OKLAHOMA
State Department
of Health

Delivery via email to: frank.gscheidle@legendseniorliving.com

March 3, 2025

License Number: AL5548

Ms. Kimberly Saggese, Administrator
Legend Of Edmond
17701 North Western Avenue
Edmond, OK 73012

RE: Survey Event ID: KJSJ11

Dear Ms. Saggese:

On **February 14, 2025**, agents from our office concluded a State Licensure survey with a complete investigation at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **February 14, 2025**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: http://www.ok.gov/health. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care.** The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Legend of Edmond
Address: 17701 N Western
City, State, Zip: Edmond, OK 73012
Provider #: AL5548
Complaint #: OK00076344
Investigation Date(s): 2/13/25-2/14/25

ALLEGATION(S)
enter text
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 02/13/2025 at 09:45 a.m.

A sample of 101 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:
All sampled residents apartments had adequate running water. Kitchen, bathrooms, common areas all with running water. Record review of maintenance logs and invoice provided by facility for plumbing company, shows a pipe broke and water had to be shut off to fix the breakage. Repair was made same day as breakage happened. In an interview with resident #3 on 2/13/25 at 13:40pm she reports facility was without water “for a short time” and facility provided bottled water for any water needs. In an interview with Director of Nursing, Frank Gscheidle, he reports facility was without water for “6 hours” In an interview with Maintenance Director Bryan Melton, he reports “less than 8 hours” without water.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 02/14/2025

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5548	A. BUILDING: _____ B. WING _____	C 02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGEND OF EDMOND	17701 NORTH WESTERN AVENUE EDMOND, OK 73012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	INITIAL COMMENTS A relicensure survey was conducted from 02/13/25 through 02/14/25. A complaint investigation (#OK00076344) was conducted in conjunction with the survey. Facility Census: 97	C 000		
C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the labeling of food items in the walk-in refrigerator and dry food storage area. The "Resident List", received 02/13/25, documented 97 residents resided in the facility. Findings: On 02/13/25 at 10:00 a.m., during an initial tour of the kitchen and food preparation area the following was observed in the walk-in refrigerator: a. an undated and unlabeled flat metal covered cookie sheet contained layers of raw bacon, b. an undated opened cardboard box of raw bacon, c. an unlabeled covered plastic container of chocolate pudding had a date of 2/10, d. an undated and unlabeled flat metal sheet pan with 17 covered single serve Styrofoam bowls of peaches,	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 391	Continued From page 1 e. two bags of undated and unlabeled raw potatoes, and f. multiple undated and unlabeled containers of salad dressings was observed on a metal utility cart. The following was observed in the dry food storage area: a. two opened half full bags of rewrapped pasta had a date of 9/9, b. an opened bag of corn meal was dated 11/17, c. an opened and undated half full gallon jug of Worcestershire sauce, d. an opened and undated three quarter full bottle of "Kitchen bouquet browning and seasoning," e. an opened and undated bag of rewrapped taco shells, and f. an opened and undated bottle of pineapple juice. An undated "Storage of Refrigerated and Dry Foods" policy, read in part, "Food being returned to storage after cooking or preparation must be covered"..."All containers must be labeled with the contents and date food item was placed in storage...Previously cooked foods can be held in refrigeration of 41 degrees F or lower for up to 7 days and then must be discarded"..."All dry foods must be dated and stored in a temperature controlled environment "..."There will be a rotation system for the storage of dry foods. New supplies are to be placed behind the old so that the old is used first." On 02/13/25 at 2:50 p.m., the chef was asked what the process/policy was for food storage in the walk-in refrigerator and dry food storage area. The chef stated, "To label and date everything."	C 391		

OKLAHOMA
State Department
of Health

Delivery via email to: Kimberly Saggese
<Kimberly.Saggese@legendseniorliving.com>

March 11, 2025

License Number: AL5548

Ms. Kimberly Saggese, Administrator
Legend Of Edmond
17701 North Western Avenue
Edmond, OK 73012

RE: Survey Event KJSJ11

Dear Ms. Saggese:

On **February 14, 2025**, a Licensure inspection with complaint investigation was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **February 17, 2025**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5548	A. BUILDING: _____ B. WING _____	C 02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGEND OF EDMOND	17701 NORTH WESTERN AVENUE EDMOND, OK 73012

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C 000	INITIAL COMMENTS A relicensure survey was conducted from 02/13/25 through 02/14/25. A complaint investigation (#OK00076344) was conducted in conjunction with the survey. Facility Census: 97	C 000	POC BEING SUBMITTED USING THE OPTIONAL TEMPLATE.	
C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the labeling of food items in the walk-in refrigerator and dry food storage area. The "Resident List", received 02/13/25, documented 97 residents resided in the facility. Findings: On 02/13/25 at 10:00 a.m., during an initial tour of the kitchen and food preparation area the following was observed in the walk-in refrigerator: a. an undated and unlabeled flat metal covered cookie sheet contained layers of raw bacon, b. an undated opened cardboard box of raw bacon, c. an unlabeled covered plastic container of chocolate pudding had a date of 2/10, d. an undated and unlabeled flat metal sheet pan with 17 covered single serve Styrofoam bowls of peaches,	C 391		

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	AL5548	A. BUILDING: _____ B. WING _____	C 02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGEND OF EDMOND	17701 NORTH WESTERN AVENUE EDMOND, OK 73012

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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 3/6/2025** **Facility Name:** Legend of Edmond **License Number:** AL5548 **Survey Event ID:** KJSJ11 **Date Survey Completed: 2/14/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C391	Based on: observation, record review, and interview, the facility failed to ensure the labeling of food items in the walk-in refrigerator and dry food storage area.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	On 2/13/2025 all items that were not labeled and dated were discarded.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All Residents who consume food from the kitchen have the potential to be affected.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	As of 2/14/2025 new ownership has begun and policies related to labeling have been reviewed, inserviced, and implemented.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	A monitoring tool has been created. Bi-weekly checks will occur for labeling compliance. On a monthly basis, these tools and corrective actions will be submitted to the QAPI committee. QAPI committee will maintain these tools and continue oversight until compliance is achieved.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	2/17/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required	**Date 3/7/2025**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

EMPLOYEE TRAINING/ STAFF SIGN-IN SHEET

TOPIC: LABELING

PRESENTER: KIM GALLOSO NHA

DATE: 2/14/2025

TIME:

EMPLOYEE NAME (print)	EMPLOYEE SIGNATURE
Tanae Jones	Tanae Jones
Curtis Johnson	Curtis
Kaniah Easton	Kaniah Easton
Stanley E. Abernathy JR	Stanley E. Abernathy Jr.
Trell Dunn	Trell Dunn
Cory Elliott	Cory Elliott

LEGEND SENIOR LIVING	06-01-0063P LEFTOVERS AND PREPARED FOODS		
	Dining Services Policy	Eff. Date: 03/18/2014	Pg. 1 of 1

PURPOSE: To establish the guidelines for the safe handling of leftovers and prepared foods.

SCOPE: This policy applies to all senior living residences managed by Legend Senior Living™.

POLICY: All leftovers and prepared foods will be stored according to accepted food safety standards.

PROCEDURE:

I. Store all prepared foods in a container, cover with an airtight lid or cellophane, and label the container with the type of food and the date. If prepared food is to be frozen, wrap the product in cellophane. Then wrap the product in freezer paper and label and date the item with freezer tape.

II. Handle foods to be frozen as little as possible to avoid spreading bacteria. Freezing does not kill bacteria; it simply stops their growth. The bacteria continue to multiply after the food is thawed.

III. Leftover foods that have not been frozen must be discarded after THREE days if not used. Do NOT rely on reheating to make leftovers safe. Staph bacteria produce a toxin that is not destroyed by heating. If the odor or color of any food is poor or questionable, do not taste it. Throw the food out. Leftovers may not be given to staff to take home due to safety reasons.

IV. Food that has been served MUST be discarded (it cannot be handled as a leftover). The only exception is that unopened, individually wrapped and sealed packages of food may be re- served. Examples of such products include sealed crackers and unopened jelly containers.

V. All leftovers, whether refrigerated or frozen, MUST be heated to at least 165 ° F for at least 15 seconds.

VI. Leftovers may not be given to staff to take home due to safety reasons.

Associated forms:

PURPOSE: To provide for the safe storage of foods and supplies.

SCOPE: This policy applies to all senior living residences managed by Legend Senior Living™.

POLICY: Products should be put away as soon as possible after they are received.

PROCEDURE:

I. If any frozen products have been purchased in a larger quantity than is needed:
   - Divide the product into appropriate quantities for later use.
   - Wrap the product in freezer paper and freezer tape.
   - Label the item with a description of the product and the date it was wrapped/placed in the freezer.

II. All food must be stored at proper temperatures, as 90% of all food borne disease outbreaks occurs because food has been stored at improper temperatures. Perishable foods must be stored below 40° F. Foods considered perishable are those that contain animal proteins or other foods that support the rapid growth of bacteria.

III. The following are potentially hazardous foods if not cooked, held or served at proper temperatures:
   - Milk and milk products
   - Eggs
   - Shellfish, fish, poultry and other meat products

IV. Certain perishable foods may not be stored where they will maintain a temperature of 40° F to 140° F for more than 1 hour.
   - This danger zone (between 40° F to 140° F) will allow bacteria, if present, to multiply. Storing food at these temperatures will also permit poisons to form, and these poisons may cause illnesses. To grow rapidly, bacteria need food, moisture and the proper temperature. Thus, the growth of bacteria can be halted by controlling the temperature.
   - All perishable items should be stored either in refrigerators with temperatures of 40° F or below or in freezers with temperatures of 0° F or below.

V. Wrap, cover or seal all refrigerated foods and label with the preparation date.

VI. Never use aluminum foil or similar material to cover refrigerator shelves. This prevents air from circulating properly, so that all areas will not cool properly and spoilage may result.

VII. Frozen foods should be stored in freezers with temperatures of 0° F or below (freezer thermometers should be used to ensure appropriate temperatures are maintained).
   - Keep all frozen foods tightly wrapped in their original packaging or in moisture-proof packaging.
   - Never thaw frozen foods at room temperature, as this will allow bacteria to grow.

- Put frozen foods in the refrigerator to thaw a day or two ahead or overnight.

VIII. As a backup to the built-in thermometers, an auxiliary thermometer should be used and positioned in the warmest part of the refrigerators and freezers, which is at the top close to where the door opens.

IX. Dry storage is appropriate for foods that are nonperishable, such as canned goods, flour, sugar, salt and dry cereals.

- These products must be protected and be stored off the floor, on a sealed base, on a wheeled platform, or on shelving which is at least eight inches off the floor.
- Dry storage areas should be maintained at temperatures between 40° F and 70° F (preferably in the lower range).
- Once opened, foods which have been stored in dry storage should either be refrigerated (canned fruits, vegetables, gravy, etc.) or sealed in airtight containers and returned to dry storage (flour, dry cereal, cookies, pasta, etc.).

X. Store all similar products together so that counting inventory is more efficient. For example, all canned fruit should be stored in the same location, with all peaches together and all pears together, etc.

XI. When placing products in storage, put the new inventory behind those already on the shelf, so that the older stock is used first. Rotating food products in this way will ensure that no products become outdated. Dry products and canned goods should be dated upon receipt using a permanent marker or date stamp to assist with identifying older items that should be used first.

XII. Store all products with the heaviest items on the bottom and the lightest items on the top. Make sure that products are stored securely and are not likely to fall.

XIII. Food should not be stored on the floor of the refrigerator or freezer. Potentially hazardous foods, such as eggs or thawing meat, MUST be stored on the bottom shelf of the refrigerator.

XIV. Follow these additional guidelines in the storage of food products:

- Tin Cans. After opening a tin can containing acidic food (such as tomatoes), remove any leftover product and store it in an airtight container. The acid in the food may react with the metal in the can in the presence of oxygen.
- If a commercially canned food shows any sign of spoilage - bulging can, leakage, spurting liquid, off-odor, or mold - return to vendor. Do not taste it.
- Nesting. When storing a container of food on top of another container of food, separate the two containers with a sanitary barrier, such as a cover.
- Scoops. Use a scoop or utensil with a handle to dispense ice or food. Do not use bowls, cups, or other items for dispensing. To store the scoop, place it so that the handle is not in contact with the ice or food. Scoops should not be stored in

the food product. Store the scoop in a manner that protects it from contamination, e.g. a plastic container.

OKLAHOMA
State Department
of Health

Delivery via email to: Kimberly Saggese <Kimberly.Saggese@legendseniorliving.com>; frank.gscheidle@legendseniorliving.com

March 14, 2025

License Number: AL5548

Ms. Kimberly Saggese, Administrator
Legend Of Edmond
17701 North Western Avenue
Edmond, OK 73012

RE: Survey Event KJSJ12

Dear Ms. Saggese:

On **March 14, 2025,** an offsite/paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey with complaint investigations on **February 14, 2025,** have now been corrected effective **February 17, 2025.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5548	A. BUILDING: _____ B. WING _____	R-C 03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGEND OF EDMOND	17701 NORTH WESTERN AVENUE EDMOND, OK 73012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 03/14/25. The facility was in substantial compliance.	{C 000}		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE