE ORDER						
1402	TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE						
	NET 1 DAY FROM INVOICE						
	MANIFEST# 1475452 NORMAL DELIVERY						
	MA: SSFIN MARIE BELCHER						

DRIVER:

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
1	CS	62 LB	FARFIND BACON CANADIAN SLT .75 O	0356024	43.80		43.80		
1	CS	11.5 LB	SYS REL BACON LAYFLAT 18/22 SMOK	1073402	53.42		53.42		
2	CS	140 LB	PACKER BANANA FRESH GREEN	1254440	21.44		42.88		
2	CS	140 LB	PACKER BANANA FRESH TIP GREEN	1158542	21.44		42.88		
2	CS	6#10	SYS CIS BEAN BAKED SLOW COOKED	8326872	32.57		65.14		
1	CS	410#	AVFRECIS BEEF GRND BULK 81/19 CHUB FRS	0566838	2.280		92.64		
1	CS	804 OZ	FIRECLS BEEF PATTY 77/23 SEA HMSTL FRZ	8162448	60.10		60.10		
2	CS	804 OZ	FIREREL BEEF PATTY 80/20 RND FRZ	1114016	50.92		101.84		
3	CS	29-12	#BBRCLS BEEF ROAST POT SHLDR CLOD CH	9089475	5.030		361.66		
1	CS	1024OZ	SYS CIS BREAD PULLMAN WHEAT 28SLI	8386815	28.16		28.16		
1	CS	1024 OZ	SYS CIS BREAD PULLMAN WHITE 28 SLI	8386765	28.89		28.89		
2	CS	835 OZ	BOYELLA BREAD SOURDOUGH LG 5/8 SLI	4671940	30.09		60.18		
2	CS	1012 CT	SYS CIS BUN HAMBURGER RND 4 2.1 OZ	9565383	31.43		62.86		
1	CS	4.4 25LB	WHILIMP BUTTER CHIP CNTL SLTD 47 CT AA	3029475	54.59		54.59		
1	CS	4.5 LB	GR LAKE CHEESE CHDR MILD FTHR SHRD	7018107	52.59		52.59		
2	CS	ONLX3 LB	WHILIMP CHEESE CREAM LOAF	1012566	8.80		17.60		

OPEN: 8:00 AM CLOSE: 5:00 PM
 REMIT TO: SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOEE, FL 34761

DRIVER'S SIGN	NO. PCS DELIV.	CUST. SIGNED AMOUNT	NO. PCS REC.	PAYABLE ON OR BEFORE
TAX				TOTAL
INVOICE				TOTAL
CONT. ON PAGE				2

IMPORTANT RECA PROVISION: THE PARTISAN AGRICULTURAL COMPANIES, FARMER ON THIS INVOICE ARE SUBJECT TO THE STATUTORY NOTICE...
 EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION CLAUSES OF 41 CFR 60-1.4, 60-250.4 AND 60-714.4 ARE INCORPORATED HEREIN BY REFERENCE



REMS HAWTHORNE HLTH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466

352-237-7776

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GAINESBURG FL 32608

sysco
At the heart of food and service
SYSCO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOEEE, FL 34761
407-877-8500

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE	10/14/19	CUSTOMER	941462	INVOICE NUMBER	222838787	PAGE	0
TRUCK STOP	/011	POUR	1402	TERMS	-PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE		
				NET 1 DAY FROM INVOICE			
				MANIFEST# 1475452	NORMAL DELIVERY		
				DRIVER	MA: SFEIN MARIE BELICHER		

QTY	BACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
1	CS	81.5 LB	BERBRLIMP CHEESE SWISS SLICE	75 OZ	170721	3554569	45.48		
1	CS	625 CT	CITVCLS COCOA MIX IND NO SUGAR ADDED		29613	7678281	32.40		
1	CS	962 OZ	CITYCLS COFFEE GRAND BLEND MED W/E		3582965	5932043	80.59		
1	CS	6#10	SYS IMP CORN CREAM STYLE GOLDEN	420-4107595		4107595	34.96		
2	CS	724 OZ	SYS CLS CORN DOG ALL MEAT HNY BTR		87758	7287758	34.03		
1	CS	110 LB	KEBLER CRACKER CRUMB GRAHAM		3010015347	4009601	20.55		
2	CS	5002 CT	HSRCLS CRACKER SALTINE		7486502808	4204996	14.45		
1	CS	45LB	WHFCLS CREAM SOUR DRSSNG CULTRD		1004306	1544113	26.04		
2	CS	435 CT	BRKCLS DONUT CAKE CRUEIRS MINI AST PK	12147		4859130	24.06		
1	CS	2162.2 OZ	PILLSBY DOUGH BISCUIT ZT SOTHRN	94562-31151		5995438	42.34		
1	CS	2401 OZ	BRDGRD DOUGH ROLL PARKERHOUSE		6198	1011329	22.80		
1	CS	2401.5 OZ	SYS CLS DOUGH ROLL WHITE RANCH		53101	7084494	26.12		
1	CS	1001.5 OZ	OVNMMNWN DRESSING FRENCH CREAMY PACK	14348SYS		5822804	19.45		
2	CS	1001.5 OZ	OVNMMNWN DRESSING ITALIAN GOLDEN PA	14351-SYS		5823950	21.36		
2	CS	1001.5 OZ	OVNMMNWN DRESSING RANCH PACKET		47047SYS	4593497	22.53		
2	BG	150 LB	SYS CLS FLOUR ALL PURPOSE H&R BL E	734730-23936		8378111	14.89		
1	CS	123 LB	SYS IMP GREEN TURNIP CHOPPED IQF		257379	8426678	38.26		
1	CS	29-11#	BBRLREL HAM BUFBERT MASTER BNLS H/W	32% 06350		6992384	2.050		
			T/WT=	20.410					
2	CS	62 LB	HORMEL HAM SLICED SMK NAT .5 OZ FRSH		32225	5026055	55.26		
1	CS	400.5 OZ	HSRCLS JELLY ASST 160G/160MF/80ST	1307B-SYS		4216040	23.81		
CASH				SPLIT FOR PCS	CURR	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM	
27						19.9	512		

NO. PCS CUST. ASSGD. INVOICE EXTENDED OF ALL ITEMS
SIGN **X**

NO. PCS REC.

REMIT TO
SYSCO - CENTRAL FLORIDA
PO BOX 40
OCOEEE, FL 34761

TAX
INVOICE TOTAL
1997.03

PAYABLE ON OR BEFORE

CONT. ON PAGE 3



REMS HAYTHORNE HLTH OCCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



At the heart of food and service
SYSKO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOCHEE, FL 34761
407-877-8500

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALESBURG IL 61401

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSKO

DELIV. DATE	10/14/19	CUSTOMER	941462	INVOICE NUMBER	222838787	PAGE	0
TRUCK STOP	/011	ROUTE	1402	TERMS	NET 1 DAY FROM INVOICE		
PURCHASE ORDER		MANIFEST# 1475452 NORMAL DELIVERY					
TERMS		NET 1 DAY FROM INVOICE					
MANIFEST#		1475452 NORMAL DELIVERY					
DRIVER		MA: SUEIN MARIE BELCHER					

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	TAX AMOUNT	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	1.3 GAL	REFRASI JUICE CONC. APPLE BLIND 100% 4X1	60154	52.66		52.66	
1	CS	1.3 GAL	REFRASI JUICE CONC. ORG. BLIND 100% 4X1	60215	51.55		51.55	
1	CS	11.2 CT	IMPRSH LEMON FRESH	7412596	10.26		10.26	
1	CS	30L LB	SYS CLS MARGARINE SOLID ZTF	21726WFS	21.03		21.03	
1	CS	50012 GM	SYS CLS MAYONNAISE PKT FOIL 00074865170994	4219218	37.97		37.97	
1	CS	11.5 CT	PACKER MELON CANTALOUPE PCY FRESH	1000264	23.55		23.55	
3	CS	508 OZ	DAIPURE MILK HOMOGENIZED HP	4688810	16.48		49.44	
2	CS	41 GAL	WHLFCLS MILK WHL GALLON	4676306	19.11		38.22	
1	CS	50.5 PT	WHLFCLS MILK 2% HP	4698983	15.62		15.62	
1	CS	65 LB	BRKSCLS MIX CORNBREAD HMSTY COM 734730-46736	2748897	33.54		33.54	
1	CS	61.5 LBS	SYS CLS MIX GRAVY BISCUIT HMSTY ZTF 92428	4007118	19.09		19.09	
2S	ONT	1 GAL	AREZCLS OIL OLIVE BLEND 80/20 650009	5934302	11.58		23.16	
1	CS	45 LB	IMPRSH ONION YELLOW SLVRD 1/8 7749591	30.48			30.48	
1	CS	614OZ	SYS IMP PAN COATING ARSL BUTTER I 7486541667	6914451	22.91		22.91	
2	CS	616 OZ	SYS SUP PAN COATING ARSL PROF FOR 7486505182	5204383	28.38		56.76	
1	CS	110 LB	AREZIMP PEPPERONI SLICED PORKEBF 004831-0071	2544831	31.83		31.83	
1	CS	15 GAL	VIENNA PICKLE DILL KOSHER SNWCH SL 055370	8744914	35.62		35.62	
1	CS	13 CT	IMPRSH PINEAPPLE FRESH 5198791	14.10			14.10	
1	CS	2012IN	AREZIMP PIZZA CRUST FRBKD DEEP D 025425-0071	6274500	19.98		19.98	
1	CS	65 LB	SYS IMP POTATO TATER BARREL 1000006067	5020233	33.76		33.76	

CASES 23 2 25 17.2 568
 SPLIT FOR PGS
 CURB GROSS WT.
 OPEN: 8:00 AM CLOSE: 5:00 PM
 NO. PCS DELIV. SIGN X NO. PCS REC.

REPORT TO: SYSKO - CENTRAL FLORIDA
 PO BOX 40
 OCOEE, FL 34761
 PAYABLE ON OR BEFORE
 TAX TOTAL 2618.56
 INVOICE TOTAL
 CONT. ON PAGE 4



RFMS HAYTHORNE HLTH Ocala DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



At the heart of food and service
SYSKO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOEEE, FL 34761
407-877-8500

352-237-7776
FLORIDA LIVING OPTIONS INC
285 S FARRHAM ST
GALESBURG IL 61401

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSKO

DELIV. DATE	10/14/19
INVOICE NUMBER	941462
PURCHASE ORDER	222838787
TERMS	-PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE
NET 1 DAY FROM INVOICE	
MANIFEST#	1475452 NORMAL DELIVERY
DRIVER	MA: SSEFIN MARIE BEICHER

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
1	CS	1224 OZ	SYS CLS PUDDING MIX CHOCOLATE INST	4010872	31.58	31.58		
1	CS	1224 OZ	SYS CLS PUDDING MIX VANILLA INST	4010922	31.58	31.58		
1	SCS	6#101	OZCONSPLY SAUCE CRANBERRY JELLIED	01401	35.15	35.15		
1	CS	6#10	AREZCLS SAUCE MARINARA PREMIUM MM	ARRMA99	26.18	26.18		
1	CS	6#10	SYS IMP SAUCE PIZZA W/BASIL MM	SYIIS9E	23.10	23.10		
1	CS	200.8 OZ	SYS CLS SAUSAGE PORK LMK SKLS CK 10000019686	2035004	28.58	28.58		
1	CS	1061.5 OZ	SYS CLS SAUSAGE PORK PTY CKD MIL 10000019698	1589290	30.77	30.77		
1	CS	48#02	SYS CLS SHERBERT ORANGE CUP 4 OZ	1020064	13.29	13.29		
2	CS	135 LB	SYS REL SHORTENING FRY LIQ CREAMY ZTF	1E	42.44	42.44		
2	CS	52LB	PREFRNC SHRIMP WHT P&D 41/50 T/OFF RA 120609	8055228	42.95	85.90		
1	CS	61LB	SYS IMP SOUP BASE BEEF NO MSG ADDED 12573SYS	2911824	39.76	39.76		
1	CS	61LB	SYS IMP SOUP BASE CHICKEN NO MSG/HV 72808SYS	4944534	35.58	35.58		
1	CS	61LB	MINOR SOUP BASE VGTBLE LO- 74826057067USL	5814397	13.13	26.26		
2	CS	15 LB	SYS IMP SOUVASH BUTTERNUT DICED 3/4"	7683000	24.12	24.12		
1	CS	41 LB	IMPRSH STRAWBERRY FRESH	1681958	21.86	65.58		
3	BC	125 LB	BKRSCLS SUGAR BROWN LIGHT CANE	404347	13.26	27.53		
1	CS	12000CTE	SUGAR SDB YELLOW PKT	91029	27.53	27.53		
1	CS	2424OZ	HERSHEY SYRUP CHOCOLATE SQUEEZE B 3400031240	4441457	52.65	52.65		
1	CS	125 LB	REIFRSH TOMATO BULK UTILITY FRESH	4935623	23.73	23.73		

CHGESS SETTLY NTL PCS CUBS GROSS WT. OPEN: 8:00 AM CLOSE: 5:00 PM
24 24 16.4 493

DELIVER 8 NO. PCS CUST. SIGN NO. PCS REC. PAYABLE ON OR BEFORE
SYSKO - CENTRAL FLORIDA
PO BOX 40
OCOEEE, FL 34761
CONT. ON PAGE 5

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CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

REMS HAWTHORNE HIGH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALESBURG IL 61401

At the heart of
Sysco
food and service
SYSCO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOEHE, FL 34761
407-877-8500

DELY. DATE	10/14/19	CUSTOMER	941462	INVOICE NUMBER	222838787	PAGE	0
TRUCK STOP	/011	PURCHASE ORDER	1402	TERMS	-PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE		
NUMBER	1402	NET 1 DAY FROM INVOICE		MANIFEST#	1475452 NORMAL DELIVERY		
		MA: SSETIN MARIE HELCHER					

QTY	PACK	SIZE	ITEM DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
1	CS	1216 OZ	WHTECLS TOPPING WHPD IN BAG	529.60	2389534	39.82	
1	CS	64 LB	SYS IMP VEGETABLE BLEND CAPRI GR A	1333186	1333186	28.00	
2	CS	6#10	SYS CLS YAM CUT FCY	00008213510	4114625	31.73	
2	CS	6#10	DUNBAR YAM CUT FCY	20491603060001	8159766	42.17	
1	CS	484 OZ	YOPLAIT YOGURT RASPBERRY/PEACH ORIG	17728090	5076587	20.47	
1	CS	484 OZ	DANNON YOGURT SWW/BLU RASP LITRE4 FLT	00468	7849706	18.70	
1	CS	208 OZ	HP HOOD MILK NFAT 100% LACT CAL ENRCHD	6348	6532857	10.77	
1	CS	1232 OZ	SYS IMP MILK 2% DAIRY NECTAR THICK	5019	4254284	25.31	
2	CS	1509X9X3	SYS CLS CONTAINER FOAM HNG 3C D YTD199S30000		7551324	15.10	
2	CS	1234 CT	NAKIN 1/4# WHT 1PLY 15X17	N5140A	6650770	35.08	
2	CS	4125CT	SYS CLS PLATE FOAM 1AM WHT 9 IN	YMM99SYSCO	8593602	24.53	
1	CS	13GAL	REPCARE WATER THICK HONEY SF RTU	60310	7028197	25.14	
1	CS	15 GAL	REPCARE WATER THICK NECTAR SF RTU	60309	7028199	24.33	
1	CS	81.75L	BECOLAR CLEANER COFF EQUIP DIRTXP	6117583	2763688	131.77	

CHASS	SPLIT TOT. PCS	CHRG	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM
20	20	34.8	439		
DRIVER'S SIGN					
NO. PCS DELAY. SIGN X					
NO. PCS RDC.					

REMIT TO
SYSCO - CENTRAL FLORIDA
PO BOX 40
OCOEHE, FL 34761

PAYABLE ON OR BEFORE

TAX TOTAL 3915.50

CONT. ON PAGE 6



REMS HAMPTHORNE HLTH Ocala DIP
 4100 SW 33RD AVE
 Ocala FL 34474-4466



At the heart of food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STOKY ROAD
 OCOEE, FL 34761
 407-877-8500

352-237-7776
 FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELV. DATE:	10/14/19	CUSTOMER INVOICE NUMBER:	941462	PAGE:	6
TRUCK SHIP	/011	PURCHASE ORDER	222838787		
TERMS	1402	TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE			
		NET 1 DAY FROM INVOICE			
		MANIFEST# 1475452 NORMAL DELIVERY			
		MA: SFEIN MARIE BELCHER			

NO.	QTY	PKCK	SIZE	ITEM DESCRIPTION	TYPE CODE	UNIT PRICE	EXTENDED PRICE	INVOICE ADJUSTMENTS
ORDER SUMMARY								
				72015			131.77	
GROUP TOTAL*****								

CARS	SPLIT TOR PCS	CUSE	GROSS WT.	NO. PCS	NO. PCS	NO. PCS	NO. PCS
117	4	121	121.6	2637			

OPEN: 8:00 AM CLOSE: 5:00 PM
 REMIT TO: SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOEE, FL 34761
 PAYABLE ON OR BEFORE 10/15/19
 SUB TOTAL 3915.50
 TAX
 TOTAL INVOICE 3915.50
 LAST PAGE

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

INVOICE DATE: 10/14/19
 INVOICE NUMBER: 222838787
 PAGE: 4

TERMS: NET 1 DAY FROM INVOICE
 PURCHASE ORDER: 941462
 MANIFEST# 1475452 NORMAL DELIVERY
 MA: SIFLN MARIE BELCHER

SYSCO
 At the heart of food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
1	CS	1224 OZ	SYS CLS PUDDING MIX CHOCOLATE INST	4010872	31.58	31.58			
1	CS	1224 OZ	SYS CLS PUDDING MIX VANILLA INST	4010922	31.58	31.58			
1	SCS	6101 OZ	SAUCE CRANBERRY JELLIED	01401	4608907	35.15	35.15		
1	CS	6#10	AREZCLS SAUCE MARINARA PREMIUM MW	ARRMA99	4730424	26.18	26.18		
1	CS	6#10	SYS IMP SAUCE PIZZA W/BASIL MW	SYIIS9F	5096508	23.10	23.10		
1	CS	200.8 OZ	SYS CLS SAUSAGE PORK LINK SKLS CK	10000019686	2035004	28.58	28.58		
1	CS	1061.5 OZ	SYS CLS SAUSAGE PORK PTY CKD MIL	10000019698	1589290	30.77	30.77		
1	CS	484OZ	SYS CLS SHERBET ORANGE CUP 4 OZ	1020064	3412485	13.29	13.29		
2	CS	135 LB	SYS REL SHORTENING FRY LIQ CREAMY ZTF	1E	4119509	21.22	42.44		
2	CS	52LB	PREFRNC SHRIMP WHT P&D 41/50 T/OFF RA	120609	8055228	42.95	85.90		
1	CS	61LB	SYS IMP SOUP BASE BEEF NO MSG ADDED	12573SYS	2911824	39.76	39.76		
1	CS	61LB	SYS IMP SOUP BASE CHICKEN NO MSG/HV	72808SYS	4944534	35.58	35.58		
1	CS	61 LB	MINOR SOUP BASE VGTBLE LO- 748226057067U	1	5814397	13.13	26.26		
2	CS	15 LB	SYS IMP SQUASH BUTTERNUT DICED 3/4"	7683000	1681958	24.12	24.12		
1	CS	41 LB	IMPFRRH STRAWBERRY FRESH	1681958	21.86	65.58	65.58		
3	BC	125 LB	BKRSCLS SUGAR BROWN LIGHT CANE	404347	1854694	13.26	13.26		
1	CS	20001/100Z	SYS CLS SUGAR PACKET	4000899	4000899	27.53	27.53		
1	CS	12000CT	TEQUAL SUGAR SUB YELLOW PKT	91029	8900095	52.65	52.65		
1	CS	2424OZ	HERSHEY SYRUP CHOCOLATE SQUEEZE B	3400031240	4441457	23.73	23.73		
1	CS	125 LB	RELFRSH TOMATO BULK UTILITY FRESH	49355623					

OPEN: 8:00 AM CLOSE: 5:00 PM
 PAYABLE ON OR BEFORE
 SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOEE, FL 34761

NO. PCS SIGN X
 CONT. ON PAGE 5



CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

REMS HAWTHORNE HLTH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



At the heart of food and service
SYSCO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOE, FL 34761
407-877-8500

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALLESBURG IL 61401

DELIV. DATE	10/14/19	CUSTOMER		INVOICE NUMBER	222838787	PAGE	0 5
TRADE STAKE	/011	941462					
ROUTE	1402						
PURCHASE ORDER							
TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE							
NET 1 DAY FROM INVOICE							
MANIFEST# 1475452 NORMAL DELIVERY							
MA: SSTEIN MARIE BELCHER							

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	1216 OZ	WHILPCIS TOPPING WHPD IN BAG	52960	39.82	39.82		
1	CS	64 LB	SYS IMP VEGETABLE BLEND CAPRI GR A	1333186	28.00	28.00		
6	CS	6#10	SYS CUS YAM CUT PCY	00008213510	31.73	190.38		
2	CS	6#10	DUNBAR YAM CUT PCY	2049L603060001	42.17	84.34		
1	CS	484 OZ	YOPALIT YOGURT RASPBERRY/PEACH ORIG	17728000	20.47	20.47		
1	CS	484 OZ	DANNON YOGURT STW/BLU RASP LITTE& FIT	00468	18.70	18.70		
			5102 SUPPLEMENTS			3466.93		
1	CS	208 OZ	HP HOOD MILK NEAT 100% LACT CAL ENRCHD	6348	10.77	10.77		
1	CS	1232 OZ	SYS IMP MILK 2% DAIRY NECTAR THICK	5019	25.31	25.31		
			5105 DIETARY SUPPLIES			36.08		
2	CS	1509X9X3	SYS CUS CONTAINER FOAM BNG 3C D YTD199S30000	7551324	15.10	30.20		
1	CS	4025 CT	SYSCO CUP FOAM 16 OZ	360855	34.09	34.09		
2	CS	12334 CT	NAPKIN 1/4F WHT 1PLY 15X17	NS140A	35.08	70.16		
2	CS	4125CT	SYS CUS PLATE FOAM LAM WHT 9 IN	YMW9SYSCO	24.53	49.06		
2	CS	44.44OZ	THICKENER FOOD CLR	67005	23.87	47.74		
1	CS	13GAL	REPCARE WATER THICK HONEY SF RTU	60310	25.14	25.14		
1	BK	15 GAL	REPCARE WATER THICK NECTAR SF RTU	60309	24.33	24.33		
			6100 HOUSEKEEPING SUPPLIES			280.72		
1	CS	81.75L	BECCOLAB CLEANER COFF EQUIP DIPHXYE	6117583	2763688	131.77		
			** HAZARD **					

OPEN: 8:00 AM CLOSE: 5:00 PM

NO. PCS DELIV. NO. PCS RSC.

SYSCO - CENTRAL FLORIDA
PO BOX 40
OCOE, FL 34761

PAYABLE ON OR BEFORE

TOTAL 3915.50

CONT. ON PAGE 6



1 9 4 1 4 0 2 2 2 8 4 3 9 0 8 7 0 0 1 2

REM'S HAWTHORNE HLTH Ocala DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



At the heart of
food and service

SYSCO CENTRAL FLORIDA, INC.
200 WEST STOKY ROAD
OCOOE, FL 34761
407-877-8500

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GAINESBURG IL 61401

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE	10/16/19	CUSTOMER	FLORIDA LIVING OPTIONS INC	PAGE	1
TRUCK STOP	941462	INVOICE NUMBER	222843988		
ROUTE	/006	PURCHASE ORDER			
ROUTE	3063	TERMS	-PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE		
		NET 1 DAY FROM INVOICE			
		MANIFEST# 1475875 NORMAL DELIVERY			
		MA: SFEIN MARIE BEICHER			

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	INVOICE ADJUSTMENTS
2	CS	6#10	LOWER CREDIT FEES; NEXT DAY FUNDING & DATA YOU CAN USE GET CAKE INSIGHTS (A SYSCO COMPANY) 1-855-532-7738 5100 FOOD SUPPLIES	4062030	32.41	64.82	
1	CS	6#10	SYS CLS APPLESAUCE PANCY UNSWEETENE A19-1737	0356024	43.80	43.80	
1	CS	6#10	FARMOND BACON CANADIAN SLI 75 O 70247821497	1073402	53.42	53.42	
1	CS	11.5 LB	SYS REL BACON LAYFLAV 18/22 SMOK 608057-0895	1435197	24.76	24.76	
1	CS	12.2 LB	SYS CLS BEAN GREEN CUT GR A P 74865-04977	0566838	2.280	92.04	
1	CS	410#	AVFIRECLS BEEF GRAND BULK 84/19 CHUB FRG 66838 40.370	8234510	14.63	14.63	
1	CS	45 LB	AREZZIO BREAD CRUMB ITAL / BAG 85115	8386765	28.89	28.89	
1	CS	1024 OZ	SYS CLS BREAD PULLMAN WHITE 28 SLI 54316730	1403181	27.48	27.48	
1	CS	1806"	BKRSCLS BREADSTICK GARLIC 6 BULK 54319220	1951490	28.61	28.61	
1	CS	122.5	SYS CLS BRUSSEL SPROUT MED GR A P 060003111	3029475	54.59	54.59	
1	CS	44.25	WHLFLIMP BUTTER CHIP CNTL SLTD 47 CT AA 6060	1038660	20.60	20.60	
1	CS	12.2LB	SYS CLS CARROT SLI GR A P 74865-02384	6807846	33.63	100.89	
3	CS	11.5#	HEARTIN CATFISH NUGGET BRD RAW 32000	9036724	16.34	16.34	
1S	ONLYS LB		BERCLIS CHEESE AMER 160 DELI SLI YEL 34947	7018107	52.59	52.59	
1	CS	45 LB	GR LAKE CHEESE CHDR MILD FTHR SHRD 90001	5020896	22.29	22.29	
1	CS	25 LB	WHLFLCS CHEESE COTTAGE SMALL CURD 4% 1003623	4066884	36.93	36.93	
1	CS	25 LB	AREZIMP CHEESE PARM GRND FRSH USA 35	1624329	48.07	96.14	
2	CS	364 OZ	SYS CLS CHICKEN BRST CORDON BLEU 10000062432				
CASHES							
20	1	21	16.9	434			
DRIVER'S SIGN							
NO. PCS COST. SIGNED INVOICE SUBTOTALS OF ALL ITEMS							
DELIVD. SIGN							
NO. PCS REC.							
REMIT TO:							
SYSCO - CENTRAL FLORID							
PO BOX 40							
OCOOE, FL 34761							
SUBTOTAL						778.82	
TAX							
INVOICE TOTAL							
CONT. ON PAGE 2							

IMPORTANT PAY PROVISION: THE REFRIGERATED AND FROZEN COMMODITIES LISTED ON THIS INVOICE ARE SUBJECT TO THE STATUTORY NOTICE
 PROVIDED BY SECTION 5 (C) OF THE REFRIGERATED AND FROZEN COMMODITIES ACT (16 U.S.C. 1498 (C)). THE SELLER OF THIS COMMODITY
 WARRANTS A FIRST CLAIM OVER THESE COMMODITIES AND UNDERWRITES ALL UNDERWRITING COSTS INCURRED BY THE BUYER FROM THESE COMMODITIES.
 BUYER'S ACCEPTANCE OF THESE COMMODITIES SHALL CONSTITUTE ACCEPTANCE OF THE SELLER'S WARRANTY AND THE BUYER'S OBLIGATION TO PAY THE
 PRICE OF THESE COMMODITIES SHALL BE DEEMED TO BE ACCEPTED BY THE BUYER'S ACCEPTANCE OF THESE COMMODITIES. YOU ARE GIVING UP YOUR RIGHT TO
 RETURN THESE COMMODITIES FOR A REFUND OR CREDIT. YOU ARE GIVING UP YOUR RIGHT TO RETURN THESE COMMODITIES FOR A REFUND OR CREDIT
 REPRESENTATIVE CAPACITY, OR TO PARTICIPATE AS A MEMBER OF A CLASS OF CLAIMANTS, IN ANY LITIGATION INVOLVING ANY SUCH DISPUTE.

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RAMS HAYTHORNE HLTH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



At the heart of food and service
SYSKO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOCHEE, FL 34761
407-877-8500

352-237-7776
FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALESBURG IL 61401

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSKO

DELIV. DATE	10/16/19	CUSTOMER	941462	INVOICE NUMBER	222843988	PAGE	7
TRUCK #/006	/006	ROUTE	3063	PURCHASE ORDER			2
TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE							
NET 1 DAY FROM INVOICE							
MANIFEST# 1475875 NORMAL DELIVERY							
MA: SSEFIN MARIE BELICHER							

QTY	BACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	TAX	TOTAL	INVOICE ADJUSTMENTS
4	CS	484 OZ	SYS CLS CHICKEN BRST 1EZ BNLS/SKLS ZIP 83613	6628804	34.87	139.48			
3	CS	25#	HORMEL CHICKEN DICED FC ALL NAT	4110411	39.03	117.09			
4	CS	25 LB	SYS CLS CHICKEN TMDR BRD GLDN FL 011111-0895	3928991	32.46	129.84			
1	CS	11.0 LB	SEASIDE COD LOIN 4 OZ IQF	6540348	53.52	53.52			
1	CS	3201 OZ	OTSEKMY DOUGH COOKIE BUTR SUGAR	58104	31.56	31.56			
1	CS	3201 OZ	OTSEKMY DOUGH COOKIE CHOCOLATE CHIP	58100	34.08	34.08			
4	CS	65 LB	SUNFRSH EGG SCRAMBLE VALUE MIX	1000007720	38.31	153.24			
1	CS	115 DZ	WHLFIMP EGG SHELL LG WHT PAST 74865-63284-00	3602976	40.35	40.35			
1	SCS	6#10	SYS GLS FILLING PTE PEACH	123071	4010880	68.65			
1	CS	6#10	SYS CLS FRUIT COCKTAIL CH IN EXTRA L 2183368	2183368	50.74	50.74			
2	CS	25 LB	BBRCLLS HAM DICED 1/4 IN WA	06970	1101732	30.94			
3	CS	114-19#	BBRCLLS HAM PTT BNLS SMKD OLD FSHM W/A 06775	8974461	2.450	128.87			
2S	ONLYS	LB	SYS CLS HONEY PURE WILDFLOWER GR A JU PE4107	5611652	21.64	43.28			
1	CS	13 GAL	WHLFIMP ICE CREAM BUTTER PECAN	1047499	2124717	26.78			
1	CS	484 OZ	WHLFCLS ICE CREAM CHOC CUP 4 OZ	1020032	3412424	15.24			
1	CS	244.6 OZ	BNY ICE CREAM CONE VARIET 00070640400799	5264361	18.73	18.73			
1	CS	483.5 OZ	EBLURBCL ICE CREAM SANDWICH VA 00070640310104	1666155	17.41	17.41			
1	CS	484 OZ	WHLFCLS ICE CREAM STWBRY CUP 4 OZ	1020057	3412394	15.24			
2	CS	13 GAL	WHLFCLS ICE CREAM VAN	1026416	2130060	34.32			
2	CS	484 OZ	WHLFCLS ICE CREAM VAN CUP 4 OZ	1020025	3412410	30.48			

CHASER	SKILLT	NOT PCS	CHASER	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM
35	2	37	23.7	596		

NO. PCS	CHASER	NO. PCS
DELT.	SIGN	REC.
REMIT TO		
SYSKO - CENTRAL FLORIDA		
PO BOX 40		
OCOCHEE, FL 34761		

TAX	TOTAL
1989.60	
CONT. ON PAGE 3	



RMMS HAWTHORNE HLTH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



At the heart of
food and service
SYSICO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOOEE, FL 34761
407-877-8500

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GAINESBURG IL 61401

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSICO

DELIV. DATE	10/16/19	CUSTOMER	FLORIDA LIVING OPTIONS INC	INVOICE NUMBER	7	PAGES	3
TRUCK SHOP	/006	941462	222843988				
ROUTE	3063	TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE NET 1 DAY FROM INVOICE MANIFEST# 1475875 NORMAL DELIVERY MA: SSTEIN MARIE BELCHER					

DRIVER:

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	DATE	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	1.3 GAL	REBRASI JUICE CONC ORG BLND 100% 4X1	60215	51.55		51.55	
1	CS	3.5 LTR	REFRASI JUICE CONC ORG 100% 4X1 BIB	60205	63.83		63.83	
1	CS	301 LB	SYS CIS MARGARINE SOLID ZTR	21726WFS	21.03		21.03	
1	CS	241.4 OZ	CASACIS MILK CONDENSED SWEETENED	7486585259	42.40		42.40	
1	CS	481.2 OZ	SYS CIS MILK EVAPORATED	81001-537500	62.89		62.89	
2	CS	508 OZ	DALPURE MILK HOMOGENIZED HP		32.96		32.96	
1	CS	50.5 PT	WHIFCIS MILK 2% HP	4688810	15.62		15.62	
1	CS	25 LB	LABELLA PASTA NOODLE EGG WIDE	4787297	18.35		18.35	
1	CS	210 LB	LABELLA PASTA SPAGHETTI 10 IN	600732	15.69		15.69	
1	CS	122.5 LBS	SYS CIS PEA & CARROT GR A P	74865-07850	31.86		31.86	
1	CS	120 LB	SYS CIS PEA GREEN SPLIT DRIED	GSP10201SY	14.56		14.56	
1	CS	6#10	SYS CIS BEAR SLICED CHOICE EXTRA TS	2182208	50.24		50.24	
1	CS	208 OZ	SYS CIS PIE SHELL VEG DEEP DISH 9	7229	24.64		24.64	
2	CS	305.3 OZ	HOLTEN FOKR FRITTER LOIN BRD RW 5.30Z	20006	31.56		63.12	
1	CS	65 LB	SYS CIS POTATO FRX KK 3/8 GR A	SYC037114	27.40		27.40	
1	CS	1220 CT	SYS IMP POTATO H/BRN PTY 2.25	107347390627868	43.83		43.83	
2	CS	1029.30Z	BASICAM POTATO MASHED NATURE S OWN	10169	54.39		108.78	
OUT	CS	25LB	SYS CIS RASPBERRY RED WHOLE IOF	24030	37.48			
2	CS	25 LB	PACKER RASPBERRY RED WHL IOF	1154509	39.90		79.80	

CASES	SPLIT	TOT. PCS	CUBE	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM	REMIT TO:
22		22	16.3	548			SYSICO - CENTRAL FLORIDA PO BOX 40 OCOOEE, FL 34761
							TAX TOTAL
							2758.15

NO. PCS DEMD. NO. PCS REC.

NO. PCS TAX TOTAL

PAYABLE ON OR BEFORE

CONT. ON PAGE 4

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE	10/16/19	CUSTOMER	SYSCO	INVOICE NUMBER	222843988	PAGE	4
TRUCK STOP	/006	PURCHASE ORDER	941462	TERMS	-PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE	NET 1 DAY FROM INVOICE	MANIFEST# 1475875 NORMAL DELIVERY
ROUTE	3063	MA:	SSFTN MARIE BELCHER				

REMS HANTHORNE HLTH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GAINESBURG FL 32608

352-237-7776

At the heart of food and service

SYSCO CENTRAL FLORIDA, INC.
200 WEST STONY ROAD
OCOCHEE, FL 34761
407-877-8500

QTY	BACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	AMOUNT	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	624 OZ	UNC BEN RICE MEXICAN FIESTA	3309	30.28	30.28		
25	ONLY 135 OZ	CASACLS	SALSA CHUNKY MILD AUTHEN. 48549030211	7775693	16.58	33.16		
1	CS	1001 OZ	BULIYE SAUCE BBQ CUPS 00019582397095	3713567	11.66	11.66		
2	CS	1001 OZ	NATFRSH SAUCE MUSTARD HNY DIP CU 85116875061	6284657	18.76	37.52		
1	CS	6#10	SYS CLS SAUCE SPAGHETTI PLAIN MW SYCMA99	4189361	24.29	24.29		
1	CS	2003/4 OZ	HSRCLLS SAUCE TARTAR COP 00074865681483	4152898	22.07	22.07		
1	CS	25 LB	SYS CLS SAUSAGE PORK BULK ROLL RAW MLD 19671	1604107	21.48	21.48		
1	CS	200 8 OZ	SYS CLS SAUSAGE PORK LINK SKLS CK 10000019686	2035004	28.58	28.58		
1	CS	1061.5 OZ	SYS CLS SAUSAGE PORK PLY CKD MIL 10000019698	1589290	30.77	30.77		
1	CS	421.5 OZ	OTSPKMY SCONE ASST CHOC/ORG-CRAN/MAPLE 21731	3938851	28.89	28.89		
1	CS	628 OZ	SYS IMP SOUP BASE CREAM 12804SYS	3990686	37.58	37.58		
1	CS	1250 OZ	CAMPBEL SOUP CREAM OF MUSHROOM 000001266	4040382	38.55	38.55		
2	CS	1001.1 OZ	SMUCKER SYRUP BREAKFAST SUGAR FRE 5150002277	5932280	11.83	23.66		
1	CS	2424 OZ	HERSHEY SYRUP CHOCOLATE SQUEEZE B 34000031240	4441457	11.83	23.66		
1	CS	2424 OZ	HSRCLLS SYRUP CHOCOLATE SOZ BOTTLE 0441	3261351	51.93	51.93		
2	CS	64 LB	SYS IMP VEGETABLE BLEND CAPRI GR A 1333186	1333186	28.00	56.00		
2	CS	64 LB	SYS CLS VEGETABLE BLEND CHECUT KEY 00708481	9810599	33.67	67.34		
1	CS	122 LB	SYS CLS VEGETABLE BLEND ITALIAN G 7486501802	1474998	25.57	25.57		
1	CS	122 LB	SYS CLS VEGETABLE BLEND WINTER GR A 00708492	1475011	25.00	25.00		

CHASSS SPLIT NO. PCS CODE GROSS WT. OPEN: 8:00 AM CLOSE: 5:00 PM

21 2 23 14.6 417

DRIVER'S SIGN NO. PCS SIGN NO. PCS REC.

NO. PCS SIGN **X**

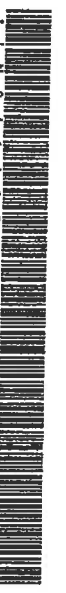
SYSCO - CENTRAL FLORIDA
PO BOX 40
OCOCHEE, FL 34761

PAYABLE ON OR BEFORE

TOTAL 3352.48

CONT. ON PAGE 5

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1 1 9 4 1 4 8 2 2 2 8 4 8 2 7 3 8 0 0 1 1
 RIMS HAWTHORNE HLTH OCALA DIP
 4100 SW 33RD AVE
 OCALA FL 34474-4466



At the heart of
 food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

352-237-7776
 FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

DELIVERY COPY

CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE	10/18/19	CUSTOMER		INVOICE NUMBER	222848273	PAGE	1
TRUCK STOP	/012	941462					
ADDRESS	5068	PURCHASE ORDER					
		TERMS --PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE					
		NET 1 DAY FROM INVOICE					
		MANIFEST# 1476255 NORMAL DELIVERY					
		MA: SETH MARIE BELCHER					

LT	QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	INVOICE ADJUSTMENTS
C	1	CS	1232 OZ	LOWER CREDIT FEES; NEXT DAY FUNDING & DATA YOU CAN USE GET CAKE INSIGHTS (A SYSCO COMPANY) 1-855-532-7738	4828554	27.85		27.85	
D	2	CS	324 OZ	WHILECIS CREAMER HALF & HALF ESL	6230619	33.77		67.54	
D	1	CS	4025 CT	5105 DIETARY SUPPLIES	4360855	34.09		95.39	
D	1	CS	12100CT	5100 FOOD SUPPLIES	1993803	32.82		32.82	
				GROUP TOTAL*****				66.91	
				ORDER SUMMARY					

CASERS	SPLIT	NO. PCS	CUBE	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM	REMIT TO	SUB	TOTAL
5		5	11.8	65			SYSCO - CENTRAL FLORIDA	162.30	
5		5	11.8	65			PO BOX 40		
							OCOEE, FL 34761		
DRIVER'S SIGN								INVOICE	162.30
								TAX	
								INVOICE	
								TOTAL	162.30

NO. PCS DELAYED SIGN NO. PCS REC.
 PAYABLE ON OR BEFORE 10/19/19
 LAST PAGE

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RMBS HAWTHORNE HLTH Ocala DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



As the heart of food and service

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GAINESBURG IL 61401

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE	10/18/19	CUSTOMER	222848273	INVOICE NUMBER	9	PAGE	1
TRACK STOP	/012	941462					
ROUTE	5068						

TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE
NET 1 DAY FROM INVOICE
MANIFEST# 1476255 NORMAL DELIVERY
MA: SSETIN MARIE BELICHER

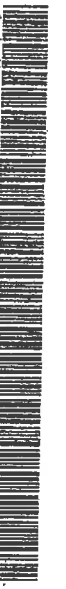
FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GAINESBURG IL 61401

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	TAX AMOUNT	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	1232 OZ	WHIPCLS CREAMER HALF & HALF ESL	1002749	27.85		27.85	
2	CS	324 OZ	CITVIMP TEA ICED BREW BLK FP 4OZ GROUP TOTAL*****	6230619	33.77		67.54	
1	CS	4025 CT	SYSCO CUP FOAM 16 OZ	360855	34.09		34.09	
1	CS	12100CT	SYS CLS L1D PLAS TRANS F/12-20OZ C DFTL122SYS GROUP TOTAL*****	1993803	32.82		32.82	
ORDER SUMMARY					86565	86551	87924	

CASES	SPLIT	NO. PCS	CUBE	GROSS WT.	OPEN	CLOSE	REMIT TO	SUB	TAX	INVOICE TOTAL
5		5	11.8	65	8:00 AM	5:00 PM	SYSCO - CENTRAL FLORIDA PO BOX 40 OCOE, FL 34761			162.30
5		5	11.8	65						162.30

UNUSABLE PACK PROVISION: THE PERISHABLE AGRICULTURAL COMMODITIES LISTED ON THIS INVOICE ARE SUBJECT TO THE SEVENTEEN MONTHS...
PAYABLE ON OR BEFORE 10/19/19
LAST PAGE

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ITEM 3 4 1 4 6 2 2 2 8 4 8 2 7 3 9 0 0 1 1
 REMS HAWTHORNE HLTH Ocala DTP
 4100 SW 33RD AVE
 Ocala FL 34474-4466



At the heart of food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

FLORIDA LIVING OPTIONS INC
 285 S FARMHAM ST
 GALESBURG IL 61401

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

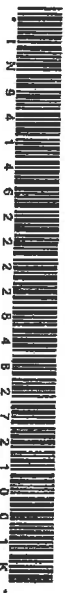
DELIV DATE	10/18/19	CUSTOMER	941462	INVOICE NUMBER	222848273	PAGE	9	1
TRUCK STOP	/012	PURCHASE ORDER	TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE					
ROWER	5068	MANIFEST#	1476255 NORMAL DELIVERY					
DRIVER: WFRB		MA: SSETN MARIE BELCHER						

LT	QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	DEPT TAX AMOUNT	EXTENDED PRICE	P I	INVOICE ADJUSTMENTS	QTY
C	1	CS	1232 OZ	WHLEFLS CREAMER HALF & HALF EST	1002749	27.85		27.85			
D	2	CS	324 OZ	CITYIMP TEA ICED BREW BLK FP 4OZ	29482	33.77		67.54			
				5105 DIETARY SUPPLIES				95.39			
D	1	CS	4025 CT	SYSCO CUP FOAM 16 OZ	360855	34.09		34.09			
D	1	CS	12100CT	SYS CLS LID PLAS TRANS F/12-200Z C DELL122SYS	1993803	32.82		32.82			
				GROUP TOTAL****				66.91			
ORDER SUMMARY								86565			
								86551			
								87924			

OPEN: 8:00 AM CLOSE: 5:00 PM
 NO. PCS DELAYD. NO. PCS REC.
 PAYABLE ON OR BEFORE 10/19/19
 REMITT TO SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOEE, FL 34761

INFORMATION: BACK PROVISION: THE PERISHABLE AGRICULTURAL COMMODITIES LISTED ON THIS INVOICE ARE SUBJECT TO THE SPOT/STOCK MARKET
 REMAINS A RISK OF LOSS TO THE BUYER. ALL HYPERMARTS OF FOOD OR OTHER PRODUCTS DERIVED FROM THESE COMMODITIES
 AND ARE RECEIVABLES OR RECEIPTS FROM THE BUYER OF THESE COMMODITIES UPON FULL PAYMENT IS RECEIVED. FURTHER, YOU AGREE THAT
 EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION CLAUSES OF 41 CFR 60-1.4, 60-250.4 AND 60-714.4 ARE INCORPORATED HEREIN BY REFERENCE
 INVOICE TOTAL 162.30
 LAST PAGE

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CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

RFMS HAWTHORNE HILTH OCALA DTP
 4100 SW 33RD AVE
 OCALA FL 34474-4466



At the heart of
 food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOCHEE, FL 34761
 407-877-8500

352-2237-7776
 FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

DELIV. DATE	10/18/19
TRUCK STOP	/012
ROUTE	5068
PURCHASER ORDER	JOHN
TERMS	-PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE
NET 1 DAY FROM INVOICE	
MANIFEST#	1476255 NORMAL DELIVERY
DRIVER	MARIA BELCHER

LT	QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	DATE TAX AMOUNT	EXTENDED PRICE	F	P	INVOICE CODE	ADJUSTMENTS
				LOWER CREDIT FEES; NEXT DAY FUNDING & DATA YOU CAN USE GET CAKE INSIGHTS(A SYSCO COMPANY) 1-855-532-7738 5100 FOOD SUPPLIES								
D	1	CS	6#10	SYS CLS BEAN BAKED SLOW COOKED	8326872	32.57		32.57				
D	1	CS	6#10	SYS CLS BEAN GREEN CUT 4SV BL F 007486510487	4062394	28.02		28.02				
F	6	CS	25#AVG	BHB/NPM BEEF FOR STEW CH CFPB FRZN 9.840 9.900 10.040 T/WT= 10.120 10.160 10.320	2247031	2.970		179.33				
C	1	CS	410#	AVFIRECLS BEEF GRAND BULK 81/19 CHUB FRS 40.670 T/WT=	0566838	2.280		92.73				
F	2	CS	1024 OZ	SYS CLS BREAD PULLMAN WHITE 28 SLI 54316730	8386765	28.89		57.78				
C	1	CS	45 LB	IMPFRSH CABBAGE CHOP SLAW 1/4 MTX	8145302	18.38		18.38				
F	1	CS	122LB	SYS CLS CARROT SLI GR A P 74865-02384	1038660	20.60		20.60				
F	1	CS	122 LB	SYS CLS CAULIFLOWER IQF P	1628593	26.56		26.56				
D	1	CS	96L OZ	GM CEREAL CHERIO HNY NUT BMLP 11918000	4044558	40.29		40.29				
D	1	CS	1242 OZ	HSRCCLS CEREAL HOT OAT QUICK 23527601425	8562621	34.44		34.44				
D	1	CS	96CT	MALT OM CEREAL RICE CRISPY BMLPK 00542	3038338	22.74		22.74				
C	29	ONLY5 LB		BBRCLCS CHEESE AMER 160 DELI SLI YEL 34947	9036724	16.34		32.68				
C	19	ONLY5 LB		AREZIMP CHEESE MOZARELLA IMP5 SHRD 100721	9008335	18.56		18.56				
C	1	CS	25 LB	AREZIMP CHEESE PARM GRTD FRSH USA 35	4066884	36.93		36.93				
C	35	ONLY1.5 LB		BBRLIMP CHEESE SWISS SLICE .75 OZ 170721	3554569	7.84		23.52				
F	OUT	CS	25 LB	SYS CLS CHICKEN MEAT PULLED NAT PROP 15947	6371520	34.58						
CHSRS				SELT	NET PCS	GROSS WT.	OPEN: 8:00 AM CLOSE: 5:00 PM					
18	6	24	18.7			396						

DRIVER'S SIGN: _____ NO. PCS: _____
 DELIV. DATE: _____ NO. PCS: _____

SYSCO CENTRAL FLORIDA
 PO BOX 40
 OCOCHEE, FL 34761
 REMITT TO
 TAX TOTAL
 INVOICE TOTAL
 665.13

CONT. ON PAGE 2

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EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION CLAUSES OF 41 CFR 60-1.4, 60-250.4 AND 60-714.4 ARE INCORPORATED HEREIN BY REFERENCE

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

REMS HAWTHORNE HLTH Ocala DIP
 4100 SW 33RD AVE
 Ocala FL 34474-4466



At the heart of food and service
 SYSCO CENTRAL FLORIDA, INC.

200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

352-237-7776

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

DETV. DATE	10/18/19	CUSTOMER	941462	INVOICE NUMBER	222848272	PAGE	1 2
TRUCK STOP	/012	ROUTE	5068	PURCHASE ORDER JOHN			
TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHANGE							
NET 1 DAY FROM INVOICE							
MANIFEST# 1476255 NORMAL DELIVERY							
MA: SSELIN MARIE BELCHER							

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
2	CS	25 LB	TYSON CHICKEN MEAT PULLED NAT	2617019	34.64	69.28			
2	CS	965.47OZ	SYS CHICKEN THIGH IOF BCK PR	014824-0895	110.92				
1	CS	962 OZ	CIVCLIS COFFEE GRAND BLEND MED W/F	5932043	80.59				
1	CS	962 OZ	CIVCLIS COFFEE GRAND DECAF BLEND W/F	5932142	83.35				
1	CS	824CT	FIELDST COOKIE FUDGE RND IW	4591646	26.15				
1	CS	824 CT	FIELDST COOKIE OATMEAL CREME PIE IW	4591622	25.37				
1	CS	144.93 OZ	AUSTIN CRACKER CHEESE ON CHS 24/	7978392175	17.72				
1	CS	144.93 OZ	AUSTIN CRACKER CHEESE PNT BUTR 2	7978392177	17.72				
2	CS	5002 CT	HSRCLS CRACKER SALTINE	7486502808	28.90				
1	CS	722.5 OZ	HADLEY CROISSANT MARGARINE CRVD ZTF	129TF	23.87				
1	CS	11.9B	HLRPACKER CUCUMBER SELECT	4614863	15.56				
1S	ONLY	GAL	SYS CUS DRESSING COLESLAW	953215D0854	13.44				
1	CS	4L GAL	SYS CUS DRESSING ITALIAN RCAL	953249D0854	27.83				
1	CS	45 LB	ABTSPD EGG HRDBD WHL PEEL C	14616-64100-00	64.12				
1	CS	144L	750Z PAPER TTI EGG PATTY FRIED NAT S	46025-85879-00	36.21				
2	CS	65 LB	SUNFRSH EGG SCRAMBLE VALUE MIX	100007720	38.31				
2	CS	25 LB	BRBLIMP FRANK ALL-BEEF 5X1 6	74865331137	30.40				
1	CS	6#10	SYS CUS FRUIT COCKTAIL CH IN EXTRA L	2183368	50.74				
1	CS	13 GAL	REFRASI JUICE CONC APPLE BLND 100%	4X1 60154	52.66				
1	CS	33.5L	REFRASI JUICE CONC APPLE BLND 100%	4X1 60155	61.81				
CASHES				SPILT	NO. PCS	25	22.7	518	
DRIVER'S SIGN				NO. PCS	DELT	1			

OPEN: 8:00 AM CLOSE: 5:00 PM

REMIT TO
 SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOEE, FL 34761

TAX TOTAL 1608.79

CONT. ON PAGE 3

EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION CLAUSES OF 41 CFR 60-1.4, 60-250.4 AND 60-714.4 ARE INCORPORATED HEREIN BY REFERENCE

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REMS BAWTHORNE HLTH OCCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



At the heart of food and service
SYSYCO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOEEE, FL 34761
407-877-8500

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALLESBURG IL 61401

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSYCO

DELIV. DATE	10/18/19	CUSTOMER		INVOICE NUMBER	222848272	PAGE	1
TRUCK STOP	/012						3
ROUTE	5068	PURCHASER ORDER #	JOHN				
		TERMS	-PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE				
			NEXT 1 DAY FROM INVOICE				
			MANIFEST# 1476255 NORMAL DELIVERY				
			MA: SSETIN MARIE BELCHER				

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
1	CS	33.5LTR	PREPASI JUICE CONC. CRAN COCKTL 12% 5X1	60167	62.37	62.37			
1	CS	10009 GM	HSRCIMP KETCHUP PACKET FCY FOIL	BOUY59G	20.38	20.38			
1	CS	301 LB	SYS CLS MARGARINE SOLID ZTF	21726WFS	21.03	21.03			
5	CS	25 LB	AREZIO MEATBALL BF/CHKN ALL PURP 02-6552-05	7673031	30.79	153.95			
4	CS	508 OZ	DAIPURE MILK HOMOGENIZED HP	4688810	16.48	65.92			
2	CS	41 GAL	WHLFCLS MILK WEL GALLON	4676306	19.11	38.22			
2	CS	65 LB	SYS REL MIX CAKE YELLOW COMPLT	5301627	23.87	47.74			
1	CS	61.5 LBS	SYS CLS MIX GRAVY BISCUIT HMSTY ZTF	92428	19.09	19.09			
2	CS	962.12OZ	BKRSIMP MOFFIN ASST BRAN/BAN/BTD BKCH8914012	8914012	46.22	92.44			
1	CS	5001/5 OZ	HEINZ MUSTARD YELLOW PACKET 10013000530504	4006649	12.57	12.57			
1	CS	624 OZ	SYS CLS ONION FRENCH CRISPY TOPPING	55821	33.89	33.89			
1	CS	25 LB	LABELLA PASTA NOODLE EGG WIDE	4787297	18.35	18.35			
3	CS	962.75OZ	AREZCLS PASTA SHELL JUNBO W/CHEESE	7611	56.29	168.87			
1	CS	210 LB	LABELLA PASTA SPAGHETTI 10 IN	600732	15.69	15.69			
1	CS	6#10	SYS CLS PEAR SLICED CHOICE EXTRA LS	2182208	50.24	50.24			
3	CS	627 OZ	SYS CLS PIE BANANNA CRM T&S 10	7266	32.29	96.87			
1	CS	1029.3OZ	BASICAM POTATO WASHED NATURE S OWN	10169	54.39	54.39			
1	CS	6#10	SYS IMP PUMPKIN SOLID FANCY	F4111498	46.59	46.59			
1	CS	6#10	SYS CLS SALAD THREE BEAN FANCY	392281	35.39	35.39			
1	CS	24.5 LB	IMP/MCC SALT SEASONED TRDNTL	900018590	27.12	27.12			

CHARGE	34	34	25.1	740	OPEN: 8:00 AM	CLOSE: 5:00 PM	REMIT TO	SYSYCO - CENTRAL FLORIDA
DRIVER'S SIGN					NO. PCS	NO. PCS		
					DEVID.	SIGN		

IMPORTANT PACK PROVISION: THE PERISHABLE ACTION CLASSES LISTED ON THIS INVOICE ARE SUBJECT TO THE STAPLESTOCK TRUST AUTHORIZED BY SECTION 5 (C) OF THE PERISHABLE ACTION CLASSES TRUST AGREEMENT. THE TRUST AGREEMENT IS A LEGAL DOCUMENT AND MAY BE REVIEWED BY THE TRUSTEE OR PRODUCED FROM THE SALES OR THESE COMMODITIES UNTIL FULL PAYMENT IS RECEIVED. FURNISH, YOU AREBY THE

PAYABLE ON OR BEFORE

TAX TOTAL 2689.90

CONT. ON PAGE 4

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RMS HAWTHORNE HTL Ocala DIP
 4100 SW 33RD AVE
 Ocala FL 34474-4466



At the heart of food and service

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GAINESBURG IL 61401

SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DEIV. DATE	10/18/19	CUSTOMER	SYSCO	INVOICE NUMBER	222848272	PAGE	1
SHIP DATE	/012	SHIP TO	941462	INVOICE NUMBER	222848272	PAGE	4
ROUTE	5068	BUYER	JOHN	TERMS	-FAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE NET 1 DAY FROM INVOICE MANIFEST# 1476255 NORMAL DELIVERY MA: SSTEIN MARIE BELCHER		

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
1	CS	6#10	AREZIMP SAUCE MARINARA PREMIUM CA	4978965	33.24	33.24			
1	SCS	4L GAL	JDMTCIS SAUCE SWEET & SOUR	4978965	44.23	44.23			
1	CS	200.8 OZ	SYS CJS SAUSAGE PORK INK SKIS CK	2035004	28.58	28.58			
2	CS	106L.5 OZ	SYS CJS SAUSAGE PORK PTY CRD MIL	1589290	30.77	61.54			
1	CS	825 CT	MISSION SHELL TACO YEL REG 5	9887902	11.96	11.96			
1	CS	61LB	SYS IMP SOUP BASE BEEF NO MSG ADDED	2911824	39.76	39.76			
1	CS	61LB	SYS IMP SOUP BASE CHICKEN NO MSG/HV	4944534	32.12	32.12			
1	CS	1250 OZ	CAMPBELL SOUP CREAM OF CELERY	4040317	42.46	42.46			
1	CS	1250 OZ	CAMPBELL SOUP CREAM OF CHICKEN HLT	5044979	45.74	45.74			
1	CS	1250 OZ	CAMPBELL SOUP TOMATO	4040390	27.72	27.72			
1	CS	ONLY30 OZ	IMP/MCC SPICE CELERY SALT	5228465	9.72	9.72			
1	CS	ONLY18 OZ	IMP/MCC SPICE CHILI POWDER LT	5228564	12.72	12.72			
1	CS	ONLY5.5 LB	BADIA SPICE GARLIC GRANULAT	6016281	22.81	22.81			
1	CS	ONLY32 OZ	BADIA SPICE GARLIC SALT	5969205	11.83	11.83			
1	CS	1001.1 OZ	SMUCKER SYRUP BREAKFAST SUGAR FRE	5932280	28.16	28.16			
1	CS	5100 CT	CTVCLIS TEA HOT BAG BLK ENVY DECAF	5062088	16.45	16.45			
1	CS	96L OZ	CITYIMP TEA ICED BREW BLK FP 1OZ	4202255	16.45	16.45			

CASES	SPLIT	TOT. PCS	CHKS	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM	REMIT TO
14	4	18	9.6	301			SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761

NO. POS DELAY. SIGN NO. FCS REC.

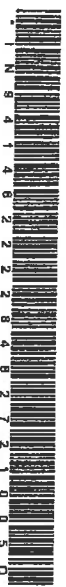
PAYABLE ON OR BEFORE

TAX TOTAL 3172.24

INVOICE TOTAL 3172.24

CONT. ON PAGE 5

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REMS HAWTHORNE HITH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



At the heart of food and service
SYSCO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOCHEE, FL 34761
407-877-8500

352-237-7776

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GAINESBURG FL 32608

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE	10/18/19	CUSTOMER	941462	INVOICE NUMBER	222848272	1	5
TRUCK STOP	/012	DRIVER - WEBB					
ROUTE	5068	MANIFEST#	1476255	NORMAL DELIVERY			
		MA: SETH MARIE BELCHER					

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
2	CS	722.550Z	SYS CJS TOAST FRENCH HT&SRV FHI 007486574659	5420328	36.93	73.86			
1	CS	125 LB	REFRESH TOMATO BULK UTILITY FRESH	4935623	23.73	23.73			
1	SCS	666.50Z	PORTCLS TUNA LIGHT SKIPACK CHUNK WT 29502SY	8682692	75.70	75.70			
2	CS	42.5LB	BBRLCLS TURKEY BREAST SLI O/RSTD 2265594113	1960434	53.30	106.60			
1	CS	122 LB	SYS CJS VEGETABLE BLEND SCDVNV GR A 1474980	1474980	25.96	25.96			
1	CS	6#10	SYS CJS YAM CUT FCY	00008213510	41.14625	41.14625			
1	CS	1682 OZ	BRIGHT POTATO YAM PATTY CANDIED	7404	31.11	31.11			
SUBSTITUTE									
5105 DIETARY SUPPLIES									
GROUP TOTAL****							3509.20		
1	CS	112IN	SYS CJS FILM PVC ROLL 2000FT	9062	11.63	11.63			
1	CS	118 IN	SYS CJS FILM PVC ROLL 2000FT	9063	17.24	17.24			
1	CS	118 IN	SYS CJS FOLL ALMN ROLL HVY WGT 500 FT W69328	6937767	25.95	25.95			
1	CS	12100CT	SYS CJS LID PLAS TRANS F/12-200Z C DFL122SYS	1993803	32.82	32.82			
1	BX	15 GAL	REFCARE WATER THICK NECTAR SF RTU	60309	24.33	24.33			
6100 HOUSEKEEPING SUPPLIES									
GROUP TOTAL****							111.97		
2	CS	10056 GAL	SYS REL LINER REPRO 43X46 1.5 ML X8646AKSX01	1764521	26.81	53.62			
GROUP TOTAL****							53.62		
ORDER SUMMARY									
85761									

CASES	SHEETS	NO. PCS	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM	REMIT TO
15	15	10.3	268			SYSCO - CENTRAL FLORIDA
105	11	116	86.4			PO BOX 40
			2223			OCOCHEE, FL 34761

NO. PCS
DELIV. SIGN X

NO. PCS
REC.

PAVABLE ON OR BEFORE
10/19/19

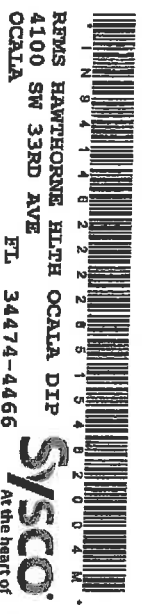
INVOICE
3674.79

TAX
3674.79

INVOICE TOTAL
3674.79

LAST PAGE

129



CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE: 10/21/19
 TRUCK STOP: 941462
 ROUTE: /012
 PURCHASE ORDER: JOHN
 TERMS: NET 1 DAY FROM INVOICE
 MANIFEST# 1476600 NORMAL DELIVERY
 MA: SSFTIN MARIE BELCHER

INVOICE NUMBER: 222851546
 PAGE: 4

RYAN HAWTHORNE HLTH Ocala FL 34474-4466
 352-237-7776
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	40Z	SYSCO CUP FOAM 8 OZ	88829	17.02	17.02	
1	CS	20125	CFRABRAL CUP PORTION PLAS BIK 4 OZ	PC4008	41.84	41.84	
1	CS	6460Z	SYS IMP DRINK TEA SMT LEMON NECTAR THK	3316	9.57	9.57	
1	SCS	10144CF	SYS CLS HAIRNET NYLON LRG BIK LT W 305113092	2099359	143.40	143.40	
4	CS	250CT	SYS RHL KIT CUTLERY PKS/S&P/NAP YKFSKXNSPSY	0614984	24.77	99.08	
1	SCS	20120CF	SYS IMP LID PLAS CLR F/3-4OZ PRIN XLS3FRSYS	7793736	38.46	38.46	
1	CS	12100CF	SYS CLS LID PLAS TRANS F/12-20OZ C DFL122SYS	1993803	32.82	32.82	
3	CS	10100CF	DART LID PLAS VENT 8/12SU/5/8/10E20 20TL	4097457	16.73	50.19	
2	CS	8125CF	SYS CLS PLATE FOAM LAM WHT 6 IN YMW6SYSCO	8593610	24.09	48.18	
4	CS	4125CF	SYS CLS PLATE FOAM LAM WHT 9 IN YMW9SYSCO	8593602	24.53	98.12	
1	CS	44	44OZ/HCKRFRZ THICKENER FOOD CLR	67005	23.87	23.87	
1	CS	13GAL	REFCARE WATER THICK HONEY SF RTU	60310	25.14	25.14	
1	BX	15 GAL	REFCARE WATER THICK HONEY SF RTU GROUP TOTAL****	60309	24.33	24.33	
			6100 HOUSEKEEPING SUPPLIES		874.20	874.20	
4	CS	10056	GALSYS REL LINER REPRO 43X46 1.5 ML X8646AKSX01	1764521	26.81	107.24	
2	CS	15013X21	CHIX WIPER TOWEL QUATSAP ANTIMIC RD GROUP TOTAL****	67	41.67	83.34	
			179		190.58	190.58	

ORDER SUMMARY: 179

NO. PCS: 111
 GROSS WT.: 1859
 OPEN: 8:00 AM
 CLOSE: 5:00 PM

NO. PCS DELAYED: X
 NO. PCS REC.:

REMIT TO: SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOEE, FL 34761

SUB TOTAL: 3761.27
 TAX: 0.00
 TOTAL: 3761.27

IMPORTANT: READ PROVISIONS AND REVERSE SIDE OF ALL INVOICES LISTED ON THIS INVOICE AND SUBJECT TO THE STATUTORY PROVISIONS OF SECTION 9(C) OF THE FLORIDA UNIFORM COMMERCIAL CODE AND ALL APPLICABLE LAWS AND REGULATIONS. THIS INVOICE IS THE PROPERTY OF SYSCO AND IT IS TO BE USED ONLY FOR THE PURCHASE OF SYSCO PRODUCTS. IT IS TO BE RETURNED TO SYSCO WITHIN 30 DAYS OF THE DATE OF THIS INVOICE. SYSCO ASSUMES NO LIABILITY FOR DAMAGES OR LOSSES OF ANY KIND, INCLUDING BUT NOT LIMITED TO, DAMAGES OR LOSSES OF PROFITS OR BUSINESS, ARISING OUT OF THE USE OF THIS INVOICE. YOU ARE ADVISED THAT THE USE OF THIS INVOICE IS SUBJECT TO THE TERMS AND CONDITIONS OF THE SYSCO CREDIT AGREEMENT, WHICH IS AVAILABLE ON SYSCO'S WEBSITE AT WWW.SYSCO.COM. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT SYSCO AT 1-800-368-8776.

DRIVER'S SIGN: _____

NO. PCS: 111
 GROSS WT.: 1859
 OPEN: 8:00 AM
 CLOSE: 5:00 PM

REMIT TO: SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOEE, FL 34761

SUB TOTAL: 3761.27
 TAX: 0.00
 TOTAL: 3761.27

PAYABLE ON OR BEFORE: 10/22/19

INVOICE TOTAL: 3761.27

LAST PAGE



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BRWS HAWTHORNE HLTH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



FLORIDA LIVING OPTIONS, INC
285 S FARNHAM ST
GAINESBURG IL 61401

At the heart of
food and service
SYSICO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOEEE, FL 34761
407-877-8500

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSICO

DEPT. DATE	10/21/19	CUSTOMER	941462	INVOICE NUMBER	22851546	PAGE	2
TRUCK STOP	/012	ROUTE	1071	PURCHASER ORDER	JOHN	TERMS	-PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE
				NET 1 DAY FROM INVOICE			
				MANIFEST#	1476600	NORMAL DELIVERY	
				MA:	SSEFIN MARIE BEICHER		

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
3	CS	25 LB	SYS CLS CHICKEN TMDR BRD GIDN FL 011111-0895	3928991	32.46	97.38		
1	CS	1001 OZ	WHLEFCIS CREAM SOUR PURE CUP GRADE A 00306	5031836	16.41	16.41		
3	CS	65 LB	SUNFRSH EGG SCRAMBLE VALUE MIX 100007720	2397586	38.31	114.93		
1	CS	6#10	SYS CLS FRUIT COCKTAIL CH IN EXTRA I 2183368	2183368	50.74	50.74		
1	CS	301 LB	SYS CLS MARGARINE SOLID ZTF 21726MS	4549099	21.05	21.05		
5	CS	483 OZ	SUNFRSH OMELET EGG/CHS/HAM & VEG W 100007963	3072956	32.36	161.80		
1	CS	6#10	SYS REL ORANGE MANDARIN BRKN LS 3548393	3548393	49.98	49.98		
1	CS	2#0 LB	AREZCLIS PASTA MACARONI ELBOW ITA AZ387K	5204544	22.05	22.05		
1	CS	25 LB	LABELLA PASTA NOODLE EGG WIDE 600729	4787297	17.92	17.92		
2	CS	33 LB	AREZCLIS PASTA TORTELLINI CHEESE PRECKD 7736	2467736	32.70	65.40		
1	CS	122.5 LBS	SYS CLS PEA & CARROT GR A P 74865-07850	1263615	32.20	32.20		
1	CS	122.5 LBS	SYS CLS PEA & BEAN ONION GR A P 74865-12430	1951482	40.18	40.18		
1	CS	127 OZ	EMBASSA PEPPER CHIPOTLE IN ADOBO SAUCE 4858A	5757091	19.07	19.07		
3	CS	646 OZ	SYS CLS PIE APPLE DUTCH RIB 10 7207	9784471	33.90	101.70		
2	CS	1002.5 OZ	ADVANCE PORK RIB PARTLY PRECOOKED 10000044531	2525624	50.68	101.36		
1	CS	121.75#	AUSTBLD PORK RIB ST. LOUIS CKD SMK T/WT= 31944	3839586	5.850	124.49		
2	CS	63 LB	LAMB POTATO PANCAKE MINI K39	3521143	32.40	64.80		
1	CS	65 LB	SYS IMP POTATO TATER BARREL 1000006067	5020233	33.77	33.77		
1	CS	1224 OZ	SYS CLS PUDDING MIX CHOCOLATE INST 53037	4010872	31.58	31.58		
2	CS	110LB	PORTSIM SALMON ATL PRIN BLSL 4 OZ NOR 52100	8496069	97.58	195.16		

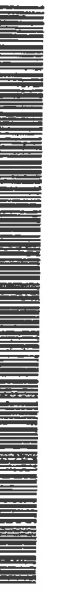
CHASB	SELT	NOV. PCS	CHASB	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM
34		34		25.0		
REMITT TO SYSICO - CENTRAL FLORID PO BOX 40 OCOEE, FL 34761						
TAX TOTAL 2207.89						

NO. PCS DELAYD. SIGN NO. PCS REC.

INVOICE TOTAL

PAYABLE ON OR BEFORE

CONT. ON PAGE 3



REMS HAWTHORNE HLTH OCALA DIP
 4100 SW 33RD AVE
 OCALA FL 34474-4466



At the heart of food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GAITHERSBURG IL 61401

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE	10/21/19	CUSTOMER	941462	INVOICE NUMBER	222851546	PAGE	3
PRODUCT SKUP	/012	ROUTE	1071	PURCHASE ORDER	JOHN	TERMS	-EAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE NET 1 DAY FROM INVOICE MANIFEST# 1476600 NORMAL DELIVERY MA: SFRIN MARIE BELCHER

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	480 OZ	CUSTOM SAUCE ALFREDO RTU FRZ 13800149985USL	1516828	35.13	35.13		
2	CS	200.8 OZ	SYS CUS SAUSAGE PORK LINK SKIS CK 10000019686	2035004	28.58	57.16		
1	CS	61 LB	SYS CUS SOUP BASE CHICKEN FLAVORED 214099SYS	4944567	17.60	17.60		
1	CS	628OZ	SYS IMP SOUP BASE CREAM 12804SYS	3990686	37.58	37.58		
1	CS	61 LB	MINOR SOUP BASE VEGTBL LO- 74826057067USL	5814397	35.58	35.58		
2	CS	1001.1 OZ	SMOCKER SYRUP BREAKFAST SUGAR FRZ 5150002277	5932280	11.83	23.66		
2	CS	52LB	SYS REL TOAST FRENCH STICKS BRD 1000001257	2744427	22.78	45.56		
1	CS	64 LB	SYS IMP VEGETABLE BLEND ORIENT 1491000	2182665	34.73	34.73		
2	CS	83 LB	SYS SELECT VEGETABLE BLEND SONOM 10071179003762	5241783	39.03	78.06		
2	CS	6#10	SYS CUS VEGETABLE FOR STEW FGY F4015822	4015822	29.53	59.06		
1	CS	484 OZ	YOPLAIT YOGURT RASPBERRY/Peach ORIG 17728000	5076587	20.47	20.47		
1	CS	484 OZ	DANNON YOGURT STW/BLU RASP LITEL FIT 00468	7849706	18.70	18.70		
1	CS	1232 OZ	SYS IMP MILK 2% DAIRY NECTAR THICK 5019	4254284	25.31	25.31		
4	CS	2050 CT	5105 DIETARY SUPPLIES GROUP TOTAL****	10B20	30.95	123.80		
2	CS	1509X9X3	SYS CUS CONTAINER FOAM HNG 3C D YTD199S30000	7551324	15.10	30.20		
2	CS	4025 CT	SYS CO CUP FOAM 16 OZ 360855	4360855	34.09	68.18		

CHASSS SPLIT VOL PCS CUBE GROSS WT. OPEN: 8:00 AM CLOSE: 5:00 PM
 26 26 56.7 447

DRIVER'S SIGN NO. PCS COST. SIGN X NO. PCS REC. TAX TOTAL 2918.67
 PAYABLE ON OR BEFORE SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761

132



CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

REMS HARTHORNE HITE OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GAINESBURG FL 32609



SYSCO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOCHEE, FL 34761
407-877-8500

DELIV. DATE	10/25/19	CUSTOMER		INVOICE NUMBER		PAGE	1
TRUCK #/003							
PURCHASE ORDER	5069						
TERMS	-EAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE						
NET 1 DAY FROM INVOICE							
MANIFEST#	1477357 NORMAL DELIVERY						
MA:	SSEFN MARIE BELCHER						

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
2	CS	130 LB	SYS REL APPLE SLICE IQF	00074865508780	47.62	95.24		
1	CS	62 LB	PARTLAND BACON CANADIAN SLI .75 O	70247821499	43.80	43.80		
2	CS	46 LB	FARMIPE BANANA PLANTAIN SWEET FRZ SLI	5013	21.82	43.64		
1	CS	6#10	SYS CIS BEAN GREAT NORTHERN	621281	24.85	24.85		
1	CS	122 LB	SYS CIS BEAN GREEN CUT GR A P	74865-04977	24.77	24.77		
1	CS	122 LB	SYS CIS BEAN GREEN ITALIAN CUT G	74865-07851	30.93	30.93		
1	CS	6#10	CASACIS BEAN PINTO FCY	35213179	24.18	24.18		
1	CS	42.5 LB	LIBBERRILL BEEF CORNED TOP RND C/O SLI 20	20620	63.13	63.13		
4	CS	25#AVG	BHB/NDM BEEF FOR STEW CB CPFB FRZN	21-41319	2.970	11.791		
			9.840	9.860	9.980	T/WT=	39.700	
			10.020					
1	CS	410#	AVP PERFECTS BEEF GRAND BULK 81/19 CHUB FRZ	66838	2.210	89.84		
			40.650					
1	CS	1024OZ	SYS CIS BREAD PULLMAN WHEAT 28SLI	54316720	28.16	28.16		
1	CS	1024 OZ	BERICIS BREAD RYE MARBLE DELI SLI	27700	28.83	28.83		
2	CS	125# "	BRKSCIS BREAD TOAST GRIC	54312870	27.11	54.22		
1	CS	1012 CT	SYS CIS BUN HAMBURGER RND 4 2.1 OZ	54399390	31.43	31.43		
1	CS	122 LB	SYS CIS CARROT WHL BABY GR A P	000001055508	27.93	27.93		
1	CS	961 OZ	CEREAL CHERRIO HNY NUT BMLP	11918000	40.29	40.29		

DELIVER'S NO. PCS COST. AMOUNT INVOICE EXTENSION BY TAX TERMS NO. PCS REC.
 SIGN DELAYD. SIGN

OPEN: 8:00 AM CLOSE: 5:00 PM

SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOCHEE, FL 34761

PAYABLE ON OR BEFORE

TAX TOTAL 769.15

CONT. ON PAGE 2



REMS HANTHORNE HLTH OCCALA DTP
4100 SW 33RD AVE
OCALA FL 34474-4466

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALLESBURG IL 61401

SYSCO
At the heart of food and service
SYSCO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOEHE, FL 34761
407-877-8500

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DATE	10/25/19
TRUCK STOP	/003
ROUTE	5069
PURCHASE ORDER	941462
TERMS	NET 1 DAY FROM INVOICE
MANIFEST#	1477357 NORMAL DELIVERY
MA:	SSEFM MARIE BELCHER
CUSTOMER	222860587
INVOICE NUMBER	5
PAGE	2

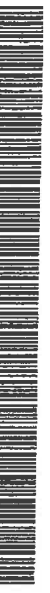
QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	1242 OZ	HSRCCLS CEREAL HOT OAT QUICK	23527601425	34.44	34.44	
1	CS	64.98 OZ	QUAKER CEREAL HOT OATMEAL VA 00030000316825	1827433	16.54	16.54	
25	ONLY 15 LB		BRRCLGS CHEESE AMER 160 DELI SFT YEL	9036724	16.76	33.52	
1	CS	35 LB	SCHRRBR CHEESE CUHE HAVARTI/GOODA/WUEN 09629	4605343	57.74	57.74	
2	CS	25#	HORMEL CHICKEN DICED FC ALL NAT	4110411	39.03	78.06	
1	CS	625 CT	CITVCLS COCOA MIX IND NO SUGAR ADDED	7678281	32.40	32.40	
2	CS	25 LB	PORTIMP GOD FILL BRD POT-CHS OVN 5-6OZ 087958	5016850	63.84	127.68	
1	CS	962 OZ	CITVCLS COFFEE GRAND BLEND MED W/F	5932043	80.59	80.59	
1	CS	962 OZ	CITVCLS COFFEE GRAND DECAF BLEND W/F	5932142	83.35	83.35	
1	CS	6#10	SYS IMP CORN CREAM STYLE GOLDEN	4107595	34.96	34.96	
1	CS	675 OZ	SYS CLS CORN WHL KERNEL VAC-PAK FCY F4187613	4187613	31.40	31.40	
1	CS	5002 CT	HSRCCLS CRACKER SALTINE	4204996	14.45	14.45	
1	CS	424 CT	BRRCLGS DANISH ASST MINI 1.25 OZ	22125	38.19	38.19	
2	CS	440.4 OZ	RICHS DONUT HOLE VANILLA CAKE	1010206	29.03	58.06	
1	CS	2162.2 OZ	PFLISBY DOUGH BISCUIT XT SOTHRN	5995438	42.34	42.34	
1	CS	3201 OZ	OTSPRKY DOUGH COOKIE BUTR SUGAR	58104	31.56	31.56	
1	CS	3201 OZ	OTSPRKY DOUGH COOKIE CHOCOLATE CHIP	58100	34.08	34.08	
1	CS	1201.5 OZ	SCHULTD DOUGH DANISH MINI SELECTION	2437176	39.74	39.74	
25	ONLY 1 GAL		MARZETI DRESSING CAESAR ROYAL 5 STAR	80508	19.07	38.14	
15	ONLY 1 GAL		SYS CLS DRESSING 1000 ISLD CHEF	953263D0854	12.50	12.50	

OPEN: 8:00 AM CLOSE: 5:00 PM

REMIT TO
SYSCO - CENTRAL FLORIDA
PO BOX 40
OCOEHE, FL 34761

TAX
TOTAL
1688.89

NO. PCS COST. SIGN **X** NO. PCS REB.
DELIVER'S SIGN
CONT. ON PAGE 3



REWS HAWTHORNE HLTH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALLESBURG IL 61401

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO
 DEPT. DATE: 10/25/19
 TRUCK STOP: /003
 PURCHASE ORDER: 941462
 TERMS: -BASE DUE BALANCES ARE SUBJECT TO SERVICE CHARGE
 NET 1 DAY FROM INVOICE
 MANIFEST# 1477357 NORMAL DELIVERY
 MA: SERFIN MARIE BELCHER

352-237-7776
FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALLESBURG IL 61401

SYSCO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOE, FL 34761
407-877-8500

QTY	PKGS	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	INVOICE ADJUSTMENTS
2	CS	1441	PAPERETTI EGG PATTY FRIED NAT S	46025-85879-00	36.21	72.42		
1	CS	65 LB	SUNFRSH EGG SCRABLE VALUE MIX	100007720	38.31	38.31		
1	CS	13 GAL	REFRASI JUICE CONC APPLE BLND 1008	4X1 60154	52.66	52.66		
1	CS	13 GAL	REFRASI JUICE CONC ORG BLND 1008	4X1 60215	51.55	51.55		
1	CS	301 LB	SYS CLS MARGARINE SOLID ZTF	21726WFS	21.05	21.05		
1	CS	65 LB	SYS REL MIX BRONNIE COMPLT	124-2439	26.34	26.34		
1	CS	1212CT	BKRSCLS MOFFIN ENGLISH ERK SPLIT 202	342608	34.87	34.87		
2	CS	723.5 OZ	WHLFCS OMELET EGG W/CHEESE I 74865-46279-00	7360704	47.70	95.40		
1	CS	6#10	SYS REL ORANGE MANDARIN BRKN IS	3548393	49.98	49.98		
2	CS	2161	25OZSYS CLS PANCAKE BTMIX HTGRV 4	05613	37.39	74.78		
1	CS	210 LB	LABELLA PASTA PENNE RIGATE MINI	660101	24.72	24.72		
1	CS	404 OZ	JOSEPHS PASTA SHEET EGG	09205	26.66	26.66		
1	CS	6#10	SYS CLS REACH SLICED Y/C IN FRUIT JC	6177455	47.96	47.96		
3	CS	643 OZ	SYS CLS PIE PUMPKIN T&S 10	7243	36.53	109.59		
3	CS	472 CT	MRS T PIEROGI POT/CHS CHDR 1.5 OZ	00370	46.01	138.03		
2	CS	2416 OZ	ORV RED POPCORN KIT W/COCONUT OIL	7227460090	27.49	54.98		
5	CS	404 OZ	BOH BLK PORK CHOP BNLS C/C 4 OZ SEAS	5741580	36.07	180.35		
2	CS	46-10#	BOH BLK PORK LOIN CC BNLS STRP/ON	25070	1.640	110.54		
2	CS	1029	30ZBASICAM POTATO MASHED NATURE S OWN	10169	54.39	108.78		
2	CS	62	25LBSYS CLS POTATO SCALLOPED CLS CASSROL	7489378	54.63	109.26		
CASES				SWIT	NET PCS	CUBE	GROSS WT.	
35				35	30.1	808		
				OPEN:	8:00 AM	CLOSE:	5:00 PM	
DRIVER'S SIGN				NO. PCS	DELAY.	SIGN	NO. PCS	

REQITE TO
 SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOEE, FL 34761

TAX TOTAL 3117.12
 INVOICE TOTAL

PAYABLE ON OR BEFORE
 CONT. ON PAGE 4

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PERMS HAWTHORNE HLTH Ocala DIP
 4100 SW 33RD AVE
 Ocala FL 34474-4466



At the heart of food and service

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG FL 34401

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE	10/25/19	CUSTOMER	941462	INVOICE NUMBER	222860587	PAGE	5
TRUCK STOP	/003	PORTS	5069	PURCHASE ORDER			4

TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE
 NET 1 DAY FROM INVOICE
 MANIFEST# 1477357 NORMAL DELIVERY
 MA: SSETIN MARIE BELCHER

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	65 LB	SYS TMP POTATO TAYER BARREL	5020233	33.77	33.77	
1	BX	125 LB	SYS IMP RICE PARBOILED PERFECT	4671350	14.46	14.46	
1	CS	6#10	SYS CLS SAUCE SPAGHETTI PLAIN MW	4189361	24.29	24.29	
1	CS	2003/4 OZ	SYS RCTLS SAUCE TARTAR CUP	4152898	22.07	22.07	
4	CS	200.8 OZ	SYS CLS SAUSAGE PORK LINK SKIS CK	2035094	28.58	114.32	
4	CS	110 LB	SYS CLS SAUSAGE SMOKED ROPE	7180714	31.01	124.04	
2	CS	135 LB	SYS REL SHORPENING FRX LIQ CLR ZTP	4518403	20.04	40.08	
3	CS	34 LB	SYS CLS SOUP ITALIAN WEDDING CONC	2582054	34.76	104.28	
1	CS	1250 OZ	CAMPBELL SOUP TOMATO	4040390	27.72	27.72	
3S		ONLY 2 LB	SYS CLS SPINACH CHOPPED TOP	2282234	3.31	9.93	
1	CS	1216 OZ	WHILECIS TOPPING WHPD JM BAG	2389534	39.82	39.82	
1	SCS	666.50Z	PORTCLS TUNA LIGHT SKIPACK CHUNK WT	8682692	75.70	75.70	
2	CS	45 LB	SYS CLS TURKEY GROUND MECHANICAL	7268279	19.78	39.56	
1	CS	484 OZ	DANNON YOGURT STW/BLD RASP LITEL FIT	7849706	18.70	18.70	
			GROUP TOTAL*****			3805.86	
1	CS	208 OZ	HP HOOD MILK NEAT 100% LACT CAL ENRCHD	6532857	10.77	10.77	
1	CS	1232 OZ	SYS IMP MILK 2% DAIRY NECTAR THICK	4254284	25.31	25.31	
			GROUP TOTAL*****			36.08	
1	CS	646OZ	SYS IMP DRINK TEA SWT LEMON NECTAR THK	0101618	9.57	9.57	
1	CS	44.44OZ	HECKEZH THICKENER FOOD CLR	2859314	23.87	23.87	

NO. PCS COST ASSGND SHIPMTS CHARGES OF ALL ITEMS
 NO. PCS REC.
 NO. PCS REC.
 NO. PCS REC.

OPEN: 8:00 AM CLOSE: 5:00 PM
 PAYABLE ON OR BEFORE
 SYSICO - CENTRAL FLORIDA
 PO BOX 40
 OCOEE, FL 34761
 CONT. ON PAGE 5

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9 4 1 4 8 2 2 2 8 0 0 0 5 V
 CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

RIMS HAWTHORNE HLTH Ocala DIP
 4100 SW 33RD AVE
 OCALA FL 34474-4466



At the heart of food and service

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOCHEE, FL 34761
 407-877-8500

DELIV. DATE: 10/25/19
 TRUCK STOP: /003
 ROUTE: 5069
 PURCHASE ORDER: 941462
 TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE
 NET 1 DAY FROM INVOICE
 MANIFEST# 1477357 NORMAL DELIVERY
 MA: SSTEIN MARIE BELCHER

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	TAX AMOUNT	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	1GAL	RECARB WATER THICK HONEY SF RTU GROUP TOTAL*****	7028197	25.14		25.14	
1	CS	10056 GAL	SYS REL LINER REPRO 43X46 1.5 ML X8646AKSX01	1764521	26.81		26.81	
1	CS	15013X21	CHIX WIPER TOWEL QUATSAP ANTIMIC RD GROUP TOTAL*****	4997146	41.67		41.67	
ORDER SUMMARY							68.48	
							14444	

CASES SPLIT NO. PCS CODE GROSS WT. OPEN: 8:00 AM CLOSE: 5:00 PM
 3 3 1.9 52
 107 8 115 89.6 2250
 DRIVER'S SIGN NO. PCS SIGN REC. PAYABLE ON OR BEFORE 10/26/19
 TAX TOTAL 3969.00
 INVOICE TOTAL 3969.00
 LAST PAGE

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1 N 9 4 1 4 8 2 2 8 8 3 8 2 6 0 0 1 0
 REMS HAWTHORNE HLTH OCALA DIP
 4100 SW 33RD AVE
 OCALA FL 34474-4466

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GAINESBURG IL 61401



At the heart of food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

CUSTOMER'S DUPLICATE INVOICE
 CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE	10/28/19
TRUCK STOP	/008
ROUTE	1069
PURCHASE ORDER	941462
TERMS - PART DUE BALANCES ARE SUBJECT TO SERVICE CHARGE	222863825
NET 1 DAY FROM INVOICE	6
MANIFEST# 1477684 NORMAL DELIVERY	1
DRIVER: SSTEIN MARIE BELCHER	

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNITE PRICE	DRP TAX AMOUNT	EXTENDED PRICE	T P	INVOICE ADJUSTMENTS
1	CS	6#10	LOWER CREDIT FEES; NEXT DAY FUNDING & DATA YOU CAN USE	4062030	32.44		32.44		
1	CS	6#10	GET CAKE INSIGHTS (A SYSCO COMPANY) 1-855-532-7738	4062030	32.44		32.44		
1	CS	25 LB	5100 FOOD SUPPLIES	5757051	64.37		64.37		
2	CS	6#10	SYS CLS BACON BIT REAL CRD 3/8 GF	8326872	32.57		65.14		
1	CS	122 LB	SYS CLS BEAN BAKED SLOW COOKED	1435197	24.77		24.77		
1	CS	410#	AVFRECUS BEEF GRAND BULK 81/19 CHUB FRS 40.730	0566838	2.200		89.61		
2	CS	804 OZ	FIREBEL BEEF PATTY 80/20 RND FRZ	1114016	49.86		99.72		
1	CS	120 LB	PACKER BROCCOLI RABE FRESH	1796077	57.78		57.78		
1	CS	122.5 LBS	SYS CLS BRUSSEL SPROUT MED GR A P	1951490	28.62		28.62		
2	CS	1012 CT	SYS CLS BUN HAMBURGER RND 4 2 1 OZ	9565383	31.43		62.86		
1	CS	1212 CNTS	SYS CLS BUN HOT DOG WHITE 6 HINGD	2496624	30.19		30.19		
1	CS	45 LB	GR LAKE CHEESE CHDR MILD FTHR SHRD	7018107	54.64		54.64		
1	SCS	65 LB	ARZIMP CHEESE MOZZARELLA LMPD SHRD	9008335	82.68		82.68		
2	CS	62#	SOBENTO CHEESE RICOTTA WHL MILK	3986072	29.67		59.34		
6	CS	25 LB	TYSON CHICKEN MEAT PULLED NAT	2617019	34.64		207.84		
6	CS	25 LB	BONICI CHICKEN WING OVEN ROAST	7601550	46.34		278.04		
1	CS	962 OZ	CITYCIS COFFEE GRND BLEND MED W/F	5932043	80.60		80.60		

DRIVER'S SIGN: [Signature]

NO. PCS: 31
 GROSS WT.: 28.0
 GROSS WT.: 639

OPEN: 8:00 AM
 CLOSE: 5:00 PM

SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOEE, FL 34761

TAX	1351.08
TOTAL	1351.08
INVOICE	
TOTAL	
CONT. ON PAGE	2

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REMS HAWTHORNE HLTH OCCALA DIP
 4100 SW 33RD AVE
 OCCALA FL 34474-4466



At the heart of food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCCOHEE, FL 34761
 407-877-8500

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELIV. DATE	10/28/19	CUSTOMER	941462	INVOICE NUMBER	222863825	PAGE	6
ORDER #	/008	ORDER #	941462	INVOICE NUMBER	222863825	PAGE	2
ORDER #	1069	TERMS	NET 1 DAY FROM INVOICE				
ORDER #	1069	MANIFEST#	1477684 NORMAL DELIVERY				
ORDER #	1069	MA	SSEFIN MARIE BELCHER				

QTY	BACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	962 OZ	CITVCLIS COFFEE GRAND DECAF BLEND W/F	3582970	83.35	83.35	
1	CS	25LB	SYS IMP CRANBERRY WHL IQF	26010	20.79	20.79	
2	CS	65 LB	SUNFRSH EGG SCRAMBLE VALUE MIX	1000007720	38.31	76.62	
2	CS	25 LB	BBRLIMP FRANK ALL-BEEF 5X1 6	74865331135	30.42	60.84	
1	CS	6#10	SYS CLS FRUIT COCKTAIL CH IN EXTRA 1	2183368	50.74	50.74	
2S	ONLY 32 OZ		SYS CLS GARLIC CHOPPED IN OIL OLIVE	200037	8.40	16.80	
1	CS	1.5 LB	IMPERSE GINGER ROOT FRESH	1185545	12.61	12.61	
1	CS	483 OZ	BLURBCL ICE CREAM BAR FUDGE	10070640017642	14.24	14.24	
1	CS	484 OZ	WHLEFCL ICE CREAM CHOC CUP 4 OZ	1020032	15.24	15.24	
2	CS	24.6 OZ	BNY ICE CREAM CONE VARIET 00070640400799	5264361	18.73	37.46	
1	CS	483.5 OZ	BLURBCL ICE CREAM SANDWICH VA 00070640310104	1666155	17.41	17.41	
2	CS	484 OZ	WHLEFCL ICE CREAM VAN CUP 4 OZ	1020025	15.24	30.48	
1	CS	13 GAL	REFRASI JUICE CONC APPLE BLND 100% 4X1 60154	4752083	52.66	52.66	
1	CS	13 GAL	REFRASI JUICE CONC ORG 60% 5X1 BIB 60211	4754550	52.28	52.28	
1	CS	616 OZ	SYS SUP PAN COATING ARSL PROF FOR 7486505182	5204383	28.38	28.38	
1	CS	25 LB	LABELLA PASTA NOODLE EGG WIDE	4787297	17.92	17.92	
1	CS	210 LB	BARILLA PASTA ORECCHETTE	76808-00794	19.94	19.94	
1	CS	6#10	SYS CLS BEAR SLICED CHOICE EXTRA 1S 2182208	2182208	50.30	50.30	
1	CS	24#300	SYS IMP PEPPER RED DICED PCY 01014300240300	6693642	41.51	41.51	
3	CS	646 OZ	SYS CLS PIE PEACH RTB 10	7211	37.48	112.44	

CASES	SPLIT	HOT PCS	CHSE	GROSS Wt.	OPEN: 8:00 AM	CLOSE: 5:00 PM
25	2	27	15.8	455		

DELIVER'S	NO. PCS	NO. PCS	NO. PCS	NO. PCS
STGN	DETD.	SIGN	REC.	REC.

REMIT TO: SYSCO - CENTRAL FLORIDA, PO BOX 40, OCCOHEE, FL 34761

TAX TOTAL: 2163.09

INVOICE TOTAL: 2163.09

PAYABLE ON OR BEFORE

CONT. ON PAGE 3



REMS HAWTHORNE HLTH Ocala DIP
 4100 SW 33RD AVE
 Ocala FL 34474-4466



At the heart of food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

FLORIDA LIVING OPTIONS INC
 285 S FARMHAM ST
 GAINESBURG FL 32609

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

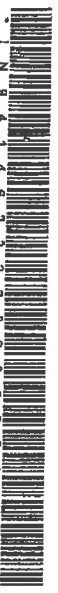
DELIV. DATE	10/28/19	CUSTOMER	FLORIDA LIVING OPTIONS INC	INVOICE NUMBER	6	PAGE	3
TRUCK STOP	/008	941462		222863825			
INVOICE	1069						
PURCHASE ORDER							
TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE							
NET 1 DAY FROM INVOICE							
MANIFEST# 1477684 NORMAL DELIVERY							
MA: SSETIN MARIE BELCHER							

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	2012IN	AREZIMP PIZZA CRUST PRAND DEEP D	025425-0071	19.98		19.98	
1	CS	6#10	SYS CUS PUDDING VANILLA ZTF	79873230854	31.70		31.70	
1	CS	ONLX5 LB	KN CHUN SAUCE HOISIN	5048996	12.84		12.84	
1	CS	6#10	SYS IMP SAUCE PIZZA W/BASIL MW	SYTIS9F	23.12		23.12	
2	CS	1141.4 OZ	ONES D SAUSAGE CHICKEN APPLE LINK	018662	34.70		69.40	
1	CS	61LB	SYS IMP SOUP BASE BEEF NO MSG ADDED	12573SYS	2911824	39.76	39.76	
1	SCS	61 LB	SYS IMP SOUP BASE CHICKEN NO MSG/HV	72808SYS	4944534	31.30	31.30	
1	IS	ONLX13 OZ	IMP/MCC SPICE PEPPER RED CRUSHED	900010608	9806423	11.91	11.91	
1	BG	125 LB	BKRSCTS SUGAR BROWN LIGHT CANE	404347	21.87		21.87	
1	CS	20001/100Z	SYS SUGAR PACKET	4000899	13.26		13.26	
1	CS	20001 GM	SMPDUS SUGAR SUB PACKET YELLOW	46007	5817251	24.79	24.79	
1	CS	12000CTE	SUGAR SUB YELLOW PKT	91029	8900095	27.53	27.53	
1	CS	6#10	SYS IMP TOMATO SLICED WITH ZUCCHINI	SYT4A99	5450598	30.07	30.07	
2	CS	64 LB	SYS IMP VEGETABLE BLEND CAPRI GR A	1333186	28.04		56.08	
1	CS	64 LB	SYS IMP VEGETABLE BLEND FAJITA	2182665	32.66		32.66	
1	CS	122.5 LB	SYS CUS VEGETABLE MIX 5 WAY GR A P	1263623	39.04		39.04	
2	CS	722 OZ	SYS CUS WAFER BELGIAN 4 IN	06376	1826254	32.59	65.18	
1	CS	6#10	SYS CUS YAM CUT EGY	00008219510	4114625	35.42	35.42	
GROUP TOTAL*****						2749.00		
5105 DIETARY SUPPLIES								
SYS CUS FILM PVC ROLL 2000FT						34.89		
3	CS	112IN		9062	7435191	11.63		

CASRS	SPLIT TOT. PCS	CUBE	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM	REMIT TO	
22	2	24	15.1			SYSCO - CENTRAL FLORIDA	
			444			PO BOX 40	
						OCOEE, FL 34761	

DRIVER'S SIGN	NO. PCS DELIV.	CUST. SIGNED	INVOICE THROUGH ENTRIES OF A/R	NO. PCS REC.	PAYABLE ON OR BEFORE
		X			
PROGRAM VATA PROVISION: THE PARTICIPANT AGRI-CULTURAL COMMODITIES LISTED ON THIS INVOICE ARE SUBJECT TO THE SPATIALLY PROTECTED MARKET SECTION 5 (C) OF THE FARMERS' AGRI-CULTURAL COMMODITIES ACT 1990 (U.S.C. 1621) WHICH PROVIDES THAT THE MARKET FOR SUCH COMMODITIES IS LIMITED TO THE PRODUCTION OF SUCH COMMODITIES IN THE STATE OF FLORIDA. THE MARKET FOR SUCH COMMODITIES IS LIMITED TO THE PRODUCTION OF SUCH COMMODITIES IN THE STATE OF FLORIDA. THE MARKET FOR SUCH COMMODITIES IS LIMITED TO THE PRODUCTION OF SUCH COMMODITIES IN THE STATE OF FLORIDA.					
INVOICE TOTAL					2783.89
TAX					
CONT. ON PAGE					4

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CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

RFMS HAWTHORNE HLTH OCALA DIP
 4100 SW 33RD AVE
 OCALA FL 34474-4466

FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG IL 61401



At the heart of
 food and service
 SYSCO CENTRAL FLORIDA, INC.
 200 WEST STORY ROAD
 OCOEE, FL 34761
 407-877-8500

DELIV. DATE	10/28/19	CUSTOMER	941462	INVOICE NUMBER	222863825	PAGE	4
TRUCK STOP	/008	PURCHASE ORDER					
ROUTE	1069	TERMS	-BASE DUE BALANCES ARE SUBJECT TO SERVICE CHARGE				
		NET 1 DAY FROM INVOICE					
		MANIFEST# 1477684	NORMAL DELIVERY				
		MA: SFEIN MARIE BELCHER					

DRIVER:

LT	QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	TAX	INVOICE ADJUSTMENTS
D	3	CS	118 IN	SYS CLS FILM PVC ROLL 2000FT	9063	7435266	17.24	51.72		
D	4	CS	118 IN	SYS CLS FOIL ALUM ROLL Hvy WGT 500 FT W69328	6937767	25.95	103.80			
D	1	CS	11000CT	SYS CO LINER PAN QUILLION TRTD 16 019010SYS	6787774	38.88	38.88			
D	1	CS	12334	CTORK NAPKIN 1/4# WHT 1PLY 15X17	N5140A	6650770	35.08	35.08		
D	1	CS	15 GAL	REFCARE WATER THICK NECTAR SF RTU	60309	7028199	24.33	24.33		
D	1	CS	81	75L BECOLAB CLEANER COFF EQUIP DIRTYX	6117583	2763688	131.77	131.77		
				** HAZARD **						
				GROUP TOTAL*****				131.77		
				ORDER SUMMARY				18264		19104

CASHS	SHTT	NO. PCS	CUBE	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM	RELATE TO	SUBS	TOTAL
11	11	7.9	183				SYSCO - CENTRAL FLORIDA		3169.47
89	4	93	66.8	1721			PO BOX 40		
							OCOEE, FL 34761		
DELIVER'S		NO. PCS	CUST. SIGN	NO. PCS					
			<input checked="" type="checkbox"/>						
		NO. PCS	CUST. SIGN	NO. PCS					
			<input checked="" type="checkbox"/>						
		NO. PCS	CUST. SIGN	NO. PCS					
			<input checked="" type="checkbox"/>						
		NO. PCS	CUST. SIGN	NO. PCS					
			<input checked="" type="checkbox"/>						
		NO. PCS	CUST. SIGN	NO. PCS					
			<input checked="" type="checkbox"/>						

INVOICE TOTAL 3169.47

PAYABLE ON OR BEFORE 10/29/19

LAST PAGE

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4100 SW 33RD AVE
OCALA FL 34474-4466

352-237-7776

FLORIDA LIVING OPTIONS INC
265 S FARMHAM ST
GAINESBURG IL 61401



At the heart of food and service
SYSCO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOCHEE, FL 34761
407-877-8500

CUSTOMER'S DUPLICATE INVOICE
CONFIDENTIAL PROPRIETARY
DATE: 10/30/19
CUST: 941462
INVOICE: 222869208
PAGE: 9

DELIV. DATE	10/30/19
ORDER NO.	3062
TERMS	-PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE
NET 1 DAY FROM INVOICE	
MANIFEST#	1478030 NORMAL DELIVERY
DRIVER	SSFIN MARIE BELCHER

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	TAX	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	11.5 LB	SYS REL BACON LAYFLAT 16/22 SMOK	608057-0895	53.42		53.42	
1	SCS	6#10	CASACTS BEAN BLACK	5844220	26.95		26.95	
1	CS	122.5 LB	SYS CLS BEAN LIMA BABY GR A P	F1440270	44.17		44.17	
2	CS	25#AVG	BHB/NBM BEEF FOR STEW CH CHFB	ERZN	21-41319		59.40	
1	CS	410#	AVTRECIS BEEF GRND BULK 81/19 CHUB	FRS	66838		89.21	
2	CS	404 OZ	SYS CLS BEEF LIVER SLICED SKND&D	END	1045228		57.90	
1	CS	1024OZ	SYS CLS BREAD PULLMAN WHEAT 28SLI		54316720		28.16	
1	CS	1024 OZ	SYS CLS BREAD PULLMAN WHITE 28 SLI		54316730		28.89	
2	CS	1251 "	BKRCIS BREAD TOAST GRIC		54312870		54.22	
1	CS	45 LB	IMPFRSH CABBAGE CHOP SLAW 1/4 MIX		8145302		18.39	
1	CS	122 LB	SYS CLS CAULIFLOWER TOP P		1628593		26.56	
1	CS	1242 OZ	HSRCIS CEREAL HOT OAT QUICK		23527601A25		34.44	
1S	ONLY5 LB		BBRCLCS CHEESE AMER 160 DELI SLI YEL		34947		18.97	
2	CS	24 LB	MIKES CHEESECAKE PMPKN 12CUT		CLM2698		87.22	
5	CS	110 LB	SEASDE COD LOIN 4 OZ TOP		21021172		267.60	
1	CS	962 OZ	CITYCLS COFFEE GRND BLEND MED W/F		3582965		80.60	

CLASS: 23 1 24 20.8 418
 SPLIT TOT. PCS: 1
 GROSS WT.: 418
 OPEN: 8:00 AM CLOSE: 5:00 PM

NO. PCS DELIV. NO. PCS REC.
 NO. PCS CUST. NO. PCS REC.

SYSCO - CENTRAL FLORIDA
 PO BOX 40
 OCOCHEE, FL 34761

PAVABLE ON OR BEFORE
 CONT. ON PAGE 2



RIMS HAWTHORNE HILTH OCALA DIP
 4100 SW 33RD AVE
 OCALA FL 34474-4466



SYSCO CENTRAL FLORIDA, INC.
 At the heart of
 Food and Service
 200 WEST STORY ROAD
 OCOCHEE, FL 34761
 407-877-8500

352-237-7776
 FLORIDA LIVING OPTIONS INC
 285 S FARNHAM ST
 GALESBURG FL 32141

DEPT. DATE	10/30/19
TRUCK STOP	/015
ROUTE	3062
PURCHASE ORDER	941462
TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE	222869208
NET 1 DAY FROM INVOICE	9
MANIFEST# 1478030 NORMAL DELIVERY	2
DRIVER: MEBB	MA: SFTIN MARIE BELCHER

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	TAX	ADJUSTMENTS
1 CS	216	2 OZ	PILLSBY DOUGH BISCUIT ZT SOTHRN	5995438	42.34	42.34	42.34		
1 CS	300	12 OZ	BECKSCLS DOUGH ROLL DINNER SOFT	7012438	29.13	29.13	29.13		
1 CS	240	1.5 OZ	SYS CIS DOUGH ROLL WHITE RANCH	7084494	26.12	26.12	26.12		
1 CS	144	1.75 OZ	HABERTT EGG PATTY FRIED NAT \$ 46025-85879-00	1732940	36.44	36.44	36.44		
1 CS	65	1B	SUNRSH EGG SCRAMBLE VALUE MIX	2397586	38.31	38.31	38.31		
4 CS	603	OZ	CASACLS ENCHILADA CHKN	2591683	45.99	183.96	183.96		
1 CS	1B	GAL	REFRASI JUICE CONC APPLE BLIND 100% 4X1 60154	4752083	52.66	52.66	52.66		
1 CS	33	5L	REFRASI JUICE CONC APPLE BLIND 100% 4X1 60155	4752137	61.81	61.81	61.81		
1 CS	1B	GAL	REFRASI JUICE CONC ORG BIND 100% 4X1 60215	4757666	51.55	51.55	51.55		
1 CS	33	5L	REFRASI JUICE CONC ORG BIND 100% 4X1 60215	4754492	63.83	63.83	63.83		
1 CS	241.4	OZ	CASACLS MILK CONDENSED SWEETENED	9312596	42.40	42.40	42.40		
1 CS	481.2	OZ	SYS CIS MILK EVAPORATED	4219747	62.95	62.95	62.95		
1 CS	65	LB	SYS REL MIX BROWNIE COMPLET	1242439	26.34	26.34	26.34		
2 CS	65	LB	SYS REL MIX CAKE YELLOW COMPLET	5301627	23.87	47.74	47.74		
1 CS	61.5	LB	SYS CIS MIX GRAVY BISCUIT HMSTY ZTF	4007118	19.09	19.09	19.09		
1 CS	1S	ONL	SYS LB IMPFRSH MUSHROOM SLICED FASH TUBS	6056907	15.10	15.10	15.10		
1 CS	1S	ONL	YL GAL ARECCLS OIL OLIVE BLEND 80/20	5934302	11.56	11.56	11.56		
1 CS	1S	ONL	YS LB IMPFRSH ONION YELLOW SLVRD 1/8	7749591	10.61	10.61	10.61		
1 CS	1 CS	25	LB LABELLA PASTA NOODLE EGG WIDE	4787297	17.92	17.92	17.92		
1 CS	1 CS	45	LB LABELLA PASTA ORZO ROSAMARINA TRI-COL	8039156	28.32	28.32	28.32		

CASES	BRKT	NET WT. PCS	CASE	GROSS WT.	OPEN: 8:00 AM	CLOSE: 5:00 PM
21	3	24	15.7	522		
					NO. PCS DETAILED SIGN	NO. PCS REC.

PAVABLE ON OR BEFORE
 SYSICO - CENTRAL FLORIDA
 PO BOX 40
 OCOCHEE, FL 34761

TOTAL 1844.28
 TAX
 TOTAL
 CONT. ON PAGE 3

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REMS HAWTHORNE HLTH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466



At the heart of food and service
SYSKO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOE, FL 34761
407-877-8500

352-237-7776

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALESBURG IL 61401

CUSTOMER'S DUPLICATE INVOICE/CONFIDENTIAL PROPRIETARY USE ONLY

DATE	10/30/19	CUSTOMER	941462	INVOICE NUMBER	222869208	PAGE	9	3	
TRUCK STOP	/015	PURCHASE ORDER	3062	TERMS	*PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE				
NET 1 DAY FROM INVOICE	MANIFEST# 1478030 NORMAL DELIVERY							MA: SIFIN MARIE BELCHER	

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	UNIT AMOUNT	EXTENDED PRICE	TAX	ADJUSTMENTS
5	CS	33 LB	ARIZOCLS PASTA TORTELLINI GHEESE PRECKD	7736	32.70	163.50			
OUT	CS	228.6 OZ	SYS IMP PASTRY ECLAIR CHOC ICED MINI OUT/STOCK 2	5440805					
4	CS	412 CT	PASTRY ECLAIR CHOC 2 OZ	1028091	34.80	139.20			
1	CS	122.5 LBS	SYS CLS BEA & CARROT GR A P	1263615	32.20	32.20			
4S	ONLY	2.5 LBS	SYS CLS BEA GREEN GR A P	1259530	4.14	16.56			
1	SCS	65 LB	SYS CLS PEANUT BUTTER CREAMY	4009189	60.00	60.00			
1	CS	6#10	SYS SUP PINEAPPLE TIDBIT JCE	4087409	41.53	41.53			
5	CS	25 LB	FARMLAND PORK DICED 1 IN CUBE 435	70247141603	24.09	120.45			
2	CS	305.3 OZ	HOLTEN PORK FRITTER LOIN BRD RW 5.30Z	20006	31.56	63.12			
1	CS	1220 CT	SYS IMP POTATO H/BRN PTV 2.25	10734730627868	45.36	45.36			
2	BY	125 LB	SYS IMP RICE PARBOILED PERFECT	R1XK25920	14.47	28.94			
1	CS	63.5 LB	PARCEL RICE YELLOW	P1PY048C1	32.93	32.93			
2	CS	480 OZ	CUSTOM SAUCE ALFREDO RTU FRZ 1380014998505L	1516828	35.16	70.32			
2S	ONLY	32 OZ	KITBOU SAUCE BROWNING	05102	9.58	19.16			
1	SCS	4135 OZ	OSACIAS SAUCE ENCHILADA AUTHENTI 48549510211	7775032	33.97	33.97			
1	CS	6#10	AREZCLS SAUCE MARINARA PREMIUM MW	ARRNA99	26.20	26.20			
2S	ONLY	5 GAL	KIKOMAN SAUCE SOY LIGHT	00130	9.60	19.20			
1	CS	6#10	SYS CLS SAUCE TOMATO CA	4978884	25.85	25.85			
1	CS	200.8 OZ	SYS CLS SAUSAGE PORK LINK SKLS CK 10000019686	2035004	28.58	28.58			
2	CS	1061.5 OZ	SYS CLS SAUSAGE PORK PTV CKD MIL 10000019698	1589290	29.67	59.34			

CASES 31 8 39 21.4 608
 OPEN: 8:00 AM CLOSE: 5:00 PM
 NO. PCS CUST. ISSUED INVOICE NUMBERS OR ALL ITEMS
 NO. PCS SIGN REC.

REMIT TO: SYSKO - CENTRAL FLORIDA
 PO BOX 40
 OCOE, FL 34761

TOTAL 2870.69
 TAX
 CONT. ON PAGE 4

EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION CLAUSES OF 41 CFR 60-1.4, 60-250.4 AND 60-714.4 ARE INCORPORATED HEREBY BY REFERENCE



REMS HAWTHORNE HILTH OCALA DIP
4100 SW 33RD AVE
OCALA FL 34474-4466

352-237-7776

FLORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALLESBURG IL 61401

SYSCO
At the heart of food and service
SYSCO CENTRAL FLORIDA, INC.
200 WEST STORY ROAD
OCOEFE, FL 34761
407-877-8500

CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROKREK.I UH 21200

DELIV. DATE	10/30/19	CUSTOMER	941462	INVOICE NUMBER	222869208	PAGE	9	4
TRUCK STOP	/015	PURCHASE ORDER	3062	TERMS	NET 1 DAY FROM INVOICE			
3062		MANIFEST#	1478030	NORMAL DELIVERY	MA: SSETIN MARIE BELCHER			

QTY	PACK	SIZE	ITEM DESCRIPTION	ITEM CODE	UNIT PRICE	EXTENDED PRICE	INVOICE ADJUSTMENTS
1	CS	48 OZ	SYS CUS SHERBET ORANGE CUP 4 OZ	3412485	13.29	13.29	
1	CS	9.64 OZ	LDIGIS SHERBET RASPBERRY CUP	8125296	25.40	25.40	
1	CS	61 LB	SYS IMP SOUP BASE BEEF NO MSG ADDED 12573SYS	2911824	39.76	39.76	
1	CS	61 LB	SYS IMP SOUP BASE CHICKEN NO MSG/HV 72808SYS	4944534	31.30	31.30	
1	CS	628 OZ	SYS IMP SOUP BASE CREAM	3990686	37.61	37.61	
1	CS	122 LB	FLAVBRK SQUASH ZUCCHINI SLICED GR A	1207265	33.73	33.73	
1	BG	125 LB	BKRSCLS SUGAR BROWN LIGHT CANE	1854694	21.87	21.87	
1	CS	2424 OZ	HERSHEY SYRUP CHOCOLATE SQUEEZE B 3400031240	4441457	52.65	52.65	
1	CS	961 OZ	CITYIMP TEA ICED BREW BLK FP 1OZ	4202255	16.45	16.45	
2	CS	722.55 OZ	SYS CUS TOAST FRENCH HTASRV TH1 007486574659	5420328	36.96	73.92	
1	CS	6#5	SYS CUS TOPPING CARAMEL	4821591	37.66	37.66	
1	CS	666.50 Z	PORTCLS TUNA LIGHT SKIPACK CHUNK WT 29502SY	8682692	75.70	75.70	
1	CS	45 LB	SYS CUS TURKEY GROUND MECHANICALL 2265569942	7268279	19.79	19.79	
2	CS	110 LB	JENNIBO TURKEY MEAT BULLED WHITE IOF	7497217	40.44	80.88	
1	CS	122 LB	SYS CUS VEGETABLE BLEND CALIF GR A 00708464	1474964	24.32	24.32	
2	CS	64 LB	SYS CUS VEGETABLE BLEND CHECUT MEDI 00708482	3533429	31.81	63.62	
1	CS	64 LB	SYS IMP VEGETABLE BLEND FAULTVA	2182665	32.66	32.66	
2	CS	122 LB	SYS CUS VEGETABLE BLEND WINTER GR A 00708492	1475011	25.00	50.00	
1	CS	6#10	SYS CUS VEGETABLE FOR STEW FGX	4015822	29.53	29.53	
1	CS	33	STEREPRASI WATER FLAVOR STRAWB KIWI ENHAN 60059	4675729	26.86	26.86	

CASES: 24 SEALT TOT PCS: 24 CUBE: 19.6 GROSS WT.: 511 OPEN: 8:00 AM CLOSE: 5:00 PM

DRIVER: 3 SIGN: NO. PCS: SIGN: NO. PCS: SIGN: PAYABLE ON OR BEFORE: SYSCO - CENTRAL FLORID, PO BOX 40, OCOFE, FL 34761

MAX: 3657.69 TOTAL: 3657.69 INVOICE TOTAL: 3657.69 CONT. ON PAGE 5



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INVOICE

Customer PO # central supply	Invoice Date 10/02/2019	Invoice # 1888809859
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Sold To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

Ship To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE		
721	715234350	MEDTRANS	MEDLINE	1840760	USD	\$0.00		
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT

10	6.00	EA	6.00	OTC3210H /DRUG BUSTER 16 OUNCE BOTTLE EACH		970190461	9.79	58.74
20	4.00	EA	4.00	OTC203506 /MICONAZOLE NITRATE 2% 7 DAY VAG CRM+ 1APP	TE	970190461	4.54	18.16
30	1.00	EA	1.00	UTD602124014H /TUBE, GEL, IODOSORB, 10 GRAM	TE	970190461	27.55	27.55
HCPCS Code #: A6261								
40	1.00	CS	1.00	MDT211218XLI /SLIPPER,SINGLE TREAD,BEIGE,XL		970190461	33.75	33.75
50	6.00	PR	6.00	MDT211218BARH /SLIPPER,BARIATRIC,DOUBLE TREAD,GRAY,1/PR		970190461	2.21	13.26
60	1.00	CS	1.00	MDT211218XXLI /SLIPPER,SINGLE TREAD,GRAY,XXL		970190461	31.95	31.95
70	6.00	BT	6.00	OTC091901 /VITAMIN D3 1000IU TAB 100/BT	TE	970190461	2.83	16.98
80	6.00	BT	6.00	OTC561646 /COENZYME Q10 50MG SG 30/BT	TE	970190461	7.28	43.68

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED. EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION. (PH: 800-307-8386) INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE.

MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDCAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Susan Marshall 770-4712

REMITTANCE

Bill To:
HAWTHORNE HEALTH AND REHAB
 Attn: Joseph Cassiba
 4100 SW 33RD AVE
 OCALA FL 34474-4400

Customer # 1840760
Invoice # 1888809859
Invoice Date 10/02/2019
Sales Rep # 721
Payment Terms Due Immediately
Amount Due \$0.00

Remit To:
 Medline Industries, Inc.
 Dept CH 14400
 Palatine IL 60055-4400

RECEIVED
 NOV 07 2019

BY: *RB*

PAID BY CREDIT CARD
 NO REMITTANCE REQUIRED



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
central supply	10/02/2019	1888809859

Ship To:
 HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
280	2.00	CS	2.00	NCL028182 /ISOSOURCE 1.5, RTH, 1500ML BAG	TE	970190461	47.69	95.38
HCPCS Code #: B4152								
290	1.00	BX	1.00	CUR250330Z /DRESSING,GAUZE,OIL EMULSION,CURAD,3"X3"	TE	970190461	19.80	19.80
HCPCS Code #: A6222								
300	2.00	BX	2.00	HUD20039Z /SALINE,.9 PCNT,3 ML,ADDIPAK,STERILE	TE	970190461	15.40	30.80
HCPCS Code #: A9900 OR A4649								
310	2.00	BX	2.00	MSCEX44EPZ /OPTIFOAM GENTLE EX, BORDERED, 4X4	TE	970190461	27.50	55.00
HCPCS Code #: A6212								
320	2.00	BX	2.00	MSC3244Z /GAUZE,BORDER,4"X4",2.5"X2.5"PAD,STERILE	TE	970190461	11.59	23.18
HCPCS Code #: A6219								
330	1.00	CS	1.00	DYNC1816 /TRAY,CATHETER,URETHRAL,RED-RUBBER,15FR	TE	970190461	38.12	38.12
HCPCS Code #: A4353								
340	2.00	GR	2.00	MSC092534PACK /CREAM,HYDRAGUARD,REMEDY PHYTO,4ML PKT	TE	970190461	39.31	78.62
HCPCS Code #: A6250								
350	2.00	BX	2.00	MSC7344EPZ /DRESSING, ALGINATE, MAXORB II, 4"X4"	TE	970190461	36.04	72.08
HCPCS Code #: A6196								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,750.63	49.97	0.00	\$1,800.60

* Code
 TE - Tax Exempt
 C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
central supply	10/04/2019	1889059571

Sold To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

Ship To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE	
721	715300061	MEDTRANS	MEDLINE	1840760	USD	\$0.00	
ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT

8.00	CS	8.00	FITBASICXLG /BRIEF,CLOTHLIKE,FITBASIC,XLG,57-86"		970461722	39.85	318.80
6.00	CS	6.00	FITBASICLG /BRIEF,CLOTHLIKE,FITBASIC,LG,48-58"		970461722	33.69	202.14
2.00	CS	2.00	FITBASICMD /BRIEF,CLOTHLIKE,FITBASIC,MD,32-42"		970461722	30.74	61.48
2.00	CS	2.00	FITBASICXXL /BRIEF,CLOTHLIKE,FITBASIC,XXL,60-69"		970461722	53.00	106.00
1.00	CS	1.00	HCS4514 /CANNULA,ADULT,SOFT-TOUCH,7" TUBE,SC	TE	970461722	20.50	20.50
:PCS Code #: A4615							
1.00	CS	1.00	HCS4485 /NEBULIZER,KIT,MASK,ADULT, 7' TUBING,SC	TE	970461722	74.29	74.29
:PCS Code #: A7003 + A7015							
1.00	CS	1.00	MSC095420 /CREAM,BARRIER,ZINC,INZO,S&C,4 OZ TUBE	TE	970461722	38.51	38.51
:PCS Code #: A6250							

BUYER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED. EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION. (PH: 800-307-8386) INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE. MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A MEDICAL PARTNERSHIP, AND MEDCAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Susan Marshall 770-4712

REMITTANCE

Bill To:
HAWTHORNE HEALTH AND REHAB
 Attn: Joseph Cassiba
 4100 SW 33RD AVE
 OCALA FL 34474-4400

Customer # 1840760
Invoice # 1889059571
Invoice Date 10/04/2019
Sales Rep # 721
Payment Terms Due Immediately
Amount Due \$0.00

Remit To:
 Medline Industries, Inc.
 Dept CH 14400
 Palatine IL 60055-4400

PAID BY CREDIT CARD
 NO REMITTANCE REQUIRED



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
central supply	10/04/2019	1889059571

Ship To:
 HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

LINE	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
	2.00	BX	2.00	MSCEX44EPZ /OPTIFOAM GENTLE EX, BORDERED, 4X4	TE	970461722	27.50	55.00
:PCS Code #: A6212								
	2.00	BX	2.00	MSC3244Z /GAUZE,BORDER,4"X4",2.5"X2.5"PAD,STERILE	TE	970461722	11.59	23.18
:PCS Code #: A6219								
0	2.00	GR	2.00	MDS136000 /TOOTHBRUSH,INDIVIDUALLY WRAPPED,30 TUFT		970461722	12.19	24.38
0	36.00	EA	36.00	MSC095206H /CLEANSER,TOTAL BODY,SOOTHE AND COOL,8OZ		970461722	1.52	54.72
0	1.00	CS	1.00	MSC095060 /WASH,SHAMPOO&BODY,KIWI MANGO,8 OZ		970461722	29.69	29.69
0	2.00	CS	2.00	MSC095362 /LOTION,SOOTHE & COOL,8 OZ		970461722	15.88	31.76
:PCS Code #: A6250								
0	3.00	BX	3.00	MDS136405Z /CLEANSER,DENTURE,TABLETS		970461722	3.35	10.05
0	4.00	BX	4.00	MDS137015ZZ /BRUSH,HAIR,ADULT		970461722	5.02	20.08
0	4.00	PK	4.00	MDS137007Z /COMB,BLACK,7"	TE	970461722	2.83	11.32
0	4.00	EA	4.00	MDT823296 /PROTECTOR, HEEL, HEEL RAISER, OSFM		970461722	24.58	98.32
:PCS Code #: E0191								
0	1.00	CS	1.00	MSC351410AN /WIPE,GERM,MICRO-KILL BLEACH, 6X5, 150 CT		970461722	65.10	65.10
0	1.00	CS	1.00	DYNC1810 /TRAY,FOLEY INSERTION,W/10ML SYRINGE	TE	970461722	26.94	26.94
:PCS Code #: A4310								
0	1.00	BX	1.00	MDS160694 /STOCKING,ANTI-EMBOLISM,K-L,XXL RG,LF		970461722	44.81	44.81
:PCS Code #: A6530								
0	1.00	CS	1.00	DYNC8522 /BEDPAN,FRACTURE,GRAPHITE,24 EA		970461722	17.64	17.64
:PCS Code #: E0276								
0	1.00	CS	1.00	NONTP15I /TOOTHPASTE,SPARKLE FRESH,FLUORIDE,1.		970461722	42.80	42.80
0	1.00	BX	1.00	MDS160698 /STOCKING,ANTI-EMBOLISM,K-L,XXL LONG,LF		970461722	44.81	44.81
:PCS Code #: A8530								

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INVOICE

Customer PO # central supply	Invoice Date 10/04/2019	Invoice # 1889059571
--	-----------------------------------	--------------------------------

Ship To:
HAWTHORNE HEALTH AND REHAB
4100 SW 33RD AVE
OCALA, FL 34474-4400

GROSS 1,422.32	TAX AMOUNT 82.13	FREIGHT 0.00	TOTAL \$1,504.45
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* Code
TE - Tax Exempt
C - Customer Freight



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INVOICE

Customer PO #	Invoice Date	Invoice #
central supply	10/04/2019	1889059573

Sold To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

Ship To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
721	715308759	MEDTRANS	MEDLINE	1840760	USD	\$0.00

LINE	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
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	2.00	BX	2.00	DYND70318 /TUBE,GASTROSTOMY,18FR,3-PORT,WHITE,1/BX	TE	970491571	24.23	48.46
JPCS Code #: B4087								
	2.00	BX	2.00	DYND70320 /TUBE,GASTROSTOMY,20FR,3-PORT,WHITE,1/BX	TE	970491571	24.23	48.46
JPCS Code #: B4087								
	2.00	BX	2.00	DYND70316 /TUBE,GASTROSTOMY,16FR,3-PORT,WHITE,1/BX	TE	970491571	24.23	48.46
JPCS Code #: B4087								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
145.38	0.00	0.00	\$145.38

* Code
 TE - Tax Exempt
 C - Customer Freight

STOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.
 PORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION.(PH: 800-307-8386)
 INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE.
 MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A
 MEDICAL AWARE PARTNERSHIP, AND MEDCAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Susan Marshall 770-4712

REMITTANCE

Bill To:
HAWTHORNE HEALTH AND REHAB
 Attn: Joseph Cassiba
 4100 SW 33RD AVE
 OCALA FL 34474-4400

Customer # 1840760
Invoice # 1889059573
Invoice Date 10/04/2019
Sales Rep # 721
Payment Terms Due Immediately
Amount Due \$0.00

Remit To:
 Medline Industries, Inc.
 Dept CH 14400
 Palatine IL 60055-4400

PAID BY CREDIT CARD
 NO REMITTANCE REQUIRED



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
Central supply	10/09/2019	1889493579

Sold To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

Ship To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE		
721	715400144	MEDTRANS	MEDLINE	1840760	USD	\$0.00		
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT

10	36.00	EA	19.00	MSC095206H /CLEANSER,TOTAL BODY,SOOTHE AND COOL,8OZ	970881637		1.52	28.88
20	1.00	CS	1.00	MSC095060 /WASH,SHAMPOO&BODY,KIWI MANGO,8 OZ	970881637		29.69	29.69
30	2.00	CS	2.00	NCL028182 /ISOSOURCE 1.5, RTH, 1500ML BAG	TE 970881637		38.76	77.52
HCPCS Code #: B4152								
60	2.00	BX	2.00	MSC4004 /TAPE,RETENTION,DRESSING,MEDFIX,4"X11YD	TE 970881637		8.98	17.96
HCPCS Code #: A4452								
70	2.00	BX	2.00	MSC4002 /TAPE,RETENTION,DRESSING,MEDFIX,2"X11YD	TE 970881637		5.39	10.78
HCPCS Code #: A4452								
80	2.00	BX	2.00	HUD20039Z /SALINE,9 PCNT,3 ML,ADDIPAK,STERILE	TE 970881637		15.40	30.80
HCPCS Code #: A9900 OR A4649								

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED. EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION. (PH: 800-307-8386) INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE. MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDCAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Susan Marshall 770-4712

REMITTANCE

Bill To:
HAWTHORNE HEALTH AND REHAB
 Attn: Joseph Cassiba
 4100 SW 33RD AVE
 OCALA FL 34474-4400

Customer # 1840760
Invoice # 1889493579
Invoice Date 10/09/2019
Sales Rep # 721
Payment Terms Due Immediately
Amount Due \$0.00

Remit To:
 Medline Industries, Inc.
 Dept CH 14400
 Palatine IL 60055-4400

PAID BY CREDIT CARD
 NO REMITTANCE REQUIRED



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INVOICE

Customer PO #	Invoice Date	Invoice #
central supply	10/11/2019	1889771680

Sold To:
HAWTHORNE HEALTH AND REHAB
4100 SW 33RD AVE
OCALA, FL 34474-4400

Ship To:
HAWTHORNE HEALTH AND REHAB
4100 SW 33RD AVE
OCALA, FL 34474-4400

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
721	715471879	MEDTRANS	MEDLINE	1840760	USD	\$0.00

LINE NO.	ORDER QTY	UNIT	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
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10	2.00	CS	2.00	MSC095380 /OINTMENT,BARRIER,SOOTHE & COOL,2 OZ	TE	971173753	16.88	33.76
HCPCS Code #: A6250								
20	36.00	EA	36.00	MSC095206H /CLEANSER,TOTAL BODY,SOOTHE AND COOL,8OZ		971173753	1.52	54.72
30	1.00	CS	1.00	MSC095342 /WASH,SHAMPOOCOOL, GALLON		971173753	42.90	42.90
HCPCS Code #: A9270								
40	1.00	CS	1.00	RL53534 /GLUCERNA 1.5, VANILLA, 8 OZ CAN	TE	971173753	78.39	78.39
HCPCS Code #: B4154								
50	1.00	CS	1.00	MSC095060 /WASH,SHAMPOO&BODY,KIWI MANGO,8 OZ		971173753	29.89	29.89
60	2.00	BX	2.00	MSC0944EPZ /OPTIFOAM GENTLE EX, BORDERED, 4X4	TE	971173753	27.50	55.00
HCPCS Code #: A6212								

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Susan Marshall 770-4712

REMITTANCE

Bill To:
HAWTHORNE HEALTH AND REHAB
Attn: Joseph Cassiba
4100 SW 33RD AVE
OCALA FL 34474-4400

Customer # 1840760
Invoice # 1889771680
Invoice Date 10/11/2019
Sales Rep # 721
Payment Terms Due Immediately
Amount Due \$0.00

Remit To:
Medline Industries, Inc.
Dept CH 14400
Palatine IL 60055-4400

PAID BY CREDIT CARD.
 NO REMITTANCE REQUIRED

154



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INVOICE

Customer PO #	Invoice Date	Invoice #
central supply	10/11/2019	1889771680

Ship To:
 HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
260	1.00	BX	1.00	OTC589488 /NICOTINE PATCH 7MG 14/BX	TE	971173753	56.07	56.07
270	1.00	BX	1.00	OTC589588 /NICOTINE PATCH 14MG 14/BX	TE	971173753	56.07	56.07
280	1.00	BX	1.00	OTC589688 /NICOTINE PATCH 21MG 14/BX	TE	971173753	56.07	56.07
290	4.00	BX	4.00	MPHSAFETY21Z /LANCET,SAFETY,21G,1.8MM,PUSH BUTTON		971173753	26.23	104.92
HCPCS Code #: A4259								
300	6.00	EA	6.00	OTC79101 /SIMETHICONE 80MG CHEW TAB 100/BT	TE	971173753	2.07	12.42
310	1.00	CS	1.00	PRM21450 /PAD,ABDOMINAL,CARING,5"X9",ST,LF,25/BX	TE	971173753	44.96	44.96
HCPCS Code #: A6252								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,939.80	79.88	0.00	\$2,019.88

* Code
 TE - Tax Exempt
 C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
Central supply	10/11/2019	1889771668

Sold To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

Ship To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
721	715400144	MEDTRANS	MEDLINE	1840760	USD	\$0.00

LINE NO.	ORDER QTY	UOM	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
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130	6.00	CS	6.00	MG3002 /GLOVE,EXAM,NITRILE,MG ES, 300, M		971096365	92.95	557.70
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GROSS	TAX AMOUNT	FREIGHT	TOTAL
557.70	39.04	0.00	\$596.74

*Code
 TE - Tax Exempt
 C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION.(PH: 800-307-8388)

INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE.

MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDCAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Susan Marshall 770-4712

REMITTANCE

Bill To:
HAWTHORNE HEALTH AND REHAB
 Attn: Joseph Cassiba
 4100 SW 33RD AVE
 OCALA FL 34474-4400

Customer # 1840760
Invoice # 1889771668
Invoice Date 10/11/2019
Sales Rep # 721
Payment Terms Due Immediately
Amount Due \$0.00

Remit To:
 Medline Industries, Inc.
 Dept CH 14400
 Palatine IL 60055-4400

PAID BY CREDIT CARD
 NO REMITTANCE REQUIRED



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
Central Supply	10/16/2019	1890187810

Sold To:
HAWTHORNE HEALTH AND REHAB
4100 SW 33RD AVE
OCALA, FL 34474-4400

Ship To:
HAWTHORNE HEALTH AND REHAB
4100 SW 33RD AVE
OCALA, FL 34474-4400

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
721	715587818	MEDTRANS	MEDLINE	1840760	USD	\$0.00

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
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10	4.00	CS	4.00	NONPC1001 /POUCH,PILL CRUSHER		971568771	16.00	64.00
20	1.00	CS	1.00	DYND80000 /CUP,MEDICINE,GRAD,PLASTIC,1OZ		971568771	34.37	34.37
30	1.00	CS	1.00	NON03005 /CUP,PLASTIC,5 OZ,TRANSLUCENT		971568771	31.85	31.85
40	3.00	CS	3.00	NON042001 /SPOON,PLASTIC,WHITE,BULK,STD WT,5.5"		971568771	9.10	27.30
50	1.00	CS	1.00	SYRSI101292 TE /SYR W/NDLE,SAFETY,INSLN,1ML,29GX0.5"		971568771	124.00	124.00
60	4.00	CS	4.00	MPH4550 TE /STRIP,GLUCOSE,EVENCARE PRO		971568771	68.00	272.00
70	4.00	EX	4.00	MPHSAFETY21Z /LANCET,SAFETY,21G,1.8MM,PUSH BUTTON		971568771	26.23	104.92
80	1.00	CS	1.00	DYND80327 /BASIN,EMESIS,GRAPHITE,500ML		971568771	19.52	19.52

HCPCS Code #: A4259

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

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INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Susan Marshall 770-4712

REMITTANCE

Bill To:
HAWTHORNE HEALTH AND REHAB
Attn: Joseph Cassiba
4100 SW 33RD AVE
OCALA FL 34474-4400

Customer # 1840760
Invoice # 1890187810
Invoice Date 10/16/2019
Sales Rep # 721
Payment Terms Due Immediately
Amount Due \$0.00

Remit To:
Medline Industries, Inc.
Dept CH 14400
Palatine IL 60055-4400

PAID BY CREDIT CARD
NO REMITTANCE REQUIRED



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
Central Supply	10/16/2019	1890187810

Ship To:
HAWTHORNE HEALTH AND REHAB
4100 SW 33RD AVE
OCALA, FL 34474-4400

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
290	3.00	CS	3.00	FITBASICXLG /BRIEF,CLOTHLIKE,FITBASIC,XLG,57-66"		971568771	39.85	119.55
300	2.00	CS	2.00	FITBASICLG /BRIEF,CLOTHLIKE,FITBASIC,LG,48-58"		971568771	33.69	67.38
310	2.00	CS	2.00	FITBASICXXL /BRIEF,CLOTHLIKE,FITBASIC,XXL,60-69"		971568771	53.00	106.00
320	2.00	BX	2.00	HUD20039Z /SALINE.9 PCNT,3 ML,ADDIPAK,STERILE	TE	971568771	15.40	30.80

HCPCS Code #: A9900 OR A4649

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,458.99	47.00	0.00	\$1,505.99

* Code
TE - Tax Exempt
C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
Central supply	10/18/2019	1890460600

Sold To:
HAWTHORNE HEALTH AND REHAB
4100 SW 33RD AVE
OCALA, FL 34474-4400

Ship To:
HAWTHORNE HEALTH AND REHAB
4100 SW 33RD AVE
OCALA, FL 34474-4400

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE		
721	715635228	MEDTRANS	MEDLINE	1840760	USD	\$0.00		
LINE NO.	ORDER QTY	UOM	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT

10	1.00	CS	1.00	MSC095060		971826067	29.69	29.69
				/WASH,SHAMPOO&BODY,KIWI MANGO,8 OZ				
20	2.00	CS	2.00	MSC095362		971826067	15.88	31.76
				/LOTION,SOOTHE & COOL,8 OZ				
HCPCS Code #: A6250								
30	2.00	BX	2.00	MDS137015ZZ		971826067	5.02	10.04
				/BRUSH,HAIR,ADULT				
40	4.00	PK	4.00	MDS137007Z	TE	971826067	2.83	11.32
				/COMB,BLACK,7"				
50	6.00	BX	6.00	MEC37224		971826067	9.03	54.18
				/CLIPPER,NAIL,FINGER,NO-FILE				
60	4.00	GR	4.00	NON801778		971826067	3.50	14.00
				/BOARD,EMERY,4.25"				
70	10.00	BT	10.00	OTC078809	TE	971826067	6.90	69.00
				/LORATADINE 10MG TAB 90/BT				
80	1.00	CS	1.00	MG3004		971826067	89.57	89.57
				/GLOVE,EXAM,NITRILE,MG ES, 250, XL				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE OR THEY ARE DEEMED WAIVED.

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INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Susan Marshall 770-4712

REMITTANCE

Bill To:
HAWTHORNE HEALTH AND REHAB
Attn: Joseph Cassiba
4100 SW 33RD AVE
OCALA FL 34474-4400

Customer # 1840760
Invoice # 1890460600
Invoice Date 10/18/2019
Sales Rep # 721
Payment Terms Due Immediately
Amount Due \$0.00

Remit To:
Medline Industries, Inc.
Dept CH 14400
Palatine IL 60055-4400

PAID BY CREDIT CARD
 NO REMITTANCE REQUIRED



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
central supply	10/23/2019	1890869412

Sold To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 Ocala, FL 34474-4400

Ship To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 Ocala, FL 34474-4400

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE		
721	715731202	MEDTRANS	MEDLINE	1840760	USD	\$0.00		
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT

20	2.00	BX	2.00	MSC9445EPZ /DRESSING,MAXORB EXTRA AG,ALGNTE,4X4.75	TE	972214970	66.00	132.00
HCPCS Code #: A6197								
30	1.00	CS	1.00	HCS0440 /CUSHION,EAR,EZ WRAP,FOR O2 CANNULA		972214970	51.13	51.13
40	4.00	BX	4.00	MDS202075Z /BLADE, TONGUE, 6", STERILE		972214970	3.05	12.20
50	2.00	CS	2.00	NCL028182 /ISOSOURCE 1.5, RTH, 1500ML BAG	TE	972214970	38.76	77.52
HCPCS Code #: B4152								
60	2.00	CS	2.00	DOY181500 /ISOSOURCE 1.5, UNFLAVORED, 8 OZ TETRA	TE	972214970	37.76	75.52
HCPCS Code #: B4152								
70	1.00	CS	1.00	MSC351410AN /WIPE,GERM,MICRO-KILL BLEACH, 6X5, 150 CT		972214970	65.10	65.10
80	1.00	CS	1.00	MSC351300 /WIPE,GERM,MICRO-KILL ONE, 6X6.7, 150CT		972214970	70.99	70.99

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 EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION.(PH: 800-307-8386)
 INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE
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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Susan Marshall 770-4712

REMITTANCE

Bill To:
HAWTHORNE HEALTH AND REHAB
 Attn: Joseph Cassiba
 4100 SW 33RD AVE
 Ocala FL 34474-4400

Customer # 1840760
Invoice # 1890869412
Invoice Date 10/23/2019
Sales Rep # 721
Payment Terms Due Immediately
Amount Due \$0.00

Remit To:
 Medline industries, Inc.
 Dept CH 14400
 Palatine IL 60055-4400

PAID BY CREDIT CARD
 NO REMITTANCE REQUIRED



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
central supply	10/23/2019	1890869412

Ship To:
 HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

LINE NO	ORDER QTY	UOM	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
290	4.00	BX	4.00	MSC4002 /TAPE,RETENTION,DRESSING,MEDFIX,2"X11YD	TE	972214970	5.39	21.56
HCPCS Code #: A4452								
300	6.00	BX	6.00	MSC3244Z /GAUZE,BORDER,4"X4".2.5"X2.5"PAD,STERILE	TE	972214970	11.59	69.54
HCPCS Code #: A6219								
310	4.00	BX	4.00	CUR003545Z /A&D OINTMENT, 5G FOIL PK, 144/BX	TE	972214970	8.97	35.88
320	1.00	CS	1.00	MSC095420 /CREAM,BARRIER,ZINC,INZO,S&C,4 OZ TUBE	TE	972214970	38.51	38.51
HCPCS Code #: A6250								
330	2.00	EA	2.00	MSC9301EPH /GEL,SILVER,ANTIMICROB,SILVASORB,1.5 OZ	TE	972214970	24.55	49.10
HCPCS Code #: A6248								
340	4.00	BX	4.00	MSC7344EPZ /DRESSING, ALGINATE, MAXORB II, 4"X4"	TE	972214970	36.04	144.16
HCPCS Code #: A6196								
350	2.00	BX	2.00	MSCEX44EPZ /OPTIFOAM GENTLE EX, BORDERED, 4X4	TE	972214970	27.50	55.00
HCPCS Code #: A6212								
360	8.00	PK	8.00	NON25408H /GAUZE, SPONGE,4"X4",8PLY,WOVEN,NS,LF	TE	972214970	3.83	30.64
HCPCS Code #: A6216								
370	4.00	BX	4.00	MSC1244Z /DRESSING,OPTIFOAM,NON-ADHESIVE,4"X4"	TE	972214970	33.14	132.56
HCPCS Code #: A6209								
390	36.00	EA	36.00	MSC095206H /CLEANSER,TOTAL BODY,SOOTHE AND COOL,BOZ		972214970	1.52	54.72
400	2.00	TB	2.00	DYND70293Z /CONTAINER,DENTURE,W/LID,AQUA		972214970	4.40	8.80
410	2.00	CS	2.00	FITBASICXLG /BRIEF,CLOTHLIKE,FITBASIC,XLG,57-66"		972214970	39.85	79.70
420	2.00	CS	2.00	FITBASICLG /BRIEF,CLOTHLIKE,FITBASIC,LG,48-58"		972214970	33.69	67.38
430	2.00	CS	2.00	FITBASICXXL /BRIEF,CLOTHLIKE,FITBASIC,XXL,60-69"		972214970	53.00	106.00
440	1.00	BX	1.00	NON250314Z /STRIP,CLOSURE,WOUND,MEDI-STRIP,1/4"X3"	TE	972214970	26.22	26.22
HCPCS Code #: A4450								



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INVOICE

Customer PO #	Invoice Date	Invoice #
central supply	10/23/2019	1890869409

Sold To:
HAWTHORNE HEALTH AND REHAB
4100 SW 33RD AVE
OCALA, FL 34474-4400

Ship To:
HAWTHORNE HEALTH AND REHAB
4100 SW 33RD AVE
OCALA, FL 34474-4400

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE		
721	715731214	MEDTRANS	MEDLINE	1840760	USD	\$0.00		
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT

20	5.00	CS	5.00	MG3003 /GLOVE,EXAM,NITRILE,MG ES, 300, L		972207862	92.96	464.75
30	5.00	BX	5.00	MG3001H /GLOVE,EXAM,NITRILE,MG ES, 300, S		972207862	11.90	59.50

GROSS	TAX AMOUNT	FREIGHT	TOTAL
524.25	36.71	0.00	\$560.96

* Code
 TE - Tax Exempt
 C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.
 EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION.(PH: 800-307-8386)
 INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE.
 MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDCAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Susan Marshall 770-4712

REMITTANCE

Bill To:
HAWTHORNE HEALTH AND REHAB
Attn: Joseph Cassiba
4100 SW 33RD AVE
OCALA FL 34474-4400

Customer # 1840760
Invoice # 1890869409
Invoice Date 10/23/2019
Sales Rep # 721
Payment Terms Due Immediately
Amount Due \$0.00

Remit To:
Medline Industries, Inc.
Dept CH 14400
Palatine IL 60055-4400

PAID BY CREDIT CARD
NO REMITTANCE REQUIRED



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
Central supply	10/25/2019	1891138162

Sold To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

Ship To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 OCALA, FL 34474-4400

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE		
721	715798980	MEDTRANS	MEDLINE	1840760	USD	\$0.00		
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT

10	1.00	CS	1.00	MDT211218XLI /SLIPPER,SINGLE TREAD,BEIGE,XL		972464005	33.75	33.75
20	4.00	EA	4.00	HCSM70B /OXIMETER,PULSE,FINGERTIP,BASIC		972464005	21.33	85.32
HCPCS Code #: E0445								
30	4.00	PR	4.00	MDT211218BARH /SLIPPER,BARIATRIC,DOUBLE TREAD,GRAY,1/PR		972464005	2.21	8.84
40	1.00	CS	1.00	SYRSH101292 /SYR W/NDLE,SAFETY,INSLN,1ML,29GX0.5"	TE	972464005	124.00	124.00
50	1.00	CS	1.00	MDT211218XXLI /SLIPPER,SINGLE TREAD,GRAY,XXL		972464005	31.95	31.95
60	1.00	CS	1.00	DYND80347 /WASHBASIN,RECTANGULAR,GRAPHITE,6 QT		972464005	25.39	25.39
70	1.00	CS	1.00	MSC095060 /WASH,SHAMPOO&BODY,KIWI MANGO,8 OZ		972464005	29.69	29.69

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION. (PH: 800-307-8386)

INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE

MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDCAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Susan Marshall 770-4712

REMITTANCE

Bill To:
HAWTHORNE HEALTH AND REHAB
 Attn: Joseph Cassiba
 4100 SW 33RD AVE
 OCALA FL 34474-4400

Customer # 1840760
Invoice # 1891138162
Invoice Date 10/25/2019
Sales Rep # 721
Payment Terms Due Immediately
Amount Due \$0.00

Remit To:
 Medline Industries, Inc.
 Dept CH 14400
 Palatine IL 60055-4400

PAID BY CREDIT CARD
 NO REMITTANCE REQUIRED



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
central supply	10/30/2019	1891542271

Sold To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 Ocala, FL 34474-4400

Ship To:
HAWTHORNE HEALTH AND REHAB
 4100 SW 33RD AVE
 Ocala, FL 34474-4400

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
721	715896810	MEDTRANS	MEDLINE	1840760	USD	\$0.00

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT
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20	6.00	BX	6.00	SWD850310Z /NEEDLE,SAFETY, 23G X 1, MAGELLAN	TE	972840424	15.95	95.70
HCPCS Code #: A4215								
30	4.00	BX	4.00	ULT101253Z /SYRINGE,SAFETY,TB,25GX5/8",1ML	TE	972840424	25.88	103.52
40	2.00	BT	2.00	OTC18992 /PRESERVISION AREDS-2 VITAMIN SG 120/BT	TE	972840424	33.20	66.40
50	2.00	CS	2.00	NON042001 /SPOON,PLASTIC,WHITE,BULK,STD WT,5.5"		972840424	9.10	18.20
60	1.00	CS	1.00	UROECLIPSE /COVERED BAG,DRAIN,ANTI-REFLUX TOW,2000ML		972840424	108.00	108.00
70	1.00	CS	1.00	SYRSI101292 /SYR W/NDLE,SAFETY,INSLN,1ML,29GX0.5"	TE	972840424	124.00	124.00
80	1.00	CS	1.00	MDT211218XXLI /SLIPPER,SINGLE TREAD,GRAY,XXL		972840424	31.95	31.95
90	4.00	BT	4.00	OTC66016 /GUAIFENESIN 100MG+ DM 10MG SYR 16OZ	TE	972840424	5.02	20.08

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE OR THEY ARE DEEMED WAIVED.
 EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION.(PH: 800-307-8388)
 INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE
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REMITTANCE

Bill To:
HAWTHORNE HEALTH AND REHAB
 Attn: Joseph Cassiba
 4100 SW 33RD AVE
 Ocala FL 34474-4400

Customer # 1840760
Invoice # 1891542271
Invoice Date 10/30/2019
Sales Rep # 721
Payment Terms Due Immediately
Amount Due \$0.00

Remit To:
 Medline Industries, Inc.
 Dept CH 14400
 Palatine IL 60055-4400

PAID BY CREDIT CARD
 NO REMITTANCE REQUIRED

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INVOICE

Customer PO #	Invoice Date	Invoice #
central supply	10/30/2019	1891542271

Ship To:
HAWTHORNE HEALTH AND REHAB
4100 SW 33RD AVE
OCALA, FL 34474-4400

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,845.30	79.31	0.00	\$1,924.61

* Code

TE - Tax Exempt

C - Customer Freight



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
central supply	10/30/2019	1891542270

Sold To:
HAWTHORNE HEALTH AND REHAB
4100 SW 33RD AVE
OCALA, FL 34474-4400

Ship To:
HAWTHORNE HEALTH AND REHAB
4100 SW 33RD AVE
OCALA, FL 34474-4400

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE		
721	715731214	MEDTRANS	MEDLINE	1840760	USD	\$0.00		
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE	DELIVERY #	UNIT PRICE	AMOUNT

10	5.00	CS	5.00	MG3002		972562307	92.95	464.75
				/GLOVE,EXAM,NITRILE,MG ES, 300, M				

GROSS	TAX AMOUNT	FREIGHT	TOTAL
464.75	32.54	0.00	\$497.29

* Code
 TE - Tax Exempt
 C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Susan Marshall 770-4712

REMITTANCE

Bill To:
HAWTHORNE HEALTH AND REHAB
Attn: Joseph Cassiba
4100 SW 33RD AVE
OCALA FL 34474-4400

Customer # 1840760
Invoice # 1891542270
Invoice Date 10/30/2019
Sales Rep # 721
Payment Terms Due Immediately
Amount Due \$0.00

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Palatine IL 60055-4400

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