INITIAL REPORT OF PATIENT CARE OMBUDSMAN

CASE NO. 3:19-bk-02764-JAF CHAPTER 11

TABLE OF AUTHORITIES

| Federal Statutes | Pages |
|------------------|-------|
| 11 U.S.C. | |
| § 333 | 2 |
| § 333(a)(1) | 2 |
| § 333(b) and (c) | 2 |

TABLE OF CONTENTS

| DOCUMENT TITLE | PAGE |
|--|------|
| Cover Page | i |
| Table of Authorities | ii |
| Table of Contents | iii |
| Submission of REPORT OF PATIENT CARE OMBUDSMAN PURSUANT TO 11 U.S.C. § 333(b)(2) | 1 |
| EXHIBIT A Initial Report of Patient Care Ombudsman | 2 |
| EXHIBIT 1 Staffing | 9 |
| Nursing Home Staffing Requirements (Section 400.23(3)(a), F.S.) | 10 |
| Assisted Living Facility Staffing Requirements (Rule59A-36.010, F.A.C.) | 11 |
| Staffing Reports from Hawthorne Village | 14 |
| EXHIBIT 2 Ombudsman Facility Visits | 25 |
| Resident Visit to Hawthorne Inn and Rehab September 10, 2019 | 25 |
| Resident Visit to Hawthorne Inn and Rehab September 25, 2019 | 30 |
| Resident Visit to Hawthorne Inn and Rehab October 8, 2019 | 32 |
| Resident Visit to Hawthorne Inn and Rehab October 17, 2019 | 34 |
| Administrative Assessment of Hawthorne Inn and Rehab November 7, 2019 | 42 |
| Notices of Appointment of Patient Care Ombudsman as posted | 56 |
| EXHIBIT 3 Patient Care Ombudsman Monitoring Guidelines November 7, 2019 | 58 |
| The November 17, 2019 Monitoring Guidelines as used for Hawthorne Health and Rehab | 63 |
| EXHIBIT 4 Agency for Healthcare Administration reports on Hawthorne Inn and Rehab | 67 |

| EXHIBIT 5 Ombudsman Interviews with Hawthorne Inn and Hawthorne Rehab Administration and Health Director November 7, 2019 | 79 |
|---|-----|
| | |
| EXHIBIT 6 Food Service and Medical Supply Invoices | 83 |
| Food Service Invoices for September | 83 |
| Food Service Invoices for October | 90 |
| | |
| Medical Supply Invoices for October | 147 |

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 Jave

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

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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 relicensure 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.

8

NH STAFFING REQUIREMENTS EFFECTIVE JULY 1, 2011

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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

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| 149 | 149 | 372.5 | 536,4 |
| 150 | 150 | 375 | 540 |
| 151 | 151 | 377:5 | 543.6 |
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| Census | Nurse Hours | CNA Hours | Weekly avg |
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| 176 | 176 | 440 | 633.6 |
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| 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 |
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| 205 | 205 | 512.5 | 738 |
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| 246 | 246 | 615 | 885.6 |
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| 253 254 | 254 | 635 | 914.4 |
| 255 | 255 | 637.5 | 918 |
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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
- (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
- (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.
- (c) 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.firules.org/Gateway/reference.asp?No=Ref-09393.
- (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
- (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and xperience. 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,
 - 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:

| fumber 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 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 16-6-82, 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.

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| | 101 | 101 | 100 | 98 | 97 | 86 | 98 | Total Census: | 691.00 | | |
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| LP.N. Hours Total Nursing Hours: | 87.75 | 102.25 | 84,50 | 89.00 | 93.50 | 63.50 | 107.75 | | 31 | 1 | 1 |
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AHCA Steffing Form July, 2011

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AHCA Staffing Form July, 2011



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Findings, this page:

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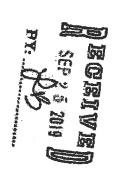
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| Employee Shift Carpenter, Noel 6a-2p Cuevas, Ibeliss. 10p-6a Duncan Beverle. 2p-10p Caffrey, Brende 6a-2p Jackson, Ashley 2p-10p Jackson, Ellena 10p-6a Rivera, Ellena 10p-6a Simpson, Elleen 2p-10p Walker, Laquish. 6a-2p Walker, Laquish. 6a-2p Walker, Laquish. 6a-2p Walker, Laquish. 6a-2p Washington, Joy. 6a-2p |
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| Date: 9-10-19 | | | Ombudsman Name: I | Lori Berndt |
| Additional Om | budsmen: M | r. Milliken, | Mr. Dennis Phillips | |
| District: 4 | | | Council: Withlacoochee | Total Mileage: 12 |
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| FACILITY IN | FORMAT | ION | | Total Time for Completion: 2 hours |
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| Address: 4100 S | | Maria de la companya della companya | Adm | ninictentory I am D. W. |
| City / Zip: Ocala | , Fl 34474 | | | ninistrator: Lavem Battieste ignee: |
| Phone: 352-237 | -7773 | | Email: | gilee. |
| Facility License I | No.: 7129 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Facility Type: NH ALF AFCHO |
| Specialty ALF | ECC 🔳 | LMH 🗖 | Licensing is posted | Facility Type: NH □ ALF ■ AFCH □ Yes ■ |
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| Licensed Capacit | | - A. | Current Census: 27 | No. Residents Visited: 8 |
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- 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 | On dall to the |
| Individual, No.: 5 | Topic(s): Social Activities |
| Facility Staff, No. 1 | Topic(s): Suggestions for Social Activity Calendar |



| 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. | Social |
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Hawthorne Village of Ocala - Listing of Unplanned/Emergent Discharges

August 2019

| Patient Name | Discharge Date | Discharge Location | Responsible Party Notified |
|--|--|-------------------------|--|
| - | the second of the second of | Advent Hospital Ocala | The second of th |
| | | Ocala Regional Hospital | |
| 1 | 1 | Advent Hospital Ocala | ## HIP 11 11 11 11 11 11 11 |
| | | West Marion Hospital | Control of the second |
| | | Advent Hospital Ocala | 200 |
| NATIONAL PROPERTY OF THE PROPE | | West Marion Hospital | Sec. 4 |
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| Date: 9-10-19 | | | Ombudsman Name: I | ori Berndt | | date la.c |
|-------------------------------|-------------|-----------------------|------------------------|-----------------------|--|---------------|
| Additional Omb | udsmen: M | r. Milliken, | Mr. Dennis Phillips | .on Bernat | | |
| District: 4 | | | Council: Withlacoochee | Total 84: | laamii 40 | |
| Time In: 11:00 A | М | | Time Out: 2:05 PM | Total Mil | and the same of th | |
| FACILITY INF | ORMAT | ION | 2.00 III | iotai iir | ne for Comple | tion: 3.5 hrs |
| Facility Name: Ha | | and the second second | ehab of Ocala | | | |
| Address: 4100 SW | / 33rd Aven | ue | | injetuata a t | | |
| City / Zip: Ocala, I | FI 34474 | | | inistrator: Aaron (| Coppola | |
| Phone: 352-237-7 | 776 | | Email: | gnee: | | |
| Facility License No | D.: 15410 | 96 | | Facility Type: 111 | | |
| Specialty ALF | ECC 🗖 | LMH 🗆 | Licensing is posted | Facility Type: NH Yes | ALF [| ☐ AFCH ☐ |
| Licenses: | LNS 🗆 | | and current: | No 🗖 | | |
| | : 120 | | Current Census: 108 | | ents Visited: 2 | _ |
| Licensed Capacity NSTRUCTION | | | | IVO. Keside | O Matioiv 2704 | ₽ |

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.

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| COMPLETION OF VISIT | |
|--|---|
| Information about the O | mbudsman Program was provided to residents and family members. |
| CONSULTATION(S) P | ROVIDED: |
| □ None ■ Individual, No.: 10 ■ Facility Staff, No. 3 | Topic(s): LTCOP, Resident Rights Topic(s): Bankruptcy Monitoring Plan |

| Ombudsman Comments, it any: | |
|---|--|
| the required bankruptcy procedures. Ad conduct a visit to the assisted living facili supply and food supply records will be n | or Aaron Coppola and Regional Director of Operations Joseph Cassiba of Ivised the facility that Ombudsman Dennis Phillips or Lori Berndt will lity and nursing home at least every two weeks. Staffing records, medical eeded. Toured the facility and met with several residents, staff and family in this date. Will monitor the facility every two weeks or more often if |
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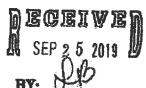
| Date: 9-15 Additional Om | - 2019 budsmen: | | Ombuds | man Name: | Aeu | NIS | PHILL | 175 | |
|----------------------------|--------------------|-------|-----------------------|--------------|---------------------|----------|------------|------------|-------|
| District: 4 | | | Council: W | ithlacoochee | *** | | | | |
| Time In: 3:3 | 0 P.M. | | 7 640 | | | | Mileage: | | |
| FACILITY IN | | ION | rine Out; | 4:30 P. | Μ. | Total T | ime for (| Completion | HI. |
| Facility Name: H | | | | | | | | | |
| Address: 4100 S | W 33rd Aver | ue | | 19-11- | | | | | |
| City / Zip: Ocala, | | | | Adm | inistrator | r: Laver | m Bettiest | e | |
| Phone: (352) 237 | -7773 | | Email: | Desig | nee: | | | | |
| Facility License N | 0.: 7129 | | | | | | | | |
| Specialty ALF Licenses: | ECC III | LMH 🖸 | Licensing and curr | g is posted | acility Ty Yes 🔀 | rpe: N | HILL | ALF E A | FCH 🗖 |
| Licensed Capacity | : 36 | | Current Cen | | No 🗆 | | | | |
| NSTRUCTION | | - | carrent cen | isus: Mec | 24 No | o. Resid | dents Visi | ted: Se | VÈN |

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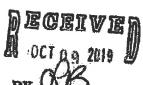
| COMPLETION OF VISIT: | perore exiting the facility. | |
|---|-----------------------------------|--|
| | budsman Program was provided to I | The state of the s |
| CONSULTATION(S) PR | OVIDED: | residents and family members. |
| ☐ None ☐ Individual, No.: ☑ Facility Staff, No. 3 | Topic(s): | USSMAN WALL POSTER |





| | 2019 | Ombudsman Name: 15 | WALLETE |
|--|--|--|--|
| Additional Omb | udsmen: | | |
| District: 4 | n. D | Council: Withlacoochee | Total Mileage: |
| Time In: 2:4 | S.P.M. | Time Out: 3:30 P. M. | Total Time for Completion: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| FACILITY IN | FORMATION | | |
| Facility Name: H | awthome Health ar | nd Rehab of Ocala | |
| Address: 4100 S | W 33rd Ave | Adminis | strator: Aaron M Coppola |
| City / Zip: Ocala, | FL 34474 | Designe | ee: |
| Phone: (352) 237 | 7-7776 | Email: | |
| Facility License | lo.: 1541096 | Fac | ility Type: NH 🔳 ALF 🔲 AFCH 🗀 |
| Specialty ALF | ECC LMI | | 'es ⊠ No □ |
| Licensed Capacit | | Current Census: 107 | No. Residents Visited: 12. |
| INSTRUCTIO | - | Correct Consust 10 s | |
| Purpose: Residents ombudsmen are able and proactively addr | must have regular an e to develop relation ess resident issues to | | igh frequent visits to long-term care facilities, m services to residents and family members, impact quality of life. |
| Purpose: Residents ombudsmen are able and proactively addr Conducting the Visit 1. Upon entering the | must have regular and to develop relation resident issues to the facility, sign in to the other tacility administration. | ships, explain the Ombudsman Progra | m services to residents and family members, impact quality of life. |
| Purpose: Residents of ombudsmen are able and proactively addr Conducting the Visit 1. Upon entering the 2. Identify yourself to Care Ombudsman. | must have regular and to develop relation ress resident issues to the facility, sign in to the the facility administs. | ships, explain the Ombudsman Progra o prevent escalation of concerns that i e facility's visitor log book. | m services to residents and family members, impact quality of life. |
| Purpose: Residents of ombudsmen are able and proactively addr Conducting the Visit 1. Upon entering the 2. Identify yourself to Care Ombudsman. 3. Interact with resid 4. Do not record residentify the conduction of the conduction | must have regular and to develop relation ress resident issues to a facility, sign in to the other facility administication, family member dent identifying information. | ships, explain the Ombudsman Progra o prevent escalation of concerns that i e facility's visitor log book. trator or designee, as a representative rs if available, and staff. rmation, including names, physical des | m services to residents and family members, impact quality of life. e of the Office of State Long-Term scriptions, or room identifiers. |
| Purpose: Residents of combudsmen are able and proactively addressed to Ush 1. Upon entering the 2. Identify yourself to Care Ombudsman. 3. Interact with resid 4. Do not record resis 5. If a complaint is id | must have regular and to develop relation ress resident issues to a facility, sign in to the facility administration of the | ships, explain the Ombudsman Progra o prevent escalation of concerns that in e facility's visitor log book. trator or designee, as a representative rs if available, and staff. Impaction, including names, physical descression, consult with the District Office. | m services to residents and family members, impact quality of life. e of the Office of State Long-Term scriptions, or room identifiers. fice to determine if a case |
| Purpose: Residents of ombudsmen are able and proactively addr Conducting the Visit 1. Upon entering the 2. Identify yourself to Care Ombudsman 3. Interact with resid 4. Do not record resi 5. If a complaint is id should be opened. | must have regular and to develop relation ress resident issues to a facility, sign in to the facility administration of the | ships, explain the Ombudsman Progra o prevent escalation of concerns that in e facility's visitor log book. trator or designee, as a representative rs if available, and staff. In transition, including names, physical designees, consult with the District Off follow complaint investigation proced | m services to residents and family members, impact quality of life. e of the Office of State Long-Term scriptions, or room identifiers. fice to determine if a case |
| Purpose: Residents of ombudsmen are able and proactively addr Conducting the Visit 1. Upon entering the 2. Identify yourself to Care Ombudsman 3. Interact with resid 4. Do not record reside the complaint is id should be opened do not record the | must have regular and to develop relation ress resident issues to a facility, sign in to the facility administ the facility administ the facility administ the facility administ the facility administration of the facility member dent identifying information of the facility and facility in the facility and fa | ships, explain the Ombudsman Progra o prevent escalation of concerns that in e facility's visitor log book. trator or designee, as a representative rs if available, and staff. In transition, including names, physical designees, consult with the District Off follow complaint investigation proced | m services to residents and family members, impact quality of life. e of the Office of State Long-Term scriptions, or room identifiers. fice to determine if a case lures including obtaining consent, and |
| Purpose: Residents of ombudsmen are able and proactively addr Conducting the Visit 1. Upon entering the 2. Identify yourself to Care Ombudsman. 3. Interact with resid 4. Do not record resi 5. If a complaint is id should be opened do not record the 6. Record the number of the conduction of the conduc | must have regular and a to develop relation ress resident issues to a facility, sign in to the other facility administients, family member dent identifying informatified for a specific of a case is opened, issue on the visit formations presented to the consultations presented to develop the consultation to the consultation to develop the consultation to the consultation | ships, explain the Ombudsman Progra o prevent escalation of concerns that i e facility's visitor log book. trator or designee, as a representative rs if available, and staff. rmation, including names, physical des cresident, consult with the District Off follow complaint investigation proced n. ovided and describe the topic areas of | m services to residents and family members, impact quality of life. e of the Office of State Long-Term scriptions, or room identifiers. fice to determine if a case lures including obtaining consent, and |
| Purpose: Residents of combudsmen are able and proactively address. Upon entering the 2. Identify yourself to Care Ombudsman. Interact with resid. Do not record resist for complaint is id should be opened, do not record the identify yourself the identify with the complaint is id should be opened. If a complaint is identify the identify with the identification in the identification in the identification. | must have regular and to develop relation ress resident issues to a facility, sign in to the facility administic dentified for a specific of a case is opened, issue on the visit for of consultations protor log book before | ships, explain the Ombudsman Progra o prevent escalation of concerns that i e facility's visitor log book. trator or designee, as a representative rs if available, and staff. rmation, including names, physical des cresident, consult with the District Off follow complaint investigation proced n. ovided and describe the topic areas of | m services to residents and family members, impact quality of life. e of the Office of State Long-Term scriptions, or room identifiers. fice to determine if a case lures including obtaining consent, and |
| Purpose: Residents of ombudsmen are able and proactively addr Conducting the Visit 1. Upon entering the 2. Identify yourself to Care Ombudsman. 3. Interact with resid 4. Do not record reside to complaint is id should be opened do not record the identify of the visit COMPLETION COMPLETION C | must have regular and to develop relation ress resident issues to a facility, sign in to the facility administ the facility administ the facility administ the facility administ the facility administration of a specific facility and facility administration of the visit for the facility and facility administration of the visit for the facility and facility | ships, explain the Ombudsman Progra o prevent escalation of concerns that i e facility's visitor log book. trator or designee, as a representative rs if available, and staff. rmation, including names, physical des cresident, consult with the District Off follow complaint investigation proced n. ovided and describe the topic areas of | m services to residents and family members, impact quality of life. e of the Office of State Long-Term scriptions, or room identifiers. fice to determine if a case lures including obtaining consent, and f the consultation in 1-3 words. |
| Purpose: Residents of ombudsmen are able and proactively addr Conducting the Visit 1. Upon entering the 2. Identify yourself to Care Ombudsman. 3. Interact with resid 4. Do not record resi 5. If a complaint is id should be opened do not record the 6. Record the number 7. Sign out of the visit COMPLETION C | must have regular and a to develop relation ress resident issues to a facility, sign in to the facility administions, family member dent identifying informatified for a specific of a case is opened, issue on the visit formation of consultations protor log book before the OF VISIT: | ships, explain the Ombudsman Progra o prevent escalation of concerns that i e facility's visitor log book. trator or designee, as a representative rs if available, and staff. rmation, including names, physical descresident, consult with the District Off follow complaint investigation proced m. ovided and describe the topic areas of exiting the facility. an Program was provided to reside | m services to residents and family members, impact quality of life. e of the Office of State Long-Term scriptions, or room identifiers. fice to determine if a case lures including obtaining consent, and f the consultation in 1-3 words. |
| Purpose: Residents of ombudsmen are able and proactively addr Conducting the Visit 1. Upon entering the 2. Identify yourself to Care Ombudsman. 3. Interact with resid 4. Do not record reside to the complaint is id should be opened do not record the ferror of the visit 1. Sign out of the visit 1. | must have regular and a to develop relation ress resident issues to a facility, sign in to the other facility administients, family member dent identifying informatified for a specific of a case is opened, issue on the visit formation of consultations protor log book before of the Ombudsmonth of t | ships, explain the Ombudsman Progra o prevent escalation of concerns that i e facility's visitor log book. trator or designee, as a representative rs if available, and staff. rmation, including names, physical descresident, consult with the District Off follow complaint investigation proced m. ovided and describe the topic areas of exiting the facility. an Program was provided to reside | m services to residents and family members, impact quality of life. e of the Office of State Long-Term scriptions, or room identifiers. fice to determine if a case lures including obtaining consent, and f the consultation in 1-3 words. Ints and family members. |





| Date: 10-6-2019 | Ombudsman Name: N. | Ombudsman Name: NEWNIS PHILLIPS | |
|---|-------------------------|-----------------------------------|--|
| Additional Ombudsmen: | | SIGIZ PHILLIP | |
| District: 4 | Council: Withlacoochee | | |
| Time In: Nicoo A.M. | | Total Mileage: 13 MILES | |
| FACILITY INFORMATIO | Time Out: 12:08 P.M. | Total Time for Completion: ONE HI | |
| Facility Name: Hawthome Inn of | Ocala | | |
| Address: 4100 SW 33rd Avenue | | | |
| City / Zip: Ocala, FL 34474 | | tor: Lavern Battleste | |
| Phone: (352) 237-7773 | Designee: | | |
| | Email: | | |
| Facility License No.: 7129 | Facility | Type: NH D ALF AFCHD | |
| Specialty ALF ECC LI LIV Licenses: LNS D | Licensing is posted Yes | | |
| Licensed Capacity: 36 | and current: No I | | |
| NSTRUCTIONS: | Current Census: 2.5 | No. Residents Visited: SEVEN | |

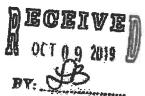
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- 6. Record the number of consultations provided and describe the topic areas of the consultation in 1-3 words.
- 7. Sign out of the visitor log book before exiting the facility

| PARTICION THE ARITOL TOR D | ook before exiting the facility. | ************************************** |
|---|----------------------------------|--|
| COMPLETION OF VIS | T: | White the second |
| Information about the | Ombudsman Program was provided | |
| CONCILITATION | Togram was provided | to residents and family members. |
| CONSULTATION(S) | PROVIDED: | |
| None | | the Manage Share and Share |
| ☐ Individual, No.: ☐ Facility Staff, No. | Topic(s): | |
| | Topic(s): | |
| | * | |



RESIDENT VISIT



| OMBUDSM/ | IN INFOR | MATIO | N | | | | | | | | |
|--------------------|--------------|------------|--|--|--------|---|-----------|---------|--------|---------------|----------|
| Date: 10-8- | 2019 | | Ombuds | man Name | Nr- | 2264 | Hites | r | 111150 | | |
| Additional Omb | udsmen: | | | | -13 | | 100 | 40 | | | |
| District: 4 | | * | Council: W | /ithlacooche | 9 | Tota | i Mileage | : 6 | MI | 191 | |
| Time In: (1:0 | o A.M. | 1 | Time Out: | 12:00 | .M. | | l Time fo | | | | HR |
| FACILITY IN | ORMATI | ON | | | | | | | | | |
| Facility Name: H | awthorne Hea | ith and Re | hab of Oca | a | | | | | | 200 | uly libe |
| Address: 4100 S | W 33rd Ave | | | Ac | lminis | trator: As | ron M Co | Boola | | | - |
| City / Zip: Ocala, | FL 34474 | 77 | | 9. | signe | | | | | | 11177 |
| Phone: (352) 237 | 7-7776 | | Email: | | | | ** | | | delle e annue | |
| Facility License N | io.: 154109 | 6 | | | Faci | lity Type: | NH = | ALF | | AFCH 🗆 | |
| Specialty ALF | ECC 🗆 | LMH 🔲 | Licens | ing is poste | | s 🔀 | | | | | |
| Licenses: | LNS 🗆 | | | rrent: | | o 🔲 | | | | | |
| Licensed Capacit | y: 120 | | Current C | ensus: \ | 8 | No. R | esidents | Visited | 7 | "€µ | |
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<u>Purpose</u>: 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.

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| COMPLETION OF VISIT: | | A STATE OF THE STA |
|--------------------------|--------------|--|
| Information about the Om | budsman Prog | gram was provided to residents and family members. |
| CONSULTATION(S) PR | OVIDED: | |
| None | | |
| ☐ Individual, No.: | Topic(s): | |
| Facility Staff, No. TWD | Topic(s): | STAFFING |

HEALTH & NEHAB

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: HAWTHORNG 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?

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..

| omplaint: | 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 you account? Do you have any concerns or complaints you would like |
|-------------------------------|---|
| omplaint: | hts: 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 you account? 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). The RESIAENT AIL DOT RECEIVE A SHOWER EQUIREA BY PHYSICIAN'S ORAER |
| omplaint: | 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 you account? 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). The Resident by Physician's order The Resident by Physician's order The Resident Feel Addr in the Bathroom |
| Complaint:_ S AS R omplaint:_ | 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). THE RESIDENT AID DOT RECEIVE A SHOWER EQUIRED BY PHYSICIAN'S ORDER THE RESIDENT FEEL DOWN IN THE BATHROOM |
| Complaint:_ S AS R omplaint:_ | THE RESIDENT FEEL DOWN IN THE BATHROOM |
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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. Acs
- 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? 5 €5
- 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.

HEALTH & NEHAB

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: |
|------------------------------|-------------------------------------|
| | 13 CNAS |
| Date: 10-17-19 | 7 NUASES |

HEALTH & NEHAB

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. 355
- 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? $\lambda \in \mathfrak{c}$
- 4. Are there any concerns that you wish to share with me at this time? UO
- 5. With the resident's permission, discuss concerns that were brought to your attention during your visit today.

RESIDENT HAD 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 122 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 tuile but did not want to respond to open a case per Ombo.

Onbudsman sporke to fairly staff about this (slow response time.)

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: | 3/ | 4 |
|------------------------------|-------------------------------------|----|---|
|------------------------------|-------------------------------------|----|---|

Date: 10-17-19



ADMINISTRATIVE ASSESSMENT

| Date: 11/7/201 | 9 | | Ombudeman Namas D | oneis Di " | |
|----------------------------|----------------|------------|----------------------------------|-------------------------|---|
| Additional Omb | udsmen : Lo | ri Berndt | Ombudsman Name: D | ennis Phil | liips |
| District: 4 | | ar Derrial | Council: Withlacoochee | | Catal Batt |
| Time In: 2:15 F | 'M | | Time Out: 3:15 PM | | otal Mileage: 12 |
| FACILITY IN | ORMAT | ION | 7.11.E Out. 3.13 P[V] | The Late | otal Time for Completion: 2 hours |
| Facility Name: H | | | | | |
| Address: 4100 S | | | | inistrator | Lover Della 1 |
| City / Zip: Ocala | , FL 34474 | 1 | Desig | | Lavern Battieste |
| Phone: 352-237 | | | Email: | niec. | |
| Facility License N | lo.: 7129 | | · | acility Typ | De: NH ALF 7 AFCH 7 |
| Specialty ALF Licenses: | ECC ☑ LNS □ | LMH 🗆 | Licensing is posted and current: | Yes ☑ No □ | Spot Check: Yes \(\text{NH \(\text{D} \) \(\text{NO \(\text{D} \)} \) |
| Licensed Capacity | /: 36 | | Current Census: 25 | | . Residents Interviewed: 6 |
| NSTRUCTION | IS: | | | tartification (tartific | . residents litter viewed: 0 |

<u>Purpose</u>

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

| RESID | ENTS 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. | Ø | | |
| RR-2 | Privacy is respected with closeable rooms, announced entry, and space for private and uncensored communication access. | | | |
| RR-3 | Independence, interests, and personal choices are supported by honoring resident decisions about daily schedules, services, participation in activities, and care. | Ø | | |
| RR-4 | Residents indicate an understanding of how to file a grievance, and indicate their grievances are adequately addressed. | Ø | | |
| RR-5 | Resident council, if active, meets regularly, is conducted by residents, and minutes reflect complaint resolution and administration's response to suggestions. | Ø | | |
| RR-6 | Family council, if active, is provided with meeting space and concerns are considered by the facility. (NH and ALF only) | | | V |

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.

| soci | AL 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). | | | |
| 5L-2 | Activities provided reflect the input of residents, a variety of interests, and consider the ability levels of the participants. | V | | |
| SL-3 | Residents have reasonable opportunities to participate in exercise and outdoor activities (ALF and AFCH only). | 7 | | |
| SL-4 | Residents have reasonable opportunity to participate in social, religious, or community activities. | 7 | | |
| SL-5 | Forms of outside communication or information, such as television, radio, newspaper or telephone, are available to residents. | V | | |

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.

| PHYSI | ICAL 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. | Z | | |
| PE-2 | Residents' rooms reflect a personalized, home-like atmosphere and are at a temperature desired by residents. | Ø | | |
| PE-3 | Residents are able to secure their personal belongings and property. | Ø | | |
| PE-4 | Resident rooms have clean bedding, dresser or closet, and adequate lighting. | V | | |
| PE-5 | Common areas are provided for a variety of resident activities at the facility. | | | |
| PE-6 | Entrances/exits are well-marked and unobstructed, and the facility appears free from hazards. | | | |
| | ONAL CARE AND SERVICES | No Concerns Noted | Concern | N/A |
| PC-1 | Residents appear clean and well groomed. | V | | |
| PC-2 | Residents indicate appropriate and timely assistance is provided for activities of daily living. | V | | |
| PC-3 | Residents indicate assistance with toileting or incontinent care is provided regularly and consistently as needed. | V | | |
| PC-4 | Residents have access to laundry facilities or services. | | | |

RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

with appropriate activities and security.

the residents' satisfaction.

Residents needing memory care services are being provided

Staff response to requests or call signals are timely and to

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.

1

PC-5

PC-6

V

| STAF | F-RESIDENT RELATIONS | No Concerns Noted | Concern | N/A |
|------|--|-------------------------|---------|-----|
| SR-1 | Residents perceive that there is adequate staff to meet their needs during all shifts. | \square | | |
| SR-2 | Residents indicate that staff demonstrates a caring attitude, treating residents with dignity and respect, addressing residents by name. | V | | |
| SR-3 | Staff is available to communicate in the language understood by the residents. | | | |

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.

| NUT | RITION 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. | Ø | | |
| NF-2 | Menus are easy to read and communicated in methods understandable for all residents. | V | | |
| NF-3 | Food quality, quantity, temperature, and appearance are acceptable to residents. | 7 | | |
| NF-4 | Residents receive assistance with eating as needed. | V | | |
| NF-5 | Snacks, beverages, water and meals are available or offered at different times during the day. | V | | |

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.

Page 5 of 7

| MEDIC | CATION 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. | Z | | |
| MM-2 | Residents indicate assistance is provided with obtaining prescribed medications. | V | | |
| MM-3 | Assistance is provided with scheduling medical appointments and securing transportation as needed. | 7 | | |
| | NT COMMENTS AND OMBUDSMAN OBSERVATIONS: its reported no concerns. | | | |
| EXIT IN | TERVIEW Total Number of Visits for T | his Assessment: | 1 | |
| Conduc | ted with Name: Lavern Battieste | Title: Administ | rator | |
| | ns, comments, observations, and areas of resident satisfaction: | | | |
| | d no concerns voiced by the residents however, an alternative ctivity Director is not available. | e to a posted a | ctivity would | be a good |
| Recom | mendations for enhancing quality of life and suggestions for impro | ovements: | | |
| Recomm activity, | nend always following the activity schedule. If the Activity Dir plan an alternate to ensure residents have an opportunity to | rector is not ava engage with ot | ailable for a s hers and rem | pecific ain active. |

| Assessment Iter | ms suggested for follow-up: 🛭 | □ None | |
|--------------------|--|-------------------------------|-------------------|
| Item Code: | Brief description: | | |
| Item Code: | Brief description: | | |
| Item Code: | Brief description: | | |
| ISTRICT OFF | CE CONTACT: | | |
| u check any of t | he boxes below, contact the | District Office. | |
| | erns exist requiring immediat mplaint needs to be filed. | e referral to another agency. | |
| ☐ Item: | s were identified that need fol | llow-up | |
| | N(S) PROVIDED: | Register and the second | Panici in salah |
| □ None | | | |
| ■ Individual, No.: | 3 Topic(s): LTCOP | | |
| Facility Staff, No | o.: 2 Topic(s): LTCOP | | |
| OLLOW-UP: | | | |
| ate: | serve the transfer and the | | |
| me In: | Time Out: | Total Time for Completion: | |
| | | Completion: | Total Mileage: 12 |
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ADMINISTRATIVE ASSESSMENT

| OMBUDSMAN INFORMATI | ON | |
|------------------------------------|--------------------------|---------------------------------|
| Date: 11/7/2019 | Ombudsman Name: De | nnis Phillips |
| Additional Ombudsmen: Lori Berndi | | |
| 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 ar | nd Rehabilitation Center | |
| Address: 4100 SW 33rd Avenue | Admin | istrator: Aaron M Coppola |
| City / Zip: Ocala, FL 34474 | Design | ee: Deborah Huguelet, D.O.N. |
| Phone: 352-237-7776 | Email: administrator@ha | awthornevillageofocala.com |
| Facility License No.: 34206 | Fa | acility Type: NH 🗹 ALF 🗆 AFCH 🗆 |
| Specialty ALF ECC LMH | Licensing is posted | Yes ☑ Spot Check: Yes □ No ☑ |
| Licenses: LNS | and current: | No 🗆 |
| 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. If "concern" is marked, use the box below the section to record the reason for 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.

marking an item 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. | V | | |
| RR-2 | Privacy is respected with closeable rooms, announced entry, and space for private and uncensored communication access. | V | | |
| RR-3 | Independence, interests, and personal choices are supported by honoring resident decisions about daily schedules, services, participation in activities, and care. | 7 | | |
| RR-4 | Residents indicate an understanding of how to file a grievance, and indicate their grievances are adequately addressed. | 7 | | |
| RR-5 | Resident council, if active, meets regularly, is conducted by residents, and minutes reflect complaint resolution and administration's response to suggestions. | Ø | | |
| RR-6 | Family council, if active, is provided with meeting space and concerns are considered by the facility. (NH and ALF only) | | | 7 |

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). | V | | |
| SL-2 | Activities provided reflect the input of residents, a variety of interests, and consider the ability levels of the participants. | V | | |
| SL-3 | Residents have reasonable opportunities to participate in exercise and outdoor activities (ALF and AFCH only). | | | V |
| SL-4 | Residents have reasonable opportunity to participate in social, religious, or community activities. | V | | |
| SL-5 | Forms of outside communication or information, such as television, radio, newspaper or telephone, are available to residents. | V | | |

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. | . 🔼 | | |
| PE-2 | Residents' rooms reflect a personalized, home-like atmosphere and are at a temperature desired by residents. | V | | |
| PE-3 | Residents are able to secure their personal belongings and property. | V | | |
| PE-4 | Resident rooms have clean bedding, dresser or closet, and adequate lighting. | V | | |
| PE-5 | Common areas are provided for a variety of resident activities at the facility. | V | | |
| PE-6 | Entrances/exits are well-marked and unobstructed, and the facility appears free from hazards. | V | | |

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.

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

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.

| STAF | F-RESIDENT RELATIONS | No Concerns Noted | Concern | N/A |
|------|--|-------------------------|---------|-----|
| SR-1 | Residents perceive that there is adequate staff to meet their needs during all shifts. | | | |
| SR-2 | Residents indicate that staff demonstrates a caring attitude, treating residents with dignity and respect, addressing residents by name. | V | | |
| SR-3 | Staff is available to communicate in the language understood by the residents. | V | | |

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.

| NUTR | ITION 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. | V | | |
| NF-2 | Menus are easy to read and communicated in methods understandable for all residents. | V | | |
| NF-3 | Food quality, quantity, temperature, and appearance are acceptable to residents. | | | |
| NF-4 | Residents receive assistance with eating as needed. | V | | |
| NF-5 | Snacks, beverages, water and meals are available or offered at different times during the day. | V | | |

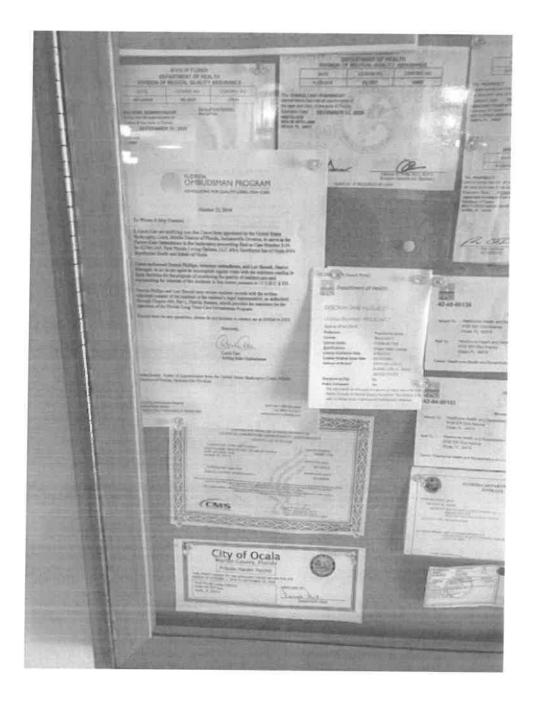
RESIDENT COMMENTS AND OMBUDSMAN OBSERVATIONS:

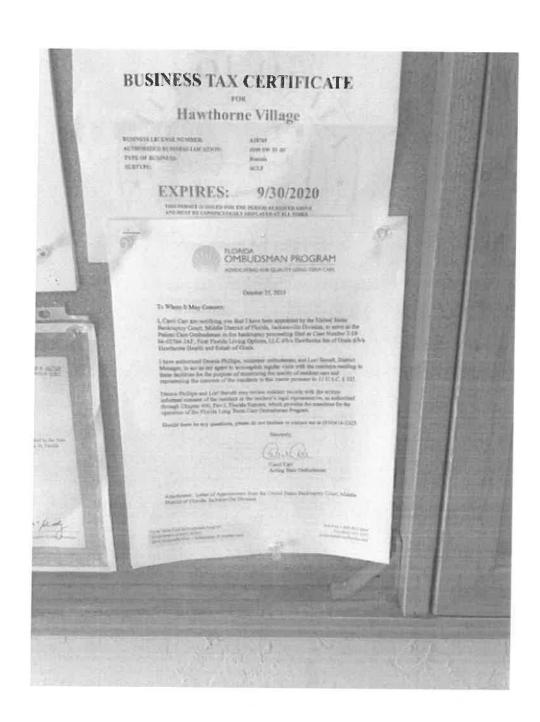
Most residents offered no complaints about the food. One resident did report that sometimes if breakfast is delivered after 8:00 am, the food may be cold. The resident added that it isn't often and did not want to file a complaint.

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

| FAMILY AND STAFF COMMENTS: Some staff were interviewed and reported working at the facility for many years. The they can go to the Administrator if they had a problem and/or concern. EXIT INTERVIEW Total Number of Visits for This Assessment: Conducted with Name: Aaron Coppola and Deborah Hugelet Title: Administrator Concerns, comments, observations, and areas of resident satisfaction: Exited with Administrator and Director of Nursing. Advised both of them in general all ushing residents when dressing them. Director of Nursing said she will speak with so ther concern about the food if delivered after eight a.m. being cold. The Administrativith the staff delivering the trays. Praised the staff for the various activities and frequivithe the staff delivering the trays. Praised the staff for the various activities and frequivithe residents. Also, advised them that the facility appeared clean and in good conditing divised Ombudsmen of Thursday's "Safety Day" and how it help brings awareness a fafety 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 ressing. Let the residents take their time in deciding what they wish to wear; not state the residents take their time in deciding what they wish to wear; not state the residents with personal ressing. | Concern | N/A |
|--|--|-------------------------------|
| Assistance is provided with scheduling medical appointments and securing transportation as needed. 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. The they can go to the Administrator if they had a problem and/or concern. EXIT INTERVIEW Total Number of Visits for This Assessment: Conducted with Name: Aaron Coppola and Deborah Hugelet Concerns, comments, observations, and areas of resident satisfaction: Exited with Administrator and Director of Nursing. Advised both of them in general at ushing residents when dressing them. Director of Nursing said she will speak with so ther concern about the food if delivered after eight a.m. being cold. The Administrativith the staff delivering the trays. Praised the staff for the various activities and frequence residents. Also, advised them that the facility appeared clean and in good conditivity of Director of Director of Director and Director of Director and Director and Director of Director of Nursing said she will speak with so their concern about the food if delivered after eight a.m. being cold. The Administrativity the staff delivering the trays. Praised the staff for the various activities and frequence residents. Also, advised them that the facility appeared clean and in good conditivity of Director Of D | | |
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| Assessment Items s | suggested for follow-up: 🗉 N | lone | |
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| Item Code: | Brief description: | | |
| Item Code: | Brief description: | | |
| DISTRICT OFFIC | E CONTACT: | | |
| f you check any of the | boxes below, contact the D | istrict Office. | |
| ☐ Concer | ns exist requiring immediate | referral to another agency. | |
| ☐ A comp | plaint needs to be filed. | | |
| ☐ Items v | vere identified that need foll | ow-up. | |
| CONSULTATION | I(S) PROVIDED: | | |
| □ None | | | |
| ■ Individual, No.: 5 | Topic(s): LTCOP | | |
| | 3Topic(s): LTCOP | | • |
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| FOLLOW-UP: | | | |
| Date: | | Total Time for | |
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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 A | 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: | , |
| | • a | 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' R | · |
| | | 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). |
| Resid | lent | |
| Conc | ern/Complaint: | No concerns voiced at this visit. |
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| Propos | sed action need | led, if any, and what follow-up, if any, is needed? |
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| Proposed action nee | eded, if any, and what follow-up, if any, is needed? |
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(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. <u>With the resident's permission</u>, 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: <u>11/7/19</u>

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 deliverly 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 deliverly 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?

| personal care | e to residents. |
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| Resident | |
| Concern/Co | mplaint: |
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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.



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Click 'Select' to display a document.

Export Results Understanding Inspection Reports <u>Inspection Details for This Provider</u>
(Inspection Data from January 1, 2008 to present)
FloridaHealthFinder.gov

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.mvflorida.com.

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

| | Inspection Type | Document Type | | | |
|---------------|------------------|---------------------------|------------|-------|------------------------|
| Select | Standard | Statement of Deficiencies | Visit Date | Pages | Inspection Status |
| Select | Standard | | 08/14/2019 | 2 | Deficiencies Corrected |
| Select | Fire/Life/Safety | Statement of Deficiencies | 05/23/2019 | | Deficiencies Cited |
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| 23456 | | Statement of Deficiencies | 05/16/2018 | | Deficiencies Corrected |

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| DIRECTOR'S OR PROVIDERSUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 08/19/19 | | | | LVIF12 | H co | athustion sheet 1 | -64 | |
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| (N 000) INITIAL COMMENTS 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. | rm 3020-0001 ORY DIRECTOR | A follow up to the relicition conducted by desk reverse Health and practice was not identified by the second secon | ensure survey was iew on August 14, 2019 for Rehab of Ocala. Deficient led. | (N 000) | | | | |
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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

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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.

Back To Top

| NAME OF PROVIDER OF SUPPLIER HAWTHORNE HEALTH AND REHAB OF OCALA For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the sta (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUS OR LSC IDENTIFYING INFORMAT | STRE 4100 : OCAL te survey a |
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| | T BE PRE TION) |
| (continued from page 3) There was one depted one of a second and a second a second and a second a second and a second a | |
| There was one dented can of coconut milk stored in the dry food stored potential for actual harm plastic bag of dinner rolls stored in the feature. | |
| plastic bag of dinner rolls stored in the freezer. There were 5 uncoversidents Affected - Many | iniabeled ared and |
| | |
| glasses with a brown liquid substance stored in the | undated |
| ************************************** | arv Man |
| confirmed the plastic had of dinner rolls was unless that | The Diet |
| trays of dinner rolls were undated and unlabeled and confirmed that | He con |
| portions were not fully covered. The Dietary Manager confirmed that that contained the brown liquid substance were and confirmed that | the indi |
| that contained the brown liquid substance were undated and unlabeled | ∍d. |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PORT OR LSC IDENTIFYING INFORMATION) |
|--|--|
| F 0812 Level of harm - Minimal harm or potential for actual harm | Procure food from sources approved or considered satisfactory and distribute and serve food in accordance with professional standards |
| Residents Affected - Many | Based on observation, interview and record review, the facility failed to en were stored in a safe and sanitary manner. Findings: |
| | Record review of the facility policy titled Proper Labeling of Food (Revised revealed the facility standard of practice all refrigerated product, prepared meals, taken out of original container or any leftovers, needs to have a lab specified: |
| | LABELING OF REFRIGERATED FOODS: The label should include: PRO see the product/leftover through the plastic wrap or lid, you must label the re-sealable bag with the product name. Ie. Pureed Peaches DATE: Documproduct is placed in the refrigerator. I.e: 6/23/15. |
| | LABELING OF FROZEN PRODUCT TO BE THAWED: Frozen products si roast, chicken, eggs in a bag, carton eggs etc. pulled to thaw in the refriger be labelled. The item should be placed in a clean bus tub or tray. A label si created with the PRODUCT NAME, PULL DATE. |
| | LABELING OF FOOD ITEMS LEFT IN ORIGINAL CONTAINER: Individual bottles, pancake syrup, chocolate syrup bottles, gallon jars of pickles and containers of mayonnaise, salad dressing, peanut butter, parmesan cheese spices, cold cereal, rolled oats, dried beans, rice, nonfat dry milk, etc. shou |
| | marked with date opened. LABELING OF MILK, SUPPLEMENTS & THICKENED DRINKS: Galions o with 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 of the prepared of the pre |
| | the preparation date and initials of staff preparing the beverage. However, in EXPIRATION DATE of the milk for fortified drinks is less than 7 days, the mail discarded on the expiration date. An initial tour of the main facility kitchen was completed on 05/20/2019 begins with the facility Certified Dietary Manager. |
| ORM CMS-2567(02-99) | Event ID: YL1011 Facility ID: 105602 |

71

Back To Top

| AND PLAN OF CORRECT | NCIES ION | (X1) PROVIDER/SUPPLIER/CLIA IDENNTIFICATION NUMBER: | (X2) MULTIPLE (A. BUILDING B. WING | CONSTRUCTIO |
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| HAWTHORNE HEALTH AN | | ALA | | STRE |
| For information on the numin | a hamala d | | | 4100 S |
| on the hidisin | g nome's plan to co | prrect this deficiency, please contact the r | ursing home or the st | ate cumous |
| | (Continued fr (Photographic Record review Biologics, Syrir Services From 10/31/16, 04/05 Applicability This Policy 5.3 s medications, bio Procedure 5. Once any memanufacturer/su Facility staff shore | | Expiration Dating C Facility Receivir 17. Revision Date: the storage and expiration dates for the storage and expiration dates and expiration dates are storage and expiration dates for the storage and expiration dates are storage and expiration dates and expiration dates are storage and expiration dates for the storage and expiration dates are storage and expiration dates for the storage and expiration dates are storage and expiration dates and expiration dates are storage and expir | of Medica og Pharm 5/10/10, xpiration |
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| (X4) ID PREFIX TAG | | DEFICIENCIES (EACH DEFICIENCY MU OR LSC IDENTIFYING INFORM | ATION) |
|--|--|--|-----------------------------------|
| F 0761 Level of harm - Minimal harm or potential for actual harm | currently accepted professi | is used in the facility are labeled onal principles; and all drugs and parately locked, compartments fo | i biologica |
| | Based on observation, interviewials of eye drops with the operindings: On 05/22/19 at 9:20 AM Unit revealed 3 vials of opened eyewere 1 vial of Dorzolamide HO opened and not dated, 1 vial of | TS HAVE BEEN EDITED TO PRO ew and record review, the facility fair an date in 1 of 3 medication carts. Medication Cart observation with 5 de drops without an open date for Re CL 2% opened and not dated, 1 vial of [MEDICATION NAME] Acetate 1 vials of opened eye drops were not | Staff A, Unesident #30 of Latanop |
| ORM CMS-2567(02-99) | Event ID: YL1011 | Facility ID: 105602 | lf c |

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Back To Top

| IAND PLAN OF CORDECT | NCIES | (X1) PROVIDER/SUPPLIED/CLIA | 100 | | | | | | | | |
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| AND PLAN OF CORRECTION | ON | DENNTIFICATION NUMBER: | A. BUILDING | | | | | | | | |
| WALES OF THE | 100 | 105602 | 8. WING | | | | | | | | |
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| HAWTHORNE HEALTH ANI | REHAB OF OCA | ALA | | STRE | | | | | | | |
| For information on the | | | | 4100 S | | | | | | | |
| a mismation on the nursing | i home's plan to co | rrect this deficiency, please contact the nu | rsing home or the stat | B DUDANU A | | | | | | | |
| 1 | | | o to the state | e enivey a | | | | | | | |
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| F 0690 | (Cont) | Y STATEMENT OF DEFICIENCIES (EACH OR LSC IDEN | H DEFICIENCY MUST TIFYING INFORMAT | BE PREC | | | | | | | |
| avol of home to | (continued fr | om page 1) | THE THE PROPERTY | | | | | | | | |
| Level of harm - Minimal harm or potential for actual harm | 05/15/2019) that read discontinue Foley catheter. The physician's order did residual is greater than 400, reinsert Foley catheter. | | | | | | | | | | |
| | ii esidual is ares | ter than 400 - | HUHH Diagger scal | 1 if noei | | | | | | | |
| Residents Affected - Few | recom review | of Donish - Last Joseph Colling | 1. | | | | | | | | |
| | U5/18/2019) the | at documented the facility received a related to [MEDICAL CONDITION] | vealed a progress | note ([| | | | | | | |
| | #14/'s catheter | related to [MEDICAL CONDITION] | a buysician's order | to repla | | | | | | | |
| | 05/18/2010\#5 | of Resident #147's clinical record ret t read Foley 16 french 10 cubic cort | Vealed a nhysiciar | le arda | | | | | | | |
| įį | mande even, 30 | J Have on the live of the public cell | iumeter, normai sa | aline in | | | | | | | |
| įr | 05/18/2019) that read Foley 16 french, 10 cubic centimeter, normal saline in Record review of Resident #1475 at 15 and 15 | | | | | | | | | | |
| ή , | acility had transcribed the full physician's order related to discontinuation of | | | | | | | | | | |
| iii ii | | | | | | | | | | | |
| Qi | pladder scan, if post-void residual is greater than 400, reinsert Foley cathete acility had assessed Resident #147's clinical record failed to reveal documentate | | | | | | | | | | |
| fa | cility had seen | Resident #147's clinical record faile | ed to reveal docum | athete | | | | | | | |
| ar | nd determining | resident #147's clinical record faile sed Resident #147 by performing a Resident #147's post-void residual h | bladder scan affe | ieniai | | | | | | | |
| les | itheter | | efore re-incortine | | | | | | | | |
| | ambu t. a | i via residual L | , cioie ie-111961 11110 | Regir | | | | | | | |
| :01 | aring interview o | on Ostopinose | | Resid | | | | | | | |
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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 find disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: YL1011

Facility ID: 105602

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(X4) ID PREFIX TAG

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

0684

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

Provide appropriate treatment and care according to orders, resident's goals.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CON Based on observation, interview, and record review, the facility failed to ensi resident of 2 residents receiving intravenous therapy received treatment and accordance with professional standards related to intravenous (IV) therapy c residents. (Resident #395)

Findings:

An initial observation and interview of Resident #395 occurred on 05/20/201 When asked why the Resident was admitted , he said it was related to an inf currently receiving IV antibiotics. Upon request to observe the Resident's IV. proceeded to show me his Peripherally Inserted Central Catheter (PICC) line extremity. Upon inspection of the PICC line, the date marked on the dressing 05/08/2019 (photographic evidence). Dressing showed some peeling and cu

During an interview with the Assistant Director of Nursing (ADON) оп 05/20/: PM, information about IV dressing care and charting was requested. ADON changes are done weekly and as needed unless otherwise indicated. The W does the weekly dressing changes, but a Registered Nurse are available for dressing changes. ADON pulled up Resident #395 electronic Medication Ad-[REDACTED]. ADON confirmed the order was for a weekly IV dressing char replacement every Wednesday and not marked as completed on the eMAR or 05/15/2019.

A record review was done for Resident #395. A physician's orders [REDACT physician's orders [REDACTED]. Facility policy review for IV dressings indic dressing changes using a transparent dressing are to be done upon admissi weekly, or if the integrity of the dressing has been compromised.

F 0690

evel of harm - Minimal harm or potential for actual harm

Residents Affected - Few

Provide appropriate care for residents who are continent or incontinen bowel/bladder, appropriate catheter care, and appropriate care to preve infections.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CON Based on interview and record review, the facility failed to assess 1 of 2 resi dependent on catheter use prior to the re-insertion of a catheter of 29 sample (Resident #147)

Findings:

Record review of Resident #147's clinical record revealed Resident #147 wa the facility with [DIAGNOSES REDACTED].

Record review of Resident #147's clinical record revealed a progress note (L 05/15/2019) that documented the facility received a physician's order to disc Resident #147's Foley catheter. The progress note documented Resident #1 prior to hospitalization . The progress note documented the physician's orde in 6 hours perform bladder scan, if post-void residual is greater than 400, rei

Record review of Resident #147's clinical record revealed a physician's orde

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from c that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the fir

Medicare.gov Nursing Home Compare

The Official U.S. Government Site for Medicare

| Inspection report | |
|-------------------|---|
| | - |

| STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENNTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING |
|--|--|--|
| | 105602 | |
| NAME OF PROVIDER OF SUP | | STREE |
| HAWTHORNE HEALTH AND F | | 4100 S OCAL |
| For information on the nursing h | e's plan to correct this deficiency, please contact th | e nursing home or the state survey a |

| | PREFIX TAG | SUMMARY STATEME | NT OF DEFICIENCIES (EACH DEFICIEN OR LSC IDENTIFYING IN | ICY MUST BE |
|-----------------|------------------|--|---|---|
| F 0883 | | Develop and implement | policies and procedures for flu | FURINATION) |
| Level of ham | m - Minimal harm | | policies and procedures for flu | and pneum |
| or potential fo | or actual harm | **NOTE- TERMS IN RRA | CKETC HAVE DEEN ADVISOR | |
| Residents A | ffected - Few | pneumococcal vaccine for (Resident #9) Findings: Record review of Resident resident consented to have Record review of Medication the immunizations were soluted was not administered became review of the physical review of the physical provide immunizations in recommendations, resident in an interview on 5/22/2016 | and interview, the facility failed to provide the Influenza and pneumococcal on Administration History (Dated 2/heduled to be given on 2/5/2019. It uses the drug was unavailable. Plan's orders [REDACTED]. Recorder 3.34, Revised 06/2017 stated, It accordance with the Center for Disconsent, and physician orders. It at 2:45 PM, the Director of Nursing as ordered by the physician and co | ovide influer of 29 sample of 29 sample of 2/3/20 vaccine. 1/2019 to 3/4 also revealed review of the policy sease Control |
| | | | and the physician and to | nsented by t |



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/deliverly, 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 or 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.

EXHIBIT (C)

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CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO

10/02/19

CUSTOMER INVOICE NUMBER PAGE

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REMS HAWTHORNE HLTH 4100 SW 33RD AVE OCALA FL OCALA DIP

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REMS HAWTHORNE HITH OCALA DIP 4100 SW 33RD AVE CCALA FL 34474-4460 34474-4466

nor 352-237-7776 FLORIDA LIVING OPTIONS INC At the heart of food and service SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 CUSTOMER'S DUPLICATE INVOICECONFIDENTIAL PROPERTY OF SYSCO 7013 ROUTE 5062 TERMS -PAST DOM. BALANCES ARE SUBJECT TO SERVICE CHARGE NET 1 DAY FROM INVOICE
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REMS HAWTHORNE HLTH OCALA DIP 4100 SW 33RD AVE CCALA FL 34474-4460 34474-4466

352-237-7776

FIORIDA LIVING OPTIONS INC 285 S FARNHAM ST

At the heart of food and service SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 CUSTOMER'S DUPLICATE INVOICECONFIDENTIAL PROPERTY OF SYSCO
DELY, DATE CUSTOMER INVOICE NUMBER PAGE
10/04/19 TROCK STOP BELION 5062 TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE NET 1 DAY FROM INVOICE MANIFEST# 1474114 NORMAL DELIVERY
MA- SSTIN MARTE BELCHER 941462 PUNCHASE ORDER 222823575 σ 4

| TAINS A | SIGN | 24 | CASES | . 0 | (18) | | | | | | 0 | D | - 6 | O | | , 0 | | Ω | D | H | . Adj | H | O.C. |
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| TRUST C | | 44 | SPLIT | 1 CS | CS | CS | LSCS | CS | CS | C | S | C | 1 CS | S | H | . L | | CS | 1 CS | 1 CS | - Cs | C C | 4 10 |
| TON 5 (C) C | | 24 | TOT.PCS | 125 | | 48402 | | 4 | 24802 | | : | 2 | S. | 4025 | - K | : " : N1 | : | 4 00 | ω | 122 | on A | N Ø | E-MCA |
| B PERISH | The same of the sa | ย | CUBR | ĽВ | N | Z | 24400CT | 25CT | !! | 10100CT | | 209 | 60Z | U. | ON N | ZOZ | | 02 | 5LTF | E | E | 10# | N T N K |
| BISEABLE | | N | CROSS | SYS | MAG | | SYS | SYS | SYS | DART | SYS | SYS | SYS | SYSCO | 5105 | | 5102 | NONNAC | 5LTRREFRASI | SYS | SXS | 81 838 | |
| AGRICOLI | 02 | 408 | S WY. | I AMI | CUP S | CUP S | CLS S | CLS N | M AWI | : ; :Н | ທ | TMP D | ם מאו | 1 | 2 | | • | ١., | | CLS | CTS \ | IMP 1 | |
| TURAL COMMO | NO. PCS DELVD. | | 2 | THICKENER | INEMETAADS | SUPPLEMENT | STRAW | NAPKIN | MILK | נם מוד | FOIL 1 | DRINK | DRINK | CUP FO | P MILK | MILK | SUPPLIMENTS | YOGURT | WATER | VEGETABLE | VEGETABLE | TURKEY BRST 0 18.950 | |
| W SELLICK | SIGN | | OPEN: | | IMENT | MENT | PLAS | N DNR | 2% DA | PLAS S | ALMN | TEA | TEA | FOAM TALL | 2% DAIRY GROUP SUPPLIES | NEAT | STINE | | FLAVOR | 1 : | HLE | У BRS .950 | MET |
| STED ON THIS 1 | NEDERANT DANSE | | 8:00 | FOOD | VANILLA | | WRPD | 15x17 | DAIRY HONEY THICK | STRAW | ROLL | ILMS | SWT | | | 100% | GROUP | OTH/BIO | | BLEND | BLEND | 19.0. | EM DES |
| INVOICE : | | | MA | | 2 | CHOCOLATE | FLEX | 1/8 | XENO | SLOT | XVH | LEMON | LEMON | 12 oz | NECTAR T | LACT | TOTAL | RASP | STRAWB | SCDNVN | CHECUT | .S RAW | DESCRIPTION |
| ARE SUBJE | WIDENCES OF ALL 192388 | | CLOSE | | MAGIC | E MAGIC | E | | THIC | 12-2402 | WCT 5 | NECTAR | HONEY | | R THICK | CAL | ** | | KIWI | : | | 변변 | NO |
| CI TO THE | | | SH | | CUP | IC CUP | FWIS | FINESSE | × | 40Z | 500 FT | 'AR THK | Y THCK | | Š | ENRCHD | | A HIT | MAHNE | GR A | GERM | - III 1 | |
| STATUTO | NO. | , | 5:00 | ω | 19 | | YSTWF76WSYS24 | 066039 | ω | | r w6932 | | | 8884 | ហ | | - 1 | | AN 6005 | 1474980 | 00708462 | 2265570132 56.400 | |
| Y TROST | PCS | | E E | 3327 | 19850 | 33904 | S24 | 039 | 3357 | 16SL | 328 | 3316 | 3317 | 04 5 | 5019 | 6348 | | 00 . | 059 | 980 | 462 | 132 400 | |
| PAYABLE | | PO BO | | 0102194 | 2489912 | 2489946 | 0191397 | 7953310 | 042935 | 4096327 | 6937767 | 0101618 | 0101998 | 408884 | 4254284 | 653285 | | 78407 | 4675728 | 1474980 | 3533544 | 1102995 | CODE |
| 2 | | ' X | | : | | 46 2 | | 1 | 57 1 | 27 1 | 67 2 | 18 | 98 1 | Gi. | 84 | 7 | | | | : : | | : | |
| OR BEF | 1 | S E | | 57 . 65 | 24.09 | 4.09 | 52.54 | 35.98 | 8.83 | 3.48 | 25.95 | 9.57 | 0.96 | 24.20 | 25.31 | 10.77 | | | თ : | 25.97 | 32.43 | 3.510 | PRICE |
| BEFORE | | ; | | | | | | | | | | | | | 1 | | | į. | | İ | | | T YAT E |
| 1 92 | ныя | FLORIDA | | , | | | 1 | | | | | i | | | | ; ; ; | ω | i | : | | | : (| [R] |
| OTAL | TOTAL | SUB TOTAL | # | 57 . 65 | 24.0 | 24.09 | 52,54 | 35.98 | 18.83 | 26.96 | 51.90 | 9.57 | 10.96 | 48.40 | 25.31 36.08 | 10.77 | 3284.55 | a | 26 86 | (H. : | 64.86 | 197.96 | EXTENDED |
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| | | . 60 | | | | | | | | | | į | | | | | | | | : 1 | | | INVOICE |
| | | | i | | | | | 1 | 10 | | i. | - | | | er er | : | : - | | | | |].]. | ADJUSTMENTS |
| | | | | | | | | | | | | | | 4 | | | 1. | ** | | | | | THEM |

| NCA PROVISION: THE PERISHABLE AGRICULTURA SECTION 5 (C) OF THE PERISHABLE AGRICULTURA SUSF CLAM OVER THESE COMMONTIES AGRICUL BLYANLES OR SECTED FOR THE SALE OF THE SUMY DISCOVER ACCESSES FOR THE SALE OF THE MY DISCOVER ACCESSES TO THE THE AS A MEMBER THE CAPACITY, OR TO PARTICIPATE AS A MEMBER | 8 8 4.8 158 115 5 120 107.9 2307 | CASES SPLIT TOT. PCS CUBE GROSS WT. | : | The state of the s | 開発 (計画) | 17 - 1881 de mar | Programme of the control of the cont | (1) (1) (1) (2) | ORDER SUMMARY : 50 | 2 RIHOO012-16GSYS CIS | CS &L. /5LBECOLAB | 10 SAL HEFCARD | | N | | FIORIDA LIVI 285 S FARNHA GALESBURG | 352-237-7776 | REMS HAWTHORNE HLTH OCALA DIP 4100 SW 33RD AVE OCALA FL 34474-4466 | N 9 4 1 4 8 2 2 2 6 2 3 6 7 5 |
|--|---|-------------------------------------|---|--|--|--|--|--|--|--|------------------------------------|-----------------------------|--|--------------------------------------|--|---|---|--|--|
| DELVD. SIGN X NO. PCS NO. PC | | OPEN: 8:00 AM CLOSE: 5:00 PM | | | The second secon | mann manning m | | ****** | 50117 | LINER REPRO 43X46 1.5 ML x8646AKSX01 LINER ROLL 24X33 6 MC NA Z4833RNSR01 GROUP TOTAL**** | OLEANER COFF EQUIP DIPITED 6117583 | HOUSEKEEPING SUPPLIES 60309 | REFCARE WATER THICK HONEY SF RIU 60310 | 440ZTHCKEEZ THICKENER BOOD CLR 67005 | ITEM DESCRIPTION | 01 | food and service 200 WEST STORY ROAD OCCEE, FL 34761 | SVSCO CENTRAL STORES | CU. |
| PAYABLE ON OR BEFORE 10/05/19 | SYSCO - CENTRAL FLORIDA PO BOX 40 OCOEE, FL 34761 | | | | | | | | | 1764521 26.81 5881966 27.13 | 2763688 131 77 | 7028199 24 33 | 7028197 25.14 | 2859314 23.87 | CODE PRICE ANORT E | NET 1 DAY MANIFEST# MA: SSFIN | 12 | 10/04/19 TRUCK STOP 941462 | CUSTOMER'S DUPLICATE INV |
| | IDA sus zoral 3994.59 | | | d | | we with a constitution of the constitution of | | in the second of | Territories Person recommended and contract to the contract to | 23 5 4 . 62 . 65 6 . 65 | 131.77 | 434.31 | 25.14 | | PRICE 1 0 I CODE DELL'AD DESCRIPTION OF P. INVOICE ADDIVINITE DELL'ADDIVINE DE L'ADDIVINE DE L'ADDIV | INVOICE 114 NORMAL DELIVERY E BELCHER | TERMS - PAST DUE BALANCES ARE SUBJECT TO SEPUTCE CHESCO | 222823575 6 5 | DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF |

EQUAL OPPORTUNITY AND AFFRINATIVE ACTION CLAUSES OF 41 CFR 60-1.4, 60-250.4 AND 60-714.4 ARE INCORPORATED BEREIN BY REFFRENCE

| THORISED BY SECTION ANY RECEIVABLES | WENDERSON THE TAXABLE PARTY | SIGN | 28 | CASES SPLIT | : | | | · · | ₩ P | ۱ | 2 1 | | 0 | A K | | |) <u> </u> | · K | عاد د د د د | 1 N | L CS | | | 1 1 1 | GALESBURG | FLORIDA 285 S FA | 352-237-7776 | SW 33RD | |
|--|--|---|---------------------|-----------------------|-----------------------|--------------------|-------------|------------------|------------|------------------|------------------------------|-----------------------------|---------------|------------|-------------------|-------------------------|-------------------|-------------------------|-------------------|--------------------|--------------------|---------------|-------------------------------------|---------------------|-------------------------|-------------------------|---|--|-------------------|
| ISION: THE PERISHABLE AGRICUL IN 5 (C) OF THE PERISHABLE AGR IN OVER THESE COMMODITIES, AL | The state of the s | | 28 27.2 481 | TOT. PCS CUBE GROSS W | 12 / USOZCARRS | TOT OF THEYO | · N | } | Ž | T SOR | Ú | | n D | 520ZKE | HZ4Z OZ HSRCCLS | 701.200ZKELLOGG | LZZ LB SYS CLS | CNISYS | | SYS ET | 0 | 51.00 | LOWER GET C | 1 | PACK SIZE | LIVING OPTIONS RNHAM ST | 7-7776 | 34474- | NE HLTH OCALA DIP |
| TURAL COMMODITIES LISTED ON THIS I | | NO. PCS CUST. FIGHT INVOICE DELVD. SIGN V | ļμ | MT. OPEN: 8:00 2 | CRACKER ASSORTMENT | COFFEE | COFFEE GRND | CHICKEN DICED FC | SCHICKEN | CHEESE RICOTTA | LEBERLIMP CHEESE PROV NONSMK | IP CHEESE MOZZAREL | CHEESE | CEREAL | CEREAL HOT OAT | G CEREAL FROSTED FLAKES | S CAULIFLOWER IQF | CLS BUN HOT DOG WHITE 6 | 8回题] | CLS BEAN GREEN CUT | CASACIS BEAN BLACK | FOOD SUPPLIES | R CREDIT FEES; NEXT DI | TERM DESC | | INC | OCOEF 407-8 | At the heart of SYSC food and service 200 | |
| INVOICE ARE SUBJECT TO THE STATUTORY | 200 | SVINCHUES OF ALL THEMS NO. I | | AM CLOSE: 5:00 | ENT FOR CH 5929057461 | AF COL W/F 3587003 | BTE | C ALL NAT 62846 | MARN ZIPL | WHIL MIK 0203000 | SMK SLI INT .7 170754 | MOZZARELIA IMPS SHRD 100721 | | | QUICK 23527601425 | | N | TE 6 HINGD 54607120 | L BRKWY 8563017 | GR A P 74865-04977 | 5844220 | | DAY FUNDING | DESCRIPTION | | | FL 34761 7-8500 | O CENTRAL FLORIDA, INC. WEST STORY ROAD | |
| TRUST PAYABLE | | PCS | SYSCO PO BOX | DK. | 61 4246336 | 03 4571386 | 70 5932142 | 46 4110411 | 18 9562877 | 00 3986072 | 54 3546386 | 21 9008335 | 90001 7018107 | 42 6199202 | 25 8562621 | 62 6199004 | 1628593 | 20 2496624 | 17 8563017 | 77 1435197 | 20 5844220 | | & DATA YOU CAN US 1-855-532-7738 | CODE | | | 1074 | BOUTE /01 | 10/0 |
| ON OR BEH | | 20 | 40 FL 3 | DENTH TO | 45.91 | 88.08 | 83.35 | 39.03 | 41.25 | 29.67 | 47.29 | 79.97 | 52.59 | 33.80 | 34.44 | 33,80 | 26.56 | 30.19 | 68.08 | 24.76 | 26.90 | | H | PRICE | DR | MA | 2 | 07 | 19 |
| BEFORE | | | TRAL FLORIDA | | -: | FT. | | 1 | | | | - 35 ⁴ - | <u>.</u> | Ŭ. | 153 | | | | į, | <u>ia)</u> | Ö | | | TIE THOUSE | 2 | MANIFEST# | ERMS -PAS | 941462 FÜRCHASE ORDER | |
| TOTAL | INVOICE | TOTAL | LDA SUB TOTAL | | 45.91 | 88.08 | 83.35 | 117.09 | 82.50 | 29.67 | 47.29 | 79.97 | 52,59 | 67.60 | 34 44 | 67.60 | 26,56 | 60.38 | 340.40 | 49.52 | 26.90 | | | EXTENDED | MA: SSFIN MARIE BELCHER | 1474439 NORMAL | TERMS PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE | 222826689 | |
| | | | 129 | | /:1 | į. | | | | | | | | | | | | | | | 1 | | | Hrij Hrij | ER | H | ARE SUB | 6899 | |
| | | | 1299.85 | | şi N | ! | | | Ä | | | | | | | | | . i | | | ; (1 ; (1) | | | INVOICE | | DELIVERY | S OL LOST | N | |
| | | | | | | | | | | | | | | | į | | | | | | | | | INVOICE ADJUSTMENTS | | | ERVICE | - | CAGE. |

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

352-237-7776 FLORIDA LIVING OPTIONS INC 285 S FARNHAM ST GALESBURG IL 614

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

1074

PURCHASE ORDER

TERMS -- PAST DUB BALANCES ARE SUBJECT TO SERVICE CHARGE NET 1 DAY FROM INVOICE

MANIFEST# 1474439 NORMAL DELIVERY

TRUCK STOP 10/07/19

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CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

| THE SECTION S (C) OF THE PERSONAL AGRICUATION S (C) OF THE PROBLEM AGE OF THE SALE OF THE | ACA PROVISION: THE PERISHABLE AGRICULTU | 8 2 30 21.7 6 | CASES SPLIT TOT. PCS CUBE | 1212CT | S | LE SYS | 5 CS 508 OZ | S | I CS | ы | D 2S ONLY5 LB SYS CLS | Q. | D 1SCS 6#10 SYS CLS | F 3 CS 243 OZ ELMNTRY | F 2 CS 65 LB WHIFCIS | D 1 CS 13 GAL REFRASI | CS | 1 CS 2162 | S 82.5 | I OS 144 93 OZAUSTIN | D 1 CS 144, 93 OZAUSTIN | D 1 CS 5002PACK NABISCO | C DIX PACK SIZE | GALESBURG IL |
|--|---|-------------------|---------------------------|--|--------------------------------|-----------------------------|---------------------|------------------------------|------------------------|--------------------------------------|--------------------------------------|--------------------------------------|------------------------------|-----------------------------|-------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|---|--------------------------------------|--------------------------------------|----------------------------|------------------|---------------------|
| CAMAGONITES ACT 1931 U.S. C. 493E(). SHE SELLAT OF SHIP OF SELECTION OF SHIP O | NO. REC. | CHUSE: 5:00 | ODEN: 8:00 AM CTOST | RK SPLIT 20Z 342 | MIX CAKE YELLOW COMPLY 5301627 | MIX BROWNIE COMPLY 124-2439 | MILK HOMOGENIZED HP | MARGARINE SOLID ZIF 21726WFS | JUICE CONC ORG BIND 10 | JUICE CONC APPLE BIND 100% 4X1 60154 | HONEY PURE WILDFLOWER GR A JU PRAIOT | GRAPETRUIT SEGMENT LT SY 74865.64926 | FILLING PIE BIUEBERRY 123041 | EMPANADA BEEF AND CHS 73482 | EGG SCRAMBLE MIX BNB 34730-54802-00 | DRINK BASE LMN CONC 7X1 BIB 60030 | DOUGH PUHE PASTRY SQUARE 7486559335 | DOUGH BISCUIT ZT SOTHRN 94562-31151 | LIBSYS CIS CROUTON SEASONED HMSTY ZTF 74920 | CRACKER CHEESE PNT BUTE 2 7978392177 | CRACKER CHEESE ON CHS 24/ 7978392175 | CRACKER ASST FAVORITE 2060 | TTEM DESCRIPTION | 61401 |
| TRUET PAYABLE | PCS. | SYSCO SYSCO | 6056907 | 8 3257975 | 7 5301627 | 9 1242439 | 4688810 | S 4549099 | 5 4757666 | 4752083 | 5611652 | 3855343 | 1 4016499 | 4304636 | 0 4125250 | 0 4676934 | 5 2227643 | 1 5995438 | 0 7762329 | 7 2338608 | 5 2338596 | 5999925 | CODE | |
| ON OR BEF | | CEN 40 FL 3 | 21.6 | 5 34.87 | 7 23.87 | 9 26.34 | 0 16.49 | 9 21.00 | 51.55 | 3 52.66 | 2 21.64 | 35.00 | 9 88 66 | 6 21.70 | 0 45.45 | 4 65.25 | 3 46.70 | 8 42.34 | 9 41.07 | 8 17.72 | 6 17.72 | 5 36.96 | UNIT | MA: |
| BEFORE | | TRAL FLORIDA SUB | | | is al | | | • | | E 45 | • | 475. | 7.0 | ,,, | | | | 7.4 | | | | | XXX | |
| | TOTAL | TOTAL | 21.69 | 69.74 | 23.87 | 26.34 | 82, 45 | 21.00 | 51,55 | 52.66 | 43.28 | 35,00 | 88.66 | 65.10 | 90.90 | 65.25 | 93.40 | 42.34 | 41.07 | 17.72 | 17.72 | 36.96 | EXTENDED | SSFIN MARIE BELCHER |
| ON PJ | | N | | | | • | | | *** | | | | | | | | i de | | | Si. | | | Hig | |
| PAGE 3 | | 2286.55 | | ************************************** | | | | | | | | Ává. | | | | | | | <i>,</i> | | | | INVOICE | |
| | | | | | | | | | | | | 2001 Z | | | 5 | ē | | | | | | | SINTERPRESOCUE | |

REMS HAWTHORNE HITH OCALA DIP 4100 SW 33RD AVE CCALA EL 34474-4460

34474-4466

352-237-7776

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

7007 10/07/19

941462

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PURCHASE ORDER

1074

TERMS -- PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

| NEW THE PARTY OF T | THEOREANT & | DRIVER'S SIGN | | | 2 | hij | দ্য | İ | | | į is | j h | | E | | E | f tij | ь | 6 | C | j Fi | j h | ь | 6 | 0.0 | | |
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| EAIM OVER | DVISION: | | <u> </u> | ć | | 60 | ၈ | <u></u> | 6 | | L | ı N | | ; | | | | بر | | 9 | 40 | 12 | | | PACK | JURG | DA LIVIN |
| THESE CO. | STAR SELL | | 21 | | 1 | LT. | E1 . | LB | A LB | | Z LB | 1 . | 6#10 | 6#10 | 1101B | 636 OZ | UI | 29.30 | #10 | 2.25L | OZ. | G | | 01#3 | H218 | | _አ ብ |
| TAR SHIP | HARLE AGRI | | | SOR | | LBSIMPRST | SEABROK | SKS | | | | 2 | AREZ | SYS | PORT | SYS | F01 | 30ZBASICAM POTATO | SAS | 25LBSYS | ВСН | BSYS | LABE | S | l | Ħ | SNOITE |
| AGRICULTUSE E OF THESE ECEIPT OF A NEWBER | TCCULTURAL | n e. | 632 | S 841 | | | | A AWI | CLS V | PTS: | S | CLS | IMP S | REL S | MIS | IMP | RST I | CAM | CLS | CLS | BLX | CLS | LABELLA | REL C | ľ | 61401 | SINC |
| ENTORIAS CENTORIAS COMMODIS THESE PRO | COMMODITI | NO. PCS | | 0 | | VEGETABLE | VEGETABLE | VEGETABLE | VEGETABLE | STEAK | CLS SPINACH | SAUSAGE | AREZIMP SAUCE | SAUCE | PORTSIM SALMON ATL PRIN BLSL | RICE | TATO | OTATO | POTATO | POTATO | BLK PORK CHOP | PEA G | PASTA | ORANGE MANDARIN | | 01 | |
| DUTIES ACCION OF FOOD OF FOOD OF STATES | RS LISTRI | CUST A | | OPEN: | | | | | | | | | MARINARA | CHEESE AGED | NATE | FONG | ROA | | | AU | СНОР | GREEN GR A | | MAN | HILL | | |
| T 1930 (U OTEER PR FULL PAY VICES: YOU | SIHI NO | STOWN ORS | | 8:00 | | | BLEND | BLEND | BLEND | SALISBURY PTY | CHOPPED | PORK BULK ROLL | NARA | SE AG | PRTN | GRAIN | STED | MASHED NATURE | DICED WHT | GRATIN | BNLS C/C | | LASAGNA RIDGED | DARIN | ITEM DESCRIPTION | | 40/-8 |
| S.C. 4998 ODUCIS DE MENT IS R U ARE CIV | INVOICE A | EVIDENCES OF | | MA | | 년 된 년 | FAJITA | FAJITA 1 | | | EGI | LK RC | PREMIUM | | BLSI | Ø١. | BABY | ATURE | H | | C/C 4 | ld | IDGEL | BRKN | RIPTIC | | Ø / / 1 & D |
| (C)). THE SI RIVED FROM SCEIVED. FURI ING UP YOUR IT INVOLVING | RE SUBJECT | BREET TAN S | | CLOSE | 1 | DE 100 | TA | TA | CHECUT KEY | 4.6 | | | UM CA | CHED Z | 4 02 | WILD GRD | B 100 | NWO S | | CLASSIC | OZ SEAS | | 0.1 | ĽS | N | | 8500 |
| SELLER OF THESE OF THESE OF THESE OF THESE OF THE SECOND TO THE SECOND THE SE | S EEL OL | | | Ħ :: | | 71170 | 299- | NA. | | OZ FC | | RAW MLD | | 7987 | NOR | נים ש | 7117 | Ź | 0001 | CAS | - (| 2.0 | | | | | |
| THIS COMMODIZ COMMODITIES O AGREE NITH O SERVE IN ANY CH DISPUTE. | TATOTORY . | | | 5:00 | | 1007117067706 | -10003 | 2182665 | 00708481 | 91012 | i v | 19671 | 4978965 | Z 79871060855 | 52100 | P1SG363C1 | 10071179000488 | 10169 | 00015213510 | 4703567 | 5741580 | 1259530 | 660777 | 3548393 | | | |
| - 1 | | PCS | A 14 | Ma | | | | 1. 1. | | 165 | N. | | | | | | | _ | ia. | | - | | | - | 13 | | |
| PAYABLE | | | PO BOX | 2420 | 7676 | | 7096623 | 2182665 | 9810599 | 0553170 | 2282234 | 1604107 | 4978965 | 0389365 | 8496069 | 9696949 | 8461089 | 0117341 | 4108866 | 4703567 | 5741580 | 1259530 | 4278206 | 3548393 | CODE | ſ | |
| ON OR | 3 | | 15 P | REMIT | i. | 3. | 32 | 32 | 33 | 0 49 | N 80 | 21 | 33. | 50 | 97 | 39 | 32. | (J) | 5 30. | ប្រ | 0 35 | 0 35 | 6 1.9 | 4 | PRICE | | |
| BEFORE | | | 34761 | | لا د | | <u>ω</u> | 67 | 67 | N 9 | 64 | <u>4</u> | 24 | .01 | 00 UI | 83 | 31 | 9 | 13 | ກ | 74 | 0.7 | 0.4 | 98 | | MA: SSE | MANIFEST# |
| | | | b LCX | i de la companya de l | | | | | | | | | | | | | | | | | | | | | TAX | N | DAY EST# 1 |
| ũ | TOTAL | TOTAL | TOTAL | | : (4) | | ω | | o . | 24 | N | 42.96 | ω | ហ | 1.9 | ω | ú | 5 | o | 11 | 17 | ω | * * * * * * * * * * * * * * * * * * * | 4 | EXTE | IARIE | FROM INVOICE 1474439 NORMAL DELIVERY |
| CONT. | TCE | H | F | | 34.34 | | 32.63 | | 67.34 | 246.45 | 28.64 | 2.96 | 33.24 | 50.01 | 195 16 | 39.83 | 32.31 | 54.39 | 61.22 | 111 12 | 178.70 | 35.07 | 19.04 | 49.98 | EXTENDED | BELCHI | 9 NORI |
| ON PAGE | | | Lii Ui | | | | | | | <i>3</i> ,27. | | | | | | | | | | | | | | | ×\$n-3 ⊢rd | ER. | MAL DE |
| GE I | | | 3598.98 | | | | | | | | | | | | | | | | | | | | | | CODE | | LIVER |
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REMS HAWTHORNE HLTH 4100 SW 33RD AVE OCALA FL 352-237-7776 OCALA DIP 34474-4466 At the heart of food and service

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

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO zricx stop ROUTE 10/07/19 1074 941462 NET 1 DAY FROM INVOICE PURCHASE ORDER TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE 222826689 N **ERY**

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| | PACK SIZE | 30.0 | GALESBURG TT. | PLORIDA LIVING OPTIONS | | 352-237-7776 | | SW 33RD AVE FIL 34474-4466 Atthe heart of | HAWTHORNE HITH OCATA | V 9" 4 1 4 6 2 2 2 2 8 3 2 | |
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| | TTEM DESCRIPTION | | | | 407-877-8500 | OCOEE, FL 34761 | | SYSCO CENTRAL FLORIDA INC | | • | |
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| PRICE | EXTENDED | SLEY | SSFIN MARIE BELCHER | MANIFEST# 1474779 NORMAL DELIVERY | DAY FROM INVOICE | DUE BALANCES | | 222832124 | | IN | 00000 |
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| QTX | INVOICE ADJUSTMENTS | | | | | TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE | | Н | | PAGE | CHARLES CONTRACTOR FOR THE PROPERTY OF THE CO. |

| ACRIED BY BACKING ANY RECEIVE | SIGN SIGN | 27 | | Н | | ្រុ | , H | ω | רט | ц | | - H | H | . н | υ | - 11 | | | چ بر | اية بدر | | | 0 |
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| N: THE PER (C) OF THE | | 27 2 | - | 25LB | 962 OZ | 110 LB | 91 LB | 25 LB | 25ЦВ | 12242 | 150 LB | 1012 CT | 75 | 1024 OZ | 110 L | 210-1 | 6#10 | 115 LB | 62 LB | 122 5 | | 1 | |
| VISION: THE PERISHABLE AGRICULT | | 4.3 453 | CUBE GROSS WT | AMI SAS | CITVCLS | B SEASDE | BBRICLS | BONICI | SYS CLS | QUAKER | PACKER | T SYS CLS | CTNEWYORK | Z SYS CLS | LB FARMIND | 210-14#BEA BST 31.700 | AMI SAS | B SYS REL | FARMLND | LBPACKER | 5100 | LOWER CRU | |
| RICULTURAL COMMODITI | NO. PCS | _ u | | CRANBERRY | 2 | COD LOIN | CHIP | CHICKEN | S CHICKEN | CEREAL | CABBAGE | | 2 | | BOLOGNA | | | BACON | | ASPARAGUS | FOOD SUPPLIES | EDIT | |
| LES LISTED ON THIS INVOICE ARE SUBJECT DOITIES ACT 1930 (U.S.C. 499E(C)). THE | SIGN X SIGN X STORE EVER AND ALL STEELS | | OPEN: 8:00 AM CLOSE: | ERRY WHL 1QF | COFFEE GRND BLEND MED W/F | OIN 4 OZ IQF | POTATO REG 100 | EN WING OVEN ROAST | EN FAJ BRST STRIP CKD | HOT GRITS QUICK | GE GREEN FRSH CARTON MED | BUN HAMBURGER RND 4 2.1 | BREADSTICK GARLIC 6 IN | BREAD PULLMAN WHITE 28 S | NA STK ALL-BEEF NO | BEEF CORNED BRSKT RAW 120 | BEAN KIDNEY DARK RED FCY 00041213509 | BACON LAYFLAT 18/22 SMOK | BACON CANADIAN SLI .75 O | AGUS CUIS & TIP | PPLIES | FEES; NEXT DAY FUNDING | TIEM DESCRIPTION |
| T TO THE STATUTORY TRUST | NO. PCS REC. | | 3E: 5:00 PM | 26010 | 3582965 | 21021172 | 10074865589830 | 10153650269 | Φ 50424 | HOMINY 04160 | DED . | OZ 54399390 | 10081 | SLI 54316730 | 70247821000 | 96502 31.700 | 00041213509 | 608057-0895 | 70247821497 | | | G & DATA YO 1-855-532 | |
| מימהעתם | | PO BOX | 2420 | 2527653 | 5932043 | 6540348 | 2077345 | 7601550 | 1647353 | 6976047 | 1491810 | 9565383 | 8080525 | 8386765 | 2300465 | 0285348 | 5112180 | 1073402 | 0356024 | 1091412 | | CAN US | CODE |
| | | 40 FL 34761 | REMIT TO | 20.79 | 80.59 | 53.52 | 21.67 | 46.34 | 38.23 | 20.74 | 19.49 | 31.43 | 24.17 | 28.89 | 33.26 | 4.120 | 26.19 | 54.24 | 43.80 | 72.72 | | # 12 Sept 12 F | ERICE |
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REMS HAWTHORNE HLTH OCALA DIP 4100 SW 33RD AVE CCALA FL 34474-4460 34474-4466

352-237-7776

FIORIDA LIVING OPTIONS INC
285 S FARNHAM ST
GALLESBURG
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BOTY BAGK SITE 61401 At the heart of food and service SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO DELV. DATE CUSTOMER INVOICE NUMBER PAGE 10/09/19 PRUCE STOP ROUTE 3062 941462 MA: SSFIN MARIE BELCHER MANIFEST# 1474779 NORMAL DRIVER: KINGSLEY PURCHASE ORDER TERMS -- PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE 222832124 DELIVERY N N

| UTBORIZE NATIONAL | | DRIVER'S | | CASES | | | Ω | C | 0 | U | U | b | 刺 | hed | H | h | bei | <u>ი</u> | U | - 13 | hd | hi | H | C |
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| TORAL CO | . מאנשט | NO. PCS | | | XIX C | MIX (| MILK | MILK | DAIPURE MILK | REL MAYONNAISE HEAVY DUTY | JUICE CONC ORG 100% 4X1 | JUICE | TCE (| ICE (| ICE | ICE CREAM | ICE : | SYS CIS DRESSING | DRESSING COLESLAW | DOUGH ROLL PARKERHOUSE | DOUGH | OTSPEMY DOUGH COOKIE BUTE SUGAR | CROISSANT MARGARINE CRVD | CREAM |
| HITIES LI | OTA | 3 | | OPEN: | CORNE | CAKE | N | THW | | NNAIS | CO | | CREAD | CREAM | CREAD | CREAD | CREAM | | SING | H ROI | 000 | T COC | SSAN | SOUR |
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| TIES LISTED ON THIS INVOICE ARE SUBJECT TO MODIFIES ACT 1930 (U.S.C. 499E [C]). THE SELF | | MIAN EDIGAET | | 00 AM | ALSWH | CINN | | S S | 3 | AVY | G 10 | | CREAM VAN CUP | SIMBRY CUP | DWIC | CONE VARIET | C CUP | H BT | SLAW | RKER | COOKIE CHOCOLATE | BUTR | GARI | L NAT |
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| JUBUNCT T | | PREEZ 2 | | CLOSE |)M 73 | STREL CMP | | | | 1 | EIE I | 100% | | ZO | 0007 | 0007 | Z0 | e TÖ | vo | | CHIP | 5 | | A |
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RFMS HAWTHORNE HLTH OCALA DIP 4100 SW 33RD AVE FL 34474-4466

FLORIDA LIVING OPTIONS INC 285 S FARNHAM ST GALESBURG IL 6140 352-237-7776 34474-4466 At the heart of food and service SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO
DELV. DATE CUSTOMER INVOICE NUMBER PAGE
10/09/19 TRUCK STOP ROUTE 3062 NET 1 DAY FROM INVOICE
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| DISTRICT AND PROPERTY. | N DOWN | DRIVER'S | | CASES | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0 (| 0 | | 月 | <u> </u> | 周 | | Ŭ | - 50 | | | | | | () | - | ix] | |
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| AGRICULTURAL COMMODITIES | . GARBO | NO. PCS | | _ | | HAG PLAS RI | | SI WATER DIEWARY | VEGETABLE | VECETABLE | JENNIEO TURKEY | 5502SYS CLS TOAST FRENCH HT&SRV THT 007486574659 | SYRUP | PORTIME SHRIME ON FUD CKD | ONLY135 OZCASACLS SALSA CHUNKY MILD | SALAMI | LB SYS IMP RICE PARBOTLED | SYS CLS PUDDING | CLS FUDDING BANANA ZTF | POTATO | POTATO | PIE 1 | |
| 20 | | SIGN | | OPEN: | | SWID STA | PLAS | | PABLI | [ABLI | | I FRI | | CI G | CHI | E C | PARI | | ING | IO RI | נם סו | APPLE | |
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| SUBJECT | | BHILL TYN | | CLOSE | F 400 | FINESCE 3 | | ± ' | P | P | BURGER NAT 93/7 RTC | O I'H | HRE | 250/350 | | | . ! | ŀ | | | 1 | B 10 | |
| TO THE SE | | | | 1.1 | | C 304 | , | NATH | 29. | N | | 7486 | 5150 | | 18549 | | RI | 19872 | 79873 | | 1000 | | |
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| TRUST | | PCS | | PM | - : | | | | 112 2 | | | _ | - | | | | 1 | | Alex | | | 7281 | |
| PAYABLE | | | PO BOX | | OTCCC6/ | 7863662 | 7863634 | 4675728 | 7096623 | 2182665 | 7075663 | 5420328 | 5932280 | 1306794 | 7775693 | 9124470 | 4671350 | 4011037 | 4011110 | 6979165 | 4108866 | 9789934 | |
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| OR BE | | | CENTRAL 40 FL 34761 | REMIT | 9 | 12.9 | 15.3 | 26.8 | 32.63 | 32.6 | 31.04 | 36.93 | 11.8 | 86.5 | 16.5 | 51 9 | 14.4 | 31.0 | 31.36 | 22.5 | 30.6 | 43.1 | |
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4100 A100 SW 33RD AVE DRIVER'S SIGN not CASES į. XIQ. ORDER CALESBURG FLORIDA LIVING OPTIONS INC 285 S FARNHAM ST 352-237-7776 SPLIT LTI SUMMARY TOT. PCS 78 Ħ SIZE 60.1 COBE 34474-4466 1.45.15 H GROSS WT. DIP 1526 61401 62152 DELVO. NO. PCS At the heart of food and service OPEN: SIGN 62154 ITEM DESCRIPTION GROUP TOTAL **** 8:00 AM SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 58810 CLOSE: 5:00 PM NO. CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO PCS PO BOX 4 PAYABLE ON OR BEFORE CODE TRUCK STOP ROUTE 10/09/19 3062 FL 34761 /007 CENTRAL REMIT TO PRICE 941462 MA: SSFIN MARIE BELCHER MANIFEST# 1474779 NORMAL NET 1 DAY FROM INVOICE PURCHASE ORDER DRIVER. KINGSLEY TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE 10/10/19 ķï FLORIDA EXTENDED PRICE TAX TOTAL INVOICE LAST 222832124 PAGE **3001** HM DELIVERY 2598.67 10 2598 CODE - OTY N 67 4 1

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

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RFMS HAWTHORNE HLTH 4100 SW 33RD AVE OCALA FL OCALA DIP

352-237-7776

34474-4466 At the heart of food and service

SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 ROUTE TRUCK STOP 10/11/19 4065 /009 PURCHASE ORDER 941462 NET 1 DAY FROM INVOICE
MANIFEST# 1475146 NORMAL TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE

CUSTOMER'S DUPLICATE INVOICECONFIDENTIAL PROPERTY OF SYSCO

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| WHI ECT C | | | | H | 5118 | 65.7 0 | л | ET CZ | 6#10 | 6#10 | 210 LB | 483 4 0 | • | I | 6#10 | 15 GAL | 643 OZ | 6#10 | 46-10# | 6#10 | 1029.30 | 62.5 L | 6#10 | PCS CUBS | 22 19 | | HE PERI | WISHING A TRUST CLAIM OVER THESE COMMONIC |
| | Ω | | BKRSCLS | BSYS | SYS C | ZLAWRYS | TABLE | IMPFRSH | AREZCLS | SYS R | LABELLA | OZGRONEDC | | | SYS | VIENNA | SYS | SXS | всн в 37. | SYS C | 30ZBASICAM | LBSIMPRST | SYS C | BR GROSS | ja ja | ŀ | | |
| á II | LS MILK | | XIM ST | CLS MIX | CLS MIX | XIM S | | | | REL OR | | | | C110 F.E. | CLS PEAR | | CLS PIE | AIA ADS | BLK PORK | CLS POT | | | CLS PUI | SE. | 651 | NO. PC | DITURNI CON | NALE AGRICULTURAL COMMODITIES ACT |
| ა | EK 2% | | | GRAVY | | | | MUSHROOM | MUSHROOM | ORANGE : | PASTA P | | | FEACE S | | PICKLE | | Pineapple | | POTATO | POTATO 1 | POTATO | PUDDING | OPEN | | 20 | MODITIES | COMMODI |
| | HP | ļ | CORNBREAD | | PANCAKE | Seasoning | | M SLICED | M STEM | Mandarin | DENNE | | | CEC | DICED CH | DILL : | PUMPKIN | | LOIN CC | DICED | MASHED | ROASTED | | 00 | | SIGN COST. ALGRE | LISTED ON | TIES ACT 1 |
| DESCRIPTION | | | YTEMH O | BISCUIT | BTRMLK | S CHILI | , | | Rı | | Ħ | | | K/C | H EXTRA | KOSHER | T&S 10 | TIDBIT . | BNLS | THW | D NATURE | ED BABY | CHOCOLATE | 00 AM | | DANGE RAIDENCES | OWNI SIRE | T 1930 (U.S.C. 499E(C)), THE |
| MOTITON | | | TY COM | HMSTY | K GLDC | F | | FRSH T | PCS | BRKN LS | 5 | | i de | TN FX | RA LS | | 0 | JCE | STRP/ON T/WT | | URIZ S | Ħ | ELZ | O | | SHORE OF MILL TANKS | TCE ARE S | 4998 (C) |
| | | | M 7347 | ALZ A | AMOD D | N | | REUT | | u | - | | b | FRUIT J | | SNDWCH S | | | P/ON NO/a | 00 | NIMO | 10071179000488 | 79 | CLOSE: | | THE | | TES SEL |
| | | | 730-4 | | | 150080526 | | | 206 | ω Ui | n. | | 040000 | JC 617 | 734730425290 | ST OF | | 1,751 | ω | 00015213510 | ш | 17900 | 9873220854 | | | | | LER OF THE |
| | | | 30-46736 | 92428 | 4948287 | 0526 | | | 20652AZ | 548393 | 50101 | | 7,00 | 6177455 | 25290 | 055370 | 7243 | 1J5T6062 | 25070 37.900 | 13510 | 10169 | 0488 | 20854 | 5:00 PM | | NO. PCS | | SELLER OF THIS COMMODITION |
| CODE | 4698983 | 40707 | 2748897 | 4007118 | 4948287 | 5444039 | | 6056907 | 5072137 | 3548393 | | | 904890 | 6177455 | 2182091 | 8744914 | 9792771 | 4087409 | 5812393 | 4108866 | 0117341 | 8461089 | 4011037 | | DOO DA | | 1 | PAYABLE |
| | | | 397 | - | | | | | | | | | | S | | | - | 9 | 393 | 999 | 341 | 989 | | | , X | | | |
| | . P | 15.62 | 33.54 | 19.09 | ຫ | 20 | · | 21.69 | 54.04 | ٥ | | i | 03.4/ | 47.96 | 53.96 | 35.62 | 36.53 | (J1 | 1.630 | 30.61 | 54.39 | 32.31 | 31.05 | REMIT TO | | | - Constant | ON OR BEF |
| TAX | | | | | | | | | | | | | | | | | | | | | | | | | | | The second secon | EFORE |
| PRICE | л Л | 15 | ω ω | 19 | ام دی | 3 | 9 | 21 | 1Ü | <u> </u> | | Ņ | G W | 47 | 5 | မ္ | 109 | 41 | 61 | 30 | 54 | 32 | 31 | | | TAX | TOTAL | - |
| 200 | 9 | . 62 | 54 | 09 | 52 | 20 | | . 69 | . 04 | 0 | | 5 | .47 | . 96 | . 96 | 60 10 | 59 | 5ω | . 78 | . 61 | . 39 | 31 | . 05 | | | ţ | E | |
| Ни | 1 | | | | | | | | | | | | | | | | | | | | | | | F | N 6 | | | |
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| ADJUSTMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 n h3 | 15. 62 | 33. 54 | 19.09 | 26.52 | 27 87 | 9 | 21.69 | 54.04 | Ď | | N | W | | | | | 41.53 | 61.78 | | • | 32.31 | 31.05 | | FLORIDA SUB-TOTAL 2674.35 | F | TOTAL | |

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| | | 280 | The same | FARN | ALI | | 359-937-7776 | | AVE | 6 2 | | |
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| SYS REL SAUCE CHEESE AGED CHED Z 79871060855 | SYS IMP RICE PARBOILED PERFECT R1YK259Z0 | THEM DESCRIPTION | o Hade | 1 | FIORIDA LIVING OPTIONS INC | 407-877-8500 | | food and service 200 WEST STORY ROAD | U | | | CUS |
| 0389365 | 4671350 | CODE | | | | | 4065 | TOUTE | TRUCK STOP | 10/11/19 | DELY. DATE | TOMER'S DI |
| 50,01 | 14.46 | PRICE | DRIV | MA: | MAN | NET | | PURCH | 7009 941462 | /19 | H | JPLICAT |
| | | AMOUNT | DRIVER | SSFIN M | EEST# 1 | 1 DAY FI | WS -PAST | PURCHASE ORDER | 162 | | CUSTOMER | TOVIL |
| 50.01 | 14.46 | PRICE | | MA: SSFIN MARIE BELCHER | MANIFEST# 1475146 NORMAL DELIVERY | NET 1 DAY FROM INVOICE | TERMS PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE | | 222835633 | | INVOICE NUMBER | CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO |
| | | HIG | | | T DE | | RE SU | | in in | | MUN B. | TAL |
| | | CODE | TARROT | | LIVERY | | BJECT TO | | ψ | | BUR | PROP |
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| | | OLK. | O TOTAL | | | | CHARGE | | | | | SYSCO |

| A LOCK | SIGN | | | CASES | 屋 | taj | 片 | 0 | U | 0 | Ū | U | म्य | O | ļaj | D | U | izj | चेतु | į | 9 | • |
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| ANT PAC | DRIVER'S SIGN | 20 | | 4 | N | ω | н | N G | н | 15 | Ц | H | UI | ъ | N | | 망 | | щ | μ | شو | F |
| SECT | | w | | SPLIT | S | S | C) | | S | C | S | G G | S | S | S | S | | S | ES. | 2 | S | Ü |
| ON 5 (C) C | | 200 | | TOT PCS | 00 ω | N Ø | 1216 | ONL Y#5 | 324 | 5100 | 24 | 125 | 110LB | 610 | 4 | 321 | ONL Y2 | 1061. | 200.8 | N Ut | 6#10 | O##O |
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| HABLE / | | .0 | \rightarrow | - | CSH | SYS | THM | SYS | CH | TCIT | DOV | EXE | XIX | SYST | io O | MIRS | MIRS | SYSZ | SYS | SYS | ARE | UHU |
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| PROGRAMT PACA PROVISION: THE PERISHABLE AGRICULTURAL COMMODITIES LIST | NO. PCS | | _ | | VEGETABLE | TURKEY | TOPPING | TOPPING | TEA I | TEA H | SUGAR | SUGAR | STEAK | SPICE | ADOS | SEASONING | SEASONING | SAUSAGE | SAUSAGE | SAUSAGE | SAUCE | SAUCE |
| TIES LIS | CUST | | Chita. | DEN. | ABLE | Y BRST | | | ICED | HOT B | | BROWN | | PEPPER | CLAM | NING | NING | | | | MAR | CHEESE |
| | × | | 0 | • II | BLEND GROUP | | CHEW | CARAMEL | BREW | BAG B | FECT | | SALISBURY | | СНО | GARLIC | BLEND | PORK | PORK | PORK | MARINARA | |
| MI SIBI | IN STICAN | | 200 | | 14 O | BNLS RJ 18.940 | I MI | E | BLK | BLK | CONFECTIONER | LIGHT | | PACKET | CHOWDER | | | YTY. | X | BULK | | AGED |
| OICE AL | DESCRIPTION OF | | 157 | | ONO | RAW 10 | BAG | | E E | ENV | | CANE | YTT | | , | AND | ORGNI | G | SKLS | ROLL | PREMIUM | CHED |
| C) . T | MALL WY SO STOREGIAN | | CTCOT | 2 | TOTAL*** | FOIL T/WT= | | | 40Z | DECAF | 10x c | Ä | 4.6 | . 1 GM | | HERB | SLT | TIM | CK | | ли са | D N |
| E SELL | u | | Ē | 1 | 0713 | L 22 | | | | ¥ | CANE | | E Z0 | Z | 3241 | œ | T FRE | 100 | 100 | RAW M | 3 24 | 867 |
| HE STAT | | | U | п | .7900 | ម្កា ម្កា | /= | | hs. | | 4 | 40 | D.E. | _ | 4610 | 5 | | 1000 | 1000001968 | MLD 1 | 497 | 7106 |
| DITIES LISTED ON THIS INVOICE ARE SUBJECT TO THE STATUTORY TRUST MERCULTES ACT 1930 (U.S.C. 498 (C)). THE SELLER OF THIS COMMODITY | NO. PCS | | ETA 00: | 3 | SONOM 10071179003762 OTAL**** | 65570132 54.960 | 52960 | 0477 | 29482 | | 404311 | 04347 | 91012 | 14480 | 4146100400 | MD293 | 396430 | 10000019698 | 9886 | 19671 | 8965 | 79871060855 |
| PAYABLE | 3 | 000 Po | SYSCO | | 5241 | 11029 | 23895 | 48215 | 6230619 | 5062088 | 4113957 | 1854 | 055317 | 4123212 | 3201 | 9541541 | 7474 | 1589290 | 2035 | 1604107 | 4978965 | 0389365 |
| BLE ON | | > 90 | Ö I | | 783 | 995 | 534 | 591 | 619 | 880 | 957 | 54694 | 170 | 212 | 01902 | 541 | 893 | 290 | 35004 | 107 | 965 | 365 |
| SE SE | | 40 FL 34761 | CENTRA | | 39.03 | 3.510 | 39.82 | 8.68 | 33.77 | 28.20 | 26.02 | 21.86 | 49.29 | 26.97 | 60.77 | 44.74 | 14.91 | 30.77 | 29.67 | 21.48 | 33.24 | 50,01 |
| BEFORE | | | F | | | | | | | - | | | | | | | | | | | | |
| | 34.13 | J 13 (0 | FLORIDA | - | 37 | | | _ | - | | | | | | | | | | | | | |
| O.L. | INVOICE | SUB | | | 78.06 3746.59 | 192.91 | 39.82 | 17.36 | 33.77 | 28.20 | 26.02 | 21.86 | 246,45 | 26.97 | 121.54 | 44.74 | 14.91 | 30.77 | 29.67 | 21.48 | 33.24 | 50.01 |
| | (Fi | | | L | 90 | 91 | 80 | 36 | 77 | 20 | 02 | 9 | 45 | 97 | 54 | 74 | 91 | 77 | 67 | 48 | 24 | 21 |
| | | w | | = | | | | | | | | | | | | | | | | | | |
| | des | 3746,59 | | | | | | | | | | | | | | | | | | | | |
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REMS HAMTHORNE HLTH OCALA DIP SYSCOCALA

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SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO INVOICE NUMBER PAGE 10/14/19 TRUCK STOP REDOR 1402 /011 MA: SSFIN MARIE BELCHER NET 1 DAY FROM INVOICE
MANIFEST# 1475452 NORMAL 941462 TERMS -- PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE PURCHASE ORDER 222838787 DELIVERY 0

| MA: SSYIN MARIE BEICHER LTEM L | THE PRINCIPLE AND MAINT. THE PRINCIPLE AGRICULTURAL COMMODITIES LISTS ON TRIE INVOICE ARE SUBJECT TO THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROLL OF THE CONTROL OF THE | | SIGN DELIVED. SIGN Y | 270 | | | - OO | C 28 ONLYS LB WHLFIMP CHEESE CREAM LOAF | E | 1 CS 44 251 BWHLEIMP BUTTER CHIP CUTL SITD | 2 CS 1012 CT SYS CLS BUN HAMBURGER RND 4 2 1 | 2 CS 835 OZ | 1 CS 1024 OZ SYS CLS BREAD PULLMAN WHITE 28 | CS | BEEF ROAST POT SHLDR | 1 | 1 CS 410# AMFIRECLS BEST GRND BULK 81/19 40.630 | N O S | C S | 2 CS 140 LB | CS | I CS 62 LB FARMIND BACON CANADIAN SLI | 5100 FOOD SUPPLIES | LOWER CREDIT FEES; NEXT DAY FUNDING & GET CAKE INSIGHTS (A SYSCO COMPANY) 1 | U K++ I FAUN SIZE | | | SMTATE |
|--|---|---------|----------------------|------------|--------------------|---------|-------------|---|-------|--|--|-------------|---|----------|----------------------|----------|---|-------------|-------|-------------|----|---------------------------------------|--------------------|---|-------------------|--------|---------------|--------|
| DRIVER: DRIVER: DRIVER: DRIVER: DRIVER: DRIVER: DRIVER: DRIVER: DRIVER: DRIVER: DRIVER: DRIVER: DRIVER: DRIVER: D | HE STATUTORY TRUST R OF THIS COMMODITY SSE COMMODITIES, YOU AGREE WITH | | | | 3000 8 04 | Md 00:c | | STK11772 | 10006 | AA 6060 | 54399390 | 00212 | 54316730 | 54316720 | CH 2 20610 | FRZ TS7G | FRS 66838 40.630 | 144281 | 11585 | | | | | DATA YOU 855-532-77 | CODE | | | * |
| | ON OR | | Mercan | Albertain. | X 40 , FL 34761 | CENTRAL | | 0 | 52 | 51 | 31.43 | 30 | N Ø | N B | Б | 60 | N | 32 | 21. | 21 | 53 | 43 | | | PRICE | DRIVER | MA: SSFIN | |
| N 9 4 | CONT. ON PAGE | INVOICE | TOTAL | | FUE | RIDA | 108 1287 | 17.60 | 52.59 | 54.59 | | 60,18 | 28.89 | 28.16 | | 60.10 | 92: 64 | 65, 14 | 42.88 | 42.88 | _ | 43.80 | | | PRICE T | | MARIE BELCHER | |

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

OTY PACK SIZE 352-237-7776 GALESBURG FIORIDA LIVING OPTIONS INC 285 S FARNHAM ST Ħ 34474-4466 Ħ 61401 At the heart of food and service ITEM DESCRIPTION SYSCO CENTRAL FLORIDA, 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 INC. CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO CODE 1402 TRUCK, STOP 10/14/19 /011 DRIVER: TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE NET 1 DAY FROM INVOICE
MANIFEST# 1475452 NORMAL DELIVERY MA: SSFIN MARIE BELCHER 941462 PURCHASE ORDER EXTENDED 222838787 фH HW INVOICE ADJUSTMENTS 0 N

| AUTHORIZED BY | STON | DRIVER'S | | | CASES | D | G | | Ω | hg | В | U | 0 | Б | H | hrj | म् | lej. | 0 | U | 0 | μĬ | В | U | U | Ω | - |
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| ZED BY 8 | | S S | | J | 1 | ľ | N | | بر | Н | Ŋ | N | N | H | - | غوز | <u> </u> | N | <u> </u> | N | <u>_</u> | N | <u>بر</u> | | مر | ы | |
| SECTION 5 (| | | | | TILL | CS 4 | S |) .,.† | C | C) | BG | S | င်ဒ | CS 1 | S | 8 | S S | 8 | S | CO CO | S | S | N O | S | E) | S | À |
| SMD | | | ľ | 3 | TOT . PCS | 8 | 0 | | N | 12 | 150 | 1001. | 1001 | 1001. | 2401 | 2401 | 2162 | 35 | 4 | 5002 | 110 | 724 | 6# | 962 | 625 | 00 | - |
| OF PERL | | 1 | t | 10 | CUBR | 5 02 | E | | 9-11# | 3 LB | 8T 0 | О | G | Cri | G | 20 | 2 0 | CI | 5LB | CH | ET 0 | 20 | 10 | 2 02 | CH | <u>Б</u> | |
| THE PERISHABLE AGRI OF THE PERISHABLE THESE COMMODITIES | | - | y | 9 | - | | HOH | | | | SYS | IMNZ | MNIZ | IMNZ | SYSZO | BRI | 7 | | | 1.4 | | | | | CH | BBB | + |
| E AGRICULIURA HABLE AGRICULI ITIES, ALL IN | | | Ü | 7 | GROSS MT | HSRCCLS | HORMEL | 20.410 | XI.REI | IMI | CLS | MONIX | NMONTMINIZO | NMONTMINZO | CLS | BRDGFRD | 2 OZPILLSBY | BKRSCLS | WHLECIS | CCLS | KEEBLER | CTS | IME | CITYCIS | CITVCLS | RIME | |
| TURAL COM | DELVD. | NO. PCS | | | | ATTAC | HAM S | O | BERLREL HAN BUFFET MASTER | SYS IMP GREEN | FLOUR | 5 OZNWMNOWN DRESSING | DRESSING | DRESSING | DOUGH ROLL WHITE | DOUGH ROLL | DOUGH BISCUIT | DONUT CAKE CRUEIRS | CREAM | HSRCCLS CRACKER SALTINE | CRACKER | SYS CLS CORN DOG ALL | SYS IMP CORN | COFFEE | COCOA MIX | LBBBRLIMP CHEESE | |
| TIES LISTED ON THIS INVOICE ARE SUBJECT TO WODITIES ACT 1930 (U.S.C. 499E(C)). THE SE OF FOOD OR OTHER PRODUCTS DERIVED FROM | SIGN | CUST. sr | | C F ELV | | ASST | SLICED | | THEEL | TURNIP | ALL | ING R | | | ROLL | ROLL | BISC | CAKE | SOUR DRSSNG CULTRD | ER SA | | DOG A | CREAM | E GRND | | E SWISS | |
| ON THIS | × | price Theorem | | | 2 | 160G | XMX | | MAST | IP CI | PURP | RANCH | ITALIAN | FRENCH | MHID | | JIT 2 | CRUE | DRSS | CTINE | | | | | LND | | , |
| INVOICE J.S.C. 45 | | R STANDARDE | | Tella | ₹∥. | <u>, 1</u> | TAN | 4 | | CHOPPED IQF | HER BL | PACKET | | CRE | | PARKERHOUSE | ZT SO | LRS | NG C | | CRUMB GRAHAM | MEAT HNY | STYLE GOLDEN 420-4107595 | BLIGND MED | IND NO SUGAR ADDED | SLICE | |
| ARE SUB- | | 07 AU | | 6 | 3 | 60MF/8 | O | +1 | BNLS | D IQ | E TH | 何 | GOLDEN PA | CREAMY | RANCE | USE | SOTHRN | MINI | ULTR | • | | | TOEN | E E | GAR | 75 | |
| THE SEL | | TTOM | | CTORE: | 2 | 780ST | TH ZO | HT= | M/H | 间 | : | | PA | PACK | | | | AST | 6 | : : : | - 1.1 - 1.1 | BTR | 4 | W/E | HODE | 02 | |
| TO THE STI | | | | | | 130 | FRSH | N | 32% | | 1730- | 470 | 143 | | ķ. | | 562 | PK | | 486 | 0100 | | 0-4 | w | ä | | |
| STATUTORY TRUST OF THIS COMMODITIES | | S O | | 0.00 |) | 78-SY | 32225 | 20.410 | 06350 | 257379 | 734730-23936 | 47047SYS | 14351-SYS | 14348SYS | 53101 | 6198 | 94562-31151 | PK 12147 | 1004306 | 7486502808 | 3010015347 | 87758 | 0759 | 3582965 | 29613 | 170721 | |
| - | | DCG. | | 10 | | YS 4 | 50 | : | <u>.</u> | • | , *: | | | * 1 | - | | 710 | 1.11 | 1, | 1.0 | | ř - | :··. | | | | - |
| PAYABLE O | | | PO BOX | SYSCO - | | 4216040 | 026055 | · · · · | 992384 | 8426678 | 8378111 | 4593497 | 5823950 | 5822804 | 7084494 | 1011329 | 5995438 | 4859130 | 1544113 | 4204996 | 4009601 | 7287758 | 4107595 | 5932043 | 7678281 | 3554569 | CODE |
| ON OR BEFORE | | | 40 FL 34761 | CENTRA | | 23.81 | 55.26 | | 2.050 | 38.26 | 14.89 | 22.53 | 21.36 | 19,45 | 26 12 | 22.80 | 42.34 | 24.06 | 26.04 | 14.45 | 20.55 | 34:03 | 34.96 | 80.59 | 32.40 | 45.48 | PRICE |
| ORE | | | 61 | ENTRAL FLORIDA | | | | | | | | | | | | | | | | | | | | | | | TAUCOLE |
| | INVOICE | TAX | TOTAL | IDA | | N | 11 | | A | ွှဲ | N | 4 | | <u>į⊬</u> | 2 | 2 | 4 | 4 | 2 | 82 | N | on. | Į. | | ü | 4 | PRI |
| L | ICE | ٠. | H | | | 23.81 | 110.52 | | 41.84 | 38.26 | 29,78 | 45.06 | 42.72 | 19.45 | 26.12 | 22 80 | 42.34 | 48.12 | 26.04 | 28.90 | 20.55 | 68.06 | 34.96 | 80.59 | 32,40 | 45.48 | PRICE |
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| | Alfi billing cash | | 1997.03 | | | | | | | | | | | | | | | | | | | | | | | | CODE |
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RFMS HAWTHORNE HITH OCALA
4100 SW 33RD AVE
CCALA
FL 34474-34474-4466 DIP

352-237-7776

FLORIDA LIVING OPTIONS INC 285 S FARNHAM ST GALESBURG IL 614 61401

At the heart of food and service SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL POEM, DAYS
10/14/19

TOTAL TOTAL TOTAL PROPERTY OF THE PROPERTY OF TH TRUCK STOP BUUTE 1402 941462 MA: SSFIN MARIE BELCHER MANIFEST# 1475452 NORMAL DELIVERY TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE NET 1 DAY FROM INVOICE PURCHASE ORDER 222838787 PROPERTY OF SYSCO 0 w

| MUTAINS A TRUST | MANAGORA | DRIVER'S | | N) | CASES | laj | | n | Q | ez] | | 0 | מ | O. | 0 | 0 | <u>. 0</u> | <u></u> | <u>. 0</u> | <u>.</u> | . 10 | <u> </u> | _ () | 0 | | |
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| CLAIM OVE | | ŀ | | N | IT TOT FCS | | | | CO. | | () | 1 | | DATA | | | 50 | 41 | | S) | S 50012 | | | 33 | | |
| (C) OF 12 | | | | 25 | | 65 LB | 2012IN | 13 C1 | 15 CAL | 110 | 919 | 6140Z | 45 LB | - | 6 <u>1</u> 5 | 65 LB | Üi | | 508 02 | 115 | | 301 LB | 112 | 13 C | 13 6 | |
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At the heart of food and service

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| COMMODITIES LISTED ON THIS INVOICE ANE SUBJECT TO THE BELLAR HALL COMMODITIES ANT 1930 (US 8C, 4982 (C)). THE BELLAR ANYONIES OF FOOD OR OTHER MADDICTS DERLYED FROM THE | MILYD. SIGN X | | OPEN: 8:00 AM CLOSE. | SYRUP CHOCOLATE SQUEEZE B 34 TOMATO BULK UTILITY FRESH | SUGAR SUB YELLOW PKT | SUGAR PACKET | SUGAR BROWN LIGHT CANE | STRAWBERRY FRESH | SH BUTTERNUT DICED 3/4 | 7 4 6 5 | SOUP BASE CHICKEN NO MSG/HV | SOUP BASE BEEF NO MSG ADDED | SHRIMP WHT PAD 41/50 T/OFF R | SHORTENING FRY LIQ CREAMY ZTF | SHERBET ORANGE CUP 4 OZ | CLS SAUSAGE PORK PTY CKD MIL 100 | SAUSAGE PORK LNK SKLS CK | SYS IMP SAUCE PIZZA W/BASIL MW | SAUCE MARINARA PREMIUM MW | OZOCNSPRY SAUCE CRANBERRY JELLIED | TODDING MIX VANILIA INST | PUDDING MIX CHOCOLATE INST | TTEM DESCRIPTION | 61401 | |
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REMS MECHYLANY BAC'A PROVIDENCE OF THE STATE OF T DRIVER'S SIGN nor CASES SE ALO TUO N GALESBURG FLORIDA LIVING 285 S FARNHAM S 352-237-7776 ن خر 20 μ N N N 33RD AVE SPLIT S X S S ä S S CS S CS S PACK 1509X9X3 SYS CLS CONTAINER FOAM HNG 3C D YTD199S30000 TOT. PCS 208 12334 CTTORK 484 1232 4025 484 02 1216 OZ 13GAL 81 751BECOLAB CLEANER COFF EQUIP 6#10 20 15 GAL REFCARE WATER THICK NECTAR SF RTU 6#10 64 LB 44.4402THCKEEZ THICKENER FOOD CLR 4125CT SYS CLS PLATE FOAM LAM WHT 9 IN 뛈 X H SIZE 02 O N 0 G OPTIONS CT SYSCO CUP FOAM 16 OZ 34. 34474-4466 OCALA CUBE HP HOOD MILK NFAT 100% LACT CAL ENRCHD 6348 SYS IMP MILK 2% DAIRY NECTAR THICK œ REFCARE WATER THICK HONEY SF RTU SYS WHLFCLS TOPPING 5105 SYS CLS YAM CUT FCY DANNON YOGURT STW/BLU RASP LITE& FIT 00468
GROUP TOTAL****
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| | | | PURCHASE ORDER | ROUTE | _ | 200 WEST STORY ROAD | food and service | | |
| 7 1 | 222843988 | 22284 | 941462 | 1006 | , | SYSCO CENTRAL FLORIDA, INC. | 33RD AVE S4474-4466 At the hear of | FL 344 | RD AVE |
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DRIVER'S SIGN חסרי N.EO N _ **ω**5 A SOS بنو W SPLIT S S (S) S S S co S C N PACK ONL YS TOT. PCS 3201 3201 OZ 484 244.6 OZHIU BNY 484 114-19#BBRICIS HAM PIT BNIS SMKD OLD TSHN W/A 06775 15.400 16.600 20.600 T/WT= 52.600 25# 37 25 6#10 6#10 TLO LB 115 DZ SIZE 02 I.B 5 OZBLURBCL EB 02 E O. CH 02 N H 02 23. CUBE J BBRICLS HAM DICED 1/4 IN WA SYS CLS ERUIT COCKTAIL OH IN EXTRA L 2183368 SYS SYS CLS SYS CLS SUNFRSH EGG SCRAMBLE VALUE MIX 100007720 OTSERMY DOUGH COOKIE BUTR SUGAR AML TIMP OTSPERKY DOUGH COOKIE SYS MHLEIMP SEASDE WHLFCLS WHLFCLS WHLECLS MHLFCLS HORMEL GROSS WT. ABRICOLUMNAL COMMONDINES ILEMEN ON THIE INVOICE ARE SUBJECT TO THE STATEMON THUSE THOSE ARE COMMONDINES ART 1990 (N.S.C. 499E(N)). THE SELLEM OF THIS COMMONDINES ARE SHOULD BE ARE RECOVERED THE THIS COMMONDINES COMMONDINES ARE RECOVERED TRANSPORTED THE THIS SELLEM TO ARE ARE RECOVERED THE THIS SELLEM TO ARE RECOVERED TO ARE ARE RECOVERED TO ARE ARE THE ARE THE AREA TO ARE THE AREA TO ARE THE AREA TO ARE THE AREA TO ARE THE AREA TO AREA TO AREA THE AREA TO AR CLS CHICKEN TNDR BRD GLDN FL 011111-0895 596 STO COD LOIN 4 OZ IQF ICE CHICKEN BRST ICE ICE H ICE HONEY PURE WILDFLOWER GR A FILLING PIE PEACH 123071 ECG SHELL CHICKEN DICED FC ALL NAT ICE CREAM CHOC CUP 4 OZ HOM NO. PC ES CREAM STWBRY CUP 4 OZ CREAM SANDWICH VA 00070640310104 CREAM VAN CREAM BUTTER PECAN CREAM CREAM OPEN: SIGN ITEM DESCRIPTION VAN LG WHT PAST 74865-63284-00 8:00 CONE VARIET 00070640400799 20.600 THACKE EATORNIES OF WIT IZERS CHOCOLATE CHIP IFZ BNLS/SKLS CUP M da 02 CLOSE: 58104 06970 JU PE4107 ZIP 83613 1020057 21021172 1026416 1020025 1020032 1047499 58100 5:00 REC 62846 PCS Z 3602976 3412394 5264361 1101732 7040504 7040512 1666155 8974461 4010880 2397586 3928991 6628804 PAYABLE 3412410 2130060 3412424 2124717 5611652 2183368 6540348 4110411 SYSCO Q OCOEE, CODE XOE 8 ı, H 34 87 50.74 40 CENTRAL 15.24 g REMIT TO 17.16 17.41 18.73 15.24 2.450 30.94 68.65 38.31 PRICE 15.24 21 34.08 31.56 53.52 26.78 32.46 39:03 34761 BEFORE 64 TAX. FLORID PRICE TOTAL TAX TOTAL LAKTOT SUB 40.35 153.24 117,09 128 87 139.48 129.84 17.41 15.24 18.73 43 34.08 CONT. 30 34.32 15.24 26 50.74 68.65 31.56 53.52 61.88 78 8 юн HW PAGE 1989.60 1.7 CODE ω ADJUSTMENTS

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

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FLORIDA LIVING OPTIONS 285 S FARNHAM ST

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PURCHASE ORDER

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

TRUCK STOP

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PURCHASE ORDER

3063

TERMS -FAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE NET 1 DAY FROM INVOICE
MANIFEST# 1475875 NORMAL DELIVERY

| AN HE PROPERTY THE PROPERTY OF | NO. PCS CY. DELYD. SI | 21 2 23 14.6 417 | SPLIT TOT. PCS CUBE GROS | | F 1 CS 122 LB SYS CLS VEGETABLE BLEND | F 1 CS 122 LB SYS CLS VEGETABLE BLEND | P 2 CS 64 LB SYS CLS VEGETABLE BLEND | F 2 CS 64 LB SYS IMP VEGETABLE BLEND | D 1 CS 2424 OZ HSRCCLS SYRUP CHOCOLATE | D OUT CS 24240Z HERSHEY SYRUP CHOCOLATE | 2 CS 1001 1 OZSMUCKER SYRUP BREAKFAST | D 1 CS 1250 OZ CAMPHEL SOUP CREAM OF MUSHROOM | D 1 CS 6280Z SYS IMP SOUP BASE CREAM | 421.50Z OTSPKMY | F 1 CS 1061.5 OZSYS CLS SAUSAGE PORK PTY CKD | F 1 CS 200.8 OZ SYS CLS SAUSAGE PORK INK SKLS | F 1 CS 25 LB SYS CLS SAUSAGE PORK BULK ROLL | D 1 CS 2003/4 OZHSRCCIS SAUCE TARTAR CUP | D 1 CS 6#10 SYS CIS SAUCE SPAGHETTI PLAIN | D 2 CS 1001 OZ NATFRSH SAUCE MUSTARD HN | D 1 CS 1001 OZ BULLEYE SAUCE BBQ CUPS | D 2S ONLY 35 OZCASACIS SALSA CHUNKY MIL | D 1 CS 624 OZ UNC BEN RICE MEXICAN FIRSTN | G QTY : PACK SIZE | CALESBURG IL 61401 |
|--|------------------------------|------------------|--------------------------|---|---------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|--|---|---------------------------------------|---|--------------------------------------|--------------------------------------|--|---|---|--|---|---|---------------------------------------|---|---|-------------------|--------------------|
| TOTOTA AND SUBJECT TO THE STATISTICS TRIEST C. 499% (C)). THE STATE OF THIS COMMONITIES, THE STATISTICS PROPERTY, YOU ARREST THE WE COVERNOUS VIOUS ALGOET TO SERVE IN ANY UNITED TO THE STATISTICS OF THE STATIST | DEROGS OF ALL INCHES NO. PCS | | CLOSE: 5:00 PM | | BLEND WINTER GR A 00708492 | ITALIAN G 7486501802 | CHECUT KEY 00708481 | CAPRI GR A 1333186 | SQZ BOTTLE 0441 | SQUEEZE B 3400031240 | SUGAR FRE 5150002277 | HROOM 000001266 | 12804SYS | SCONE ASST CHOC/ORG-CRAN/MAPLE 21731 | CKD MIL 10000019698 | SKLS CK 10000019686 | ROLL RAW MID 19671 | 00074865681483 | PLAIN MW SYCMA99 | MUSTARD HNY DIP CU 85116875061 | 00019582397095 | CHUNKY MILD AUTHEN 48549030211 | 3309 | PITON | |
| PAYABLE | | PO BOX | SYSCO | | 1475011 | 1474998 | 9810599 | 1333186 | 3261351 | 4441457 | 5932280 | 4040382 | 3990686 | 3938851 | 1589290 | 2035004 | 1604107 | 4152898 | 4189361 | 6284657 | 3713567 | 7775693 | 4492435 | CODE | |
| ON OR BEFORE | | | REMIT TO | | 25.00 | 25.57 | 33.67 | 28.00 | 51.93 | | 11,83 | 38,55 | 37.58 | 28.89 | 30.77 | 20.58 | 21.48 | 22.07 | 24.29 | 18.76 | 11.66 | 16.58 | 30.28 | PRICE | MA: SSFIN |
| Ħ | | SUB | | | 2 | | | _ | | | | | | | 72 | 47 <u>;</u> | | | | | | | | TATOURT TANDORT | |
| CONT. ON | INVOICE | TOTAL | | | | | 67.34 | 56.00 | 51.93 | | 23.66 | 38.55 | 37.58 | 28.89 | 30.77 | 28.58 | 21.48 | 22.07 | 24.29 | 37.52 | 11.66 | 33.16 | | EXTENDED T | MARIE BELCHER |
| PACE 5 | | 3352.48 | | | | | | M | | | | | | | | | | | | | | | | I CODE ADJUS | P DEPTABLE |
| | | | ZKENCI | : | | | | | | | | | | | | | | | | | | | | ADJUSTMENTS | |

REMS HAWTHORNE HITH 4100 SW 33RD AVE OCALA FL HORKANY PACH PROVISION: THE PERCENAUE AGRICULTURAL COMMODITIES LISTED ON THIS INVOICE ARE SUBJECT TO THE STRENGEN PRIORY TRUCKY WITHOUT AND THE STRENGEN PRIORY TRUCKY WITHOUT THE PROVIDED AT THE STRENGEN PRIORY COMMODITY OF THE PROVIDED PRIORY COMMODITY OF THE PROVIDED PROVIDED PROVIDED PRIORY OF THE PRIORY COMMODITY OF THE PROVIDED PRIORY OF THE PRIORY COMMODITY OF THE PRIORY COMMODITY OF THE PRIORY COMMODITY OF THE PRIORY COMMODITY OF THE PRIOR DRIVER'S SIGN nor CASES ORDER SUMMARY ALIO 102 FLORIDA LIVING OPTIONS INC 285 S FARNHAM ST 352-237-7776 GALESBURG SPLIT TOT PCB S PACK UT 722 oz 107 208 4025 CT BZIS 0 82.0 10. OCALA CUBE 34474-4466 ĊΠ SYSCO 5102 SUPPLIMENTS SYB 5105 DIETARY SUPPLIES HP HOOD MILK NEAT 100% Ħ CROSS WT. DIP 2046 CLS WAFFLE BELGIAN 5 61401 79796 CUP FORM 16 OZ DELVO. NO. PCS * At the heart of food and service OPEN: 8:00 CUST GROUP 82350 79795 TIEM DESCRIPTION GROUP GROUP SYSCO CENTRAL FLORIDA, 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 AM LACT CAL ENRCHD TOTAL * * * * TOTAL **** TOTAL**** 4 IN SATISFACES OF WITH LEFTH CLOSE: 5:00 06376 360855 6348 NO. PCS INC ¥. CUSTOMER'S DUPLICATE INVOICECONFIDENTIAL PROPERTY OF SYSCO MA SYSCO - CENTRAL PO BOX 40 OCOEE, FL 34761 PAYABLE ON 4360855 6532857 1826254 CODE TRUCK STOP 10/16/19 3063 /006 CENTRAL 32.57 10.77 OR BEFORE REMIT TO 34.09 PRICE DRIVER UNIT THE ANOTHER MA: SSFIN MARIE BELCHER MANIFEST# 1475875 NORMAL 941462 NET 1 DAY FROM INVOICE PURCHASE ORDER TERMS -PAST DUE BALANCES ARE SUBJECT TO 10/17/19 FLORIDA 3417.62 PRICE TOTAL INVOICE TOTAL X HOS 34.09 10.77 LAST PAGE 222843988 ×>:-1 મન 3462.48 DELIVERY 3462.48 CODE 7 STANDARSOLDE: 7 SERVICE CHARGE រោ

REMS HAWTHORNE HITH OCALA DIP 4100 SW 33RD AVE HUCHCANF BACA RECUTSION, HE REASHBLE AGRICULTURAL COMMENTERS LISTED ON THIS INVOICE ARE SHENETT TO THE STRUTTORY TROUBLE AGRICULTURAL COMMENTERS ACT 1930 (C. S. C. 4992 (C)). HE SECRET OF THIS COMMENT AGRICULTURAL COMME nor CASES ORDER Ŋ. FIORIDA LIVING OPTIONS 285 S FARNHAM ST CALESBURG IL 352-237-7776 #IBULE # 33RD AVE FL ហ SPLIT SUMMARY PACK Q 12100CT 4025 324 OZ 1232 PCS ហ Ġ SIZE 0 H 34474-4466 ∞ 00 SYS CLS SYSCO CITVIMP TEA ICED BREW BLK EP WHIFCLS CREAMER HALF & LOWER CREDIT FEES; NEXT DAY FUNDING & DATA YOU CAN SET CARE INSIGHTS (A SYSCO COMPANY) 1-855-532-7738 GROSS 65 Ħ INC DIETARY SUPPLIES 61401 ECOD SUPPLIES NO. PC LID PLAS CUP FOAM 16 OZ At the heart of food and service 83.4 OPEN: SIGN X 86551 ITEM DESCRIPTION TRANS 8:00 GROUP GROUP SYSCO CENTRAL FLORIDA, 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 TOTAL*** AM F/12-200Z TOTAL**** HALF 87924 ISI CLOSE: O DFL122SYS 1002749 5:00 360855 29482 REC. PCS DELIVERY COPY
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285 S FARNEAM ST
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IL 352~237-7776 Üī ហ N SPLIT SUMMARY PACK TOT. PCS 324 12100CT 4025 1232 UI Ħ OZ SIZE 20 11. 11 θ CUBE 34474-4466 00 œ SYS SYSCO WHIFCIS CREAMER HALF & HALF CITVIMP TEA ICED BREW BLK FP 5100 LOWER CREDIT FEES; NEXT DAY FUNDING & DATA YOU CAN US 5105 GROSS CLS 65 65 FF. DIETARY SUPPLIES HNC 61401 FOOD SUPPLIES 86565 TID NO. PCS CUP FORM 16 OZ * At the heart of food and service OPEN: PLAS SIGN 86551 GROUP ITEM DESCRIPTION 8:00 GROUP SYSCO CENTRAL FLORIDA, 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 TOTAL*** AM TOTAL**** F/12-200Z EVIDENCES OF MAL INDIS 87924 ISI CLOSE: ດ DEL122SYS 1002749 5:00 360855 REC. 29482 INC PCS CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL E CUSTOMER INVOICE BUNDER P SYSCO - CE PO BOX 40 OCOEE, FL 1993803 4360855 4828554 6230619 CODE THUCK STOP HOUTE 10/18/19 5068 /012 CENTRAL REMIT TO 33. 34 32,82 27.85 PRICE 34761 DRIVER: WI MA: SSFIN MARIE BELCHER NET 1 DAY FROM INVOICE . 77 MANIFEST# 1476255 NORMAL PURCHASE ORDER 941462 90 TERMS -PAST DUE BALANCES ARE 10/19/19 FLORIDA PRICE INVOICE TAX TOTAL TOTAL SUB 32.82 66.91 67.54 95.39 27.85 34.09 LAST 222848273 PAGE XX HH DELIVERY SUBJECT PROPERTY OF SYSCO CODE .30 ø Ö SERVICE ADJUSTMENTS ш CHARGE

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

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CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO
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TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE
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MANIFEST# 1476255 NORMAL DELIVERY

CHARGE

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

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| TORIES OF | TITOOME | PCS | | | QP | CHICKEN | CHEESE | CHEESE | CHEESE | CHEESE | CEREAL | CEREAL | CEREAL | CAULIFLOWER | CARROT | CABBAGE | BREAD | | BEEF F | BEAN G | BEAN B | | ш | | | |
| F FOOD OR OTH | is listr | SIGN 3 | | - | OPEN: | N MEAT | SETWS | | | AMER | RICE | HOT | | HOWE | SLI | E CHOP | PULLMAN | GRAND | 900 160 | GREEN | BAKED | SUPPLIES | Gees; | MELI | | |
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| | | Ī | | FLORIDA | | | | | | | | | | | | | | | | | | | | TAX TAX DATE | MANIEST# 14/6255 NORMAL DELIVERY MA: SSFIN MARIE BELCHER DRIVER: WEEH | MANTHEOME 1 ADOPT NOTE: |
| _ | IN IN | TATOTAL | TOTAL | IDA | Ī | | | | | | | | | | | | | | н | | | | | | MARIE | |
| CONT | INVOICE | AL | AI. | | | | 23.52 | 36.93 | 18.56 | 32.68 | 22.74 | 34.44 | 40.29 | 26.56 | 20.60 | 18.38 | 57.78 | 92.73 | 179.33 | 28.02 | 32.57 | | | PRICE | BELC | |
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RFMS HAWTHORNE HITH OCALA DIP 4100 SW 33RD AVE FL 34474-4466 34474-4466

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ALO 352-237-7776 FLORIDA LIVING OPTIONS INC 285 S FARNHAM ST GALESBURG IL 6140 PACK SIZE 61401 At the heart of food and service ITEM DESCRIPTION SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO
DEGY. DATE
10/18/19

10/18/19 CODE TRUCK STOP 5068 /012 DRIVER: WEBB
UNIT TAX
PRICE ABOUT TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE
NET 1 DAY FROM INVOICE
MANIFEST# 1476255 NORMAL DELIVERY 941462 MA: SSFIN MARIE BELCHER EXTENDED 222848272 **⇔**4 INVOICE ADJUSTMENTS Н N CHARGE

| PORTANT THORIZE | DRIVER'S | N | CARES | | 0 | 6 |) bg | j h | hrj | C | 0 0 | b | C | hj | р | b | - 6 | E | | 9 6 | 0 | H | 片 | |
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| THEORYALT PACA PROVISION: THE PER- THEORY OF THE PER- | | NG NG | TOT. PCS | | 13 GAL | 6#10 | 25 LB | 65 LB | 1441.75 | 45 EB | | ONLY1 GAL | 11.98 | 722.5 | 5002 CT | 144.93 | 144.93 | 824 | 824CT | 962 OZ | 962 02 | 965.470 | 25 LB | |
| CISHABLE PERUSH | - | 2.7 | CORE | TRRE | | SYS | | | OZPA | | SYS | SYS | EGIE | THZO | | OZAU | OZAU | CI | | | | SYSZO | | - |
| THES PERIORNAL PORTOTIONAL COMPONITIES TIRED ON | | 518 | GROSS WT. | 5ITRREFRASI | REFRASI | S CLS | BBRLIMP | SUNFRSH | 750ZPAPETTI | ABBTSFD | S CLS | S CLS | 9BH LPACKER | OZHADLEY | HSRCCLS | OZAUSTIN | OZAUSTIN | FIELDST | FIELDST | CITVCLS | CITVCLS | S CLS | NOSXI | |
| TORAL COMM | NO. PCS | | 0 | JUICE | JUICE | FRUIT | FRANK | ន | d DDE | EGG H | DRESSING | DRESSING | CUCUMBER | CROISSANT | CRACKER | CRACKER | CRACKER | COOKIE | COOKIE | COFFEE | COFFEE | CHICKEN | CHICKEN | |
| CONTRACT | CUST. | | OPEN: | CONC | CONC | COCI | | SCRAMBLE | PATTY FRIED | HRDBLD | | | | SANT | | | | | | E GRAID | E GRAND | | | |
| 한글 | -0 | , | 8:00 | APPLE | APPLE | COCKTAIL | ALL-BEEF | | FRIE | THM C | ITALIAN RCAL | COLESLAW | SELECT | MARG | SALTINE | CHEESE | CHEESE | OATMEAL | FUDGE F | | | THIGH | MEAT I | |
| S INVOIC | THVOTCE EVENENCES | | AM | | | Œ | 5X1 | VALUE | D NAT | TEEL | AN R | HAM | Ħ | MARGARINE | R | PNT | NO | CREME | RND IW | DECAF | BLEND | IOF | QETIDA | |
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| THE STATE | | | (JI | 4X1 | 4X1 | L 21 | 8653 | 1000 | | -641 | 953249D085 | 3215 | | | 4865 | 9783 | 9783 | | | | 35 | 4824 | 2399 | |
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| OR BEFORE | | CENTRAL 40 FL 34761 | REMIT TO | 61.81 | 52.66 | 50.74 | 30.40 | 38.31 | 36.21 | 64.12 | 27.83 | 13.44 | 15.56 | 23.87 | 14.45 | 17.72 | 17.72 | 25.37 | 26.15 | 83.35 | 80.59 | 55.46 | 34.64 | PRICE |
| R | | TRAL FLORID | | | | | | | | | | | | | | | | | | | | | | TROOMS |
| TOT | TAX | RIDA SUB TOTAL | - | • | ćn. | (n | • | ~1 | (1) | • | h | | <u>.</u> | h) | | | | | | | | H | | 14 |
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REMS HAWTHORNE HITH OCALA DIP 4100 SW 33RD AVE CCALA FI 34474-4466

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

FLOOR TRUCK STOP

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TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO
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CUSTOMER DAVOICE NUMBER PAGE

| | PAGE 4 | Q | | N OR BEFORE | PAYABLE ON | N THES STATUTORY TRUST SELLER OF THIS COMMODITIES, M THESE COMMODITIES, RIHER, YOU AGREE HITH | DITTES UNTIL PULL DAVMENT IS RECEIVED FOR DAVICE AND SUBJECT SO OF POOD OR OTHER PRODUCTS DERIVED FRODUCTS OF THE PRODUCTS OF | CHIEBANIE ACRICULTURAL CO GEODITIES, ALL INVENTORIES I THE SALE OF THUSE COMMO | PROCEEDS FROM THE VER THESE COMMONITY | ION 5 | AUTHORIZED BY SECTIONAL CONTROL OF THE SECTION OF T | AUTO AK |
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| | | TOTAL | | | | NO. PCS | NO. PCS CUST. STORE INVOICE PURENCES OF ALL TIPMS DELVD. SIGN | | | | DRIVER'S SIGN | DRIV |
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| | | | - 1 | REMIT TO | | E: 5:00 PM | OPEN: 8:00 AM CLOSE: | E GROSS WT. | CB CUBE | SPLIT TOT. PCB | CASES 91 | C) |
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| | | 33.89 | | 33.89 | 1125362 | NG 55821 | ONION FRENCH CRISPY TOPPING | SYS CLS | 624 OZ | S | щ | В |
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| | | 19.09 | | 19.09 | 4007118 | F 92428 | MIX GRAVY BISCUIT HMSTY ZTF | LESYS CLS 1 | 61.5 L | S 6 | <u> </u> | B |
| | | 47.74 | | 23.87 | 5301627 | 5301627 | MIX CAKE YELLOW COMPLY | SYS REL 1 | 5 LB | 6 | _N | U |
| | | 38.22 | | 19.11 | 4676306 | | MILK WEL GALLON | WHLFCLS 1 | 41 GAL | CS: | N | O |
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| | | 153.95 | | 30.79 | 7673031 | 02-6552-05 | MEATBALL BF/CHKN ALL PURP | AREZZIO 1 | 25 LB | S N | ហ | hij |
| | | 21.03 | | 21.03 | 4549099 | 21726WES | MARGARINE SOLID ZTF | SYS CLS 1 | I.B | CS 301 | Н | C |
| | | 20.38 | | 20.38 | 8747859 | HOUY59G | KETCHUP PACKET FCY FOIL | HSRCIMP 1 | 9 | CS10009 | 브 | D |
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| CODE ADJUSTMENTS | | EXTENDED # P | | UNIT | TTEM | | ITEM DESCRIPTION | | SIZE | PACK | YTY | nor |
| | | E BELCHER | MA: SSTIN MARIE BELCHER | MA: | | | 01 | IL 61401 | Ter Market | CALESBURG | GALE | |
| | DELIVERY | 1476255 NORMAL DELIVERY | MANIFEST# 1476 | 2 | | | | OPTIONS INC | 2 " | IDA LI | FLORIDA | |
| SATUE CHARGE | I 1 DAY FROM INVOICE | INVOICE ARE | NET 1 DAY FROM INVOICE | NET | 2000 | | OCOEE, FI 34761 407-877-8500 | | 76 | 352-237-7776 | 352-2 | |

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YTO ELORIDA LIVING OPTIONS INC 285 S FARNHAM ST GALESBURG IL 614 352-237-7776 LSCS CS PACK 6#10 SIZE GAL JUMTCLS AREZIMP 61401 SAUCE SWEET & SOUR SAUCE MARINARA PREMIUM ITEM DESCRIPTION SYSCO CENTRAL FLORIDA, 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 Ç TEKT8006100 4978965 INC. CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO DRIVE DATE COSTOMER TRYOCCE NUMBER PAGE 9497611 4978965 CODE STYCK TRUCK STOP 10/18/19 5068 /012 44.23 33.24 DRIVER: WEBB UNIT TAX PRICE AMOUNT MA: SSFIN MARIE BELCHER TERMS -PAST DUE BALANCES ARE
NET 1 DAY FROM INVOICE 941462 MANIFEST# 1476255 NORMAL PRICE 33.24 222848272 DELIVERY SUBJECT CODE ب 검 SERVICE ADJUSTMENTS
OTY 4 CHARGE

| THORIZED BY SECTION 5 (C) | SIGN | L 4 | | | | | DOTE | | | U | | U | b | 0 | 00 | | |
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| BY SEC | | | 9 | S | S | LCS | i.i | _ <u>L</u> | S T | Ø | CS | 1 CS | CS | CS | UTSCS | CS | - 0 |
| TION 5 (C) OF TALK | NUMBER OF STREET | Lα | Ş | | | . 10 | ONLY32 | ONLYS.5 | 8TXTNO | ONLY30 | 1250 | 1250 | 1250 | 61TB | 61 | 61LB | a |
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| AL COMMODITI | NO. PCS | | QF OF | TEA IC | TEA HOT | SYRUP | PICE | SPICE | SPICE | SPICE | SOUP I | SOUP C | SOUP C | đD | đĐO | SOUP | SHELL |
| THE PERISHABLE AGRICULTURAL COMMUNITIES LISTED ON THIS INVOICE ARE SUBJECT TO THE STATUTORY TROOP. "THE PERISHABLE AGRICULTURAL COMMUNITIES ACT 1930 (U.S.C. 4998 (C)). THE STRIKEN OF THIS TRANSPORT. | CUST: SIGN: INVOICE EVIDENCES OF ALL | 8 | OPEN: 8:00 AM C | ICED BREW BLK FP 1 | BAG BLK ENV | BREAKFAST SUGAR | GARLIC SALT 1S | GARLIC GRANULAT | CHILI POWDER LT | CELERY SALT | TOMATO | CREAM OF CHICKEN | CREAM OF CELERY | BASE CHKN NO MSG | BASE CHICKEN NO 1 | BASE BEEF NO MSG | TACO YEL REG 5 |
| SUBJECT TO THE S | 7. 22869 | · · | CLOSE: | 102 | DECAF | FRE 5150 | 00033844905866 | 00033844903152 | | | 000 | HLTY OOC | 000 | ADDED 12 | MSG/HV 72 | ADDED 12 | |
| CATUTORY TROST | NO. PCS REC. | | MG 00:5 | 29628 | | 5150002277 | 905866 | 1903152 | 974250 | 974240 | 00000016 | 000004143 | 000001166 | 12570SYS | 72808SYS | 12573SYS | 7381 |
| PAYABLE | | PO BOX | SYSCO | 4202255 | 5062088 | 5932280 | 5969205 | 6016281 | 5228564 | 5228465 | 4040390 | 5044979 | 4040317 | 2916427 | 4944534 | 2911824 | 9887902 |
| ON OR BEFORE | | 40 FL 34761 | REMIT TO | 16.45 | 28.16 | 11.83 | | 22.81 | 12.72 | 9.72 | 27.72 | 45.74 | 42.46 | 32.12 | | 39.76 | 11.96 |
| R. | | <u> </u> | TTO STORTS | | | | | | | | | | | | | | |
| TOTAL | INVOICE | TOTAL | | 16.45 | 28.16 | 11.83 | | 22.81 | 12.72 | 9.72 | 27.72 | 45.74 | 42.46 | 32.12 | | 39.76 | 11.96 |
| | | 3172.24 | | | | (*) | | | | | | | | | | | |
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REMS HAWTHORNE HITH OCALA DIP 4100 SW 33RD AVE OCALA FI 34474-4466 34474-4466

352-237-7776

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FIORIDA LIVING OPTIONS INC 285 S FARNHAM ST IL 6140
GALESBURG IL 6140
PTX | PACK SIZE

61401

ITEM DESCRIPTION

CODE

PRICE

DRIVER WITTER

PRICE

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INVOICE ADJUSTMENTS

MA: SSFIN MARIE BELCHER MANIFEST# 1476255 NORMAL

DELIVERY

SERVICE CHARGE

At the heart of food and service

SYSCO CENTRAL FLORIDA, 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500

CUSTOMER'S DUPLICATE INVOICECONFIDENTIAL PROPERTY OF SYSCO
DELY. DATE CUSTOMER DAYOUCK NOMBER PAGE
10/18/19 TRUCK STOP 5068 /012 941462 NET 1 DAY FROM INVOICE TERMS -PAST DUE BALANCES ARE SUBJECT TO

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| WITHORIZED BY SECTION 5 (C) WITHINS A TRUST CLAIM OVER WITH BY RECEIVABLES OR THOSE | TIMES | DRIVER'S SIGN | 105 | 15 | CASES | | ORDER | N | - | ىر د | J-4 | ы | بر | | نسو | TUO | - | N | L | , , | N | |
| BY SECT | ACT PRO | | 11 | 1 | SPLIT | | | CS | 2 | | CS | S | S | | CS | CS | S | C) | SCS | CS | CS | |
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|) OF THE PERISHABLE AGICULTURAL COMMODITIES AT 1930 (U.S.C. 498 (C)). THE SILIEN OF THIS COMMODITY. | al. commorat | NO. PCS | | | 0 | | 85761 | LINER | E WATER THIC G HOUSEKEEFING | TID PI | FOIL ? | FILM I | FILM I | DIETARY | POTATO | YAM CUT | VEGETABLE | TURKEY | TUNA 1 | TOMATO | TOAST | |
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| ACT 1930 | × | CUST: stair rivoter everyment | | | 8:0 | | | α | 777 770 | TRANS | ROLL | ROLL | ROLL | GROUP | | ACA | BLEND | BREAST | | | | |
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RFMS HAWTHORNE HLTH SE 33RD AVE OCALA 34474-4466 DIP

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

CUSTOMER'S ORIGINAL INVOICE CUSTOMER

CONFIDENTIAL PROPERTY

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SYSCO

INVOICE NUMBER

TRUCK STOP 10/21/19

941462

UPPOREARY NAL EXPUNSION: THE PERISHALE AGRACULEVALL COMMUNICAL LIFED ON THIS INVOICE ARE SUBJECT TO THE SPATITION TRUST WITCH AND A PROPERTY OF THE SPATITION TRUST WITCH AND A PROPERTY OF THE SPATITION AMERICAN ACCOUNTS AND AN AREA OF THE SPATITION AND ANY RECEIVED FROM THESE COMMUNICATION AND ANY RECEIVED AND AREA FOR THE SPATITION AND ANY RECEIVED AND AREA FOR THE SPATITION AND ANY RECEIVED AND ADDRESS OF THE SPATITION AND ANY RECEIVED AND ADDRESS OF THE SPATITION ADDRESS OF THE SPATITION ADDRESS OF THE SPATITION ADDRESS OF THE SPATITION ADDRESS OF THE SPATITION ADDRESS OF THE SPATITION ADDRESS OF THE SPATITION ADDR SIGN DRIVER'S CASEB ORDER ALO 111 FLORIDA LIVING O 28 GALESBURG 352-237-7776 Ń LSCS LITAS S U × SUMMARY FACK TOT 15013X21 10056 250CT 115 20120CT 20125 CTPABREAL 10144CT 4025 10100CT 12100CT 88 PCS 64602 44.44OZTHCKEEZ 8125CT 4125CT 13GAL SIZE C L 43. GALSYS REL Ç 41 CUBE SNOITE ω CHIX SYS SYS SYS SAS 6100 SYS SYE SXS REFCARE REFCARE DAR SYSCO H GROSS WY 1859 CLS CLS CLS 329 CTS IMP REL IMP INC GROUP TOTAL****
HOUSEKEEPING SUPPLIES 61401 LINER REPRO 43X46 1.5 WATER THICK NECTAR SF RTU WIPER TOWEL QUATSAF ANTIMIC RD GROUP TOTAL**** WATER THICK HONEY SF RTU THICKENER FOOD CLR CTT TID CIT CUP PORTION PLAS BLK 4 NO. PC PLATE FOAM LAN WHT HAIRNET NYLON LRG BLK LT W DRINK TEA SWT LEMON NECTAR CUP PLATE KIT CUTLERY EKS/SEP/NAP YEKFSKWNSPSY 179 At the heart of food and service **824** SCO PLAS VENT 8/12SJ/5/8/10B20 OPEN: PLAS TRANS F/12-200Z C PLAS CLR F/3-40Z PRIN EOMM 8 OZ SIGN X FOAM LAM WHT MELI 8:00 SYSCO CENTRAL FLORIDA, INC 200 WEST STORY ROAD DESCRIPTION AM œ o OF ALL 벟 CLOSE: 뒫 ML X8646AKSX01 THOU Ö DEL122SYS TIES. YLS3FRSYS 305113002 YMW9SYSCO YMW6SYSCO 5:00 **PC400B** 67005 REC. 20JL 3316 60309 60310 88829 PCS 67 PM PO BOX PAYABLE SYSCO 1764521 4997146 7028199 2859314 8593602 85936IO 4097457 1993803 7793736 0614984 0101618 7028197 2099359 7581515 4088829 CODE 1071 ı ON OR ם 40 /012 CENTRAL 143.40 REMIT TO 41.67 25,14 41.84 17.02 24 2 26.81 PRICE 24.53 24,09 16.73 32.82 38.46 24.77 34761 9.57 BEFORE MA: MANIFEST# 1476600 NORMAL NET 1 DAY FROM INVOICE TERMS - PAST DUE BALANCES ARE 10/22/19 SSFIN MARIE BELCHER FLORIDA 83.34 190.58 874.20 EXTENDED INVOICE TOTAL HAX TOTAL 107.24 143.40 24 33 25,14 23.87 98.12 32.82 48.18 17.02 50.19 38.46 99.08 9.57 41.84 LAST PAGE 222851546)OH 3761.27 DELIVERY SUBJECT TO 3761.27 CODE N SERVICE PLINEMENTS ۵ YTO CHARGE

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

FIORIDA LIVING OPTIONS: INC 285 S FARNHAM ST IL 6140
QUY : PACK SIZE 352-237-7776 At the heart of food and service SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO DELV. DATE CUSTOMER INVOICE MUMBER PAGE 10/21/19 TRUCK STOP 1071 /012 941462 TERMS -PAST DUB BALANCES ARE SUBJECT TO SERVICE CHARGE
NET 1 DAY FROM INVOICE
MANNIFEST# 1476600 NORMAL DELIVERY MA: SSFIN MARIE BELCHER DRIVER. 222851546 N N

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| ACHANN ZHAR KHOVISION: THE EERISKABLE ACRICULTUR UTHORITED BY SECTION 5 (C) OF THE FERISHBBLE ACRICUL UTNAMB A TRUET CLAIM OVER THESE COMMODITIES, ALL II | | | 0 651 | GROSS | PORTSIM | SYS | | LAMB | AUSTBLU 21.28 | ZADVANCE | SYS C | EMBASSA | LBSYS C | | AREZCLS | LABELLA | AREZCLS | SYS R | SUNFRSH | SYS C | SYS C | SUNFRSH | WHLFCLS | SYS C | |
| LIVEAL COMM | מעזעם. | | ä | WI. | IM SALMON | | IMP POTATO | TOT | LU PORK 280 | CE PORK | CLS PIE | | CLS PEA | CLS PEA | LS PASTA | LA PASTA | LS PASTA | REL ORA | | CLS MAR | CLS FRUIT | SH EGG | LS CREAM | CLS CHI | |
| TOOMOG | 9 5 | | | OPEN: | | PUDDING | | POTATO | K RIB | K RIB | APPLE | PEPPER | R | R1 | | | | ORANGE | CHIET | MARGARINE | | | | CHICKEN | |
| NURAL COMMODITIES LISTED ON THIS INVOICE AND SUBJECT TO THE ST LUNITURAL COMMODITIES ACT 1930 (U.S.C. 499E(C)). THE SELLER OF LINVENTURING OF FROM COMMODITIES ACT | SIGN X | | | N: 8:00 AM CLOSE: | ATL PRIN BLSL 4 OZ NOR | MIX CHOCOLATE INST | TATER BARREL 1000 | PANCAKE MINI | B ST.LOUIS CKD SMK | PATTY PRECOOKED | LE DUTCH RIB 10 | CHIPOTTE IN ADOBO SAUCE | PEARL ONION GR A P 74865- | CARROT GR A P 74865- | TORTELLINI CHEESE PRECKD | NOODLE EGG WIDE | MACARONI ELBOW ITA | MANDARIN BRKN LS | EGG/CHS/HAM & VEG W 10 | SOLID ZIF | COCKTAIL CH IN EXTRA L | SCRAMBLE VALUE MIX 10 | SOUR PURE CUP GRADE A | TNDR BRD GLDN FL | |
| MUTORY TRUST | NO. PCS | | | Md 00:5 | 52100 | 53037 | 000006067 | K39 | 31944 | 1.0000044531 | 7207 | 4858A | 12430 | 07850 | D 7736 | 600729 | AZ387K | 3548393 | 100007963 | 21726WES | 2183368 | 100007720 | 00306 | 011111-0895 | |
| PAYABLE ON | | OCOEE, | FO BOX | - | 8496069 | 4010872 | 5020233 | 3521143 | 3839586 | 2525624 | 9784471 | 5757091 | 1951482 | 1263615 | 2467736 | 4787297 | 5204544 | 3548393 | 3072956 | 4549099 | 2183368 | 2397586 | 5031836 | 3928991 | CODE |
| N OR BEFORE | | FL 34761 | CENTRAL 40 | REMIT TO | 97.58 | 31.58 | 33.77 | 32.40 | 5.850 | 50.68 | 33.90 | 19.07 | 40.18 | 32.20 | 32.70 | • | 22.05 | 49.98 | ٠. | 21.05 | 50.74 | * | | 32.46 | PRICE |
|)AE | | | L FLORIDA | | | | | | | | | | | ť | | | | | | | | | | 100 | AMOUNT |
| TOTAL | INVOICE | TOTAL | EOS | | 195.16 | 31,58 | 33.77 | 64.80 | 124.49 | 101,36 | 101.70 | 19.07 | 40.18 | 32,20 | 65.40 | 17.92 | 22.05 | 49.98 | 161.80 | 21.05 | 50.74 | 114.93 | 16.41 | 97.38 | PRICE |
| - Constitution | | 22 | | | - | | | | | | | | | | | | | | | | | | | | Н |
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| TAIN OVER THESE COL ES OR PROCESSE FRO SPUTE ARISING COT VARTING OB WA DESTIT | TION N (C) OF THE PERISHA | | | | | 1232 OZ | 400 | 00 | 6. | 83 LB | 87 FB | 64 LB | 52LB | 1001.1 | 9T TB | 6280Z | 61 LB | 200 8 02 | 480 OZ | PACK SIZE | IVING NHAM S | 352-237-7776 | F.T. |
| 200 H | | 7 447 | T S C C | C | H | SYS IMP | 5102 SUI | YOPLAIT | SYS CLS | CSELECT | SYS IMP VE | SYS IMP V | SYS REL | OZSMUCKER : | MINOR | SYS IMP | SYS CLS | SYS CLS | CUSTOM | | OPTIONS INC | | 34474-4466 |
| A LIVER CANDOLLES (C.F.) IN CANDOLLES OF LOOP OF LAND CONTROLLES OF LOOP OF LAND CONTROLLES OF LOOP OF | NO. PCS CUST. state DELVD. SIGN A ARRICULTURAL COMMUNITIES LISTED | | 16 | PAINER | | P MILK 2% DAIRY GROUP DIETARY SUPPLIES | SUPPLIMENTS GROUP | YOGURT RASE | VECETABLE F | VEGETABLE B | GETABLE | EGETABLE | TOAST FRENCH | SYRUP BREAKFAST | SOUP BASE V | SOUP BASE C | SOUP BASE C | SAUSAGE PORK | SAUCE ALFREDO | Magi | 01 | Contraction of Action | the heart of |
| 330 (U.S.C. 499E (C MER PRODUCTS DERLY LL PRYMENT IS RECE ES: YOU ARE GIVING PK IN AMY LAWKITY | DAVOICE RYLDINCIS OF A | | 0.00 | FOAM HING 3C | 10 02 | NECTAR TOTAL* | W/ELU RASP LITE& GROUP TOTAL**** | RASPBERRY/PEACH | FOR STEW FCY | MONOS CINETE | BLEND ORIENT | BLEND FAJITA 1 | STICKS | FAST SUGAR | VGTBLE LO- | CREAM | CHICKEN FLA | K LNK SKLS | DO RTU FRZ | DESCRIPTION | | 407-877-8500 | SYSCO CENTRAL |
| SELLER HESEL HES HES HES HESEL HES HES HES HES HES HES HES HES HES HES | ALL YESE SUBJECT TO THE STA | CEC 35 | | D YTD199830000 | • . ^ | ************************************** | FIT | ORIG | | 10071179003762 | SUG S | | BTRD 10000 | FRE | 74826057067USL | 128 | FLAVORED 214 | CK 10000019686 | 13800149985USL | | | 34761 00 | haj |
| OF THIS COMMODITES, E COMMODITIES, YOU AGRAE HITH YO SERVE IN ANY SHICH DISPRIFE. | NO. PCS REC. | i co | 360855 | 30000 | 10820 | 5019 | 00468 | 17728000 | F4015822 | 03762 | 1491000 | 2182665 | 1000001257 | 5150002277 | 167USL | 12804SYS | 21409SYS | 19686 | TSOSB(| | | | INC. |
| 10 P | פיפגעאמ | PO BOX | 4360855 | 7551324 | 4204350 | 4254284 | 7849706 | 5076587 | 4015822 | 5241783 | 1491000 | 2182665 | 2744427 | 5932280 | 5814397 | 3990686 | 4944567 | 2035004 | 1516828 | LTEM | | 1071 | ROUTE |
| CN DEP | 2 | CENTRAL 40 FL 34761 | 34.09 | 15.10 | 30.95 | 25.31 | 18.70 | 20.47 | 29.53 | 39.03 | 34.73 | | 22.78 | 11.83 | 35.58 | 37.58 | 17.60 | 28.58 | 35.13 | UNIT | MAN: | Z | 3238623 |
| E CRE | | - | | | | | | | | | ÷ | | | | | | | | | TAX | SSFIN SSFIN | I DAY I | STREET, STREET |
| CONT. | TOTAL | FLORIDA SUB TOTAL | 68.18 | 30.20 | 123.80 | 25.31 25.31 | 18.70 2671.18 | 20.47 | 59.06 | 78.06 | 34.73 | | 45.56 | 23.66 | 35.58 | 37.58 | 17.60 | 57.16 | 35.13 | EXTENDED | 1476600 NORMAL MARIE BELCHER | TERMS - PAST DUE BALANCES ARE NET 1 DAY FROM INVOICE | 7000 |
| ON PAGE | | 291 | | | | | | | | | | | | | | ., | | | | Hid Hid | Z A | ARE | |
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REMS HAWTHORNE HITH OCALA DIP 4100 SW 33RD AVE CCALA FL 34474-4466 34474-4466 At the heart of food and service

352-237-7776

SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO
DELY, DATE CUSTOMER DIVOICE NUMBER VICTOR PAGE
10/25/19 5069 TRUCK STOP /003 941462 MANIFEST# 1477357 NORMAL DELIVERY NET 1 DAY FROM INVOICE PURCHASE ORDER TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE 222860587 ÇT N

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REMS HAWTHORNE HLTH OCALA DIP 4100 SW 33RD AVE CCALA EL 34474-4460 34474-4466

352-237-7776

At the heart of food and service

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

CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO
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TERMS -FAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE
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| WILLIAM A TROST CLAIM OVER THE | SIGN SIGN | | ω UI | CASES | 0 C | . : | | | <u>[</u> | i in | | h) | H | N | بر | N | سر. | 1-4 | خو | <u>0</u> بر | و ر | | N N | ALO O | |
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| OR BEFORE | | 34761 | CENTRAL | 54.63 | 54.39 | 1.640 | 36.07 | 27.49 | 46.01 | 36.53 | 47.96 | 26.66 | 24.72 | 37.39 | 49.98 | 47.70 | 34.87 | 26.34 | 21.05 | 51.55 | 52.66 | 38, 31 | 36.21 | PRICE | DRIV |
|)RE | | | KOLE T | | | | | | | | | | | | | | | | | | | | | THYOME | DRIVER: KINGSLEY |
| 10101 | TOTAL | TOTAL | FLORIDA | 109. | 101 | ij | 18 | Ćι | 13 | 101 | 45 | Ŋ, | 2 | 7. | | 9 | نب <u>ا</u> | Ņ. | Ŋ | (Ji | (JI | ω | 7: | EXTENDED | MUSIFA |
| 1 6 | ICE | F | .] | 26 | 108.78 | 110.54 | 180.35 | 54.98 | 138.03 | 109.59 | 47.96 | 26.66 | 24.72 | 74.78 | 49.98 | 95,40 | 34.87 | 26.34 | 21.05 | 51.55 | 52.66 | 38.31 | 72.42 | CHED | |
| | | 311 | | | | | | 4 4 4 | | | | | | | | | | | | | | 797 | | HP | |
| | | 3117.12 | | | | | | | | | | | 4 | | i' er | | | 4 | | | | | | INVOICE | |
| | | | | | | | | | | | | 1 | | | | | | | | , | | | | ADJUSTMENTS | |
| | | | | | | - | | | | | | | | | | | | | | ı. | | | | SINI | |

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

34474-4466

352-237-7776

FIGRIDA LIVING OPTIONS INC 285 S FARNHAM ST CALESBURG IL 6140

At the heart of food and service

SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO

DELV. DATE

OBSTOMER

10/25/19

TWOICE MUNICE MUNICE PAGE ROUTE THUCK STOP 5069 /003 MANIFEST# 1477357 NORMAL DELIVERY 941462 PURCHASE ORDER TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE 222860587 UR ۵

MA: SSFIN MARIE BELCHER

| APECT AINS TAINS | SIGN | DRIVER'S | _ | CASES | | 0 0 | : | ם מ | | C | 4 | J 15 | i h | В | P | B | Perj | pt] | B | U | U | 벼 |
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| ECTION CLAIM | PROVIS | - | w | TITES | t | o to | - | S CS | | | n (| 2 (0 | | S | S | Ś | Ç0 | S | S | S | BX | CS |
| HUTHORIZED BY SECTION AND THE THE SECTION AND ANY RECEIVABLES OF PROCESSION OF THE SECTION OF TH | 100 | | 30 | FOT. PCS | 2 | 4 | | 208 | | 00 | л о | 1216 | ONL YZ | 1250 | M A | 135 | 110 | 200.8 | 2003/4 | 6#10 | 22 | <u>ල</u> |
| THE PERIS | | | 17.1 | CUBE | 17.08 | S S | | N N | | O t | 000 | N O | 8 | 0 N | F. | F | SAS BT | Z O | | | EE | H I |
| E AGRICULI HABLE AGRI TTIES, ALI | | | 527 | GROSS WT. | . 440ZUHCKEEZ | dwi sas | Di L | HP HOOD | 5102 | DANNON | - | MHLECIS | SYS CLS | CAMPBEL | SYS CLS | SYS REL | SYS CLS | SYS CLS | OZHSRCCLS | sys c | | 200 |
| THE CHARACTER ACTIONITY RAL COMMONITY ESTIMATED IN THIS INVOICE AND SUBJECT TO THE CHARACTER OF THE SELECT TO THE CHARACTER OF THE CHARACTER O | NO. PCS | | 7 | | | | DIETARY | MILK | SINBMITAGOS | ; v. | | | | | ADOS ST | | | | | CLS SAUCE | | TWO DOWN |
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| OR OTHER 1930 181 NO GE | XIOME GENERA | | | 8:00 | FOOD | TWE | GROUP TOTAL* SUPPLIES | 100% | GROUP | GROUND | LIGHT SKIPJACK | T GAHM | СНОРРЕД | O | TAN W | G FR | MOKEI | PORK LNK | | SPAGHETTI | RECILE | - 1 |
| S INVOICE O.S.C. 49 PRODUCTS 1 | IMPORTE EVIDENCES OF ALL TYPES | | | AM | CLR | LEMON | . 2 | LACT | | | PJACE | IN BAG | HOI C | | MEDDING | OIT) | ROPE | NX SI | CUP | Ta II | HAKKEL Derk | 5 |
| ARE SUBJECT TO SERVICE SUBJECT TO SERVICE SUBJECT TO SERVICE SUBJECT TO SERVICE SUBJECT SUBJEC | OF ALL TYPE | | | CLOSE | | NECTAR | ECTAR THICK TOTAL **** | CAL | TOTAL **** | NICA | CHUNK | :47 | *4] | | | | | SKLS CK | 0 | PLAIN MW | | |
| SCI TO THE | B | | | EZ: | | | * C | ENRCHD | A 数据日 | | I'M XI | | | | CONC 0 | ELZ | 107 | K 100 | 00074865681483 | ' | , L | ; |
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RIMS HAWTHORNE HITH OCALA DIP 4100 SW 33RD AVE DRIVER'S D CASES 107 ORDER ALO FLORIDA LIVING OPTIONS INC 285 S FARNHAM ST GALESBURG 352-237-7776 SPLIT S 8 SUMMARY PACK TOT. PCS 15013X21 115 10056 GALSYS REL LINER REPRO 43X46 1.5 ML X8646AKSX01 13GAL ω Ħ SIZE 89. COBE 1.9 34474-4466 9 CHIX REECARE WATER THICK HONEY SF RIU 6100 GROSS WT. 2250 52 61401 HOUSEKEEPING SUPPLIES 14444 WIPER TOWEL QUATSAF ANTIMIC RD DELVO. At the heart of food and service OPEN: SIGN Y ITEM DESCRIPTION 8:00 AM SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 INVOICE POIDSHCES OF ALL ITEM CLOSE: 5:00 THIS COMMODITY
COMMODITIES
ACREE WITH
SERVE IN ANY
B DISPOTE REC. 60310 PCS CUSTOMER'S ORIGINAL INVOICE CONFIDENTIAL PROPERTY OF SYSCO 67 PM PO BOX PAYABLE ON OR BEFORE SYSCO 1764521 4997146 7028197 CODE ROUTE THUCK STOP 10/25/19 5069 1 FL 34761 40 CENTRAL /003 REMIT TO 41.67 26.81 25.14 DRIVER K MA: SSFIN MARIE BELCHER MANIFEST# 1477357 NORMAL NET 1 DAY FROM INVOICE 941462 PURCHASE ORDER TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE 10/26/19 FLORIDA TOTAL TOTAL TOTAL XELL PRICE 25.14 58.58 41.67 68.48 26.81 LAST PAGE 222860587 HIE 3969.00 DELIVERY 3969.00 CODE Ġ PLATENTS TO STATE OF Ġ

| HERONIANT DACA PROVISION: THE PERICHANIZ ACRUCULTURAL COMBUDITIES ILEVID ON THIS INVOICE AND GUILLAND COMBUDITIES ILEVID ON THIS INVOICE AND GUILLAND COMBUDITIES AND 1930 (U.S.C. 4936 (C)). THE PERICHAND AND AUTHOR THE PROVIDERS OF FOOD OR OTHER PRODUCTS DESCRIBED AND ANY RECEIVED OR COMBUNITY HAVE AND ANY RECEIVED OR COMBUNITY BUILDING DESCRIBED AND ANY RECEIVED DESCRIBED AND ANY RECEIVED DESCRIBED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIVED AND ANY RECEIV | SIGN NO. PCS CUST. Steam involve rydences of all areas | 31 28.0 639 | CASES SELIT OT PCS CHEE GROSS WT. OPEN: 8:00 AM CLOSE | D 1 CS 962 OZ CITYCLS COFFEE GRND BLEND MED W/F | 6 CS 25 LB BONICI CHICKEN WING OVEN ROAST | H 6 CS 25 LB TYSON CHICKEN MEAT PULLED NAT | N | C 1SCS 65 LB AREZIMP CHEESE MOZZARELLA LMPS SHRD | 4 | 1 CS 1212 CNTSYS CLS BUN HOT DOG WHITE 6 HINGD | 11 | | 120 LB PACK | 804 OZ FIREREL BEEF PATTY 80/20 RND FRZ | 40.730 BEER GRND BULK 81/19 CHUB | SYS CLS BEAN GREEN CUT GR A P | 2 CS 6#10 | LCS 25 LB SYS CLS BACON BIT | T CS 6#10 | D 1 CS 6#10 SYS CLS APPLESAUCE FANCY UNSWEETENE | STIGOD SUBTIES | IOWER CREDIT FEES; NEXT DAY FUNDING GET CARE INSIGHTS (A SYSCO COMPANY) | 1. | IL 61401 | NS INC | 76 OCOEE, FL 34761 407-877-8500 | OCALA FI 34474-4466 At the heart of SYSCO CENTRAL FI food and service 200 WEST STORY I | HAWTHORNE HITH OCALA SW 33RD AVE | 2 |
|--|--|---|---|---|---|--|-----------------------|--|---------------------|--|--------------------------|-------------------------|---------------|---|----------------------------------|-------------------------------|---------------------|-----------------------------|---------------------|---|----------------|---|------------------------|----------|----------------------|--|--|-------------------------------------|--------------------------------|
| N THE STATUTORY TRUST PAYABLE ON OR BE THESE COMMONTES. | NO. PCS | SYSCO - CEN PO BOX 40 OCOEE, FL 3 | : 5:00 РМ | 3582965 5932043 80.60 | 10153650269 7601550 46.34 | 10239940928 2617019 34.64 | 0203000 3986072 29.67 | Ծ 100721 9008335 82.68 | 90001 7018107 54.64 | 54607120 2496624 30.1 | 2 54399390 9565383 31.43 | 060003111 1951490 28.62 | 1796077 57.78 | 7701174 1114016 49. | FRS 66838 0566838 2.2 | 74865-04977 1435197 24.7 | 144281 8326872 32 5 | 00734 5757051 64 3 | A19-1737 4062030 32 | A19-1737 4062030 32 | | NG & DATA YOU CAN USE) 1-855-532-7738 | THEM UNIT | Id | | 1069 | FLORIDA, INC. 7008 | | + |
| INVOICE TOTAL | TOTAL | L FLORID SUB | | | 278. | 4 207.84 | | inn i | 55 | | 62,86 | | | 99.72 | 89.61 | 77 24.77 | 57 65.14 | 37 64.37 | 44 | 32.44 | | | CE ANOUNT EXTENDED T P | 1 5 | CEST# 1477684 NORMAL | TERMS - PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE NET 1 DAY EROM INVOICE | PURCHASE ORDER | 941462 222863825 | CUSTOMER FIVOICE NUMBER "PAGE" |
| | | 1351.08 | | | £. | | | | G.A. | | | | | | | | | | | | | | CODE ADJUSTMENTS | | DELIVERY | SUBJECT TO SERVICE CHARGE | | 6 | WHER PAGE |

REMS HAWTHORNE HITH 4100 SW 33RD AVE OCALA FI OCALA DIP

352-237-7776 34474-4466

SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SYSCO ROUTE TRUCK STOP 10/28/19 1069 /008 941462 NET 1 DAY FROM INVOICE TERMS - FAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE PURCHASE ORDER 222863825

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| | | TOTAL | | | | NO. PCS | CUST. MANUE ENVOICE ENTERED OF A SIGN | NO. DEL | enerizza er | NOTSIVOR | ACA | SIGN |
| | 2163.09 | TOTAL | I FLORIDA SUB | CENTRAL 40 FL 34761 | PO BOX | | | 4.00 | 15.8 | 2 27 | 25 | |
| | | | | REMIT TO | | 5:00 PM | OPEN: 8:00 AM CLOSE: | GROSS WT. | CUBE | SPLIT TOT. PCS | | CASES |
| ; | : | 112.44 | | 37.48 | 9784968 | 7211 | FIE PEACH RTB 10 | SYS CLS P | 6 02 | | i. | - |
| | | 41.51 | | 41.51 | 6693642 | 01014300240300 | PER RED DICED FCY | TMP | 300 | | 1 | . , |
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| i | | 52.28 | | 52.28 | 4754550 | 60211 | JUICE CONC ORG 60% 5X1 BIB | RASI | GAL | 0 | . 0 | , , |
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| | | 12,61 | * 5 | 12 61 | 1185545 | | GINGER ROOT FRESH | IMPERSH G | E | (C) | ы | |
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| | | 60.84 | | 30.42 | 2502268 | 4865331135 | BBRLIMP FRANK ALL-BEEF 5X1 6 748 | BRLIMP H | D | D) | 77 | |
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| | | UI. | | 83.35 | 5932142 | 3582970 | GRND DECAF BLEND W/F | CITYCLS COFFEE | OZ | 96 | ا بين دور د | 1 0 |
| INVOICE ADJUSTMENTS | HW | EXTENDED T | | PRICE THE | CODE | | LIEM DESCRIPTION | | SIZE | PACK | | no CH H |
| | | DRIVER: | ER. | DRIV | | | | IL 61401 | | SBURG | | , |
| | AL DELIVERY | 1477684 NORMAL | MANIFEST# 14 | MANI | | | | OPTIONS INC | | FLORIDA LIVING 285 S FARNHAM : | 285 S | |
| | | NET 1 DAY FROM INVOICE | 1 DAY FR | NET | | | 407-877-8500 | | | | 1 | |

REMS HAWTHORNE HITH OCALA DIP 4100 SW 33RD AVE CCALA FI 34474-4460 Ħ 34474-4466

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FAUCK STOP

PURCHASE ORDER

NET 1 DAY FROM INVOICE

TERMS -- PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE

10/28/19

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CUSTOMER'S DUPLICATE INVOICECONFIDENTIAL PROPERTY OF SYSCO

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

| WINDOWSEN EX SECTION 5 (c) OF THE FEATHBRANG MORICULTURANT COMMONSTRES FOR "HE 31 IN THE ANALYSIS OF THE STATE OF THE STAT | MAL PROVISION: WHE PENTSUANT ACCUSTS NAMED AND THE PENTSUANT ACCUSTS NAMED ACCUS | 22 2 24 15.1 444 | CASES SELIT NOT. PCS CUBE CHOSS WI. OPEN: 8:0 | 3 CS 112IN SYS CLS FILM PVC ROLL | 6#10 | CS 722 OZ SYS CLS | CS | E S | E 2 CS 64 LB SYS IMP VEGETABLE BLEND | | 1 CS 12000CTEQUAL SUGAR SUB | 20001 GM SWIPLUS SUGAR SUB | D 1 CS20001/100ZSYS CLS SUGAR PACKET | D 1 BC 125 LB BKRSCLS SUGAR BROWN LIGHT | D 18 ONLY13 OZ IMP/MCC SPICE PEPPER | C 1SCS 61 LB SYS IMP SOUP BASE CHICKEN | C 1 CS 611B SYS IMP SOUP BASE BE | 2 CS 1141.4 OZJONES D SAUSAGE | 1 CS 6#10 SYS IMP SAUCE | TS ONE YS | D 1 CS 6#10 SYS CLS PUDDING VANILLA ZTF | 12IN AREZIMB PIZZA CRUST | O CLY PACK SIZE | CALESBURG | FIORIDA LIVING OPTIONS INC 285 S FARNHAM ST |
|--|--|------------------|---|----------------------------------|-------------|-------------------|------------------------|--------------------|--------------------------------------|-------------------------|-----------------------------|----------------------------|--------------------------------------|---|-------------------------------------|--|----------------------------------|-------------------------------|-------------------------|-----------|---|--------------------------|---------------------------------------|---------------------|--|
| TABLE INVOCES AND SIGNATURE TO THE STRATUTERY TRUBE THE PRODUCTS SEE (ED). THE SELLER OF RESTS COMMODITIES SEE PRODUCTS SEE TO THE SECRET COMMODITIES SEE PRODUCTS SEE SEE SEE SEE SEE SEE SEE PRODUCTS SEE SEE SEE SEE SEE SEE SEE PRODUCTS SEE SEE SEE SEE SEE SEE SEE SEE PRODUCTS SEE SEE SEE SEE SEE SEE SEE SEE SEE PRODUCTS SEE SEE SEE SEE SEE SEE SEE SEE SEE SEE SEE SEE SEE SEE SEE SEE SEE SEE SEE | NO. PCS | | 00 AM CLOSE: 5:00 PM | L 2000ET 9062 | O0008213510 | NN 4 IN 06376 | X 5 WAY GR A P 1263623 | END FAJITA 2182665 | END CAPRI GR A 1333186 | D WITH ZUCCHINI SY14A99 | YELLOW PKT 91029 | PACKET YELLOW 46007 | 4000899 | LIGHT CANE 404347 | PEPPER RED CRUSHED 900010608 | ICKEN NO MSG/HV 72808SYS | BEEF NO MSG ADDED 12573SYS | CHICKEN APPLE LINK 018662 | PIZZA W/BASIL WW ZZIZSE | 5048996 | 79873230854 | PRBKD DEEP D 025425-0071 | TTEM DESCRIPTION | | |
| PAYABLE | | PO BOX | | 7435191 | 4114625 | 1826254 | 1263623 | 2182665 | 1333186 | 5450598 | 8900095 | 5817251 | 4000899 | 1854694 | 9806423 | 4944534 | 2911824 | 7094221 | 5096508 | 5048996 | 4011078 | 6274500 | CODE | | |
| ON OR BEFORE | | 40 FL 3 | REMIT TO | 11.63 | 35.42 | 32.59 | 39,04 | 32.66 | 28.04 | 30.07 | 27.53 | 24.79 | 13.26 | 21.87 | 11.91 | 31.30 | 39.76 | 34,70 | 23.12 | 12.84 | 31.70 | 19.98 | PRICE | MA: SSE | MANIE |
| | TOTAL TOTAL | FLORIDA | ii. | 3489 | 2749.00 | 65.18 | 39.04 | 32.66 | 56,08 | 30:07 | 27, 53 | - 24:79: | 13:26 | 21.87 | 11.191 | 31:30 | 39.76 | 69.40 | 23.12 | 12.84 | 31.70 | 19.98 | HAIT EXTENDED T P INVOICE ADJUSTMENTS | SSFIN MARIE BELCHER | IANIFEST# 1477684 NORMAL DELIVERY |

REMS HAWTHORNE HITH OCI 4100 SW 33RD AVE OCALA FL 34

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15 GAL REFCARE WATER THICK NECTAR SF RTU

NAPKIN 1/4F WHT IPLY 15X17

LINER PAN QUILLION TRTD 16 019010SYS

61.00 HOUSEKEEPING SUPPLIES

GROUP TOTAL****

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| MA: SSFIN MARIE BELCHER | | | II. 61401 | | GALESBURG | Q. |
| MANIFEST# 1477684 NORMAL | | | 285 S FARNHAM ST | HAM ST | 285 S FARNHAM ST | (O) |
| NET 1 DAY FROM INVOICE | | 407-877-8500 | | | 70 10 4 4 | 9 |
| 1069 TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE CHARGE | | OCOME, FL 34761 | | 76 | 352-237-7776 | 35 |
| NOUTE PURCHASE ORDER | | | food and service | | | |
| 7008 941462 222863825 | | LO SYSCO CENTRAL FLORIDA, INC. | U | FL 34474-4466 | 33RD AVE | MS. |
| 10/28/19 | н | | LA DID | LTH OCA | THORNE H | MAT |
| DELV. DATE COSTONER LINVOICE NUMBER PAGE | - Copy | | | 2 2 2 8 | 4 6 2 | 8 |

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10/29/19

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GROSS WT.

OPEN: 8:00

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TOTAL TOTAL

TAX TOTAL SUB

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CENTRAL

FLORIDA

REMIT TO

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

ALIO.

GALESBURG

352-237-7776 FLORIDA LIVING OPTIONS INC 285 S FARNHAM ST PACK SIZE Ħ 61401 At the heart of food and service THEM DESCRIPTION SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SISCURDING DELY, DATE CUSTOMER INVOICE NUMBER PAGE 10/30/19 CODE TRUCK STOP ROUTE 3062 /015 PRICE DRIVER: WEBB 941462 PURCHASE ORDER MA: SSFIN MARIE BEICHER MANIFEST# 1478030 NORMAL DELIVERY NET 1 DAY FROM INVOICE TERMS -PAST DUE BALANCES ARE SUBJECT TO SERVICE PRICE 222869208 j-140 3634-3 CODE | ADJUSTMENTS ø \vdash CHARGE

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REMS HAWTHORNE HLTH OCALA DIP 4100 SW 33RD AVE OCALA FL 34474-4468 34474-4466

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FIORIDA LIVING OPTIONS INC 285 S FARNHAM ST GALESBURG IL 6140 352-237-7776 CS 3001.1202BKRSCLS DOUGH ROLL DINNER SOFT S PACK SIZE 2162.2 OZPILLSBY DOUGH BISCUIT ZT SOTHRN 61401 ITEM DESCRIPTION SYSCO CENTRAL FLORIDA, INC. 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 94562-31151 CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY OF SACE 10/30/19 7012438 5995438 CODE HOUTH TRUCK STOP 3062 /015 29.13 42.34 PRICE DRIVER MEBB MA: SSFIN MARIE BELCHER MANIFEST# 1478030 NORMAL DELIVERY NET 1 DAY FROM INVOICE PURCHASE ORDER 941462 TERMS -PAST DUE BALANCES ARE EXTENDED 42.34 29.13 222869208 SUBJECT TO SERVICE CHARGE INVOICE ADJUSTMENTS ø N

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| NPORTANT PACA PROVISION: THE PERISHALE AGRICULTURAL COMMODITIES LISTED ON THIS INVOITE ARE SUBJECT TO THE STATUTORY TRUST UTPORTED IN SECTION 5 (C) OF THE PERISHALE AGRICULTURAL COMMODITIES ACT 1930 (U.S.C. 498 (C)). THE SELLER OF THIS COMMODITY UTPORTED IN SECTION 5 (C) OF THE PERISHALE AGRICULTURAL COMMODITIES ACT 1930 (U.S.C. 498 (C)). THE SELLER OF THIS COMMODITY | DETAD. | NO. PCS | | | | PASTA | PASTA | NOINO | OIL | MUSHROOM | MIX G | MIX | MXX B | MILK EVAPORATED | MILK | JUICE | JUICE | JUICE | JUICE | ENCHILADA CHKN | ECC S | a Sea | DOUGH | 1 0.00 1 10.00 PM 11.00 PM |
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HAWTHORNE HLTH SW 33RD AVE 틥 OCALA 34474-4466 DIP

CUSTOMER'S DUPLICATE INVOICECONE LUMINITAL PROPERTY PAGE

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910 DRIVER'S CASES ALO LDO GALESBURG FLORIDA LIVING OPTIONS 285 S FARNHAM ST 352-237-7776 3 Ü ISCS S S SPLIT TOT PCS S ф PACK ONLY2.5 LBSYS NU 228.6 DNLY32 200 1061 122.5 1220 305.3 OZHOLTEN 412 6#10 6#10 4135 125 480 63.5LB 39 6#10 œ ÚTI SIZE 'n Ë Ë LB 0 20 G G 000 2 000 H 21. OZCASACIS LBSYS CUBE SASZO RICHS SYS SYS IMP P AREZCLS SYS SYS SYS SYS KIKOMAN SYS STREET CUSTOM PAREXCL FARMIND AREZCIS Ħ CROSS WT. ARRICHIZMRAL COMMONITES LIFEZO ON PHIS IMPOUTS, ISBAS AGRICHIZMRAL COMMONITES ACT 193 UL S.C. 493 ISBAS AND THESE COMMONITES BUTTH, DAVIN PAVORETS IN THE COMMONITES OF THE PRODUCTS (SERVICES: YOU ARE GIT CLS CLS CLS IMP PASTRY ECLAIR CHOC ICED /STOCK 2 CILS SUP STS IMP CLS H INC 61401 PEA PEA PASTA RICE PEANUT BUTTER CREAMY PASTRY ECLAIR CHOC SAUSAGE FORK PTY CKD MIL 10000019698 SAUCE SAUCE SAUCE SAUCE RICE PARBOILED POTATO H/BRN PTY 2.25 10734730627868 PORK FRITTER LOIN BRD PORK DICED PINEAPPLE TIDBIT JCE SAUSAGE PORK LNK SKLS SAUCE TOMATO CA SAUCE NO. PC SDA & CARROT GR A GREEN GR OPEN: 8:00 MOTITAL TORTELLINI CHEESE SIGN X ALFREDO RTU MARINARA PREMIUM MW BROWNING SOY LIGHT ENCHILADA AUTHENTI 48549510211 THEM DESCRIPTION SYSCO CENTRAL FLORIDA, 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 ш IN CUBE 435 AM PERFECT FRZ 13800149985USL М N 20 CLOSE: RW 5.30Z 20006 CK 10000019686 MINI PRECKD 70247141603 74865-07850 312074865C R1YK259Z0 P1PY048C1 1259530 ARRNA99 4978884 C60863 5:00 PM 01744 08432 INC 05102 00130 7736 REC. PCS 5440805 7716822 4671350 5021210 9944240 1664994 4087409 4009189 1259530 1263615 1028091 2467736 4978884 4897641 4730424 7775032 2035004 1516828 1589290 4007621 PAYABLE PO BOX CODE OCOME, ROUTE TRUCK STOP 10/30/19 BOX 3062 /015 Į Ş 별 32.70 PRICE 25.85 45 41. 32.20 26.20 3 28.58 32.93 24.09 60. CENTRAL REMIT TO 33.97 35.16 14.47 34.80 S R 29,67 4.14 9.60 9.58 941462 MA: SSFIN MARIE BELCHER MANIFEST# 1478030 NORMAL NET 1 DAY FROM INVOICE PURCHASE ORDER 34761 DRIVER WEBB BEFORE TERMS - PAST DUE BALANCES ARE FLORID. PRICE TATOTAL INVOICE TOTAL X 139.20 163.50 120.45 45.36 63.12 70.32 16.56 32.20 25.85 19.20 26.20 19.16 28.94 41.53 60.00 59 33.97 32.93 28.58 CONT. 222869208 u A 1011 8 DELIVERY SUBJECT PAGE 2870 INVOICE ø 9 SERVICE ADJUSTMENTS ω CHARGE

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NIO. FLORIDA LIVING OPTIONS 285 S FARNHAM ST GALESBURG 352-237-7776 CS PACK SIZE 48402 34474-4466 SYS AIG CLS INC 61401 SHERBET At the heart of food and service ORANGE TIEM DESCRIPTION SYSCO CENTRAL FLORIDA, 200 WEST STORY ROAD OCCEE, FL 34761 407-877-8500 CUP 4 02 1020064 INC. CUSTOMER'S DUPLICATE INVOICE CONFIDENTIAL PROPERTY PAGE 3412485 CODE HOUTE TROCK STOP 10/30/19 3062 /015 DRIVER W 13.29 941462 MANIFEST# 1478030 NORMAL MA: SSFIN MARIE BELCHER NET 1 DAY FROM INVOICE FURCHASE ORDER TERMS -PAST DUE BALANCES ARE SUBJECT TO PRICE 13.29 222869208 >¢>r} HE DELIVERY INVOICE ADJUSTMENTS ø SERVICE Ę CHARGE COLOCO

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| CHS. | | 12 | | TLIGS | | | | | | | | | | | CS | ВX | Cs | C | G | | 150° | RIDA S FA ESBUR | 352-237-7776 | 1050 WAR | HORNE | 4 |
| VISION: 1H | | 117 | 0 | TOT. PCS | | | | _ | | , | | | , | SUMMARY | 10056 | 15 CAL | 136 | 1100CT | 1250CT | | PACK S | FLORIDA LIVING 285 S FARNHAM GALESBURG | 7776 | FL | HITH | 2 2 |
| THE PERISHABLE THESE COMMODI | | 80. | ω. | CUBE | | | : | | : | | | | | | GALSYS | | 13GAL | | | 16 | ZZZ | | | 3447 | OCALA | 2 8 |
| | | 5 2186 | 0 127 | GROSS WT. | 270. 180.00 | | : | | ŧ | | | | | N | REL | REFCARE 1 | REFCARE 1 | SYS CLS 1 | SYS CLS | 5105 DII | | OPTIONS INC FT IL 61401 | | 34474-4466 | A DIP | 6 9 2 0 8 |
| AGRICULTURAL COMMODITIES UNLS AGRICULTURAL COMMODITIES TIES, ALL INVENTORIES OF I | DELVD. S | | | OPEN: | | | | | | | | | | 26961 | LINER REPRO | E WATER THICH GI HOUSEKEEPING | MATER T | BAG PLAS | BAG PLAS | DIETARY S | | 01 | | At the heart of food and service | 7 | |
| TIES ACT 1930 (U.S.C | SIGN X | | | N: 8:00 AM | | | 1 | | 7 | | | f [| | | 943 | TEUS TUON TUON | WATER THICK HONEY SE RIU | RECLOSE | RECLOSE | GROUP TOT | THEM DESCRIPTION | | OCOEE, F | tof SYSCO CENTRAL FI |) | |
| ICE ARE SUBJECT (| IMPOICE EVIDENCES OF ALL INDES | | | CLOSE: | The state of the s | i | | | | | | | | ŧ |)X46 1.5 ML X | TAR SF RTU TOTAL**** TIES | SF RTU | 2 GAL 13X | GAL XX-HE | TOTAL**** | MOIT | | L 34761 8500 | NTRAL FLOI | | |
| TO THE STATUTORY THE SELLER OF THIS COMMON | NO. PCS | | | 5:00 | | | <u>.</u> | | | | : | | | 9 | X8646AKSX01 | 60309 | 60310 | 304985535 | 304985530 | | | | | FLORIDA, INC. | | |
| THAYAR PAYABLE | | | PO BOX | MA MA | | | | | | T | | | ! | | 1764521 | 7028199 | 7028197 | 7863662 | 7863634 | | CODE | | 0 | ELION. | TRUCK STOP | 10/30/19 |
| ON OR BEI | | , | 40 FL 34761 | REMIT TO | | | 14 | | | | | i | | | 26.81 | 24.33 | 25.14 | 12.90 | 15,36 | | PRICE | MAN: | Port | 5 | OP 941462 | - 1 - 1 |
| BEFORE | | | | T. HTOBINA | | Ī | | 21 | | | | | | | | | | | | | ICE AMOUNT | MA: SSTIN MARIE DRIVER: WEBB | 1 DAY E | PURCHASE ORDER | 162 | CUSTOMER |
| | INVOICE | XAT | SUB | D# | | | | | | ; | ī | | | 3 | 53.62 53.62 | 24.33 77.73 | 25.14 | 12.90 | 15.36 | 3657.69 | EXTENDED | 1478030 NORMAL MARIE BELCHER | NET 1 DAY FROM INVOICE | | 222869208 | INV |
| | | | ω | | | | į | ñ | | | | | | | | | | | | | HW. | | 6 | | 208 | DICE NOW |
| 3/05.04 | 3788 04 | | 3789.04 | | | | | | ; | | £ 2. | | | | £ | | 4 | | í | | CODE A | DELIVERY | | | 9 | CUSTOMER INVOICE NUMBER PAGE |
| | | | | | ī | | | | 7 | | | | : | | | *** 4 | : | | | | ADJUSTMENTS | | OBSTATUM CAMPAGE | | LTI | ğ |



INVOICE

| Customer PO # | Invoice Date | Invoice # |
|----------------|--------------|-------------|
| central supply | | .1888809859 |

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 R | EP# SA | LES | ORDER # | | CARRIER | FR | EGHT TERMS | CUSTOMER # | CURRENCY | AMOUNT DUE |
|-----------|-----------|------|---------|-----------|-------------------------------------|---------|------------|------------|----------|------------|
| 721 | 7 | 1523 | 34350 | -49.4 | MEDTRANS | | MEDLINE | 1840760 | USD | \$0.00 |
| NO. | ORDER Q | TY | U/M IN | VOICE QTY | ITEM NO. / DESCRIPTION | CODE | DELIVERY # | AS AR MAN | | AMOUNT |
| 10 | 6.4 | 00 E | ΞΑ | 6.00 | OTC3210H /DRUG BUSTER 16 | | | | 9.79 | 58.74 |
| 20 | 4.0 | 00 E | EA . | 4.00 | | Έ | 970190461 | | 4.54 | 18.16 |
| 30 | 1.0 | 00 E | EA . | 1.00 | UTD602124014H T | Έ | 970190461 | | 7.55 | 27.55 |
| HCPCS Cod | de #: A62 | 261 | | | 11111 | O(10,) | O OIVAIVI | | | |
| 40 | 1.0 | 0 C | S | 1.00 | MDT211218XLI /SLIPPER,SINGLE TR | | | 3: | 3.75 | 33.75 |
| 50 | 6.0 | 0 P | R | 6.00 | MDT211218BARH /SLIPPER,BARIATRIC | | 970190461 | | 2.21 | 13.26 |
| 0 | 1.0 | 0 C | s | 1.00 | MDT211218XXLI /SLIPPER,SINGLE TR | | 970190461 | | .95 | 31.95 |
| 0 | 6.0 | 0 B | Γ | 6.00 | OTC091901 TE | Ē | 970190461 | 2 | .83 | 16.98 |
| 0 | 6.00 |) B1 | Г | 6.00 | | - | 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 SUBSIDIARES, 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

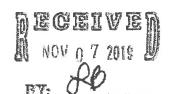
 Invoice Date
 10/02/2019

 Sales Rep #
 721

 Payment Terms
 Due Immediately

 Amount Due
 \$0.00

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





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

| NO. | ORDER QTY | U/M | INVOICE QTY | ITEM NO. / DESCRIPTION | CODE | DELIVERY # | UNIT PRICE | AMOUNT |
|-----------|--------------|------|-------------|---|------------------|---------------------------------|--------------|------------|
| 280 | 2.00 | cs | 2.00 | NCL028182 /ISOSOURCE 1. | TE 5. RTH. 1: | 970190461 500ML BAG | 47.69 | 95.38 |
| HCPCS C | ode #: 84152 | | | | -, | | | |
| 290 | 1.00 | BX | 1.00 | CUR250330Z /DRESSING.GAL | TE IZE ON EW | 970190461 IULSION,CURAD,3" | 19.80 | 19.80 |
| HCPCS Co | de #: A6222 | ! | | | , | 0000011,001000,0 | A3 | |
| 300 | 2.00 | BX | 2.00 | HUD20039Z /SALINE.9 PCN | TE TRANLAD | 970190461 | 15.40 | 30.80 |
| HCPCS Co | de #: A9900 | OR A | 4649 | 741111111111111111111111111111111111111 | 1,0 ME,AL | DIFAN, STERILE | | |
| 310 | 2.00 | BX | 2.00 | MSCEX44EPZ /OPTIFOAM GEN | TÉ | 0,0,00,00 | 27.50 | 55.00 |
| HCPCS Co | de #: A6212 | | | | | ONDERED, 474 | | |
| 320 | 2.00 | BX | 2.00 | MSC3244Z /GAUZE BORDER | | 970190461 5"X2.5"PAD,STERIL | 11.59 | 23.18 |
| HCPCS Co | de #: A6219 | | | | 4 7 7 7 744 7 % | , X2.0 1 AD, 31 ENL | . C | |
| 330 | 1.00 | CS | 1.00 | DYNC1816 /TRAY.CATHETE | TE R URETHR | 970190461 AL, RED-RUBBER, 15 | 38.12 | 38.12 |
| HCPCS Co | de #: A4353 | | | | , | 45,1400-14000004,10 | r K | |
| 340 | 2.00 | GR | 2.00 | MSC092534PACK /CREAM.HYDRAG | | 970190461 MEDY PHYTO,4ML | 39.31 PKT | 78.62 |
| HCPCS Cod | de #: A6250 | | | | | | FAI | |
| 350 | 2.00 | BX | 2.00 | MSC7344EPZ /DRESSING, ALG | . — | 970190461 | 36.04 | 72.08 |
| HCPCS Cod | le #: A6196 | | | TO WOUND, ALG | HACK I SALE | 1, 4 X4" | | |
| | | | GROSS | T/ | X AMOU | | FREIGHT | TOTAL |
| | | | 1,750.63 | | 49.9 | 97 | 0.00 | \$1,800.60 |

* Code

TE - Tax Exempt

C - Customer Freight



| T | N | V | Ω | T | ~ | |
|---|----|---|---|---|---|--|
| | TA | ₩ | v | 1 | | |

| 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

| | 21 | | ORDER # | | CARRIER | FR | EIGHT TERMS | CUSTOMER # | CURRENCY | AMOUNT DUE |
|----------|-----------|---------|---------|------------|---------------------------------|-----------------|-----------------------------|------------|----------|------------|
| - | 2.V | 1 , 10. | 300001 | | MEDTRANS | | MEDLINE | 1840760 | USD | \$0.00 |
| JE). | ORDE | R QTY | U/M | NVOICE QTY | ITEM NO. / DESCRIPTION | CODE | DELIVERY # | UNIT I | S. 100 a | AMOUNT |
| | | 8.00 | CS | 8.00 | FITBASICXLG /BRIEF,CLOTHLIK | F FITRAS | 970461722 IC XI G 57 88" | 3 | 9.85 | 318.80 |
| | | 6.00 | CS | 6.00 | FITBASICLG /BRIEF,CLOTHLIKI | | 970461722 | 3. | 3.69 | 202.14 |
| | | 2.00 | CS | 2.00 | FITBASICMD /BRIEF,CLOTHLIKE | | 970461722 | 3(|).74 | 61.48 |
| | | 2.00 | CS | 2.00 | FITBASICXXL /BRIEF,CLOTHLIKE | | 970461722 | 53 | 3.00 | 106.00 |
| | | 1.00 | CS | 1.00 | HCS4514 | TE | 970461722 | 20 | .50 | 20.50 |
| CS (| Code #: / | A4615 | | | /CANNULA,ADULT | 190F1-1(| JUCH, 7' TUBE, S | SC | | |
| | | 1.00 | CS | 1.00 | | TE | 970461722 | 74 | .29 | 74.29 |
| cs c | Code #: / | 17003 | + A7015 | | /NEBULIZER, KIT, M/ | ASK,ADU | LT, 7' TUBING | ,sc | | 17.20 |
| | | 1.00 (| | 1.00 | /ISC095420 /CREAM,BARRIER,Z | TE !ING.INZO | 970461722 S&C 4 O7 TI | 38. | 51 | 38.51 |

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 RORS 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: 800-307-9386) EREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE.

DLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A 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

Bill To:

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

REMITTANCE

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





| www.medline.com | | * , |
|-----------------|----------------|------------------------|
| | 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

| 1E | 138 | | ITEM NO. / | | | Part to produce to the | |
|--------------|-------------|---------------|---|-------------------|-------------------------------|------------------------|--------|
|). O | RDER QTY U | M INVOICE QTY | DESCRIPTION | CODE | DELIVERY # | UNIT PRICE | AMOUNT |
| | 2.00 B) | 2.00 | MSCEX44EPZ /OPTIFOAM (| TE SENTLE EX. | 970461722 BORDERED, 4X4 | 27.50 | 55.00 |
| PCS Coo | ie #: A6212 | | | ,, | | | |
| | 2.00 B) | 2.00 | MSC3244Z | TE | 970461722 | 11.59 | 23.18 |
| | | | /GAUZE,BOR | DER,4"X4",2. | 5"X2.5"PAD,STER | ILE | |
| | ie #: A6219 | | MDC426000 | | 970461722 | 12.19 | 24.38 |
|) | 2.00 GI | R 2.00 | MDS136000 | H INDIVIDUA | LLY WRAPPED,30 | | 24.00 |
|) | 36.00 EA | 36.00 | MSC095206H | , | 970461722 | 1.52 | 54.72 |
| | | | /CLEANSER,T | OTAL BODY | SOOTHE AND CO | OL,8OZ | |
|) | 1.00 CS | 1.00 | MSC095060 | | 970461722 | 29.69 | 29.69 |
| | | | • | IPOO& BODY | KIWI MANGO,8 O | | 04.76 |
|) | 2.00 CS | 3 2.00 | MSC095362 | | 970461722 | 15.88 | 31.76 |
| DCE C. | le #: A6250 | | /LOTION,SOC | HE & COO | L,8 UZ | | |
| -63 600 1 | 3.00 B) | 3.00 | MDS136405Z | | 970461722 | 3.35 | 10.05 |
| | 0.00 | | /CLEANSER,D | ENTURE, TAE | LETS | | |
| • | 4.00 BX | 4.00 | MDS137015ZZ | | 970461722 | 5.02 | 20.08 |
| | | | /BRUSH,HAIR | ADULT | | | |
|) | 4.00 Pk | 4.00 | MDS137007Z /COMB,BLAC | TE K,7" | 970461722 | 2.83 | 11.32 |
|) | 4.00 EA | 4.00 | MDT823296 | | 970461722 | 24.58 | 98.32 |
| | | | /PROTECTOR | HEBL, HEEL | RAISER, OSFM | | |
| | le #: E0191 | | *************************************** | | 070404700 | 65.10 | 65.10 |
|) | 1.00 CS | 3 1.00 | MSC351410AN | MICBO-KILL I | 970461722 BLEACH, 6X5, 150 | | 05.10 |
|) | 1.00 CS | 3 1.00 | DYNC1810 | TE | 970461722 | 26.94 | 26.94 |
| | 1.00 | ,,,,, | | | W/10ML SYRINGE | | |
| CS Cod | le #: A4310 | | | | | | |
|) | 1.00 BX | 1.00 | MDS160694 | | 970461722 | 44.81 | 44.81 |
| | | | /STOCKING,A | NTI-EMBOLIS | M,K-L,XXL RG,LF | | |
| PCS Cod | le #: A6530 | 1.00 | DYNC8522 | | 970461722 | 17.64 | 17.64 |
| | 1.00 CS | 1.00 | /BEDPAN.FRA | CTURE GRAD | | 17.04 | 11.04 |
| PCS Cod | le #: E0276 | | 70007711,114 | .01010,014 | 1111427 21 | | |
|) | 1.00 CS | 1.00 | NONTP15I | | 970461722 | 42.80 | 42.80 |
| | | | /TOOTHPAST | E,SPARKLE F | RESH, FLUORIDE, 1. | 0 | |
|) | 1.00 BX | 1.00 | MDS160698 | | 970461722 | 44.81 | 44.81 |
| | | | /STOCKING,A | NTI-EMBOLIS | M,K-L,XXL LONG, | LF | |
| CS Cod | le #: A6530 | | | | | | |



INVOICE

| Customer PO # | Invoice Date | |
|----------------|--------------|------------|
| central supply | 10/04/2040 | 1889059571 |
| 1.1 | 10/04/2019 | 1889059571 |

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

| GROSS | TAV: AMAGERIE | | |
|----------|---------------|---------|------------|
| | TAX AMOUNT | FREIGHT | Tata. |
| 1,422.32 | 82.13 | | TOTAL |
| | 02.13 | 0.00 | \$1,504.45 |

* Code

TE - Tax Exempt

C - Customer Freight



| www.medline.co | m | | |
|------------------------|----------------|----------------|------------|
| W W W . Illedilile. Co | | Invoice Date | Invoice # |
| | Customer PO # | BIIVOICE DATE: | |
| | 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

| ALES REP# | SALES | ORDER | # | CARRIER | F | REIGHT TERMS | CUSTOMER # | CURRENCY | AMOUNT DUE |
|------------|---------|--------|-------------|---------------------------|----------------|-----------------------------|------------|----------|------------|
| 721 | | 308759 | | MEDTRANS | | MEDLINE | 1840760 | USD | \$0.00 |
| ORDE | R QTY | U/M | INVOICE QTY | ITEM NO. / DESCRIPTION | CODE | P DELIVERY # | UNIT I | PRICE | AMOUNT |
| | 2.00 | вх | 2.00 | DYND70318 /TUBE.GASTI | TE ROSTOMY, | 970491571 18FR,3-PORT,WI | _ | 24.23 | 48.46 |
| PCS Code # | : B4087 | 7 | | , | | | | | |
| | 2.00 | BX | 2.00 | | TE | 970491571 | _ | 24.23 | 48.46 |
| | | | | /TUBE,GAST | ROSTOMY, | 20FR,3-PORT,WI | HITE, 1/BX | | |
| PCS Code # | : B4087 | 7 | | | | | | | 40.40 |
| | 2.00 | BX | 2.00 | DYND70316 | TE | 970491571 | | 24.23 | 48.46 |
| | | | | /TUBE,GAST | ROSTOMY, | 16FR,3-PORT,WI | HITE, 1/BX | | |
| PCS Code # | : B4087 | 7 | | | | | | | |
| | | | GROSS | | TAX AM | OUNT | FRE | EGHT | TÖTAL |
| | | | 145.38 | | | 0.00 | | 0.00 | \$145.38 |
| | | | | | | | | 40.4 | |

* Code

TE - Tax Exempt

C - Customer Freight

STOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE ALL CLAIMS OF SHORT SHIPMENT'S, MIS-SHIPMENT'S AND OTHER ERRORS IN DELIVERY SHALL COMMUNICATED TO MEDILINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING RORS SHALL BE COMMUNICATED TO MEDILING 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)
EREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE.

DLINE INDUSTRIES, INC. INCLUDES MEDILINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDILINE INDUSTRIES HOLDINGS, LP, A AWARE PARTNERSHIP, AND MEDICAL 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

Page 1 1

52



INVOICE

| Customer PO # | AND DESCRIPTION OF THE PARTY OF | |
|----------------|--|------------|
| | Invoice Date | Invoice # |
| Central supply | 10/09/2019 | 1889493570 |
| | | 1000400079 |

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 REF | SALES ORDER | | CAPRIER | - I m | riote a second | Resident to the second | | |
|-----------------|---------------------------|------------|--|---------------|--------------------------------------|--|--------------|----------------|
| 721 | 715400144 | | MEDTRANS | - PA | MEDLINE | The second secon | CURRENCY | AMOUNT DUE |
| MO. ORDE | R QTY WM | NYOICE OTY | ITEM NO. / DESCRIPTION | COSE | DELVERY # | 1840760 | USD | \$0.00 |
| 10 | 36.00 EA | 19.00 | MSC095206H | | | TIMU | S.CE | AMOUNT |
| 20 | 1.00 CS | 1.00 | /CLEANSER,TOT/ | AL BODY, | 970881637 SOOTHE AND 970881637 | | 1.52 | 28.88 |
| 30 | 2.00 CS | 2.00 | /WASH,SHAMPO NCL028182 /ISOSOURCE 1.5, | TE | KIWI MANGO, 6 970881637 | 3 OZ | 9.69 8.76 | 29.69 77.52 |
| HCPCS Code #: | 84152 2.00 BX | 2.00 | MSC4004 | TE | 970881637 | , | 3.98 | 47.00 |
| HCPCS Code #: | | | /TAPE, RETENTION | ,DRESSIN | ig,medfix,4"x | 11YD | | 17.96 |
| 70 | 2.00 BX | 2.00 | MSC4002 /TAPE,RETENTION | TE DRESSIN | 970881637 | 5 | .39 | 10.78 |
| HCPCS Code #: / | A4452 2.00 BX | | | | O,MIDITIA,Z A | טזוו | | |
| | 2.00 BX 49900 OR A4649 | | HUD20039Z /SALINE.9 PCNT,3 | | 970881637 DIPAK,STERILE | 15 | .40 | 30.80 |

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 SALANCE 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

Bill To:

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

REMITTANCE

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



www.medline.com

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

| SALE | S REP# | SALES | ORDER | | CARRIER | FRE | EIGHT TERMS | | - | AMOUNT DUE |
|-------------|-------------|-------|-------|--------------|---------------------------|-------------------|--------------------------|---------|-------|------------|
| - | 721 | 7154 | 71879 | | MEDTRANS | | MEDLINE | 1840760 | USD | \$0.00 |
| LINE NO. | ORDE | R OTY | Una: | HOVOICE CITY | DESCRIPTION | CODE | DEAVERY # | UNIT | PRICE | AMOUNT |
| 10 - | | 2.00 | cs | 2.00 | M\$C095380 /OINTMENT,B | TE ARRIER, SOC | 971173753 THE & COOL, | | 16.88 | 33.76 |
| HCPC | S Code #: | A6250 |) | | | | | | | |
| 20 | | 36.00 | EA | 36.00 | MSC095206H /CLEANSER.T | OTAL BODY | 971173753 SOOTHE AND | | 1.52 | 54.72 |
| 30 | | 1.00 | CS | 1.00 | MSC095342 /WASH,SHAN | | 971173753 | | 42.90 | 42.90 |
| HCDC | S Code #: | Δ971 | 3 | | | | | | | |
| 40 | o oodo # | 1.00 | | 1.00 | R-L53534 /GLUCERNA | TE 1.5, VANILL | 971173753 A, 8 OZ CAN | | 78.39 | 78.39 |
| HCPC | S Code #: | B4154 | | | | | | | | |
| 50 | | 1.00 | | 1.00 | MSC095060 | (POO&BOD) | 971173753 KIWI MANGC, | | 29.69 | 29.69 |
| 60 | | 2.00 | BX | 2.00 | MSCEX44EPZ | TE | 971173753 BORDERED, 4 | | 27.50 | 55.00 |
| HCPC | S Code #: | A6212 | 2 | | | | | | | |

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 #
 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

Page 1 / 3



INVOICE

| Customer PO # | Invoice Date | Invoice # |
|----------------|--------------|------------|
| central supply | | 1889771680 |

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

| | | | GROSS 1,939.80 | T | AX AMOUN | | FREGHT 0.00 | TOTAL \$2,019,68 |
|---------|--------------|-----|--------------------------|-------------------------------|---------------------------|-----------------------------|----------------|---------------------|
| Cros Co | ode #: A6252 | | | | | | | - 1. |
| coce ca | ode #: A6252 | | | /PAD,ABDOMIN/ | AL,CARING, | 5"X9",ST,LF,25/8X | | |
| 10 | 1.00 | CS | 1.00 | PRM21450 | TE | 971173753 | 44.96 | 44.96 |
| 10 | | | | /SIMETHICONE | 80MG CHE | V TAB 100/BT | 4.07 | 12.42 |
| 00 | 8.00 | EA | 6.00 | OTC79101 | TE | 971173753 | 2.07 | 12.42 |
| | ode #: A4259 |) | | | · · ; · · · · ; / . · O / | mm, FOON BULLON | | |
| | | | | | | 971173753 AM,PUSH BUTTON | 26.23 | 104.92 |
| 90 | 4.00 | BX | 4.00 | /NICOTINE PAT MPHSAFETY21Z | | | | |
| | 1.00 | DA. | 1.00 | OTC589688 | | 971173753 | 56.07 | 56.07 |
| 80 | 1.00 | DV. | 4.55 | /NICOTINE PAT | | | | 00.07 |
| 270 | 1.00 | BX | 1.00 | OTC589588 | TE | 971173753 | 56.07 | 56.07 |
| | | | | /NICOTINE PAT | | | 56.07 | 56.07 |
| 260 | 1.00 | BX | 1.00 | OTC589488 | TE | 971173753 | 50.07 | |
| NO. | OFOER OTY | LUM | MYOICE GTY | DESCRIPTION | CODE | DEIVERY # | UNIT PRICE | AMOUNT |
| TINE | onem an | | | ITEM NO. / | | | | |

* Code

TE - Tax Exempt

C - Customer Freight



www.medline.com

| 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

| 721 715400 | | | CARRIER MEDTRANS | | | MEDLINE | 1840760 | CURRENCY | SO.00 |
|------------|-------|----|------------------|---------------------------|---------------|----------------------------|---------|---------------------|-------------------|
| INE | R QTY | | INVOICE OF | ITEM NO. / DESCRIPTION | CODE | | | | AMOUNT |
| 130 | 6.00 | cs | 6.00 | MG3002 /GLOVE.EXAI | W, NITRILE, M | 971096365 IG ES, 300, M | 1 | 92.95 | 557.70 |
| | | | GROSS 557.70 | | TAX ĀM | DUNT 19.04 | FR | 3GHT 0.00 | TOTAL \$596.74 |

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE PREIGHT CHARGES INDICATED ON THIS INVOICE ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDILINE 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 MEDILINE 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: 600-307-8386)

INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE.

MEDILINE INDUSTRIES, INC. INCLUDES MEDILINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDILINE INDUSTRIES HOLDINGS, LP. A

DELAWARE PARTNERSHIP, AND MEDICAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE

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

REMITTANCE

BIII 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

Page 1 1 1 56



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 ORDE | 来# | CARRIER | G | EIGHT TERMS | | New Section | |
|--------------|--------------|---|--------------------------------|------------|------------------------|------------|-------------|------------|
| 721 | 715567818 | | MEDTRANS | 1.0 | MEDLINE | CUSTOMER # | | AMOUNT DUE |
| LINE | ELISSINE MEN | 111 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ITEM NO. / | | MEDEINE | 1840760 | USD | \$0.00 |
| NO. OR | DER QTY UMA | INVOICE OF | DESCRIPTION | CODE | DELIVERY # | UNIT F | RICE | AMOUNT |
| 10 | 4.00 CS | 4.00 | NONPC1001 /POUCH,PILL | | 971 56 8771 | 1 | 6.00 | 64.00 |
| 20 | 1.00 CS | 1.00 | DYND80000 | | | 3- | 4.37 | 34.37 |
| 30 | 1.00 CS | 1.00 | | | 971568771 | 3. | 1.85 | 31.85 |
| 40 | 3.00 CS | 3.00 | | • | 971568771 | ٤ | 9.10 | 27.30 |
| 50 | 1.00 CS | 1.00 | /SPOON, PLAST SYRSI101292 | TE | 971568771 | 124 | .00 | 124.00 |
| 60 | 4.00 CS | 4.00 | /SYR W/NDLE. MPH4550 | TE | 971568771 | | .00 | 272.00 |
| 7,0 | 4.00 BX | 4.00 | /STRIP, GLUCOS MPHSAFETY21Z | | 971568771 | 26 | .23 | 104.92 |
| HCPCS Code # | : A4259 | | /LANCET,SAFE | 1Y,21G,1.8 | MM, PUSH BUTT | ON | | |
| 80 | 1.00 CS | 1.00 | DYND80327 /BASIN,EMESIS, | | | 19. | 52 | 19.52 |

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 MEDILINE 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 MEDILINE 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: 800-307-9386)

INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE.

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

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

Bill To:

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

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

REMITTANCE

 Customer #
 1840760

 Invoice #
 1890187810

 Invoice Date
 10/16/2019

 Sales Rep #
 721

 Payment Terms
 Due Immediately

 Amount Due
 \$0.00



| www.medline.com | | | |
|-----------------|----------------|--------------|-------------|
| | Customer PO # | Invoice Date | |
| - | Central Supply | 10/16/2019 | 1890187810. |

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

| AMOUNT | UNIT PRICE | DELIVERY # | CODE | DESCRIPTION | HIVOICE QTY | WM R | FDER OTY | NO. |
|------------|------------|----------------------------|---------------|-----------------------------|-------------|---------|-------------|---------|
| 119.55 | 39.85 | 971568771 | | FITBASICXLG | 3.00 | CS | 3.00 | 290 |
| 67.38 | 33.69 | C,XLG,57-66* 971568771 | LIKE, FITBASI | /BRIEF,CLOTH | 2.00 | CS | 2.00 | 300 |
| 106.00 | FO 00 | | LIKE, FITBASI | /BRIEF,CLOTH | | | | 300 |
| 100.00 | 53.00 | 971568771 C,XXL,60-69" | LIKE, FITBASI | FITBASICXXL /BRIEF,CLOTH | 2.00 | CS | 2.00 | 310 |
| 30.80 | 15.40 | 971568771 DIPAK,STERILE | TE | HUD20039Z | 2.00 | BX | 2.00 | 320 |
| | | DIPAR, STERILE | MI,3 ME,AL | /SALINE.9 PC | 849 | OR A464 | le #: A9900 | HCPCS (|
| TOTAL | FREIGHT | INT | TAX AMOU | | GROSS | | | |
| \$1,505.99 | 0.00 | .00 | 47 | | 1,458.99 | | | |

* Code

TE - Tax Exempt

C - Customer Freight



INVOICE

| Central supply | 10/18/2019 | 1900460600 |
|----------------|--------------|------------|
| Customer PO # | Invoice Date | Invoice # |

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 F | | ES ORDINA | e // // // | CARRIER | | REGELT TERMS | AND DEPOSITE OF THE PARTY OF | - | |
|----------|------------|-----------|-------------|------------------------------|------|-----------------------------|------------------------------|-------|------------|
| 721 | 71. | 5635228 | | MEDTRANS | | MEDLINE | CUSTOMER # | | AMOUNT DUE |
| NO. | ORDER OT | Y WILL | INVOICE OTY | ITEM NO. J | CODE | | 1840760 | USD | .\$0.00 |
| | | | | | Jour | DELIVERY # | UNIT | FRICE | AMOUNT |
| 10 | 1.00 | cs | 1.00 | MSC095060 | , | 971826067 | 2 | 29.69 | 29.59 |
| 20 | 2.00 | CS | 2.00 | MSC095362 /LOTION;SOOTI | | Y,KIWI MANGO,I 971826067 | | 5.88 | 31.76 |
| HCPCS Co | de #: A625 | 0 | | | | UL,6 UZ | | | |
| 30 | 2.00 | BX | 2.00 | MDS137015ZZ /BRUSH,HAIR,A | | 971826067 | ; | 5.02 | 10.04 |
| 40 | 4.00 | PK | 4.00 | MDS137007Z /COMB,BLACK,7 | TE | 971826067 | 2 | 2.63 | 11.32 |
| 50 | 6.00 | BX | 6.00 | MEC37224 /CLIPPER,NAIL,F | | 971826067 NELE | 5 | 9.03 | 54.18 |
| 30 | 4.00 | GR | 4.00 | | | 971826067 | 3 | 3.50 | 14.00 |
| 0 | 10.00 | BT | 10.00 | OTC078809 /LORATADINE 10 | TE | 971826067 | 6 | .90 | 69.00 |
| 0 | 1.00 | CS | 1.00 1 | /GLOVE,EXAM,NI | | 971826067 | 89 | .57 | 89.57 |

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 MEDILINE 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

MEDUNE INDUSTRIES, INC. INCLUDES MEDUNE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDUNE 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

Bill To:

HAWTHORNE HEALTH AND REHAB Attn: Joseph Cassiba

4100 SW 33RD AVE

OCALA FL 34474-4400

Remit To:

Medline Industries, Inc.

Dept CH 14400

Palatine IL 60055-4400

REMITTANCE

Customer # 1840760 Invoice # 1890460600 Invoice Date 10/18/2019 Sales Rep # Payment Terms Due immediately **Amount Due**

PAID BY CREDIT CARD NO REMITTANCE REQUIRED 721

\$0.00



 Customer PD #
 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 NEP # | SALES ORD | R# | CARRIER | FRE | GHT TEMS | CUSTOMER# | | AMOUNT DUE |
|--------------|-----------|-------------|-----------------------------|-----------------|---------------------------|-----------|-------|------------|
| 721 | 71573120 | 2 | MEDTRANS | | MEDLINE | 1840760 | USD | \$0.00 |
| NO. ORDE | R OTY UIM | INVOICE OTY | ITEM NO. / DESCRIPTION | CODE | DELIVERY # | UNIT | PRICE | AMOUNT |
| 20 | 2.00 BX | 2.00 | MSC9445EPZ /DRESSING,MA | | 972214970 RA AG,ALGNT | | 86.00 | 132.00 |
| HCPCS Code # | : A6197 | | | | | | | |
| 30 | 1.00 CS | 1.00 | HCS0440 /CUSHION,EAR | EZ WRAP, | 972214970 FOR O2 CAN | | 51.13 | 51.13 |
| 40 | 4.00 BX | 4.00 | MDS202075Z /BLADE, TONG | | 972214970 | | 3.05 | 12.20 |
| 50 | 2.00 CS | 2.00 | NCL028182 /ISOSOURCE 1 | TE | 972214970 | ; | 38.76 | 77.52 |
| HCPCS Code # | : B4152 | | | | | | | |
| 60 | 2.00 CS | 2.00 | DOY181500 /ISOSOURCE 1 | TE .5, UNFLA | | | 37.76 | 75.52 |
| HCPCS Code # | B4152 | | | | | | | |
| 70 | 1.00 CS | 1.00 | MSC351410AN /WIPE,GERM,M | ICRO-KILL | 972214970 BLEACH, 6X5, | | 85.10 | 65.10 |
| 80 | 1.00 CS | 1.00 | MSC351300 /WIPE,GERM,M | | 972214970 | • | 70.99 | 70.99 |

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 MEDILINE 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 MEDILINE 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

MEDILINE INDUSTRIES, INC. INCLUDES MEDILINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDILINE INDUSTRIES HOLDINGS, LP. A

DELAWARE PARTNERSHIP, AND MEDICAL 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 #
 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

Page 1 / 4 / 60



n 3 7 4

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

| ME | | | ITTEN NO. / | 97/ | | | |
|------------|--------------|------------|------------------|-----------------------|---------------------------------------|------------|------------|
| NO) | ORDER OTTY W | INVOICE OT | Y DESCRIPTION | COD | DELIVERY # | UNIT PRICE | AMOUNT |
| 290 | 4.00 BX | | | | 47 (73.44 | | - Amerojei |
| 200 | 4.00 BX | 4.0 | 0 MSC4002 | TE | 972214970 | 5.39 | 21.5 |
| HOPOS Co | ide #: A4452 | | /TAPE,RETE | NTION, DRES | SING,MEDFIX,2"X11Y | 'D | 21.0 |
| 300 | 6.00 BX | | | | | | |
| 500 | 0.00 BX | 6.00 | MSC3244Z | TE | 972214970 | 11.59 | 69.54 |
| HCDCC Co. | de #: A6219 | | /GAUZE,BOR | (DER,4"X4", | 2.5"X2.5"PAD,STERIL | E | 00.01 |
| 310 | | | | | | | |
| 310 | 4.00 BX | 4.00 | CUR003545Z | TE | 972214970 | 8.97 | 35.88 |
| 320 | | | /A&D OINTM | IENT, 5G FO | DIL PK, 144/BX | 3.5. | 33.00 |
| 320 | 1.00 CS | 1.00 | MSC095420 | TE | 972214970 | 38.51 | 38.51 |
| HODOO O. | | | /CREAM,BAR | RIER,ZINC, IN | ZO,S&C,4 OZ TUBE | 00.01 | 30.31 |
| | ie #: A6250 | | | | | | |
| 330 | 2.00 EA | 2.00 | MSC9301EPH | TE | 972214970 | 24.55 | 40.40 |
| lionee e : | | | /GEL,SILVER, | ANTIMICRO | S, SILVASORB, 1.5 OZ | 47.VV | 49.10 |
| | e #: A6248 | | | | | | |
| 340 | 4.00 BX | 4.00 | MSC7344EPZ | TE | 972214970 | 36.04 | 444.40 |
| | | | /DRESSING, A | LGINATE A | AXORB II, 4"X4" | 50.04 | 144.16 |
| | e #: A6196 | | | , | , , , , , , , , , , , , , , , , , , , | | |
| 350 | 2.00 BX | 2.00 | MSCEX44EPZ | TE | 972214970 | 27.50 | 57.00 |
| | | | /OPTIFOAM G | ENTLE EX. | BORDERED, 4X4 | 27.00 | 55.00 |
| HCPCS Code | | | | , | | | |
| 360 | 8.00 PK | 8.00 | NON25408H | TE | 972214970 | 3.83 | |
| | | | /GAUZE,SPON | GE,4"X4",8F | LY, WOVEN, NS, LF | 3.03 | 30.64 |
| ICPCS Code | | | | | | | |
| 70 | 4.00 BX | 4.00 | MSC1244Z | TE | 972214970 | 33.14 | 4 |
| | | | | | V-ADHESIVE,4"X4" | 33.14 | 132.56 |
| CPCS Code | | | | | · · · · · · · · · · · · · · · · · · · | | |
| 90 | 36.00 EA | 36.00 | MSC095206H | | 972214970 | 1.52 | = 4 === |
| | | | | TAL BODY S | SOOTHE AND COOL, 8 | 1.94 | 54.72 |
| 00 | 2.00 TB | 2.00 | DYND70293Z | | 972214970 | 4.40 | |
| | | | /CONTAINER, DI | ENTURE W/I | | 4.40 | 8.80 |
| 10 | 2.00 C\$ | 2.00 | FITBASICXLG | | 972214970 | 20.00 | |
| | | | /BRIEF, CLOTHLI | KE FITBASIO | | 39.85 | 79.70 |
| 20 | 2.00 CS | 2.00 F | TITBASICLG | | 972214970 | 22.42 | |
| | | | /BRIEF, CLOTHLI | KEFITRASIO | 1 G 48-58" | 33.69 | 67.38 |
| 80 | 2.00 CS | 2.00 F | TTBASICXXL | | 972214970 | CO 00 | |
| | | | /BRIEF, CLOTHLII | KE FITRA SIC | 41221431U | 53.00 | 106.00 |
| 0 | 1.00 BX | 1.00 N | ION250314Z | | 972214970 | | |
| | | | | . — | 972214970 EDI-STRIP,1/4"X3" | 26.22 | 26.22 |
| PCS Code a | #- A4450 | | | -, + 4 C C 14 D , IVI | DI-0110P,7/4"X3" | | |



www.medline.com

| 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 72 | - | ORDER | #. (200 E-201) | CARRIER MEDTRANS | | EIGHT TERMS | CUSTOMER.# 1840760 | CURRENCY | SO.00 |
|-------------|-------|-------|-----------------|---------------------|-----------------|---------------------------|-----------------------|--------------|-------------------|
| MO. | R QTY | | INVOICE OTY | DESCRIPTION | CODE | | | | AMOUNT |
| 20 | 5.00 | cs | 5.00 | MG3003 | AR MITTON IC AR | 972207862 G ES, 300, L | ş | 32.96 | 464.75 |
| 30 | 5.00 | вх | 5.00 | MG3001H | • | 972207862 G ES, 300, S | 1 | 11.90 | 59.50 |
| | | | GROSS 524.25 | | TAX AMO | OUNT 6.71 | | EGHT 0.00 | TOTAL \$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 MEDILINE 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 MEDILINE 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



INVOICE

| Customer PO # | Invoice Date | Impoice # |
|---------------------------|--------------|------------|
| Central supply | 10/25/2019 | 1891138162 |
| * 1 - Fresh - 1 - 100 - 1 | 1012010 | 1001100102 |

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 | | S ORDER # | | CARRIER | ER | EGHT TERMS | CUSTOMER # | CURTENCY | AMOUNT DUE |
|------------|--------|-----------|------------|--|------------|----------------------|------------|----------|------------|
| | / 10 | 798980 | 1 | MEDTRANS | | MEDLINE | 1840760 | USD | \$0.00 |
| NO. OF | des ou | UM I | MYOICE QTY | PTEM NO. / DESCRIPTION | CODE | DELIVERY # | ואש | | AMOUNT |
| 10 | 1.00 | | 1.00 | MDT211218XLI /SLIPPER,SINGLI | e tread,i | 972464005 BEIGEXL | 3 | 3.76 | 33.75 |
| 20 | 4.00 | | 4.00 | HCSM70B /OXIMETER,PUL: | | 972464005 | 2 | 1.33 | 85.32 |
| HCPCS Code | | | | | | | | | |
| 30 | 4.00 | PR | 4.00 | MDT211218BARH | | 972464005 | : | 2.21 | 8.84 |
| 40 | 4.00 | 00 | | /SLIPPER, BARIAT | TRIC, DOUB | BLE TREAD, GRA | \Y,1/PR | | |
| 40 | 1.00 | CS | 1.00 | SYRSI101292 | TE | 972464005 | | 4.00 | 124.00 |
| 50 | 1.00 | CS | 1.00 | /SYR W/NDLE,S/ MDT211218XXLI /SLIPPER,SINGLE | | 972464005 | | 1.95 | 31.95 |
| 60 | 1.00 | cs | 1.00 | DYND80347 | | 972464005 | | i.39 | 25.39 |
| 70 | 1.00 | CS | 1.00 | Washbasin,reo Msc095060 Wash,shampoo | | 972464005 | 29 | .69 | 29.69 |

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DELAWARE PARTNERSHIP, AND MEDICAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE

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Bill To:

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

REMITTANCE stomer # 1840760

 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



www.medline.com

| Customer PO # | | 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

| SALI | 35 REP # | SALES | ORDER # | | CARRIER | FRE | BOHT TERMS | CUSTOMER # | CURRENCY | AMOUNT DUE |
|------------|-----------|-------|---------|-------------|---------------------------|------------|---------------|-----------------|----------|------------|
| 7 | 721 | 7158 | 96810 | | MEDTRANS | | MEDLINE | 1840760 | USD | \$0.00 |
| LINE NO | ORDE | R QTY | UM | INVOICE QTY | ITEM NO. / DESCRIPTION | CODE | DELIVERY # | UNIT | FICE | AMOUNT |
| | | | | | | | 10 1 1 | , w 144, 1 2 00 | | |
| 20 | | 6.00 | BX | 6.00 | SWD850310Z | TE | 972840424 | 1 | 5.95 | 95.70 |
| | | | | | /NEEDLE, SAFETY | , 23G X | 1, MAGELLAN | 4 | | |
| HCPC | S Code #: | A4216 | 5 | | | | | | | |
| 30 | | 4.00 | BX | 4.00 | ULT101253Z | TE | 972840424 | 2 | 25.88 | 103.52 |
| | | | | | /SYRINGE, SAFET | Y,TB,250 | X5/8",1ML | | | |
| 40 | | 2.00 | BT | 2.00 | OTC18992 | TE | 972840424 | _ | 3.20 | 66.40 |
| | | | | | /PRESERVISION | AREDS-2 | VITAMIN SG | 120/BT | | |
| 50 | | 2.00 | CS | 2.00 | NON042001 | | 972840424 | | 9.10 | 18.20 |
| | | | | | /SPOON,PLASTIC | ,WHITE, E | BULK,STD WT, | 5.5" | | |
| 60 | | 1.00 | CS | 1.00 | UROECLIPSE | | 972840424 | | 00.8 | 108.00 |
| | | | | | /COVERED BAG, | DRAIN,AI | VTI-REFLUX TO | DW,2000ML | | |
| 70 | | 1.00 | CS | 1.00 | SYRSI101292 | TE | 972840424 | 12 | 4.00 | 124.00 |
| | | | | | /SYR W/NDLE,SA | AFETY, INS | SLN,1ML,29GX | 0.5" | | |
| 80 | | 1.00 | CS | 1.00 | MDT211218XXLI | | 972840424 | 3 | 1.95 | 31.95 |
| | | | | | /SLIPPER, SINGLE | TREAD, | BRAY,XXL | | | |
| 90 | | 4.00 | BT | 4.00 | OTC66016 | TE | 972840424 | | 5.02 | 20.08 |
| | | | | | /GUAIFENESIN 1 | DOMG+ D | M 10MG SYR | 160Z | | |

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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

Page 1 / 3 / 6 4



INVOICE

| Customer PO # | Invoice Date | Impoine 4 |
|----------------|--------------|------------|
| central supply | 10/30/2019 | 1114ORGE W |

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

| GROSS | TAX AMOUNT | | |
|----------|------------|---------|------------|
| | AN AMOUNT | FREIGHT | TOTAL |
| 1,845.30 | 79.31 | | IOIAL |
| | 78.31 | 0.00 | \$1,924.61 |

* Code

TE - Tax Exempt

C - Customer Freight



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

| | | GROSS 464.75 | | TAX AMC | UNT 2.54 | | 9.00 | TOTAL \$497.29 |
|------------|-------------|------------------------|-----------------------|-------------|---------------------------|-------------|----------|-------------------|
| 0 | 5.00 CS | 5.00 | MG3002 /GLOVE,EXAN | M,NITRILE,M | 972562307 G ES, 300, M | 9 | 2.95 | 464.75 |
| INE ORDE | PR QTY LUM | INVOICE QTY | DESCRIPTION | CODE | DELVERY # | UNIT | PRICE | \$0.00 |
| | | MEDTRANS | MEDITRANS MEDITINE | | 1840760 | 1840760 USD | | |
| SALPS REP# | SALES ORDER | # | CARRIER | FR | EGHT TERMS | CUSTOMER # | CURRENCY | AMOUNT DUE |

* Code

TE - Tax Exempt

C - Customer Freight

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 Invoice #
 1891542270

 Invoice Date
 10/30/2019

 Sales Rep #
 721

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 Amount Due
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Page 1 / 1/66