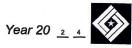
## OSHA's Form 300A (Rev. 01/2004)

## Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.



U.S. Department of Labor Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."					og. If you	Establishment Information
				. They also have limited access to the OSHA Fol or these forms.		Your establishment H4293 KINDRED FLAMINGO ARU
CASALLE WATER				urose joinis.		Street 2250 E FLAMINGO ROAD
Number of Cas	es		A COLUMN TO SERVICE			City LAS VEGAS State NV Zip 89119
Total number of deaths  (G)	Total number of cases with days away from work  (H)	Total number of cases with job transfer or restriction  (I)	Total number of other recordable cases  (J)			Industry description (e.g., Manufacture of motor truck trailers)  Specialty (except Psychiatric and Substance Abuse) Hospitals
Number of Days						Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
						OR 8 0 6 9
Total number of day away from work  0 (K)	- 100	al number of days of transfer or restriction				North American Industrial Classification (NAICS), if known (e.g., 336212)
(14)		(L)				6 2 2 3 1 0
Injury and Illnes	s Types		THE REAL PROPERTY.			Employment Information (if you don't have these figures, see the Worksheet on back of this page to continue)
Total number of (M)						Annual average number of employees16
(1) Injuries	0	(4) Poisonings				Total hours worked by all employees last year 25,904.1
(2) Skin disorders	0	(5) Hearing Loss				Sign here
(3) Respiratory condition	s <u>1</u>	(6) All other illnesse	S			Knowingly falsifying this document may result in a fine.
Post this Summary page from February 1 to April 30 of the year following the year covered by the form.						I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC, 20210. Do not send the completed forms to this office.						Robin Hage , Market CEO (302) 784-4300 0/28/202