STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING / B. WING	X3) DATE SURVEY COMPLETED
	155362	A. BUILDING 00 / B. WING	08/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-MERRILLVILLE	8800 VIRGINIA PL MERRILLVILLE, IN 46410

(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
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00180090. Complaint IN00180090- Substantiated. No deficiencies related to the allegations were cited. Unrelated deficiencies were cited. Survey dates: August 17 & 18, 2015 Facility number: 000253 Provider number: 155362 AIM number: 100266660 Census bed type: SNF/NF: 138 Total: 138 Census Payor type: Medicare: 08 Medicaid: 98 Other: 32 Total: 138 Sample: 3 Supplemental sample: 3 These deficiencies reflect state findings cited in accordance with 410 IAC	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	16.2-3.1.			
F 0164 SS=D Bldg. 00	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage			

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	methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.			
	Based on observation, interview, and record review, the facility failed to ensure a resident's privacy during care was maintained, related to open privacy curtains and room door while providing incontinence care for 1 of 3 residents observed for care in a total supplemental sample of 3. (Resident #F) Finding includes: During an observation, from the hallway on the A-Wing located on the D-Unit, on 08/17/15 at 1:27 p.m., CNA #3 was providing incontinent care on Resident #F. Resident #F was in the bed which was located by the window in the room. The privacy curtain was opened, the door to the hallway was opened, the resident was turned toward the door, the resident's gown was pulled up to the resident's chest, and the covers on the bed were not on the resident. The resident was in full view of the hallway. CNA #3 looked toward the door, and indicated she had been focused on the resident's care and not the door being opened. Resident #F's record was reviewed on	F 0164	F164 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Unable to correct the alleged deficient practice for resident F How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. Other residents receiving care on the D unit A hall had the potential to be affected by the alleged deficient practice however none were identified. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. **Nursing Staff will be re-educated regarding providing privacy during care.** How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. **During rounds the management team will look for episodes of care being provided to ensure privacy is in place. Rounds will be completed 5x week for 4 weeks, 2x week x 4 weeks and then weekly for a total of 6 months.** By what date the systemic changes will be completed? September 10th,	09/10/2015

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	08/17/15 at 3:09 p.m. The resident's diagnoses included, but were not limited to, dementia and diabetes mellitus. The Quarterly Minimum Data Set assessment, dated 05/14/15, indicated the resident's cognition was intact. An interview with the resident on 08/17/15 at 3:28 p.m., indicated she would like the door closed when they were doing care. 3.1-(p)(4)		2015	
F 0241 SS=D Bldg. 00	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on observation, interview, and record review, the facility failed to ensure a resident's dignity was maintained related to, a wet shirt due to drooling of saliva for 1 of 3 residents observed for care in a total supplemental sample of 3. (Resident #E) Finding includes:	F 0241	F241 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Resident E's shirt was changed on 8/17/15. Unable to change the timing of the alleged deficient practice. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. **Other residents who have wet or**	09/10/2015

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	During an observation on 08/17/15 at 9:01 a.m., Resident #E was sitting in a high back wheelchair. The front of the resident's shirt was wet. The resident was drooling saliva, which was causing the front of the resident's shirt to be wet. The resident did not have a shirt protector on. During an observation on 08/17/15 at 1:30 p.m. The resident remained in the wheelchair. The front of the resident's shirt was still wet and had a larger wet area on the front of the shirt. This was the same shirt the resident was observed in at 9:01 a.m. The resident did not have shirt protector on. CNA #1 changed the resident's shirt. Resident #E's record was reviewed on 08/17/15 at 2:56 p.m. The resident's diagnoses included, but were not limited to, stroke and dementia. A Quarterly Minimum Data Set assessment, dated 05/12/15, indicated the resident's cognition was moderately impaired, and required extensive assistance with transfers, dressing, and hygiene. A care plan, dated 07/14/15, indicated the resident spilled food and snacks and drooled excessively. The care plan indicated the family would like for the		**soiled clothing have the potential to be affected by the alleged deficient practice. Other residents with drooling issues were identified and care plans updated. Other residents with soiled or wet clothes were changed.** What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. **Nursing staff will be re-educated regarding utilization of clothing protectors for care planned residents and changing clothing if soiled. As well any other residents with wet or soiled clothing will be changed timely.** How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. **During rounds unit managers will audit residents to ensure residents are wearing clothing protectors as care planned. As well the rounds will include any residents that have wet or soiled clothing that will be changed timely. Rounds will be completed 5x week for 4 weeks, 2x week x 4 weeks and then weekly for a total of 6 months.** By what date the systemic changes will be completed? September 10th, 2015	

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	resident to wear a plastic clothing protector. The interventions included, "...will wear clothing protector most time when sitting up in w/c (wheelchair)." During an observation on 08/18/15 at 9:08 a.m., Resident #E was sitting in the wheelchair and had a plastic clothing protector covering her shirt. During an interview at the time of the observation, Unit Manager #4 indicated the resident's family had brought in the plastic clothing protectors within the past week and the resident was to wear the protector when she was sitting in the chair. 3.1-3(t)			
F 0312 SS=D Bldg. 00	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good			

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	nutrition, grooming, and personal and oral hygiene. Based on observation, interview, and record review, the facility failed to ensure a resident with no toileting rehabilitation potential and incontinent of bowel and bladder, received care to maintain good personal hygiene, related to incontinence care, for 1 of 3 residents observed for care, in a total supplemental sample of 3. (Resident #E) Finding includes: During an observation on 08/17/15 at 9:01 a.m., Resident #E was sitting in a high back wheelchair in front of the Nurses' station. During an observation on 08/17/15 at 1:30 p.m. The resident remained in the wheelchair in front of the Nurses' Station. CNA #1 then assisted Resident #E to her room, after the Nurse on the Unit had asked her to assist the resident into bed at 1:38 p.m. CNA #1 then changed the resident's shirt and transferred the resident to the bed, removed the resident's shoes, left the resident's pants on, covered the resident, and started to walk away from the resident. CNA #1 indicated she had	F 0312	F312 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Unable to correct the alleged deficient practice for resident E How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. **Other residents who do not have toileting potential have the potential to be affected by the alleged deficient practice. Changing schedules were reviewed for these residents.** What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. **Nursing staff will be re-educated regarding scheduled incontinence care.** How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. **During rounds, including all three shifts, unit managers will audit residents to ensure residents are receiving the necessary incontinence care. Rounds will be completed 5x week for 4 weeks, 2x week x 4 weeks and then weekly for a total of 6 months. Date**	09/10/2015

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	completed all the resident's care. CNA #1 had not checked the resident for incontinency. CNA #1 then turned toward the resident's bed, and walked back to the bed and placed the side rails in an up position, turned off the overhead light, and placed the call light within reach of the resident and started to leave the resident's room. CNA #1 had not checked the resident for incontinency. CNA #1 then indicated the resident would let her know if she was incontinent. CNA #1 then checked the resident for incontinency. The resident's incontinent brief was saturated with urine and the resident had been incontinent of a large amount of soft/loose bowel movement. CNA #1 then completed incontinent care . During an interview on 08/17/15 at 1:49 p.m., CNA #1 indicated the brief was saturated with bowel movement and urine. She indicated the resident may have went twice in the brief. She indicated she had last checked the resident between 9 a.m. and 9:30 a.m. Resident #E's record was reviewed on 08/17/15 at 2:56 p.m. The resident's		**systemic changes will be completed? September 10th, 2015**	

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	diagnoses included, but were not limited to, stroke and dementia. A Bladder Evaluation Form, dated 08/15/15, indicated the resident was incontinent of bladder, had functional urinary incontinence, and was not appropriate for toileting or retraining program. The Summary indicated the resident was completely incontinent of bowel and bladder and had no urge to void. The Summary also indicated the resident would be provided incontinence care and check and change as needed. A Quarterly Minimum Data Set assessment, dated 05/12/15, indicated the resident's cognition was moderately impaired, required extensive assistance with transfers, dressing, toileting, and hygiene, and was always incontinent of bowel and bladder. The care plan, dated 09/20/13, indicated the resident was incontinent of bladder and bowel. The interventions included, evaluate frequency/timing of incontinence episodes and use brief/pads for incontinence protection. During an interview on 08/18/15 at 9:03 a.m., the Director of Nursing (DoN) indicated the facility had no policy for checking the resident for incontinency			

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	and changing the resident due to incontinency. She indicated the facility had not developed a specific checking and changing plan for the resident. The DoN indicated at a minimum the resident should be checked in the morning, after meals, and before bedtime. The DoN indicated when the resident was incontinent, she should be changed. During an interview on 08/18/15 at 9:08 a.m., Unit Manager #4 indicated incontinent residents were to be checked every two hours. She indicated the check and change program was to be checked every two hours. A facility policy, dated 06/09/15, titled, "Incontinence Management/Bladder Function Guideline", and received from the DoN as current, indicated, "...if the resident is s (sic) cognitively impaired and is unsuccessful at toilet training or unable to participate in retraining then the resident should be placed on incontinence care program. Absorbent products and external collection devices will be used as per center policy in conjunction with incontinence care. Changing programs are also driven by patterns of incontinence..." 3.1-38(a)(3)			

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F 0441 SS=E Bldg. 00	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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. (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. (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.			

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	(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, record review, and interview, the facility failed to ensure proper infection control practices and standards were maintained, related to soiled linens and briefs, and a 3/4 full urinal, for 1 of 4 units observed during resident care (D-Unit). This had the potential to affect 60 resident who reside on the D-Unit. Findings include: During observations of the D-Unit on 08/17/15 from 1:27 p.m. through 2:16 p.m., the following was observed: 1. At 1:27 p.m., CNA #3 was providing incontinent care to Resident #F, who was lying in the bed by the window. CNA #3 was placing the soiled linens and brief in two separate plastic bags, which were sitting on the bed of Resident #F's roommate. During an interview at the time of the observation, CNA #3 acknowledged the items on the bed by the door were the soiled items from Resident #F. 2. There were soiled clothes/linen lying on the floor in room 306.	F 0441	F441 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Unable to correct the alleged deficient practice fore resident F How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. **The residents on D wing have the potential to be affected by the alleged deficient practice. Rounds were completed to ensure all rooms were free of infection control issues.** What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Nursing staff will be re-educated regarding infection control practices. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. **During rounds Management will audit to ensure that the resident rooms are free of infection control issues. Rounds will be completed 5x week for 4 weeks, 2x week x 4 weeks and then weekly for a total of 6 months. Date systemic**	09/10/2015

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	3. There was urinal sitting on the over the bed table, which was 3/4 full of urine in room 315. 4. There were soiled linens lying on both beds in room 319. 5. There were soiled linens on the floor and on a chair in room 321. During an observation with the Administrator present, on 08/17/15 at 3:35 p.m. the soiled linens remained on the two beds in room 319 and an empty urinal remained on the over the bed table in room 315. During an interview on 08/17/15 at 3:35 p.m., the Administrator indicated the staff including the Unit Managers complete rounds and concerns were discussed in the morning meetings. A facility policy, dated 04/14/15, titled, "Bloodborne Pathogens Exposure Control Plan-Laundry and Linens", received from the DoN as current, indicated, "...Contaminated laundry shall be handled as little as possible...All soiled linens must be bagged at the location where they are used...Contaminated laundry will be placed and transported in bags..."		**changes will be completed? September 10th, 2015**	

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	3.1-18(b)(1)			
F 0465 SS=E Bldg. 00	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure resident's had a sanitary, comfortable, and safe environment, related to torn/soiled mats for the floor, mattress, non-skid rugs torn, soiled, and corners turned up, cracked/gouged dry wall, window sill, floor tile, loose cove base, loose/bowing ceiling tiles, torn foam on a transfer pole, pealing paint, cracked wheelchair arms, and water stained ceiling tiles for 3 of 4 Units (B-Unit, C-Unit, and D-Unit). Findings include: During an environmental observation on 08/17/15 at 1:30 p.m. through 2:23 p.m., the following was observed: 1. B-Unit:	F 0465	F 465 What corrective action will be accomplished for those residents found to have been affected by the deficient practice- Immediately rooms 118, 218, 323 1 & 2, 324, 331, 334 1&2 had non-skid mats or e-z landing mats replaced or repaired. Cove trim in rooms 220, 307, 309, 323 1&2 were immediately repaired or replaced. Stained ceiling tiles outside C-wing dining room and outside room 221, entrance of ACU, outside room 311, outside 324 and in front of nurses station were all immediately replaced. Bowed ceiling tiles outside of room 315, ceiling tile above couch by nurses station were all immediately repositioned into	09/10/2015

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-MERRILLVILLE	8800 VIRGINIA PL MERRILLVILLE, IN 46410

(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
	A. There were water stains on the ceiling tile next to the bird cage. B. The mat on the floor in room 18 by the window bed was torn. 2. C-Unit: A. The floor mat in room 218 was torn. B. There was loose cove base on the corner by the closet in room 220. C. There were water stains on the ceiling tiles outside of the Dining Room and on the outside of room 221. 3. D-Unit: A. There was torn wall paper above the door to room 301. B. The non-skid rug in room 302 bed 2 was dirty and bed 1 had a dirty mattress on the floor next to the bed. C. The foam on the transfer pole in room 306 was torn. D. The cove base was loose in the bathroom of 307. E. The wall by the closet in room 309 had cracked/gouged drywall and a loose cove		track. Torn wallpaper above door outside room 301 was repaired immediately. The foam on the transfer pole in room 306 was immediately taken off and new foam put on. The wall by the closet in room 309 had drywall gouge repaired immediately. The corner in room 321 the drywall was repaired immediately. The mattress in room 321 was replaced immediately. The arm rests on the wheelchair from room 322 were replaced immediately. The cracked drywall in room 323 was repaired immediately. Floor tile in room 331 was replaced immediately. Window sill in room 331 was immediately replaced. The heater/air conditioner's peeling paint in room 331 was immediately painted. The non-skid mat in room 302-2 was immediately cleaned and the mattress on floor in room 302-1 was immediately cleaned. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. All residents with floor mats and mattresses have the potential to be effected by this deficient practice. All residents have the potential to be effected by loose cove trim, cracked drywall, peeling wallpaper, heater/air conditioner units with peeling	

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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PL MERRILLVILLE, IN 46410	

(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
	base. F. The ceiling tile outside of room 315 was bowed and off the safety brackets. G. The corner in room 321 had cracked dry wall and the mattress of bed-1 was torn. H. The arms of the wheelchair in room 322 were cracked. I. The mat on the floor in room 323, bed-2 was torn and the non-skid rug by bed-1 was torn. The wall by the door had cracked plaster and the cove base was loose. J. The floor mat on the floor in 324 was torn. K. The floor tile had a piece missing, there was a gouge on the window sill, the paint on the air conditioner/heater was peeling, and the mat on the floor was torn and soiled in room 331. L. The non-skid rugs in room 334, bed 1 & 2 were curling upwards at the corners. M. The ceiling tile above the couch, by the Nurses' Station, where residents were sitting was bowing and not sitting on the safety bracket, which holds the tile up.		paint, gouged window sills and stained ceiling tiles. Only one resident in the facility has a transfer pole therefore no other residents are at risk for this deficient practice. All residents utilizing wheelchairs in facility have potential to be effected by this deficient practice. Maintenance and Environmental rounds will be done three times daily. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Maintenance staff will be re-educated, through in-servicing, on the proper process for Maintenance rounds and environmental checks. Housekeeping staff will be re-educated, through in-servicing, on the cleaning protocol of HealthCare Services and new wheelchair cleaning protocol. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Housekeeping has added a line item to the daily check sheet for room cleaning to include landing/non skid mats. Housekeeping has created a new work order form to give	

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	155362		08/18/2015

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GOLDEN LIVING CENTER-MERRILLVILLE	8800 VIRGINIA PL MERRILLVILLE, IN 46410

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	N. There were water stains on the ceiling tiles at the entrance to the Unit, outside of room 311, outside of room 324, and in front of the Nurses' Station. During an observation of the above items, with the Administrator and the Director of Maintenance on 08/17/15 at 3:35 p.m., they acknowledged the above items. The Director of Maintenance indicated the water stains were from the condensation from the air conditioner and changing the ceiling tiles was ongoing. The Administrator and the Director of Maintenance indicated they were unaware of the torn mattress and floor mats. 3.1-19(f)		Maintenance during wheelchair cleaning. Maintenance will monitor wheelchair condition through the monthly preventative maintenance for wheelchairs. Maintenance and Housekeeping rounds will be done 3x daily for one month, 2x daily for 5 months for a total of 6 months. All round findings for maintenance and Housekeeping will be brought to QA on a monthly basis by Maintenance for 6 months and as needed there after. By what date the systemic changes will be completed? September 10th, 2015	