FORM NLRB-502 (RC)	UNITED STATES OF AMERICA			DO NOT WRITE IN THIS SPACE						
(2-18)		R RELATIONS BO		ARD T			Date Filed			
RC PETITION					CARGONIC - LANSING THE	Case No. 04-RC-259213		4/16/20		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	The petition must l s named in the pe	e accompanied b ition of: (1) the pe	y both a sh tition: (2) S	owing of interest (s Statement of Positio	see 6b below) a In form (Form N	nd a certificat II RB-505): an	te of service sh	owing service on		
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Labor	RC-CERTIFICATIO	N OF REPRESEN	TATIVE - A entative of th	substantial number	of employees wi Petitioner allege	sh to be repre-	sented for purpo	ses of collective		
2a. Name of Employer:										
Abington Manor, LLC	100 E	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 100 Edella Road Clarks Summit, PA 18411								
3a. Employer Representative - Na Mike Moran Administrator		3b. Address (if same as 2b - state same): SAME								
3c. Tel. No.	3d. Cell No.		3e. Fax No							
(570)586-1002	(570)766-9615	;	(570)586-7349			3f. E-Mail Address mike.moran@genesishcc.com				
4a. Type of Establishment (Factory, Skilled Nursing Home Facility	A CONTRACT OF CONTRACT OF CONTRACT		4b. Princip	4b. Principal Product or Service Patient Care			5a. City and State where unit is located: Clarks Summit, PA			
							er of Employees	in Lloit		
5b. Description of Unit Involved: Included: All Regular Full Time a	no reguar rait 110	e Casual Licensed P	ractical Nurs	ses (LPN S),	N's),	19	a or Employees			
All Regular Full Time an Excluded:	d Regular Part Time	Per Diem (LPN's) a	nd PRN (LP)	N) Employees		6b. Do a s	ubstantial number	er (30% or more)		
All Other Employees, Supervi	isors and Guard	s as Defined by	the Act			of the employees in the unit wish to be				
Check One: x 7a. Request for re		ning Representative	e was made	on (Date) 4/1	16/2020 :		declined recogni			
on or about (Date)	and the second state in the second state of th	(If no reply r								
7b. Petitioner is cu 8a. Name of Recognized or Certifi	and the second se				ion under the Ac	t.		Sector and a sector of the		
out name of Recognized of Octain	ico bargannig Ag	and far hone, so star		A1633.						
8c. Tel. No.	8d. Cell No.		8e. Fax No		8f E-Mai	Address				
8g. Affiliation, if any:	<u></u>	8	h. Date of R	ecognition or Certific			urrent or Most (Month, Day, Ye	ear)		
9. Is there now a strike or picketing	at the Employer's e	tablishment/s) inv	alved? No	If so appr	ovimately bow m		s are participatir			
(Name of Labor Organization)	at the Employers e	statution (s) inve		n 30, appn						
10. Organizations or individuals other	orthan Datitionar a	d those named in I	terre 9 and	A which have claim			er since (Month,	A COMPANY OF A COM		
individuals known to have a repr							es and other org	anizations and		
10a. Name	100	Address			10c. Tel.	No	10d. Cell No.			
		01655			110.	Tod. Centro.				
					10e. Fax	No.	10f. E-Mail Add	iress		
							-			
11. Election Details: If the NLRB c	onducts and election	n in this matter, sta	te your posi	ition with respect to a	any such election	1: 11a. Electio	n Type:	- Ann Anna -		
The Petitioner Request an Ar	tion				🗙 Manu	al 🗙 Mail [Mixed Manual/Mail			
11b. Election Date(s):		Election Time(s):				ction Location(Self Charles and Charles and Charles			
5/1/2020		AM- 8:00 AM a	nd 2:00 P		and a second sec	and the second se		ment Leve)I of Facility		
12a. Full Name of Petitioner (inclu Retail, Wholesale and Depa	12b. Address (street and number, city, State and ZIP code): 711 Fairfield Avenue									
(RWDSU/UFCW) Local 262				Kenilworth, NJ						
12c. Full name of national or interna	ational labor organiz	ation of which Petit	tioner is an a	affiliate or constituen	t (if none so sta	fe).				
Retail, Wholesale & Departme										
12d. Tel. No.				12g. E-Mail Address						
12d. Tel. No. 12e. Cell No. (908)298-8824 (732)887-6042				(908)298-8822 (b) (6), (b) (7)(C)						
13. Representative of the Petition	er who will accept	service of all pap			entation proce	eding.				
13a. Name and Title:				ess (street and num)	ber, city, State a	nd ZIP code):				
Paul Bazemore Organizer				orth, NJ 07033						
13c. Tel. No. 13d. Cell No.			13e. Fax 1	the second se	13f. E-M	13f. E-Mail Address				
(917)653-2932 (917)653-2932			(908)29		pbazemore@rwdsu.org					
I declare that I have read the abor	ve petition and that		are true to t	the best of my know		ef.	**************************************			
Name (Print)		Signature	11		Title			Date		
Paul Bazemore	anna an anna Anna a	1107	11		Organizer			4/16/2020		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)		STATES OF AME				DO NOT WRITE IN THIS SPACE					
(2*10)		BOR RELATIONS	SBOARD		Case No. 04-R	C-259218		Date Filed 4-16-20			
INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 4	ies named in the j 4812). The showin	petition of: (1) th ng of interest sho	e petition; (2) ould only be fi	Statement of Position	on form (For and should n	v) and a certific m NLRB-505); a ot be served on	ate of service si ind (3) Descripti the employer of	gion in which the howing service on on of Representation of any other party			
1. PURPOSE OF THIS PETITION bargaining by Petitioner and Pe requests that the National Lat	titioner desires to	TION OF REPRES	SENTATIVE - /	A substantial number	of employee	s wish to be repr	esented for purp	oses of collective			
2a. Name of Employer:		2b.	Address(es) of	f Establishment(s) inv	olved (Street	and number Ci	ALOI Relations	ACL			
Abiligion Marior, LLC			2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 100 Edella Road Clarks Summit, PA 18411								
3a. Employer Representative - Na Mike Moran Administrator	ame and Title:	3b. SA	Address (if san	me as 2b - state same	e):						
3c. Tel. No.	3d. Cell No.		3e. Fax N	lo	los E I	4-7.4.11					
(570)586-1002 ·	(570)766-96	15	(570)586-7349			3f. E-Mail Address mike.moran@genesishcc.com					
4a. Type of Establishment (Factory	, mine, wholesaler	r, etc.)		pal Product or Service	e			within the state			
Skilled Nursing Home Facility	y		Patient	Patient Care			5a. City and State where unit is located: Clarks Summit, PA				
5b. Description of Unit Involved: Included:	All Regular Full Ti	ine and Regular Pa	rt Time Casual	Certified Nursing Assi	stants CNA's	6a Num	ber of Employees	in linit			
All Regular Full time and All Regular Full Time and Regular P	and Regular Part Tin	ue Certified Nursin	g Assistants (Cl	NA's),		27	or or employees	er Grat			
Excluded:							6b. Do a substantial number (30% or more)				
All Other Employees, Superv						of the employees in the unit wish to be represented by the Petitioner? X Yes No					
Check One: X 7a. Request for re on or about (Date	ecognition as Barg		ative was made by received, so	was made on (Date) 4/16/2020 and Employer declined recognition							
7b. Petitioner is c		d as Bargaining R	epresentative :	and desires certificati	ion under the	A ~+					
8a. Name of Recognized or Certif	fied Bargaining A	gent (If none, so	state) 8b. A	ddress:		7.O.					
8c. Tel. No.	8d. Cell No.		8e. Fax N	0.	8f. E-1	Mail Address					
8g. Affiliation, if any:			8h Date of 5	Recognition or Certific	ation 9: Ev	piration Date of (
				coognition of octaile	Recer	t Contract, if any	(Month, Day, Ye	ear)			
9. Is there now a strike or picketing	at the Employer's	establishment(s)	involved? No	lfso ann			es are participati				
(Name of Labor Organization)			140				10 E				
	or than Potitioner	and those nomed	in Home C and	0	, nas pic	keted the Emplo	yer since (Month	, Day, Year)			
 Organizations or individuals oth individuals known to have a rep 	resentative interes	st in any employed	es in the unit de	escribed in item 5b at	ove. (If none	as representativ , so state)	ves and other org	janizations and			
10a. Name	10b	. Address			10c T	ei. No.	10d. Cell No.				
							TOO. CENTIO.				
						ax No.	10f. E-Mail Ad	dress			
11. Election Details: If the NLRB of	conducts and elect	ion in this matter,	state your posi	ition with respect to a	ny such elect	ion: 11a. Election	on Type:	and one			
The Petitioner Request an Ar	mor-Globe Ele	ction				🛛 Manu	al 🗙 Mail [X Mixed Manual/Mail			
11b. Election Date(s):	10000	Election Time(s)					11d. Election Location(s):				
5/1/2020		0 AM- 8:00 AN	1 and 2:00 P		Brea	k Room on firs	st Floor(Base	ment Leve)I of Facility			
12a. Full Name of Petitioner (inclu	iding local name a	nd number):		12b. Address (stree	t and numbe	r, city, State and	ZIP code):				
Retail, Wholesale and Depa		Union Local 2	62	711 Fairfield Av		9					
(RWDSU/UFCW) Local 262				Kenilworth, NJ							
12c. Full name of national or interna	ational labor organ	ization of which P	etitioner is an a	affiliate or constituent	(if none, so s	state):	*******				
Retail, Wholesale & Departme	ent Store Unior	n, United Food	& Commerci	ial Workers (RWD	SU-UFCW)					
12d. Tel. No.	12e. Cell No.		12f. Fax N		12g. E	-Mail Address					
(908)298-8824	(732)887-604		(908)298		(b) (6), (b) (7)(C)					
13. Representative of the Petition	er who will accept	pt service of all p	apers for pur	poses of the represe	entation proc	ceeding.					
13a. Name and Title: Paul Bazamora Organizar			13b. Addre	ess (street and numb	er, city, State	and ZIP code):					
Paul Bazemore Organizer				rfield Avenue							
13c. Tel. No.	13d. Cell No.			orth, NJ 07033	lest st						
(917)653-2932 (917)653-2932			13e. Fax No. (908)298-8822			13f. E-Mail Address					
I declare that I have read the above					pbaz	emore@rwdsi	u.org				
Name (Print)	e peacon and th	Signature	ane trae to t	the best of my knowl	Title	niet.					
Paul Bazemore		1/m	11		Organize			Date			
		1.6	1.		Julyanize		4	4/16/2020			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PLINISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq*. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 7494243 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.

					DO NOT WRITE IN THIS SPACE					
FORM NLRB-502 (RD)		UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION			Case No		Date Filed			
(2-18)					04	4-RD-25877	3	4/6/20		
INSTRUCTIONS: Unless e-Fil employer concerned is locate the employer and all other pa Case Procedures (Form NLRE	ed using the Ag d. The petition rties named in t	ency's website, must be accomp he petition of:(1)	anied by both a sh the petition; (2) Sta	owing of inter- itement of Pos	inal of this est (see 7 l sition form	Petition to an NLRB below) and a certifica (Form NLRB-505); a	office in the Reg te of service sho nd (3) Descriptio	ion in which the owing service on n of Representation		
1 PURPOSE OF THIS PETITIOI recognized bargaining represe Labor Relations Board proce	N: RD-DECERT	FIFICATION (REM	OVAL OF REPRES	ENTATIVE) - A r alleges that t	substantia	I number of employee	s assert that the c	ertified or currently		
2a. Name of Employer Quad			2b. Address(es) of 4371 County I			(Street and number, opposite PA 18914	city, state, ZIP coo	de)		
3a. Employer Representative - N James Goff Plant Dire			3b. Address (If san Same	ne as 2b - state	same)			2		
3c. Tel. No. 215-997-5380	3d. Fax No. N/A		3e. Cell No. N/A		3f. E-Mall Address Jgoff@quad.com					
4a. Type of Establishment (Factor Factory	4a: Type of Establishment (Factory, mine, wholesaler, etc.)					4b. Principal product or service Direct Marketing				
5a. Description of Unit Involved							5b. City and	d State where unit		
Included:	P 14 10	41 ° D 1			D . U. D . U	Notestal Admit	is locate Chalfont			
Imaging, Converting, Mai Excluded: N/A								 Marked 2 		
6. No. of Employees in Unit 303			r (30% or more) of th representative? 🔀 \		n the unit n	o longer wish to be re	presented by the	certified or currently		
8a. Name of Recognized or Certifi GCC/IBT Local 16N	ied Bargaining A	gent				8b. Affiliation, if any Teamsters				
8c Address 8d. Tel-No 1310 E. Sedgley Ave. 215-739-					1704 8e. Cell No. N/A					
Philadelphia PA, 19134 8f. Fax No. 215-744					260 8g. E-Mail Address GCU.Phila@verizon.ne					
9. Date of Recognition or Certifica 6/18/2008	tion		10. Expiration Date June 18, 2020	of Current or I	Most Recer	nt Contract, if any (Mo	nth, Day, Year)			
11a. Is there now a strike ~ picke	ting at the Emplo	over's establishme	nt(s) involved?	res X No	11b. If so	approximately how in	any employees a	re participating?		
11c. The Employer has been picke		A . P . P					1.0	a labor organization, of		
(Insert Address) N/A						sinc	e (Month, Day, Ye	ear) N/A		
12. Organizations or individuals of	ther those named	d in items 8 and 11	Ic, which have claim	ed recognition	as represei	ntatives and other org	anizations N/A			
and individuals known to have 12a, Name	a representative 12b. Addr		nployees in the unit	described in ite	n item 5 above. (If none, so state) 12c. Tel. No.		12d. Fax No.	2d. Fax No.		
N/A	N/A	000					N/A			
					12e: Cell No. N/A		12f. E-Mail Address N/A			
13. Election Details: If the NLRB					13a. Elect	tion Type: 🔀 Manual	Mail 🗌	Mixed Manual/Mail		
matter, state your position with 13b. Election Date(s)	respect to any s		ne(s)		13d. Election Location(s)					
April 8 or April 22 2020 5 AM - 9 AM					Engineering Training Room at Quad in Chalfont PA					
14. Full Name of Petitioner (b) (6), (b) (7)(C)						0				
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)					14b. Tel. No. N/A		14c. Fax No N/A			
					14d. Cell No. (b) (6), (b) (7)(C)		14e. E-Mail Address (b) (6), (b) (7)(C)			
14f. Affiliation, if any										
15. Representative of the Petitio	ner who will ac	cept service of al	Il papers for purpos	ses of the repr	And and a second se	n proceeding.				
15a, Name N/A					15b.Title N/A					
15c. Address (<i>Street and number, city, state, ZIP code</i>) N/A							15e. Fax No. N/A			
							15g. E-Mail Address N/A			
I declare that I have read the above petition a (b) (6), (b) (7)(C)					owledge a	nd belief.				
(b) (c), (b) (7)(C)					Title Date Filed (b) (6), (b) (7)(C) March 18, 2020					
WILLFUL FALSE ST	TATEMENTS			V	D IMPRISO	ONMENT (U.S. CODE	, TITLE 18, SECT	FION 1001)		

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

					Show and					
UNITED STATES GOVERNMENT					DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR RELATIONS BOARD				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Case No. Date Filed					
RD PETITION					04-RD-259223		4/16/20			
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of										
interest should only be filed with the NLRB and should not be served on the employer or any other party.										
1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.										
2a. Name of Employer	er no proper dutte	2h A	ddress(es)	of Establishmer	and the second	nd number	city State ZIP code)			
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Thomas Jefferson University 130 s 9th st. PA Philadelphia 19107-										
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)										
Joseph Byham VP of Public Safety 130 s 9th st. PA Philadelphia 19107-										
3c. Tel. No.	3d. Cell No.		3e. Fax			3f. E-Mail	Address			
(215) 503-3997			178 A.			Joseph.by	ham@jefferson.edu			
4a. Type of Establishment (Factory, mine,	wholesaler, etc)	4b. Principal pro	oduct or se	ervice		5a.	City and State where unit is located:			
Healthcare Facilities		20 20	Hos	pital/medical coll	lege		Philadelphia, PA			
5b. Description of Unit Involved							6a. No. of Employees in Unit:			
Included: See Attached Page 2 for	additional details	S					89			
Included.							6b. Do a substantial number (30%			
							or more) of the employees in he			
Excluded: See Attached Page 2 for	additional details	s					 unit no longer wish to be represented by the cer ified or 			
Excluded. 6007 machod 1 ugo 2 lor	udditional dotail.	ň.					currently recognized bargaining			
							representative? Yes 🔽 No			
Check One: 7a. Request for	recognition as Barg	aining Represent	ative was r	made on (Date)	and	Employe	r declined recognition on or about			
	(Date)	(If no reply receive	ed, so state	e).						
7b. Petitioner is	curren ly recognize	d as Bargaining F	Representa	ive and desires	certification under the	Act.				
8a. Name of Recognized or Certified Ba		SUMPLY IN		8b. Address	18 n 7 h st ste 1					
Law Enforcement Officers Professional As	sociation (b) (6), (b) (7)(C)			PA Stroudsburg 1836	0				
8c. Tel No.	8d Cell No.	78	8e. Fax	NO.		8f. E-Mail				
(570) 872-9150	(b) (6), (b) (7)(C)					(b) (6), (c @le				
8g. Affiliation, if any 8h. Date of R					Contract, if any (Month, Day, Year)					
9 Is there now a strike or nicketing at the	none 04/15/2019 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?									
	Employer 3 coldona					pioyees a				
(Name of labor organization)					(Month, Day, Year)		·			
10. Organizations or individuals other than have a representative interest in any emp						ouner org	janizations and individuals known to			
10a. Name 10b. Address					10c. Tel. No.		10d. Cell No.			
					10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conduct	ts an election in thi	is matter, state yo	ur position	with respect to	11a. Election Type:	Man	ual 🔲 Mail 🔲 Mixed Manual/Mail			
any such election.	11d Election Location		12 - 22 B.							
11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): ASAP ASAP 111 s 11th st Philadelphia, pa 191						19107				
12a. Full Name of Petitioner (b) (6), (b) Thomas Jefferson University		12b. Address (street and number, city, state, and ZIP code)								
1 nomas Jenerson University (D) (O), (D) (7)(C) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>)										
None	100 0-11 11-		404 5	v Ma	33	10. 5.1	al Addross			
12d. Tel No. 12e. Cell No. 1: (6). (b). (7)(C)			12I. Fa	12f. Fax No. 12g. E			E-Mail Address (6), (b) (7)(C)			
	o will accent servi	ce of all naners	for purpos	ses of the repre						
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code)										
13c. Tel No. 13d. Cell No.			13e. Fax No.			13f. E-Mail Address				
I declare that I have read the above pet	ition and that the	statements are tr	ue to the	best of my know	wledge and belief.					
	Signature		Title	,	1	Date				
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)				(b) (6) (b) (7)(C)			Date 04/16/2020 00:43:01			
WILLFUL FALSE STATEM	24	TITION CAN BE			IMPRISONMENT (U.S					
							,			

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE

Attachment

Employees Included Security Officers

Employees Excluded Supervisors

Case

Date Filed