

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 likesses 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 "C."

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 deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0	Total number of other recordable cases (J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 (K)	7.	(L)	2
Injury and Illness	Гуреѕ		
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Ilinesses	0

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. Persona 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: U.S Department of Labor, OSHA Office of Statistics, Room N-3844, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Your est	abishment name Homen	nkaers Upstate Group, Inc.		
Street 2	465 Sheridan Drive			
City I	onawanda	State	NY	Zip14150
	description (e.g., Manufact dome Health Care	ure of motor truck trailers)		
_	8 0 8 2			
North An	nerican industrial Classifica	tion (NAICS), if known (e.g., 3	36212)	
-				
ploymer	nt information			
Annual a	verage number of employe	es 65.33		
Total ho	urs worked by all employee	s last		
year		87836		
n here				
10		at annu annula la million		
Knowing	gly faisifying this docume	nt may result in a tine.		
i certify t		ocument and that to the best of	f my knowledge the entrie	es are true, accurate, and
complete	0			
	Ciph	CED		CEO
	Company executive			Title
716-838	-6060 x222			1-12-23
	Phone			Date

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."

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Number of Cases			The second second
Total number of deaths 0 (G)	Total number of cases with days away from work 1 (H)	Total number of cases with job transfer or restriction 0	Total number of other recordable cases (J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
153 (K)	-	(L)	2
Injury and Iliness 1	Types		
Total number of (M)			
(1) Injury	1	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Ilinesses	0

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Establish	ment information			
Your	establishment name Homemake	ers of Western New York,	Inc.	
Street	2465 Sheridan Drive			
City	Tonawanda	State	NY	Zip 14150
Indus	ry description (e.g., Manufacture of Home Health Care	of motor truck trailers)		
	ard Industrial Classification (SIC), 8 0 8 2 American Industrial Classification		36212)	
Employm	ent information			
	I average number of employees lours worked by all employees as	55.08 t 43329.75		
Sign here				
Knowl	ngly falsifying this document ma	sy result in a fine.		
I certify comple	that I have examined this docum	ent and that to the best of	my knowledge the entries are	true, accurate, and CEO Title
716-83	8-6060 x222 Phone			1 - 11 - 2023 Date

Summary of Work-Related Injuries and Illnesses



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

Form approved QME no. 1218-0178

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

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases 0 (J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 (K)	Ð	O(L)	
injury and Iliness 1	'ypes		Fig. 1
Total number of (M) (1) injury (2) Skin Disorder	0	(4) Poisoning (5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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Your establishment name Hon		Inc.	
Street 560 West 23rd Street St	ite #6		
City Jamestown	State	NY	Zip <u>14701</u>
Industry description (e.g., Manufa Home Health Care	acture of motor truck trailers)		
Standard Industrial Classification	(SIC), If known (e.g., SIC 3715)		
8 0 8	2		
R North American Industrial Classifi	cation (NAICS), if known (e.g., 3	36212)	
mployment information			
Annual average number of emplo	yees 19.67		
Total hours worked by all employe	nes lest		
year	15871.5		
gn here			
Knowingly faisifying this docum	ent may result in a fine.		
I certify that I have examined this	decument and that to the best o	my knowledge the entries	are true, accurate, and
complete.			
Call-	,		
Company executiv			CEC
Company Chapter	•		Title
716-838-6060 x222			1-11-2023
Phone			Date



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

Form approved OMB no. 1218-0178

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

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0 (i)	Total number of other recordable cases 0 (J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 (K)	e	O (L)	e.
injury and iliness	Гурев		
Total number of			
(1) Injury (2) Skin Disorder (3) Respiratory	0	(4) Poisoning(5) Hearing Loss	0
Condition	00	(6) All Other Illnesses	0

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Establis	hment Information			
You	establishment name Homemaker	s of Western New York,	inc.	
Stre	at 1300 College Avenue, Suite #3			
City	Elmira	State	NY	Zip14901
Indu	atry description (e.g., Manufacture of Home Health Care	motor truck trailers)		
	dard industrial Classification (SIC), if 8 0 8 2 American Industrial Classification (I			
T NOIL	i American industrial Classification (I	VAICS), if known (e.g., 33	36212)	
mplov	nent information			
mpioyr	nent information			
Anni	al average number of employees	31,67		
Total	hours worked by all employees last	32377.25		
ign her	e			
Knov	vingly faisifying this document may	y result in a fine.		
l cert	fy that I have examined this docume lete.	nt and that to the best of	my knowledge the entries	are true, accurate, and
	PF2 0	ev		
	Company executive			CEO
716-8	36-6060x222			1-11-2023
	Phone	-		Date

Summary of Work-Related Injuries and Illnesses



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

Form approved OMB no. 1218-0178

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Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(1)	(1)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
(K)	=	0 (L)	
injury and liiness	Гурев		
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

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stablishment information			
Your establishment name Homem	akers of Western New York.	inc.	
Street 1291 Faichney Drive			
City Watertown	State	NY	Zip <u>13601</u>
Industry description (e.g., Manufactu Home Health Care	re of motor truck trailers)		
Standard Industrial Classification (Side	C), If known (e.g., SIC 3715)		
R North American Industrial Classificati	on (NAICS), if known (e.g., 3	36212)	
mployment Information			
Annual average number of employee	s41.75		
Total hours worked by all employees year	lest 57516.5		
•			
ign here			
Knowingly faisifying this document	may result in a fine.		
I certify that I have examined this doc complete.	ument and that to the best o	my knowledge the entries	are true, accurate, and
C-PF-	CEU		
Company executive			CEO
716-838-6060 x222			1-11-2023
Phone			Date

Summary of Work-Related Injuries and Illnesses



Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Number of Cases	A LATERA		
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction	Total number of other recordable cases
(0)	(11)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of Job transfer or restriction	
0 (K)	=:	(L)	
Injury and Illness	Гурев		
Total number of (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

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	TOTAL STATE TOTAL STATE TOTAL STATE OF THE S	of Western New York, I	nc.	
	Street 19 Hodskin Street			
	City Canton	State	NY	Zip13617
	Industry description (e.g., Manufacture of n Hoem Health Care	notor truck trailers)		
	Standard Industrial Classification (SIC), if k	nown (e.g., SIC 3715)		
	8 0 8 2			
<	North American Industrial Classification (NA	AICS), if known (e.g., 33	66212)	
		- —		
np	loyment information			
	Annual average number of employees	24.42		
	Total hours worked by all employees last	- 1112		
	year	28146.75		
an	here			
_				
	Knowingly faisifying this document may i	result in a fine.		
	certify that I have examined this document complete.	and that to the best of	my knowledge the entries	are true, accurate, and
	_ ^ _	Th.		
	Pho ce	-0		
1	Company executive			CEO
i.				CEO Title

Summary of Work-Related Injuries and Illnesses



Occupational Safety and Health Administration

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases 0 (J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 (K)	=	0 (L)	e.
Injury and Illness	Гуреѕ		
Total number of			
(M) (1) Injury (2) Skin Disorder (3) Respiratory	0	(4) Poisoning (5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

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Establishment information			
Your establishment name Hom	emakers Of Western New York	Inc.	
Street 110 North Geneva Street	Sulte #1		
City Ithaca	State	NY	Zip 14850
Industry description (e.g., Manufa Home Health Care	cture of motor truck trailers)		
Standard Industrial Classification	(SIC), if known (e.g., SIC 3715))	
8 0 8			
OR North American Industrial Classifi	cation (NAICS), if known (e.g., (336212)	
Employment Information			
Annual average number of emplo	yees 17.08		
Total hours worked by all employe	es last		
year	13363.25		
Sign here			
Knowingly falsifying this docum	ant may requit in a fine		
the state of the s	one may readic in a line.		
i certify that i have examined this complete.	document and that to the best of	of my knowledge the entries	s are true, accurate, and
0 05	(=)		
	CED		CEO
Company executive	B		Title
716-838-6060 x222			1-11-2023
Phone			Date

Summary of Work-Related Injuries and Illnesses



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

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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0	Total number of other recordable cases 0 (J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 (K)	÷	(L)	÷
injury and illness	Types		
Total number of (M) (1) Injury (2) Skin Disorder	0	(4) Poisoning (5) Hearing Loss	<u>0</u> 0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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Your (establishment name Homen	nakers of the Genesee Inc.		
	5297 Parkside Drive			
City	Canandalgua	State	NY	Zip14424
Indust	ry description (e.g., Manufactu Home Health Care	ure of motor truck trailers)		
Stand	ard Industrial Classification (Si	C), if known (e.g., SIC 3715)		
	80 8 2			
R North	American Industrial Classificat	ion (NAICS), if known (e.g., 3	36212)	
myolan	ent information			
Annua	average number of employee	es 26.17		
	ours worked by all employees			
year	odia Horked by all employees	23298.25		
ın here				
Knowl	ngly falsifying this document	t may requit in a fine		
		may vocate in a mile.		
comple	that I have examined this docte.	cument and that to the best of	my knowledge the entries	are true, accurate, and
	05	- 020		
	The second secon	- 050		CEO
	Company executive			Title
716-83	8-6060 x222			1-11-23

Summary of Work-Related Injuries and Illnesses



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

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Number of Cases			VI 60 5000
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(1)	(1)
Number of Days		and the state of	
Total number of days away from		Total number of days of job transfer or restriction	
0 (K)	=	0 (L)	
injury and illness	Гуреѕ		夏 夏春年初
Total number of			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

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stablishment information			
Your establishment name Homemakers	of Central New York	Inc.	
Street 4205 Long Branch Road			
City Liverpool	State	NY	Zlp
Industry description (e.g., Manufacture of t Home Health Care	motor truck trailers)		
Standard Industrial Classification (SIC), if i	known (e.g., SIC 371)	5)	
B C 8 2	(A(OO) W	and in	
R North American Industrial Classification (N	AICS), if known (e.g.,	, 336212)	
mployment information			
imployment information			
Annual average number of employees	33.08		
Total hours worked by all employees last year	26938.5		
yee	20938.0		
ign here			
Knowingly falsifying this document may	result in a fine.		
I certify that I have examined this documen complete.	t and that to the best	of my knowledge the entries a	are true, accurate, and
Capp ce	2)		
Company executive			CEO
716-838-6060 x222			1-11-23
Phone			Date



U.S. Department of Labor
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Number of Cases			
Total number of deaths 0 (G)	Total number of cases with days away from work (H)	Total number of cases with job transfer or restriction	Total number of other recordable cases (J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
4 (K)	51	0 (L)	,
injury and iliness	Types		
Total number of			
(1) Injury	,1	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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Your establishment name Homer	nakers of the Mohawk Valley	Inc.	
Street 48 Gensee Street			
City New Hartford	State	NY	Zip13413
Industry description (e.g., Manufacti Home Health Care	ure of motor truck trailers)		
Standard industrial Classification (S	IC), if known (e.g., SIC 3715)	
R North American Industrial Classifica		2222121	
TOTAL TATION OF THOUSENED ON SOME		000212)	
mployment information			
Annual average number of employe			
Total hours worked by all employee year	54602.75		
gn here			
_			
Knowingly faisifying this documer	it may result in a fine.		
i cartify that I have examined this do complete	cument and that to the best	of my knowledge the entries	s are true, accurate, and
00			
	ED		CEO
Company executive			Title
716-838-6060 x222			1-11-23
Phone			Date



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

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Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with Job transfer or restriction	Total number of other recordable cases
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 (K)	-	0 (L)	
injury and lilness 1	ypes		Seller 3
Total number of			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

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 sverage 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.

:stabl	lishment information			
Yo	our establishment name Homema	ikers of the Mohawk Valley.	Inc.	
St	treet 1756 Union Street			
Cit	ty Schenectady	State	NY	Zip 12309
lno	dustry description (e.g., Manufactur Home Health Care	e of motor truck trailers)		
Sta	andard industrial Classification (SiC	;), if known (e.g., SIC 3715)		
	8 0 8 2	, , , , , , , , , , , , , , , , , , , ,		
R No	orth American Industrial Classification	n (NAICS), if known (e.g., 3	36212)	
	nyment information	42.17		
To: yes	tal hours worked by all employees I ar	20677.25		
lgn h	ere			
Kn	owingly falsifying this document	may result in a fine.		
i ce con	artify that I have examined this documplete. Company executive	ment and that to the best of	my knowledge the entries	CEO
	Optipany executive			Title
716	6-838-6060 x222 Phone			1-11-23 Date

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Polated In

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 lilinesses 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 deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(1)	(1)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 (K)	-	(L)	·
Injury and illness	Types		
Total number of			
(1) Injury	0	(4) Polsoning	0
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

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Your establishment name Hom	nemakers of Broome County, inc	;	
Street 260 Harry L. Drive			
City Johnson City	State	NY	Zip <u>13790</u>
Industry description (e.g., Manufa Home Health Care	acture of motor truck trailers)		
Standard Industrial Classification	(SIC), If known (e.g., SIC 3715)		
8 0 8			
R North American Industrial Classifi	cation (NAICS), if known (e.g., 3	336212)	
mployment information			
Annual average number of emplo	yees 25.42		
Total hours worked by all employ	nae last		
year	29945		
	· · · · · · · · · · · · · · · · · · ·		
n here			
Knowingly faisifying this docum	tent may recylt in a fine		
Knowingly laisilying tills docum	ient may result in a fine.		
I certify that I have examined this complete.	document and that to the best of	of my knowledge the entries	s are true, accurate, and
05			
Carra	CEO		CEO
Company executive	/e		Title
716-838-6060 x 222			1-12-23



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 lilinesses 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."

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Number of Cases	THE STREET			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases	
(G)	(H)	(1)	(J)	
Number of Days				
Total number of days away from		Total number of days of job transfer or restriction		
0 (K)	=	(L)	E	
Injury and Illness	Гурев			
Total number of				
(1) Injury	0	(4) Poisoning	0	
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0	
Condition	0	(6) All Other lilnesses	0	

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,	ment information			
Your	establishment name Homemake	irs of Western Penna, Inc.		
Street	2820 West 23 rd Street, #8 Ebc	o Park		
City	Erie	State	Pa	Zip16506
Indus	ry description (e.g., Manufacture of Home Health Care	of motor truck trailers)		
Stand	ard industrial Classification (SIC),	if known (e.g., SIC 3715)		
	8 0 8 2			
North	American Industrial Classification	(NAICS), if known (e.g., 3	36212)	
ploym	ent information			
Annue	al average number of employees	47.33		
Total	nours worked by all employees las			
year		44893.5		
n here	1			
Know	Ingly falsifying this document m	av requit in a fine		
		-,		
i certif	y that I have examined this documete.	ent and that to the best of	my knowledge the entries	s are true, accurate, and
	A 05			
	C = 1	.e0		CEO
	Company executive			Title
716-8	38-6060 x222			1-12-23
	Phone			Date