

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155324	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/18/2013
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NAME OF PROVIDER OR SUPPLIER  MITCHELL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 24 TEKE BURTON DR MITCHELL, IN 47446
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction to the Investigation of Complaint IN00130940.</p> <p>Survey dates: June 10, 11, 12, 13, 14, 17, and 18, 2013</p> <p>Facility number: 000217 Provider number: 155324 AIM number: 100289590</p> <p>Survey team: Susan Worsham, RN-TC Cheryl Mabry, RN Diana McDonald, RN Melissa Gillis, RN</p> <p>Census bed type: SNF/NF: 66 Total: 66</p> <p>Census payor type: Medicare: 7 Medicaid: 49 Other: 10 Total : 66</p> <p>These deficiencies reflect state findings cited in accordance with 410</p>	F000000	<p>This plan of correction is prepared and executed because of the provisions of State and federal law require it and not because Mitchell Manor agrees with the allegations and citations listed. Mitchell Manor maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor is it of such character so as to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance, that the alleged deficiencies cited have been or will be corrected by the date(s) indicated. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in the following Plan of Correction. *Request paper compliance please</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	IAC 16.2.  Quality review completed on June 25, 2013; by Kimberly Perigo, RN.				

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F000371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>A. Based on observation and interview, the kitchen staff failed to insure sanitary conditions in the kitchen in that dietary staff failed to appropriately wash their hands. (kitchen staff #1 and Dietary Manager)</p> <p>B. Based on observation, interview, and record review, the facility failed to store snacks at the proper temperature for 66 of 66 residents. Findings Include: A. Kitchen staff #1 on 6/10/13 at 11:15 a.m., dropped 6 empty trays on the food service line floor, picked up the trays, and placed the trays in the service line dirty dish area. Kitchen staff #1 did not wash or sanitized hands before returning to plating food. Interview with kitchen staff #1 on 6/10/13 at 11:20 a.m., indicated there was no need to wash hands at that time.</p>	F000371	<p><b>This plan of correction is prepared and executed because of the provisions of State and federal law require it and not because Mitchell Manor agrees with the allegations and citations listed. Mitchell Manor maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor is it of such character so as to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance, that the alleged deficiencies cited have been or will be corrected by the date(s) indicated. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in the following Plan of Correction.*Request paper compliance please F 371 Dietary</b></p> <p>A.1. Resident affected by alleged deficient practice: There were no residents affected by alleged deficient practice 2. Residents at risk to be affected by</p>	07/18/2013			

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	<p>Kitchen staff #1 on 6/10/13 at 10:55 a.m., walked from the food service line to the garbage can, lifted the dirty lid, closed the lid, and did not wash hands. Kitchen staff #1 started to plate the residents food.</p> <p>The facility hand washing policy dated 5/21/04, provide by the DON on 6/17/13 at 9:20 a.m., indicated, "Wash hands after handling raw unwashed food and dirty dished, and before touching food, clean dishes, and silverware."</p> <p>Dietary Manager on 6/10/13 at 11:50 a.m., washed hand for 10 seconds.</p> <p>Interview with DM on 6/10/13 at 11:55 a.m., indicated to wash hands for 20 seconds or say the Happy Birthday song twice to yourself.</p> <p>The facility hand hygiene policy indicated, "Wash well under running water for a minimum of 20 seconds ..."</p> <p>Observation of Dietary Manager on 6/10/13 and 6/11/13, did not have a hair net or beard net on while in the kitchen.</p> <p>The Retail Food Establishment Sanitation Requirements indicated, "Effectiveness of Hair Restraint ... (b)</p>		<p>alleged deficient practice:</p> <ul style="list-style-type: none"> <li>·All Residents have the potential to be affected by the alleged deficient practice.</li> <li>·All Dietary staff educated by RD on July 3, 2013 regarding Hand washing, Beard and Hair restraints, refrigerator temps and Sanitation policies. SDC will perform Hand washing competency checks on all Dietary staff by July 18, 2013.</li> </ul> <p>3. Systems to ensure alleged deficient practice does not recur:</p> <ul style="list-style-type: none"> <li>·Ongoing education with Dietary staff will be provided as indicated for non-compliance regarding Hand washing, beard and hair restraints, refrigerator temps and Sanitation policies by Dietary Manager.</li> <li>·Dietary Manager and/or designee will audit 5 random meal preparation and serving lines/wk to monitor proper Hand washing, beard and hair restraints, refrigerator temps and Sanitation practices X 6 months.</li> </ul> <p>4. Monitoring to ensure alleged deficient practice does not recur:</p> <ul style="list-style-type: none"> <li>·ED and/or designee will audit 5 random meal preparations and serving lines/wk to monitor for compliance regarding Hand washing, beard and hair restraints, refrigerator temps and Sanitation practices X 6 months.</li> <li>·Any non compliance will result in re education and/or progressive counselings</li> <li>·Ensure 100% PI compliance monthly X 6 months.</li> </ul>				

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	<p>food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints and clothing that covers body hair." The facility policy [non-dated] indicated, "hair restraints must be worn at all times by food service associates and all hair must be restrained ..."</p>		<p>1.Date of compliance: July 18, 2013 <b>F 371 Dietary B.</b> 1. Resident affected by alleged deficient practice:There were no residents affected by alleged deficient practice2. Residents at risk to be affected by alleged deficient practice: ·All Residents have the potential to be affected by the alleged deficient practice. ·All Dietary staff educated by RD on July 3, 2013 regarding Hand washing, Beard and Hair restraints, refrigerator temps and Sanitation policies. SDC will perform Hand washing competency checks on all Dietary staff by July 18, 2013. ·The refrigerator in the nourishment pantry has been serviced to cool at normal temperature ranges 34-38 degrees per facility policy. ·New temperature logs have been placed in the nourishment pantry and any other refrigerators with the correct temperature ranges as well as a thermometer in the freezer. 3. Systems to ensure alleged deficient practice does not recur: ·Ongoing education with Dietary staff will be provided as indicated for non-compliance regarding Hand washing, beard and hair restraints, refrigerator temps and Sanitation policies by Dietary Manager. ·Dietary Manager and /or designee will monitor refrigerator</p>		

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	<p>B. During observation of the nourishment refrigerator on 6/18/13 at 9:10 a.m., LPN #6 indicated the temperature in the snack refrigerator measured 47 degrees. LPN #6 indicated, "Don't see a thermometer in freezer, yes that's a DM (dietary manager) question."</p> <p>During interview on 6/18/13 at 9:15 a.m., the DM (dietary manager) present indicated the (T) temperature was 50 degrees, and there was no thermometer in the freezer. The DM indicated the proper temperature for the refrigerator was "40 degrees and lower."</p> <p>During interview on 6/18/13 at 11:15 a.m., ADM (administrator) indicated, "The secretary printed this form for</p>		<p>temps, daily X 6 months to ensure temperatures are within range. Maintenance will be notified immediately should temps not be within guidelines</p> <p>4. Monitoring to ensure alleged deficient practice does not recur: ·ED and/or designee will audit 3 x wk the refrigerator temps in the nourishment pantry X 6 months. ·Any non compliance will result in re education of dietary staff that monitor the temp ranges. ·Ensure 100% PI compliance monthly X 6 months.</p> <p>5. Date of compliance: July 18, 2013</p>		

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	<p>the refrigerator temperature tracking, she's not here, but she just removed the old maintenance name and replaced with this name. It is what it is. This is an old form anyway, 2008. I was hoping to find a more current one. Well it is what it is."</p> <p>Review of (T) tracking calendar for March 2013, April 2013 ,and May 2013 received from the Maintenance supervisor on 6/18/13 at 10:00 a.m., indicated temperatures ranged from 38-46 degrees in the refrigerator. "Refrigerator Range 36-46 If out of range notify Maintenance manager." There was no documentation tracking the freezer temperatures.</p> <p>Policy titled "Refrigerator Temperatures: ... revised 3/25/2008" received from the ADM (administrator) on 6/18/13 at 10:52 a.m., indicated "Refrigerator temperatures will be recorded daily for refrigerators that contain food or drink items. ... Procedure: ... 3. If temperature range is between 36-46, maintenance should be notified. ..."</p> <p>Review of paper titled "Temperature Chart-Storage Areas" received from the ADM on 6/18/13 at 11:15 a.m., indicated "Freezer &lt;0 degrees F (Fahrenheit), Refrigerator 32 degrees</p>						

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	<p>- 40 degrees F (Fahrenheit)."</p> <p>3.1-21 (i)(2)</p>			

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F000441 SS=D	<p><b>483.65</b> <b>INFECTION CONTROL, PREVENT SPREAD, LINENS</b> The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation and interview, the facility failed to ensure reusable</p>	F000441	F 4411. Resident affected by alleged deficient practice:	07/18/2013	

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	<p>medical equipment was appropriately cleaned and/or disinfected between resident use for 2 of 2 residents observed. (Resident #52 and #63) (RN #1)</p> <p>Findings include:</p> <p>During observation of medication administration on 6/13/13 at 8:34 a.m., RN#1 took oxygen saturation measurements on Resident #52 and Resident #63 using a SpO2. No sanitizing of the equipment was observed between resident use.</p> <p>During staff interview on 6/13/13 at 8:45 a.m., RN #1 indicated "we only sanitize equipment if residents on contact isolation."</p> <p>Documentation received on 6/17/13 at 8:25 a.m., from the DON (Director of Nursing) indicated, "Maintenance ... SpO2 Sensor [blood oxygen saturation sensor, a medical device placed on a resident's finger to determine the oxygen level in the blood] ... Clean the reusable SpO2 sensor with a 70% isopropyl alcohol solution and allow to air dry."</p> <p>Documentation of "Disinfection of the Vitals Equipment," received from the DON on 6/17/13 at 2:00 p.m.,</p>		<p>·Residents #52 and #63 remain free of facility acquired infection.</p> <p>2. Residents at risk to be affected by alleged deficient practice: ·Residents receiving staff support for care have the potential to be affected by the alleged deficient practice. ·Plan of care for residents #52 and #63 were reviewed by nursing admin and updated as indicated on June 28, 2013. ·Nursing admin educated all nursing/therapy staff June 28, 2013 regarding Disinfection of Vital Sign Equipment.</p> <p>3. Systems to ensure alleged deficient practice does not recur: ·Ongoing education with all nursing/therapy staff will be provided as indicated for non-compliance regarding Disinfection of Vital Sign Equipment by nursing admin. ·Nursing admin will audit 5 residents/wk on alternating shifts receiving staff support for care regarding Disinfection of Vital Sign Equipment X 6 months.</p> <p>4. Monitoring to ensure alleged deficient practice does not recur: ·Plan to be updated as indicated. ·Nursing admin will audit 5 residents/wk on alternating shifts receiving staff support for care regarding Disinfection of Vital Sign Equipment X 6 months. ·Ensure 100% PI compliance monthly X 6 months.</p> <p>1.Date of compliance: July 18, 2013</p>		

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	indicated "Equipment is to be cleaned per manufactures guideline unless following isolation disinfection procedure."  3.1-18(a)				

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F000465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a comfortable homelike environment.</p> <p>Findings include:</p> <p>During the initial tour on 6/10/13 at 9:39 a.m., the following was observed:</p> <ol style="list-style-type: none"> <li>1. The handrail and vent near room A110 was chipped.</li> <li>2. The light bulb was out near room A107.</li> <li>3. The light cover near room A101 was cracked and missing a light.</li> <li>4. The light cover near room B122 was cracked.</li> <li>5. The light cover near room B 127 was cracked.</li> <li>6. The electric wheel chair for Resident #31 was taped together on the back seat.</li> <li>7. The light cover down the education wing near the kitchen was cracked.</li> <li>8. The light cover neat the janitor closet near the activity room was cracked.</li> </ol>	F000465	<p>F 465 Safe/Functional/Sanitary/Comfortable Environments</p> <ol style="list-style-type: none"> <li>1. Resident affected by alleged deficient practice: <ul style="list-style-type: none"> <li>·This facility does provide a safe, functional, sanitary, and comfortable environment for it's residents, staff and the public.</li> <li>·No residents were affected by this alleged deficient practice.</li> </ul> </li> <li>2. Residents at risk to be affected by this alleged deficient practice: <ul style="list-style-type: none"> <li>·Residents receiving staff support for care have the potential to be affected by the alleged deficient practice.</li> </ul> </li> <li>3. Systems to ensure alleged deficient practice does not recur: <ul style="list-style-type: none"> <li>·#1. The handrail and vent near room A110 will be completed by July 18, 2013.</li> <li>·All handrails on halls A, B, and C were sanded and stained and will be completed by July 18, 2013.</li> <li>·#2. The light bulb was replaced on June 28, 2013 near room A107.</li> <li>·#3,4,5,7,8-- light covers will be replaced by July 18, 2013 near rooms A 101, B 122, B 127, education wing near kitchen, janitor closet near activity room</li> </ul> </li> </ol>	07/18/2013	

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	<p>9. The light covers down the C hall were cracked.</p> <p>10. The handrail near C148 was jagged and broken.</p> <p>11. The rehab dining room had stucco falling and puckering water spots on the ceiling near the television.</p> <p>12. The vent in the ceiling near the piano was loose.</p> <p>13. There was paint peeling on the ceiling near the rehab dining room entrance.</p> <p>During observation on 6/11/13 at 11:24 a.m., the following was observed:</p> <p>1. In room #145 there were cob webs in the window seal, the closet door was not closing properly, and the fan in the bathroom was not working.</p> <p>2. In room #150 the bottom of the bathroom door had wood exposing splinters, the trim was loose by the closet, the window toward closet won't close completely, and cob webs in the corner of the window.</p> <p>3. In room #151 the door had chipped and exposed wood splinters, the fan in the bathroom was not working, and the trim was loose on the bathroom floor by the window and by the bed.</p> <p>4. In room #152 there was loose</p>		<p>·#9. All lights on the C hall will be replaced with new fixtures by July 18, 2013.</p> <p>·#10. Handrail near C148 will be repaired by July 18, 2013. All handrails have been sanded and stained and will be completed by July 18, 2013.</p> <p>·#11. The ceiling in the rehab dining room will be repaired by July 18, 2013.</p> <p>·#12. The vent in the ceiling near the piano will be repaired by July 18, 2013.</p> <p>·#13. The paint on the ceiling near the rehab dining room entrance will be repaired and painted by July 18, 2013.</p> <p>·#1. Room 145- cobwebs were cleaned from window seal on June 13, 2013. The closet door will be fixed by July 18, 2013 and the fan in the bathroom will be replaced by July 18, 2013.</p> <p>·#2. Room 150- The bathroom door will be repaired by July 18, 2013. The trim will be fixed by the closet by July 18, 2013. The window will be repaired by July 18, 2013. The cobwebs were cleaned from the corner of window June13, 2013.</p> <p>·#3. Room 151- The door will be repaired by July 18, 2013. The fan in the bathroom will be replaced by July 18, 2013. The trim will be fixed on the bathroom floor, by the window and by the bed by July 18, 2013.</p> <p>·#4. Room 152- The panel that was loose behind the door will be fixed by July 18, 2013.</p>				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>panel behind the door,.</p> <p>5. In room #147 the closet door did not close all the way, metal trim around the bathroom door was not secure, the fan was not working in the bathroom, and the air conditioner vent broken.</p> <p>6. In room #125 there was a hole in the wall and loose trim near the bathroom.</p> <p>7. In room #126 the trim on the bathroom floor was loose, the vent in the bathroom ceiling was loose, and the bathroom door had a big gash in it.</p> <p>8. In room #148 the mirror in the bathroom was hanging loose, the closet door was off track and won't close, the curtains in the window were ripped, and the metal around the bathroom door was loose.</p> <p>9. In room #146 the room door does not close completely, the fan in the bathroom not working, the closet door does not close and had splinters on the door, and the privacy curtain dirty.</p> <p>10. In room #154 the outlet by the window was cracked, the trim was loose behind the bed by the window, and the corner by the bathroom and the window was cracked.</p> <p>During observation on 6/17/13 at 10:00 a.m., observed cracked light covers in the solarium room.</p>		<p>·#5. Room 147- The closet door will be repaired by July 18, 2013. The metal trim around the bathroom door will be secured by July 18, 2013. The fan will be replaced by July 18, 2013. The Air conditioner vent will be repaired by July 18, 2013.</p> <p>·#6 Room 125- The hole in the wall will be repaired by July 18, 2013 and the trim near the bathroom will be repaired by July 18, 2013.</p> <p>·#7 Room 126 The trim will be repaired by July 18, 2013. The vent in the bathroom will be repaired by July 18, 2013. The bathroom door will be repaired by July 18, 2013.</p> <p>·#8 Room 148 The mirror will be secured by July 18, 2013. The closet door will be repaired by July 18, 2013. The curtains were replaced on June 13, 2013. The metal around the door will be repaired by July 18, 2013.</p> <p>·#9 Room 146 The room door now closes completely and was repaired on July 3, 2013. The fan in the bathroom will be replaced by July 18, 2013. The closet door will be repaired by July 18, 2013. The privacy curtain was replaced on June 13, 2013.</p> <p>·#10 Room 154 The outlet by the window will be repaired by July 18, 2013. The trim will be fixed behind the bed by the window and by corner of bathroom by July 18, 2013. The window will be replaced by July 18, 2013.</p>				

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	<p>During an interview on 6/18/13 at 9:00 a.m., the maintenance manager indicated, "We have replaced some light covers, but they are so old we are not able to find the same ones."</p> <p>3.1-19(f)(5)</p>		<ul style="list-style-type: none"> <li>·#11 Cracked light covers in the Solarium will be replaced by July 18, 2013.</li> <li>·#12 Resident # 31 expired and family removed personal wheelchair from facility on June 23, 2013.</li> <li>·An audit was conducted by Housekeeping Supervisor on June 28, 2013 to ensure all window seals were free of cobwebs and placed on weekly cleaning schedules.</li> <li>·Ongoing education with maintenance and housekeeping staff will be provided as indicated for non-compliance regarding safe, sanitary, functional and comfortable environment by ED/ or designee and/or House-keeping/Maintenance Supervisors.</li> <li>·ED and/or Maintenance to monitor the preventative maintenance program to ensure ongoing compliance with repairs/maintenance of cited areas 2 x wk/ M-F X 6 months.</li> <li>4. Monitoring to ensure alleged deficient practice does not recur: <ul style="list-style-type: none"> <li>·Preventive Maintenance program to be updated as indicated to ensure all areas cited will be maintained on an ongoing basis.</li> <li>·Audits were completed by AIT, Maintenance, and/or Housekeeping Supervisor on all resident room doors, vents, bathroom fans, window sills, windows and light fixtures to ensure ongoing compliance and</li> </ul> </li> </ul>		

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			<p>program put into place to repair/replace monthly or as needed to maintain safe, functional, sanitary and comfortable environment.</p> <ul style="list-style-type: none"> <li>·Ongoing education with maintenance and housekeeping staff will be provided as indicated for non-compliance regarding safe, sanitary, functional and comfortable environment by ED/ or designee and/or House-keeping/Maintenance Supervisors.</li> <li>·Ensure 100% PI compliance monthly X 6 months.</li> <li>·ED and/or designee to monitor the preventative maintenance program to ensure ongoing compliance with repairs/maintenance of cited areas 2 x wk/ M-F X 6 months.</li> </ul> <p>1.Date of compliance: July 18, 2013</p>		