OKLAHOMA
State Department
of Health

Delivery via email to: jamarus.johnson@jasmineestatesokc.com

July 20, 2026

License Number: AL5598

Jamarus Johnson
Jasmine Estates Of Edmond
1001 S Bryant Ave
Edmond, OK 73034

Survey Event ID: 243L11

Dear Mr. Johnson:

On **July 2, 2026, representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.**

The deficiencies cited resulted in ***(Level A)** deficiencies representing the potential for no more than minimal harm. *******(Level B)** deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. ******(only use on level B)** Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the 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. 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 will be completed for each violation; and

(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 a 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,

Malinda Perry

Malinda Perry, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Jasmine Estates of Edmond
Address: 1001 S Bryant
City, State, Zip: Edmond, OK 73034
Provider #: AL5598
Complaint #: OK00091849
Investigation Date(s): 07/02/26

ALLEGATION(S)
The facility failed to ensure adequate supervision to prevent an elopement.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 07/02/2026 at 8:30 a.m.

A sample of 3 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: Observations of residents' physical appearance and any behaviors, staff to resident ratio, staff to resident interaction and supervision, external doors, and the center's environment were made. Records of incident reports, residents' health charts, physician orders, nurse's notes, care plans, assessments, staff training, staff time clock entries and schedules, and center policies were reviewed. Interviews with residents, families, and staff were conducted.

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: 07/02/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5598	A. BUILDING: _____ B. WING _____	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

(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 complaint investigation (#OK00091849) was conducted on 07/02/26. Deficiencies were cited. Facility Census: 47 Listed below are abbreviations that will be used throughout this document. CMA - certified medication aide CNA - certified nursing aide DON - director of nursing	C 000		
C1512 SS=D	310:663-15-1 & 63 OS 1-1918(B)(12) RESIDENT RIGHTS - Abuse/Neglect Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(12) (12) Every resident shall be free from mental and physical abuse and neglect, as such terms are defined in Section 10-103 of Title 43A of the Oklahoma Statues, corporal punishment, involuntary seclusion, and from any physical and chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms, except those restraints authorized in writing by a physician for a specified period of time or as are necessitated by an emergency where the restraint may only be applied by a physician, qualified licensed nurse or other personnel under the supervision of the physician who shall set forth in writing the circumstances requiring the use of restraint. Use of a chemical or physical restraint shall require the consultation of a physician within twenty-four (24) hours of such	C1512		

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C1512	Continued From page 1 emergency; Title 43A O.S. 10-103. Definitions 8. "Abuse" means causing or permitting: a. the infliction of physical pain, injury, sexual abuse, sexual exploitation, unreasonable restraint or confinement, or mental anguish, or b. the deprivation of nutrition, clothing, shelter, health care, or other care or services without which serious physical or mental injury is likely to occur to a vulnerable adult by a caretaker or other person providing services to a vulnerable adult; 10. "Neglect" means: a. the failure to provide protection for a vulnerable adult who is unable to protect his or her own interest, b. the failure to provide a vulnerable adult with adequate shelter, nutrition, health care, or clothing, or c. negligent acts or omissions that result in harm or the unreasonable risk of harm to a vulnerable adult through the action, inaction, or lack of supervision by a caretaker providing direct services; This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the center failed to provide adequate supervision to prevent an elopement for 1 (#1) of 3 sampled residents reviewed for elopement. The DON identified 47 residents resided in the facility. Findings: On 07/02/26 at 9:20 a.m., the center's	C1512		

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	AL5598	A. BUILDING: _____ B. WING _____	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

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C1512	Continued From page 2	C1512		

surveilence footage was reviewed. The following observations were made:

On 06/26/26 at 8:17 p.m., the video footage showed Resident #1 pushed on the front door and the door alarm sounded. Resident #1 walked away from the front door. There was no staff in the area of the front door.

On 06/26/26 at 8:18 p.m., the video footage showed Resident #1 pushed on the front door and the door opened. Resident #1 was observed exiting the building.

On 06/26/26 at 8:33 p.m., the video footage showed Resident #1 escorted by an off-duty staff member through the front door.

A policy titled "Missing Resident Elopement Prevention," undated, read in part, "Respond immediately to any door alarm."

A comprehensive assessment for Resident #1, dated 06/20/25, showed they had a diagnosis of dementia with agitation.

An incident report for Resident #1, dated 06/26/26, showed they were found by an off-duty staff member at 8:29 p.m. approximately one-tenth of a mile from the center speaking with police. The report showed no injuries.

A fifteen minute check document for Resident #1, dated 06/26/26, showed staff had visual contact with Resident #1 every 15 minutes for 72 hours. The document showed 15 minute checks ended on 06/30/26 at 12:00 a.m.

An in-service sign in sheet, dated 06/26/26, showed the administrator and DON educated all

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	AL5598	A. BUILDING: _____ B. WING _____	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

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C1512	Continued From page 3	C1512		

staff on elopement risk, policy, and protocols.

A nurse's note for Resident #1, dated 06/29/26, showed they were on continued observation for elopement and no injuries were observed.

A physician's order for Resident #1, dated 06/30/26, showed they were prescribed divalproex (a mood stabilizer) 125 milligrams twice daily for agitation.

An elopement risk assessment for Resident #1, dated 06/30/26, showed they remained at a high risk of elopement.

On 07/02/26 at 9:07 a.m., Resident #1 stated, "I have a hard time remembering things and it's getting really awful." They stated they had lived at the center for "more than 20 minutes," and did not remember leaving the facility on 06/26/26.

On 07/02/26 at 9:20 a.m., CMA #4 stated they were not working during Resident #1's elopement, but the door alarm was very difficult to hear over noise levels in the center at times.

On 07/02/26 at 10:12 a.m., the DON stated, "The door alarm isn't as loud in the back as I'd like it to be." They stated that with the television, residents talking loudly, the housekeepers vacuuming, and being in apartments in the back of the building, it could be difficult to hear the door alarms.

On 07/02/26 at 11:40 a.m., the administrator stated at the time of Resident #1's elopement, staff were assisting residents in their apartments and could not hear the door alarm.

On 07/02/26 at 12:13 p.m., CNA #2 stated they were assisting a resident in their apartment

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	AL5598	A. BUILDING: _____ B. WING _____	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

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C1512	Continued From page 4 during Resident #1's elopement and did not hear the door alarm. CNA #2 stated they were not aware of the elopement until they exited the apartment they were in after assisting the resident. On 07/02/26 at 12:16 p.m., CMA #1 stated they were assisting a resident in their apartment during Resident #1's elopement and did not hear the door alarm.	C1512		

OKLAHOMA
State Department
of Health

Delivery via email to: jamarus.johnson@jasmineestatesokc.com

CORRECTED NOTICE

July 20, 2026

License Number: AL5598

Mr. Jamarus Johnson
Jasmine Estates Of Edmond
1001 S Bryant Ave
Edmond, OK 73034

Survey Event ID: 243L11

Dear Mr. Johnson:

On **July 2, 2026,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the 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.

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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 will be completed for each violation; and
(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 a 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: IDRCoordinator@health.ok.gov

or mail 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,

Tempal Killman

Tempal Killman, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department of Health

Delivery via email to: jamarus.johnson@jasmineestatesokc.com;

August 4, 2026

License Number: AL5598

Mr. Jamarus Johnson
Jasmine Estates of Edmond
1001 S Bryant Ave
Edmond, OK 73034

Survey Event ID: 243L11

Dear. Mr. Johnson:

On **July 2, 2026,** a complaint investigation was conducted at your Assisted Living Center. 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 **August 5, 2026**.

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,

Malinda Perry

Malinda Perry, Administrative Assistant
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 7/2/2026** **Facility Name:** Jasmine Estates of Edmond **License Number:** AL 5598 **Survey Event ID:** 234L11 **Date Survey Completed: 6/4/2026**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 1512	Based on: Observation, Record review and interview, the center failed to provide adequate supervision to prevent an elopement for 1 (#) of 3 sampled residents reviewed for elopement.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments:

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?	Resident #1 is currently in Geri psych unit. The Care plan will be updated when the resident returns to included elopement risk.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	The center will have sirens installed August 3rd 2026 on each hallway that will be connected to the front door. When the door is pushed open the alert will sound. A redirection sign will be placed on the interior of the door stating "Stop - Staff only at this point" q 30 min check for the door until the alarms are installed.
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?	The Adminstrator will inservice all staff on the alarm system by August 5th 2026. The administrator or designee will test the door 3x weekly for 6 weeks to insure the alarm is functioning correctly.
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.	The Quality Assurance team will review all inservices and any elopement attempts. The QA team will review the door testing at the Quarterly meeting.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	8/5/2026
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Jamarus Johnson** OAC 310:663-25-4(F)	**Date 7/30/2026**

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	7/30/2026	**Submitted by**	Jamarus Johnson

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.

OKLAHOMA
State Department of Health

Delivery via email to: jamarus.johnson@jasmineestatesokc.com; michelle.grigsby@jasmineestatesokc.com

August 24, 2026

License Number: AL5598

Mr. Jamarus Johnson
Jasmine Estates Of Edmond
1001 S Bryant Ave
Edmond, OK 73034

Survey Event ID: 1C5912

Dear Mr. Johnson
On **August 21, 2026,** a complaint revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on ***DATE OF FIRST SURVEY***, have now been corrected effective ****LATEST CORRECTION DATE ****.**

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

Respectfully,

Malinda Perry

Malinda Perry, Enforcement Analyst
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
	AL5598	A. BUILDING: _____ B. WING _____	R 08/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

(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 08/21/26. All deficiencies from the 06/04/26 survey were cleared.	{C 000}		

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