Name of Facility

Exhibit F

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| ***No.*** | ***Resident Name*** | ***Pressure Sores*** | | | | | | | | | | | | | |
| ***Onset Date*** | | ***/ /2021***  ***Time:*** | | ***/ /2021***  ***Time:*** | | ***/ /2021***  ***Time:*** | | ***/ /2021***  ***Time:*** | | ***/ /2021***  ***Time:*** | | ***/ /2021***  ***Time:*** | |
| ***/ /2021*** | |
| ***Stage*** | ***Location*** | ***Stage*** | ***Location*** | ***Stage*** | ***Location*** | ***Stage*** | ***Location*** | ***Stage*** | ***Location*** | ***Stage*** | ***Location*** | ***Stage*** | ***Location*** |
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| **Facility Use** | | | | **Department of Public Health Use** | | | | | | | | | | | |