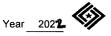
OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

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."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Record

Number of Cases Total number of Total number of Total number of cases Total number of deaths cases with days with job transfer or other recordable away from work restriction cases (G) (H) (1) (J) **Number of Days** Total number of Total number of days of days away from iob transfer or restriction Injury and Illness Types Total number of... (1) Injury (4) Poisoning (2) Skin Disorder (5) Hearing Loss (3) Respiratory Condition (6) All Other Illnesses

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210 Do not send the completed forms to this office.

Est	ablisi	ment information					
	Your establishment name Marquis Centennial Hills						
	Stree	Street 6351 N Ft. Apache Rd					
	City	Las Vegas		State	Nevada	89149	
	Industry description (e.g., Manufacture of motor truck trailers) Post Acute Rehab and Skilled Nursing Standard Industrial Classification (SIC), if known (e.g., SIC 3715)						
OR	North American Industrial Classification (NAICS), if known (e.g., 336212)						
Emp	oloym	ent information					
	Annua	al average number of e					
	Total year	hours worked by all em		214,435.50			
Sigr	here	•					
	Knowingly falsifying this document may result in a fine.						
	I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.						
		70 M				Administrator	
é		Company exe	ecutive			Title	
	702-5	15-3000 Phone				1/31/2023	
		Phone				Date	