SRC NORTON SNF, LLC

One Charles River Place
63 Kendrick Street
Needham, MA 02494
Tel: (781) 707-9030
Jonathan Scharf, Associate General Counsel
jscharf@wingatehealthcare.com

November 18, 2020

VIA OVERNIGHT DELIVERY

Mr. Stephen Davis
Long Term Care Closure Coordinator
Massachusetts Department of Public Health
67 Forest Street
Marlborough, MA 01752

RE: Notice of Intent to Close: Wingate at Norton

Dear Mr. Davis:

Please accept this Notice of our intent to cease operations and close our skilled nursing facility, Wingate at Norton (the "Facility"), located at 184 Mansfield Avenue, Norton, MA 02766 on March 19, 2021 due to ongoing low occupancy concerns and the difficult labor market conditions. Attached please find our draft Closure and Relocation Plan (the "Closure Plan").

Copies of this Notice and draft Closure Plan are being sent simultaneously to the following:

1. Each resident of the Facility and where applicable, each resident's Legal Representative;
2. The designated family member of each resident;
3. Each resident's primary care physician
4. The Facility's resident council;
5. Each staff member of the Facility;
6. The office of the State Long Term Care Ombudsman;
7. The office of the Local Long Term Care Ombudsman;
8. The members of the General Court who represent the Town of Norton; and
9. A representative of the local officials of the Town of Norton.

Please note that the Facility does not have a family council, nor do they have a labor organization representing its workforce at this time.

The Licensee will work with the Massachusetts Department of Public Health to schedule a public hearing on the proposed closure, which shall be scheduled at least 90 days prior to the proposed closure date at a location accessible to residents, family members and facility staff. Once scheduled, the Notice of Public Hearing will be distributed to all interested parties, and also posted at the Facility. Written comments concerning the proposed

closure and the draft closure plan may be submitted to the Department of Public Health, Division of Health Care Facility Licensure and Certification, Attn: Closure Coordinator, 67 Forest Street, Marlborough, MA 01752 through the period up to and including the date of the hearing.

A letter will also be sent to MassHealth and CMS requesting the voluntary withdrawal from the Medicaid and Medicare program, effective upon the completion of the proposed closure.

Copies of the draft Closure Plan will be posted in the Facility. Copies may also be obtained by contacting Rodney Gonsalves, Vice President & Regional Director of Operations at 401-230-3129 or at rgonsalves@wingatesrc.com. Interested parties may file comments on the proposed closure and the draft Closure Plan with the Facility or the Massachusetts Department of Public Health up until the date of the public hearing.

Residents or their legal representatives, family members, staff or other interested parties may also contact Mr. Gonsalves if they have any questions about the proposed closure.

If you or your staff require any additional information or have any questions, please do not hesitate to contact me directly at 781-707-9030.

Very truly yours,

SRC NORTON SNF, LLC

by: Jonathan Scharf
Its: Associate General Counsel

DRAFT

NURSING HOME
CLOSURE AND RELOCATION PLAN

INTRODUCTION - NOTICE OF INTENT TO CLOSE

This Closure and Relocation Plan (the "Closure Plan") is being submitted by SRC Norton SNF, LLC (the "Licensee") to the Department of Public Health (the "Department") for its approval, following a decision to voluntarily close a skilled nursing Facility licensed under Massachusetts General Laws Chapter 111, section 71:

Facility Name:	**Wingate at Norton**
Facility License #:	0570
Facility Address:	184 Mansfield Avenue Norton, MA 02766
Closure Date:	**March 19, 2021**
Resident Census:	**73 as of November 18, 2020**

8 Medicare
48 Medicaid
2 Medicaid pending
3 Private pay
8 Hospice
3 Managed Care

A Notice of Intent to Close the Facility was filed with the Department on November 19, 2020. **(See Attachment 1 Notice of Intent to Close)**. An admissions freeze will go into effect prior to January 19, 2021, 60 days prior to closure.

This Closure Plan is developed in accord with the Department and MassHealth regulations, the MassHealth Relocation Guidelines for Health Care Facilities and the DPH Emergency Patient Relocation Plan.

The underlying objective of this Closure Plan is to ensure a safe, orderly and clinically appropriate transfer of each and every resident with a minimum of stress for residents, family and Facility staff. This objective shall be accomplished in as expeditious a manner as possible under the circumstances. All time frames contained within this Closure Plan are reasonable approximations.

The Licensee understands that it is responsible for accomplishing the safe and orderly closure of the Facility and for assuring that residents receive appropriate care pending the closure. The Licensee is designating a coordinator for the closure, who shall also serve as the primary contact between the Facility and the Department, and other state agencies as appropriate. The Licensee understands that abandonment of the Licensee's ongoing responsibility to provide care and services during the closure may result in actions against the Licensee, and the closure coordinator.

Facility Closure Coordinator: **Rodney Gonsalves**
VP & Regional Director of Operations

Telephone Number: 401-230-3129 Fax Number: 508-285-7745

This Closure Plan is organized into the following seven areas of activity which roughly correspond to the chronological process for relocating residents of long term care facilities:

1. Notification Requirements
2. Resident Assessments
3. Family Meetings
4. Staff Meetings
5. Bed Search and Match with Residents
6. Public Hearing
7. Admissions Freeze
8. Resident Relocation
9. Implementation and Coordination

Simultaneous with the filing of the Notice of Intent to Close, a Notice of Withdrawal from the Medicaid Program, effective upon closure, was filed with MassHealth, Attention Medicaid LTC Facility Withdrawal, 600 Washington Street, 5th floor, Boston, MA 02111.

This Closure Plan will serve as the Facility's notice of voluntary withdrawal from the Medicare program, to become effective on the date the last resident is discharged from the Facility.

PART 1 - NOTIFICATION REQUIREMENTS

MassHealth. The Facility shall contact the Long Term Care Division of MassHealth to request their assistance in initiating the closure of the Facility.

Employees. The Facility shall notify all staff of the impending closure and of the procedure and time frames contained in the Closure Plan.

Residents. Each resident (and his or her designated family member and /or legal representative) shall be immediately notified, orally and in writing, by the Facility management of the impending closure, in accordance with applicable state and federal laws relating to resident notifications. The Notice of Intent to Close, and this draft Closure Plan

shall be distributed to all such parties. **(See Attachment 2 Sample Letter Notice to Resident/Family Member/ Legal Representative**).

Physicians and Other Healthcare Providers: Each resident's attending physician and other care givers (e.g., dentists, podiatrists, mental health service providers and other consultants) shall be notified in writing by the Facility of the impending closure. **(See Attachment 3 Sample Letter Notice to Attending Physicians).** Following relocation of each resident, all affected caregivers shall be notified of the date and location of the resident.

Pharmacy Transport Services. The Facility's pharmacy and transport service providers shall also be notified and informed of their respective roles in the closure.

Notice of Right to Appeal Discharge: Notice of the resident's right to appeal discharge under Federal law will be distributed at least 30 days in advance of any discharge. **(See Attachment 4 Notice of Right to Appeal)** once a specific relocation decision has been made. However, should a resident wish to be relocated sooner in order to take advantage of an available bed in another Facility, the Facility will not be constrained by the advance notice requirements.

PART 2 - RESIDENT ASSESSMENTS

The following types of assessments shall be done:

Pre-admission Screening: A pre-admission screening, referred to as a PASSAR screening, will be done for any individual placed in a certified nursing Facility, and for Community Support Facilities or rest homes that have community support residents under the auspices of the Department of Mental Health or the Department of Developmental Services. See 42 USC s.1396 r (e) (7) (A). This screening serves to determine whether individuals need specialized mental health or developmental disability services other than what may be offered in a Facility.

The pre-admission screening shall be performed by the appropriate contract agencies. The Division of Medical Assistance will facilitate the PASSAR screening process with the Department of Mental Health and the Department of Developmental Services or their contracted agents, as appropriate.

Medicaid Coverage Determination: Pursuant to 106 CMR 456.251 et seq., the Facility shall complete appropriate assessments of all residents and shall document such assessments on the appropriate forms. These forms will be made available to the Facility by MassHealth during the initial site visit. These long-term care assessment forms will be reviewed by MassHealth staff for the purpose of determining the medical eligibility of residents for continued Medicaid coverage.

Medical and Social Assessment: Each resident shall be assessed by nurses and social workers from the Facility, with assistance from the Department and MassHealth as appropriate to identify specific needs, including the need for guardianship that must be

considered in finding an appropriate new bed or alternative service. This assessment shall consider the resident's medical needs, family and social ties and other significant factors.

PART 3 - FAMILY MEETINGS

Wingate at Norton will proceed with consideration of safety and being mindful of the COVID pandemic, all required notifications with residents/families/responsible parties will be completed but with modifications for safety. In lieu of a Resident and Family Meeting, each resident and/or family/responsible party will be notified verbally and in writing on an individual basis within 24 hours of DPH receiving the closure package. Additionally, a video meeting will be made available for those interested in joining a virtual group meeting within 5 days of DPH receipt of the closure package. At this time, we will discuss the closure process, relocation and specific plans to be formulated for each resident and steps the Facility will undertake to ensure the appropriate transfer or discharge of each resident. Subsequent phone conferences or virtual meetings will be scheduled at times to accommodate the availability of family members. At these meetings, resident needs, the possibility of alternative placements and resident and family preferences shall be discussed. The options and responsibilities shall be determined. The involvement of family and guardians is essential to assuring successful placements for residents and to assure residents' rights are protected in accordance with 42 USC s. 1395I – 3 (e) (3) and 42 USC s. 139 r (e) (3). See also 105 CMR 153.023 (A) (2).

PART 4 – STAFF MEETINGS

Staff meetings and individual conferences with staff members shall be conducted in order to facilitate their transition to a new employer with minimum disruption. Opportunities at other Wingate skilled nursing facilities will be identified and staff will be encouraged to transfer. The Facility will assure appropriate staff coverage throughout the closure process.

PART 5 - BED SEARCH AND MATCH WITH RESIDENTS

The Facility staff shall contact long term care facilities in the area and notify them of the impending closure and need for beds. The MassHealth and DPH criteria specify that an appropriate bed be found within a 25-mile radius of the Facility and /or resident's family and friends. See 105 CMR 153.023 (A) (3). To the extent that a resident has a special need to be met or there are other family considerations or beds within the 25-mile radius have been exhausted, a bed search in other areas will be authorized and initiated.

Upon finding beds, Facility staff shall match available beds with residents to arrange for the best accommodation in terms of location, services and psychosocial needs. To the extent possible, residents and /or their families shall be given an opportunity to participate in this process and to visit a suggested Facility to determine whether it is acceptable

The Facility staff shall identify and contact appropriate transportation services to be used by the Facility to transfer residents and shall establish whether the services have the capacity to handle the projected volume and timetable for relocation. Appropriate transportation arrangements shall be provided for each resident.

Facility will consult with each resident or legal representative and, with the resident's consent, interested family members regarding placement options and the placement process being considered. Once a placement is determined, the resident and family shall be notified in writing by the Facility of the proposed relocation and of their right to appeal such proposed relocation under 42 USC 1395I-3 (e) (3) and 42 USC 1396 r (e) (3). **(See Attachment 4 Notice of Right to Appeal)**.

PART 6 – PUBLIC HEARING:

The Licensee will work with the Massachusetts Department of Public Health to schedule a public hearing on the proposed closure, which shall be scheduled at least 90 days prior to the proposed closure date. Wingate at Norton will work closely with the Massachusetts Department of Public Health to be mindful of the restrictions during the COVID pandemic and will modify as needed. Will provide appropriate opportunity for the public to be heard.

PART 7 - ADMISSION FREEZE:

Prior to January 19, 2021 (60 days prior to closure), the Facility will voluntarily freeze all new admissions. This admission freeze shall not apply to Facility residents who are hospitalized and wish to return to the Facility, and are expected to be able to safely return to the Facility prior to the Closure Date. If a resident is hospitalized and able to be returned to the Facility, the Facility shall continue to plan for and coordinate the discharge of the resident to a suitable location.

The Facility has attached to the copy of this Closure Plan filed with the Department, a roster of all Facility residents as of November 18, 2020. **(See Attachment 5 Resident Roster**), including those residents hospitalized but expected to return to the Facility prior to the Closure Date. Due to HIPAA regulations, the roster will be omitted from copies of this Closure Plan being sent to interested parties.

PART 8 - RESIDENT RELOCATION

No more than five residents per day will be transferred without prior written approval by the Department.

Residents will be transferred to receiving facilities in an orderly fashion.

As necessary, appropriate psychological preparation and counseling for each resident shall be provided by the Facility to minimize the impact of the closure on residents and facilitate the residents' adjustment to their new environment.

Measures shall be taken to transfer the following along with each resident:

Medical Records: At a minimum, the facility will complete the Universal Transfer form and send resident's discharge summary completed by the doctor, a copy of the MOLST, HCP, guardianship, Power of Attorney (if applicable), copies of recent lab values and three months of doctor's progress notes.

Medications: The Facility shall account for resident medications and transfer them with the resident. Any medications not transferred with the residents shall be destroyed in accord with all applicable laws and regulations and appropriate records maintained of such destruction. Such records will be reviewed by the Department on its closure visit to the Facility. If a closure visit is not conducted, the Facility will provide a written account to the Department of medications transferred and destroyed and shall account for all medications previously maintained by the Facility.

Resident Belongings: The resident's personal belongings (clothing, furnishings, etc.) shall be identified and transferred with the resident by the Facility. The resident's personal belongings may be transferred by family members if the resident and the family so desire.

Resident Funds: Funds in each resident's personal needs account shall be transferred for the benefit of the resident.

Social Security Information: The Facility shall complete and mail, on behalf of each resident transferred, a Social Security change of address form. In addition, a SC-1 form shall be completed for each transferred resident and mailed to the Regional Mass Health Enrollment Center, Long Term Care Unit.

Nursing Homes – Medicare Requirements for Certification: The Facility shall complete and successfully transmit MDS documents for all residents including final discharge assessments.

PART 9 - IMPLEMENTATION & COORDINATION:

Implementation of this plan shall be the responsibility of the Facility.

The Facility shall notify the Department, in writing, of proposed changes in the Closure Plan and obtain the Department's approval of such changes prior to effectuating them.

Records Storage: With respect to records not transferred with residents, and closed records, the licensee has provided for the storage of such records for a period of 5 years as follows:

Records Storage Site: **Iron Mountain Storage**
Street Address: One Federal Street
City/Town: Boston, MA 02110

Records may be accessed if needed by contacting the person below, who will arrange for access:

Person to Contact: **Maureen S. Brinn**
Address: **63 Kendrick Street, Needham, MA 02494**
Telephone Number: **781-707-9085**

Facility Reports to the Department: The Facility shall keep the Department informed of the progress of the closure on a weekly basis. As a part of keeping the Department

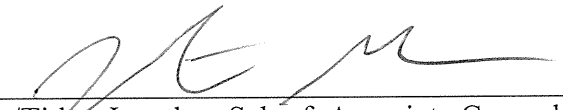
informed, the Facility will submit reports twice weekly, on Tuesday and Friday, beginning immediately after the submission of the closure plan for approval, detailing the status of each resident in the format specified in (**See Attachment 5 Resident Roster**, and including other information as appropriate.

Monitoring and Closure Visits: The Facility acknowledges that the Department may conduct monitoring visits and a final closure visit at the discretion of the Department, and agrees to cooperate fully.

Final Closure Visit: The Facility shall submit a final closure report and final resident roster detailing where all residents were transferred at the time the last resident is transferred or discharged. In order to prepare for the final closure visit, the Facility shall make available: (1) a list of all the residents transferred, the facilities to which they were transferred, and the medication which accompanied them; (2) medication disposal records; (3) patient funds accounting records; (4) verification of the successful transmission of the MDS documents; (4) a list of all nurse aides trained by the Facility in a state-approved nurse aide training program after July 1, 1989, and (5) the location where records will be stored with the name, address and telephone number of the individual responsible for the safekeeping of such records. The licensee is responsible for returning the original license to the Department after the closure visit.

Date Plan Submitted: November 19, 2020

Signature:



Name/Title: Jonathan Scharf, Associate General Counsel

Attachments:

1. Notice of Intent to Close
2. Sample Letter- Notice to Resident/Family Member/ Legal Representative
3. Sample Letter- Notice to Attending Physicians
4. Notice of Right to Appeal
5 Resident Roster (to be submitted with plan, and twice weekly after plan approval)

DPH REVIEW AND APPROVAL/DISAPPROVAL

Date Plan Received by DPH:_____

Evaluated By: _____ Date: ___/___/___

Approved:____ Denied:____. Comments: _____

Reviewed By: _____ Date: ___/___/___

Approved:____ Denied:____. Comments: _____

ATTACHMENT 1

Notice of Intent to Close

SRC NORTON SNF, LLC

One Charles River Place
63 Kendrick Street
Needham, MA 02494
Tel: (781) 707-9030
Jonathan Scharf, Associate General Counsel
jscharf@wingatehealthcare.com

November 18, 2020

VIA OVERNIGHT DELIVERY

Mr. Stephen Davis
Long Term Care Closure Coordinator
Massachusetts Department of Public Health
67 Forest Street
Marlborough, MA 01752

RE: Notice of Intent to Close: Wingate at Norton

Dear Mr. Davis:

Please accept this Notice of our intent to cease operations and close our skilled nursing facility, Wingate at Norton (the "Facility"), located at 184 Mansfield Avenue, Norton, MA 02766 on March 19, 2021 due to ongoing low occupancy concerns and the difficult labor market conditions. Attached please find our draft Closure and Relocation Plan (the "Closure Plan").

Copies of this Notice and draft Closure Plan are being sent simultaneously to the following:

1. Each resident of the Facility and where applicable, each resident's Legal Representative;
2. The designated family member of each resident;
3. Each resident's primary care physician
4. The Facility's resident council;
5. Each staff member of the Facility;
6. The office of the State Long Term Care Ombudsman;
7. The office of the Local Long Term Care Ombudsman;
8. The members of the General Court who represent the Town of Norton; and
9. A representative of the local officials of the Town of Norton.

Please note that the Facility does not have a family council, nor do they have a labor organization representing its workforce at this time.

The Licensee will work with the Massachusetts Department of Public Health to schedule a public hearing on the proposed closure, which shall be scheduled at least 90 days prior to the proposed closure date at a location accessible to residents, family members and facility staff. Once scheduled, the Notice of Public Hearing will be distributed to all interested parties, and also posted at the Facility. Written comments concerning the proposed

closure and the draft closure plan may be submitted to the Department of Public Health, Division of Health Care Facility Licensure and Certification, Attn: Closure Coordinator, 67 Forest Street, Marlborough, MA 01752 through the period up to and including the date of the hearing.

A letter will also be sent to MassHealth and CMS requesting the voluntary withdrawal from the Medicaid and Medicare program, effective upon the completion of the proposed closure.

Copies of the draft Closure Plan will be posted in the Facility. Copies may also be obtained by contacting Rodney Gonsalves, Vice President & Regional Director of Operations at 401-230-3129 or at rgonsalves@wingatesrc.com. Interested parties may file comments on the proposed closure and the draft Closure Plan with the Facility or the Massachusetts Department of Public Health up until the date of the public hearing.

Residents or their legal representatives, family members, staff or other interested parties may also contact Mr. Gonsalves if they have any questions about the proposed closure.

If you or your staff require any additional information or have any questions, please do not hesitate to contact me directly at 781-707-9030.

Very truly yours,

SRC NORTON SNF, LLC

by: Jonathan Scharf
Its: Associate General Counsel

ATTACHMENT 2

Sample Letter- Notice to Resident / Family Member/ Legal Representative

184 Mansfield Avenue
Norton, MA 02766
Tel: (508) 285-7745

November 19, 2020

Dear (*Resident /Family Member /Legal Representative*):

We have some very important, but sad news today. This letter is to inform you of our decision to close the Skilled Nursing Facility, Wingate at Norton. We anticipate closing on or before March 19, 2021. If you are a short term patient and have a discharge plan to return home, you will simply continue to follow that plan. If you are a long term resident, we will assist you in locating a new care facility that will meet your needs. You will continue to receive all the same services you have been, without disruption, until you find alternative placement. As required under Massachusetts law, we have submitted a draft Closure and Relocation Plan to the Massachusetts Department of Public Health (DPH). Please see the copy of the Notice of Intent to Close, which is attached to this letter. A copy of the draft Closure and Relocation Plan will be posted in the facility and is attached to this letter. Copies may also be obtained by contacting me directly.

The closure process entails:

(1) Notification to you, your family or legal representative, your physician and other care givers
(2) Reassessment of your needs
(3) Finding an appropriate placement, and
(4) Arranging for your relocation along with all your belongings and appropriate clinical records

The closing of the facility will be done with a minimum of disruption and inconvenience to you and our other residents.

Wingate at Norton will proceed with consideration of safety and being mindful of the COVID pandemic, all required notifications with residents/families/responsible parties will be completed but with modifications for safety. In lieu of a Resident and Family Meeting, each resident and/or family/responsible party will be notified verbally and in writing on an individual basis within 24 hours of DPH receiving the closure package. Additionally, a video meeting will be made available for those interested in joining a virtual group meeting within 5 days of DPH receipt of the closure package.

The management of Wingate at Norton will be responsible for arranging your transfer to an appropriate healthcare facility. In accordance with state law, we will work to find the most appropriate placement within a twenty-five mile radius of this home or your family. The choice of a new facility is yours to make and we will obtain your input in finding an appropriate healthcare

facility for you. If you wish to transfer within the Wingate Healthcare family, there are options very close, inclusive of Silver Lake/Kingston, Needham and Chestnut Hill.

There are state and federal laws that relate to the transfer or discharge of residents. We are required to inform you of a voluntary closure at least 120 days in advance of such closure. Of course, should you wish to move sooner because an opening is found in a nursing home or a rest home or other appropriate setting and you wish to take advantage of that opportunity, we will facilitate your discharge or transfer as early as you wish.

Again, please know this has been a very difficult decision and that we will do our best to make this transition a smooth one for each of you. If you have any questions about the closure process, you may call me at 401-230-3129.

Very truly yours,

Rodney Gonsalves
Vice President & Regional Director of Operations

ATTACHMENT 3

Sample Letter to Attending Physicians

WINGATE

184 Mansfield Avenue
Norton, MA 02766
508-285-7745

November 19, 2020

Dear (*name of physician*):

We have important, but sad news to share with you today. The very difficult decision has been made that Wingate at Norton will be closing on or before March 19, 2021. Our most important priority throughout the closure process is for continued quality care for our residents. The management of Wingate at Norton will need to coordinate with you to arrange for the relocation of your patients: (*name of residents*). We will not be changing the way we are currently providing care or services. We want a seamless transition for our residents. We will be freezing admissions immediately.

At this time, the management of Wingate at Norton is also notifying all residents and families of the impending closure. Our staff will be evaluating each resident's medical and social needs and the availability of long term care beds in the area to find an appropriate match. We will be contacting you very soon to solicit your input into this relocation effort.

The Massachusetts Department of Public Health has been notified of the impending closure and will be providing assistance in the resident relocation effort. We appreciate the care you have provided to our residents, we value our relationship with you, and we appreciate your support as we go through this very difficult time.

For information or assistance, you may contact me at 401-230-3129..

Very truly yours,

Rodney Gonsalves
Vice President & Regional Director of Operations

ATTACHMENT 4

Notice of Right to Appeal

30 Day Appeal Notice to Resident Transfer / Discharge

Dear (*Resident/ Family Member/ or Legal Representative*):

This letter is to inform you that Wingate at Norton will be (*transferring or discharging*) you on (*date*). We are (*transferring or discharging*) you for the following reasons:

Arrangements have been made for you to be admitted to (*name of receiving Facility in the event of a transfer*).

-or-

You will be discharged to (*location*) and arrangements have been made for you to receive the following services after your discharge:

You have the right to appeal this decision. If you wish to appeal, you must put your request in writing and mail it to:

MassHealth Board of Hearings
Office of Medicaid
100 Hancock Street, 6th Floor
Quincy, MA 02171
Phone: 1-800-655-0338 or 617-847-1200
Fax: 617-847-1204

If you file an appeal within ten (10) days after receiving this notice, you will not be transferred or discharged until after a decision has been made regarding your appeal.

For additional information or assistance, you may also contact the **State Long Term Care Ombudsman** at One Ashburton Place, Boston, MA 02180, (617) 727-7750 or (800) 882-2003.

For developmentally disabled or mentally ill residents add either:

Disability Law Center, 11 Beacon Street, Suite 925, Boston, MA 02180, (617) 723-8455 / (800) 872-9992 Voice, 617) 227-9464 / (800) 381-0577 TTY, (617) 723-9125 Fax; or 32 Industrial Drive East, Northampton, Massachusetts, 01060, (413) 584-6337 / (800) 222-5619 Voice, (413) 582-6919 TTY, (413) 584-2976 Fax.

The Center for Public Representation, 22 Green Street, Northampton, MA 01060, (413) 586-6024 or 246 Walnut Street, Newton, MA 02158, (617) 965-0776.

If you have any questions about this notice, please contact (name of appropriate Facility staff member).

Very truly yours,

Rodney Gonsalves
Vice President & Regional
Director of Operations

ATTACHMENT 5

Resident Roster

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under separate Cover