

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011

COUNTY: SHAWANO

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Assisted Living Facilities in Shawano County.

The report is a PDF (Adobe Acrobat) document and includes a total of 30 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Day Care Facility
COUNTY: SHAWANO

Facility Information

Facility Name: SHAWANO OLDER AMERICANS CLUB (0008554)
Address: 225 SOUTH MAIN STREET, SHAWANO, WI 54166
License Status: REGULAR
Licensed/Certified/Registered 03/16/1999
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107880 **End Date:** 01/27/2011 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #4EMY11 Served 02/04/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Adult Family Home
COUNTY: SHAWANO

Facility Information

Facility Name: PARK HOUSE (0009727)

Address: 1041 S PARK STREET, SHAWANO, WI 54166

License Status: REGULAR

Licensed/Certified/Registered 07/23/2002

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

Facility Information

Facility Name: AUTUMN LANE FAMILY CARE (0011590)

Address: 384 LYONS ROAD, BIRNAMWOOD, WI 54414

License Status: REGULAR

Licensed/Certified/Registered 03/01/2007

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0108945 **End Date:** 07/20/2011 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107220 **End Date:** 09/14/2010 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0105439 **End Date:** 12/01/2009 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SBO411 Served 01/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	08/19/2010	Yes

Survey ID: 0104135 **End Date:** 05/26/2009 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

Complaint History (AUTUMN LANE FAMILY CARE)

Date Complaint Received: 04/13/2011

Date Investigation Completed: 07/20/2011

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/08/2011

Date Investigation Completed: 07/20/2011

Subject Area(s)

RESIDENT RIGHTS
ABUSE
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/16/2010

Date Investigation Completed: 09/14/2010

Subject Area(s)

NUTRITION & FOOD SERVICES
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/10/2010

Date Investigation Completed: 08/26/2010

Subject Area(s)

ABUSE
PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/11/2009

Date Investigation Completed: 12/16/2009

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

Facility Information

Facility Name: BOHLMAN MANOR INC (0010931)

Address: 401 CENTER STREET, BIRNAMWOOD, WI 54414

License Status: REGULAR

Licensed/Certified/Registered 02/01/2006

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0106430 **End Date:** 05/26/2010 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Y9G311 Served 06/15/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

Complaint History (BOHLMAN MANOR INC)

Date Complaint Received: 01/11/2010

Date Investigation Completed: 05/26/2010

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

Facility Information

Facility Name: CADY MEMORIAL HOME (410148)

Address: 380 MAPLE STREET, BIRNAMWOOD, WI 54414

License Status: REGULAR

Licensed/Certified/Registered 04/01/1980

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0109008 **End Date:** 07/20/2011 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CR8H12 Served 08/12/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	CRIMINAL RECORDS CHECK	01/24/2012	Yes
83.35(1)(a)	MEET THE NUTRITIONAL NEEDS	01/24/2012	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	01/24/2012	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	01/24/2012	Yes

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

Survey ID: 0107094 **End Date: 09/02/2010** **Type: OTHER** **Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CR8H11 Served 09/22/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	07/12/2011	No
83.39(1)	INFECTION CONTROL PROGRAM	07/12/2011	Yes
83.41(2)(c)	CLEAN LINENS WEEKLY	07/12/2011	Yes
83.44(2)(b)	LIVING UNITS SHALL BE SEPARATE ENTITIES	07/12/2011	Yes

Survey ID: 0104425 **End Date: 06/30/2009** **Type: ABBREVIATED** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #W1C911 Served 07/28/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(j)	NOT PERMIT A CONDITION OF SUBSTANTIAL RISK	08/19/2010	Yes
83.23	EMPLOYEE SUPERVISION	08/19/2010	Yes

Survey ID: 0103272 **End Date: 01/07/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: SHAWANO

Enforcement History (CADY MEMORIAL HOME)

Date: 08/10/2011 **SOD #CR8H12** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.12(3)(a)
FORFEITURE---83.35(1)(a)

Date: 07/24/2009 **SOD #W1C911** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.14(2)(j)
FORFEITURE---83.23

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

Complaint History (CADY MEMORIAL HOME)

Date Complaint Received: 11/22/2011

Date Investigation Completed: 01/25/2012

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

S0BH11

Date Complaint Received: 08/12/2011

Date Investigation Completed: 01/25/2012

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 04/13/2011

Date Investigation Completed: 07/20/2011

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
MEDICATIONS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 04/16/2010

Date Investigation Completed: 09/02/2010

Subject Area(s)

Result

SOD #

NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/11/2010

Date Investigation Completed: 09/02/2010

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 03/10/2010

Date Investigation Completed: 09/02/2010

Subject Area(s)

Result

SOD #

ABUSE
PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

CR8H11
CR8H11

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: SHAWANO

Facility Information

Facility Name: MEADOW VIEW CARE FACILITY (0009093)
Address: 400 WEST MILL STREET, BONDUEL, WI 54107
License Status: REGULAR
Licensed/Certified/Registered 02/01/2001
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: SHAWANO

Facility Information

Facility Name: ELLA BESAW CENTER (410245)

Address: N8697 MOH-HE-CON-NUCK ROAD, BOWLER, WI 54416

License Status: REGULAR

Licensed/Certified/Registered 05/16/1991

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: SHAWANO

Facility Information

Facility Name: MAEHNOWESEKIYAH WELLNESS CENTER (410032)

Address: N2150 KESAEHKAHTEK, GRESHAM, WI 54128

License Status: REGULAR

Licensed/Certified/Registered 12/01/1987

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0109133 **End Date:** 08/24/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0107689 **End Date:** 12/16/2010 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WOOQ12 Served 01/10/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.42(1)	RESIDENT RECORD MAINTAINED	08/23/2011	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	08/23/2011	Yes

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: SHAWANO

Survey ID: 0105622 **End Date: 01/06/2010** **Type: STANDARD** **Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WOOQ11 Served 02/08/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(l)	RIGHTS OF RESIDENTS: LEAST RESTRICTIVE	12/16/2010	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	12/16/2010	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	12/16/2010	No
83.47(2)(e)	OTHER EVACUATION DRILLS	12/16/2010	No

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: SHAWANO

Enforcement History (MAEHNOWESEKIYAH WELLNESS CENTER)

Date: 01/07/2011 **SOD #WOOQ12** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.42(1) 2nd cite
FORFEITURE---83.47(2)(e) 2nd cite

Date: 02/05/2010 **SOD #WOOQ11** **Enforcement Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION --Facility Compliant 08/23/2011
COMPLY WITH REQUIREMENT --Facility Compliant 08/23/2011
FORFEITURE---83.32(3)(l)
FORFEITURE---83.36(1)(b)
FORFEITURE---83.42(1)

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

Facility Information

Facility Name: WOLF RIVER CBRF (0011326)

Address: N2222 WHITE CEDAR ROAD, NEOPIT, WI 54150

License Status: REGULAR

Licensed/Certified/Registered 08/01/2006

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0103808 **End Date:** 03/16/2009 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OSMW11 Served 04/13/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION	04/01/2009	Yes
83.21(1)(a)	RIGHTS OF RESIDENTS-LEGAL RIGHTS	04/01/2009	Yes

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: SHAWANO

Enforcement History (WOLF RIVER CBRF)

Date: 04/09/2009 SOD #OSMW11 Enforcement Appealed: No

Sanctions

PROVIDE TRAINING
FORFEITURE---83.14(8)
FORFEITURE---83.21(1)(a)

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: SHAWANO

Complaint History (WOLF RIVER CBRF)

Date Complaint Received: 03/12/2009

Date Investigation Completed: 03/16/2009

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
04/09/09

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

Facility Information

Facility Name: KINDREDHEARTS SHAWANO (0009722)

Address: 1377 LINCOLN STREET, SHAWANO, WI 54166

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0107520 **End Date:** 10/21/2010 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EWJF11 Served 12/03/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

Complaint History (KINDREDHEARTS SHAWANO)

Date Complaint Received: 05/10/2010

Date Investigation Completed: 10/20/2010

Subject Area(s)
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
EWJF11

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

Facility Information

Facility Name: PAISERS OAKHAVEN LLC BLDG II (0012435)

Address: 142 OAK COURT, SHAWANO, WI 54166

License Status: REGULAR

Licensed/Certified/Registered 07/17/2008

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0109110 **End Date:** 08/23/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0108282 **End Date:** 03/22/2011 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IY8O11 Served 04/08/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.25	CONTINUING EDUCATION	08/23/2011	Yes

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

Enforcement History (PAISERS OAKHAVEN LLC BLDG II)

Date: 04/07/2011

SOD #IY8O11

Enforcement Appealed: No

Sanctions

FORFEITURE---83.25

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

COUNTY: SHAWANO

Facility Information

Facility Name: PAISERS OAKHAVEN LLC (0009685)

Address: 132 OAK COURT, SHAWANO, WI 54166

License Status: REGULAR

Licensed/Certified/Registered 04/01/2003

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

Facility Information

Facility Name: HOMME RESIDENTIAL WITTENBERG (410107)

Address: 604 SOUTH WEBB STREET, WITTENBERG, WI 54499

License Status: REGULAR

Licensed/Certified/Registered 12/01/1980

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0109097 **End Date:** 08/10/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 01/01/2009 to 12/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: SHAWANO

Complaint History (HOMME RESIDENTIAL WITTENBERG)

Date Complaint Received: 05/25/2010

Date Investigation Completed: 08/10/2011

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: SHAWANO

Facility Information

Facility Name: LSS HOMME YOUTH ACCEPTANCE (0009890)
Address: W18105 HEMLOCK ROAD, WITTENBERG, WI 54499
License Status: REGULAR
Licensed/Certified/Registered 12/16/2002
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: SHAWANO

Facility Information

Facility Name: LSS HOMME YOUTH JOURNEY SOUTH UNIT (0009415)

Address: W17985 HEMLOCK ROAD, WITTENBERG, WI 54499

License Status: REGULAR

Licensed/Certified/Registered 05/01/2002

Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

No survey activity during the period 01/01/2009 through 12/31/2011.

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Provider Inspection Summary
For the period 01/01/2009 to 12/31/2011
Residential Care Apartment Complex (CERTIFIED)
COUNTY: SHAWANO

Facility Information

Facility Name: COTTAGES ON GOLDEN POND (THE) (0012844)
Address: 103 MADISON WAY, SHAWANO, WI 54166
License Status: REGULAR
Licensed/Certified/Registered 06/04/2009
Regional Office: NORTHEASTERN REGION (DEPERE), (920) 983-3200

Survey History

Survey ID: 0104154 **End Date:** 06/02/2009 **Type:** INITIAL **Purpose:** SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED

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