

EXHIBIT A

Large Publication Notice and Tagline Form

SUMMIT HEALTH & REHAB CENTER

Discrimination is Against the Law

Summit Health & Rehab Center complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. **Summit Health & Rehab Center** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Summit Health & Rehab Center:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

Qualified Sign Language Interpreters

Written Information in Other Formats (large print, audio, accessible electronic forms, other formats)

Provides free language services to people whose primary language is not English, such as:

Qualified Interpreters

Information Written in Other Languages.

If you need these services, contact the Administrator, Jeanette Lane.

If you believe that **Summit Health & Rehab Center** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Jeanette Lane, Administrator

Summit Health & Rehab Center

P.O. Box 247

Taylor, AR 71861

Telephone: (870) 694-3781

Fax: (870) 694-2084

Email: HYPERLINK "mailto:jlane@southernadmin.com" jlane@southernadmin.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Jeanette Lane is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at HYPERLINK

"<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>" <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
1-800-868-1018, 800-537-7697 (TDD)

Complaint forms are available at **HYPERLINK**
"<http://www.hhs.gov/ocr/office/file/index.html>" <http://www.hhs.gov/ocr/office/file/index.html>.

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (870) 694-3781.

TENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (870) 694-3781.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (870) 694-3781.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (870) 694-3781.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (870) 694-3781.

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (870) 694-3781。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສີຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ (870) 694-3781.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (870) 694-3781.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (870) 694-3781.

رقم 870 694-3781 اتصل برقم. إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
(870) 694-3781 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistic gratuiti. Chiamare il numero (870) 694-3781.

LALÉ: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejje!ok wōñān. Kaalok (870) 694-3781.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。
(870) 694-3781 まで、お電話にてご連絡ください。

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (870) 694-3781.