



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 02 2015

Ms. Loriann Putzier, President & COO  
Tithonus Lancaster LP  
C/O Integracare Corporation  
6600 Brooktree Court, Suite 1000  
Wexford, Pennsylvania 15090

RE: Magnolias of Lancaster  
1870 Rohrestown Road  
Lancaster, Pennsylvania 17601  
License #: 322590

Dear Ms. Putzier:

As a result of the Department of Human Services' licensing inspection on July 1, 2015, July 2, 2015 and July 8, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period July 21, 2015 to July 21, 2016 was issued on May 5, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones  
Director<sub>SN</sub>

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: MAGNOLIAS OF LANCASTER		License Number: 32269
Address: 1870 REHRERSTOWN RD., LANCASTER, PA 17601		County: Lancaster
Administrator: CANDY SHOMO		Region: CENTRAL
Legal Entity Name: TITHONUS LANCASTER LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy C-2 LP 03/24/1998 Labor and Industry		
Staffing Hours Resident Support: 0		Total Daily Staff: 74 Waking Staff: 56
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/01/2015: OPake, Hope 07/02/2015: OPake, Hope 07/08/2015: Swanger, Brett; Bomberger, Cybil		
Off-Site Inspection Dates and Inspectors, If Applicable 07/13/2015 ; Swanger, Brett		
Other Details Partial or Full Triggers: Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 38 Number of Residents Served: 37 Secured Dementia Care Unit in Home: Yes Area: Building Secured Dementia Unit Capacity, if Applicable: 38 Number of Residents Served in Secured Dementia Care Unit, if applicable: 37 Number of Current Hospice Residents: 13 Number of Hospice Residents in past year: 14		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 1 Have Mental Illness: 2 Have an Intellectual Disability: 37 Have a Mobility Need: 37 Have a Physical Disability: 1

Violation Report: 32259 - 07/01/2015 - OPake, Hope  
 PCH Name: MAGNOLIAS OF LANCASTER

1. **REGULATION 55 Pa.Code §2600**  
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. **DESCRIPTION OF VIOLATION**  
 On the morning of 6/25/15, Resident #2 exited the home which sounded the emergency door alarm. Staff responded to the alarm but did not think that a resident left the facility and thus did not conduct a head count to assure that all residents were still in the home. This enabled Resident #2 to elope from the facility and wander without any emergency response. At this time, the staff failed to provide proper supervision to Resident #2, placing the resident in jeopardy of serious harm.

3. **PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

See Attached (2A)

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Candy Shomo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Candy Shomo</i>	Date <i>7-27-15</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8/5/15</u> (Date)	Plan of correction implementation status as of <u>8/5/15</u> (Date)
The above plan of correction was approved by <u>fbjs</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Community/Residence Name: Magnolias of Lancaster  
License Number: 322590  
Date of Visit: 7/1/15 and 7/2/15, Incident 7/8/15  
Date of Submission: 7/27/15

**Violation Review: 2600.42(b)**

A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way

**Violation Interpretation Statement:**

On the morning of 6/25/15, Resident #2 exited the home which sounded the emergency door alarm. Staff responded to the alarm but did not think that a resident left the facility and thus did not conduct a head count to assure that all residents were still in the home. This enabled Resident #2 to elope from the facility and wander without any emergency response. At this time, the staff failed to provide proper supervision to Resident #2, placing the resident in jeopardy of serious harm

**Benefit of the Regulation:**

Protects residents from abuse and neglect

**Description of the Repair of the Immediate Problem:**

Simplex, our security door provider was notified immediately and has been working on the doors and alarm system. Due to local fire codes the front door is equipped with a panic bar for emergencies. When pushed it releases in 30 seconds. The door is equipped with an alarm that is activated when a resident pushes the bar. A new policy has been implemented and staff made aware that in the case of a Suspected Missing Resident they are to immediately check the outside perimeter and conduct a head count to ensure that all residents are secure. If the head count is inaccurate the team will implement the Missing Resident Protocol per our COSM (Community Operating Standards Manual)

**Determine/document the Root Cause of Violation:**

Staff assumed the resident that was at the door when the alarm sounded was the one that activated the alarm, failure to check outside and conduct a head count

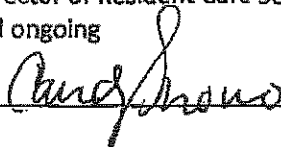
**Detail Action Steps/System developed to prevent future occurrence:**

- a. Changing practice?  
New policy for Magnolias was added to the existing policy, identifying the need to do further investigation when door alarm is sounded to ensure that all residents are accounted for.
- b. Teaching or Training?  
New policy has been posted in employee lounge, Wellness center, and DRCS will again go over it in her monthly staff meeting scheduled for 7/29/15
- c. Ongoing Monitoring?  
New policy will be added to the orientation for all new hires at Magnolias

**Designated Position Responsible and Specific Target Date for Correction:**

Executive Director, Director of Resident Care Services, all managers conducting new hire orientation, immediate and ongoing

Authorized Signature



Date: 7/27/15

Violation Report: 32259 - 07/01/2015 - OPake, Hope  
 PCH Name: MAGNOLIAS OF LANCASTER

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

The annual training provided to Direct Care Staff Member A and Direct Care Staff Member B in training year 2014 did not include the topic "Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan".

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attached (3A + 3B)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/05/2014	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Candy Shome*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Candy Shome* Date *7-27-15*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 8/5/15  
 (Date)

The above plan of correction was approved by BAS  
 (Initials)

Plan of correction implementation status as of 8/5/15  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Community/Residence Name: Magnolias of Lancaster  
License Number: 322590  
Date of Visit: 7/1/15 and 7/2/15, Incident 7/8/15  
Date of Submission: 7/27/15

**Violation Review: 2600.65(f)**

Training topics for the annual training for direct care staff persons shall include the following:

- 1) Medication self-administering training
- 2) Instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- 3) Care for residents with dementia and cognitive impairments
- 4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- 5) Personal care service needs of the resident
- 6) Safe management techniques
- 7) Care for residents with mental illness or mental retardation, or both, in the population is served in the home

**Violation Interpretation Statement:**

The annual training provided to direct Care Staff Member A and Direct Care Staff Member B in training year 2014 did not include the topic "Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan"

**Benefit of the Regulation:**

Ensures that direct staff persons receive high quality training to continue to develop their knowledge of regulatory requirements and best practices in resident care

**Description of the Repair of the Immediate Problem:**

Required training for "Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, and medical evaluation and support plan" immediately placed on the Adult Residential Licensing Personal Care Home Staff Training Plan for live training with Olivia Perry DRCS 7/29/15 (see attached). All staff will be trained on how the Support Plan, Assessment tool, Pre Screen and the DME help aid us in the care of our residents, Staff member A and B are no longer with us

**Determine/document the Root Cause of Violation:**

Failure to place the training required on the Staff Training Plan after violation in 2014

**Detail Action Steps/System developed to prevent future occurrence:**

a. Changing practice?

Continue to use the training tracker that was implemented in 2013. Business Office Assistant and Executive Director will audit the training plan annually to ensure that all required training is on the Plan for the year. Business Office Assistant and Executive Director will audit Staff training records quarterly to ensure that all required training is met prior to the end of the year. To ensure that all staff are compliant, Business Office Assistant will print out the list of those that have

completed their on line training (Care2Learn) monthly and notify any staff member that may have missed so they have time to complete prior to end of the year.

b. Teaching or Training? All staff will be trained on how the Support Plan, Assessment tool, Pre Screen and the DME help aid us in the care of our residents, this has been added to the annual training schedule

c. Ongoing Monitoring?

This will be monitored monthly by the Business Office Assistant, Quarterly by the Executive Director and the Business Office Assistant and Staff Training Plan will be audited at the beginning of the training year to ensure that all required training is on the plan for the upcoming year by the Executive Director and Business Office Assistant

**Designated Position Responsible and Specific Target Date for Correction:**

Business Office Assistant and Executive Director, 7/29/15

Authorized Signature



Date:

7-27-15

Violation Report: 32259 - 07/01/2015 - OPake, Hope  
 PCH Name: MAGNOLIAS OF LANCASTER

1. **REGULATION 55 Pa.Code §2600**  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. **DESCRIPTION OF VIOLATION**  
 The last drill conducted during sleeping hours was on February 25, 2015. Prior to that, the previous drill conducted during sleeping hours was on May 29, 2014.

3. **PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

See Attached (4A)

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Candy Showo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Candy Showo</i>	Date <i>7/27/15</i>
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The above plan of correction was approved by <u><i>BAS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Community/Residence Name: Magnolias of Lancaster  
License Number: 322590  
Date of Visit: 7/1/15 and 7/2/15, Incident 7/8/15  
Date of Submission: 7/27/15

**Violation Review: 2600.132(e)**

A fire drill shall be held during sleeping hours once every 6 months

**Violation Interpretation Statement:**

The last drill conducted during sleeping hours was February 25, 2015. Prior to that, the previous drill conducted during sleeping hours was on May 29, 2014

**Benefit of the Regulation:**

It is critical to practice response and evacuation while residents are asleep, since an individual's response time and actions when waking from sleep are reduced, and because most fire deaths occur during sleeping hours

**Description of the Repair of the Immediate Problem:**

This was immediately addressed in June during an internal audit, and has been noted to be corrected by our Maintenance Supervisor. The Executive Director will be responsible to audit the fire drill logs quarterly to ensure that all fire drills are conducted in compliance with the RCG.

**Determine/document the Root Cause of Violation:**

Failure to audit fire logs

**Detail Action Steps/System developed to prevent future occurrence:**

- a. Changing practice?  
The Executive Director will be responsible for auditing the Fire Drill Logs Quarterly.
- b. Teaching or Training?  
Yes, went over reg 2600.132(e) with Maintenance Supervisor in June when internal audit was conducted. He did correct this, but was missed in 2014. He is aware of the seriousness of conducting the Sleeping Hour Fire Drill.
- c. Ongoing Monitoring?  
Executive Director will continue to conduct Audits Quarterly to ensure that fire drill logs are compliant, schedule was also placed in the TELs (an electronic manager of all maintenance jobs) this will alert him in advance when the drill is to be conducted

**Designated Position Responsible and Specific Target Date for Correction:**

Executive Director and Maintenance Supervisor, immediate and on going

Authorized Signature \_\_\_\_\_

*Carroll*

Date: \_\_\_\_\_

*7/27/15*

Violation Report: 32259 - 07/01/2015 - OPake, Hope  
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a medical evaluation completed on November 11, 2014. The previous medical evaluation was completed on October 18, 2013.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

See Attached (5A)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Candi Showers*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Candi Showers* Date *7-27-15*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 8/5/15  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Community/Residence Name: Magnolias of Lancaster  
License Number: 322590  
Date of Visit: 7/1/15 and 7/2/15, Incident 7/8/15  
Date of Submission: 7/27/15

**Violation Review: 2600.141(b)(1)**

A resident shall have a medical evaluation at least annually

**Violation Interpretation Statement:**

Resident #1 had a medical evaluation completed on November 11, 2014. The previous medical evaluation was completed on October 18, 2013

**Benefit of the Regulation:**

Accurate, update medical information helps homes decide whether a residents needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents medical needs will be met

**Description of the Repair of the Immediate Problem:**

DRCS will audit charts to ensure that her tickler is up to date when DME's are due to ensure that the medical evaluation has been completed in the time frame as outlined in the RCG, she will also be responsible to check her tickler on a monthly basis to ensure that no Medical Evaluation is missed

**Determine/document the Root Cause of Violation:**

Resident missed the time frame for annual medical evaluation by 10 days, failure to audit charts to ensure that evaluation is completed annually

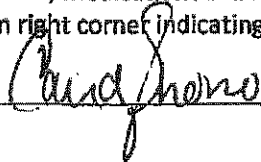
**Detail Action Steps/System developed to prevent future occurrence:**

- a. Changing practice?  
DRCS will initial the bottom right hand corner of the DME indicating that the evaluation date was placed on her tickler, for close monitoring to ensure that the medical evaluation has been completed annually to prevent further occurrences
- b. Teaching or Training?  
Medication Assistant will be educated on the purpose of the DRCS initials located in the bottom right hand corner of the DME
- c. Ongoing Monitoring?  
DRCS will continue to audit the DME when received and initial when place on tickler, she will also check her tickler at the beginning of each month to ensure compliance of DME's

**Designated Position Responsible and Specific Target Date for Correction:**

Director of Resident Care, Medication Assistant will also check the DME to ensure that DRCS initials are located on the bottom right corner indicating date was placed on the tickler

Authorized Signature



Date: 7/27/15

Violation Report: 32259 - 07/01/2015 - OPake, Hope  
 PGH Name: MAGNOLIAS OF LANCASTER

**1. REGULATION 65 Pa.Code §2600**

2600.225(e) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

The Initial Resident Assessment and Support Plan for Resident #2, dated 3/4/15, reads that no attempts to elope from the building have been made. No update to the assessment and plan had been made in response to Resident #2's elopement from the facility on 6/25/15.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

See Attached (6A)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Candy Showo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Candy Showo*

Date *7-27-15*

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 (Date)

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 (Date)

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 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Community/Residence Name: Magnolias of Lancaster  
License Number: 322590  
Date of Visit: 7/1/15 and 7/2/15, Incident 7/8/15  
Date of Submission: 7/27/15

**Violation Review: 2600.225(c)**

The resident shall have additional assessments as follows:

- (1) Annually
- (2) If the condition of the resident significantly changes prior to the annual assessment
- (3) At the request of the department upon cause to believe that an update is required

**Violation Interpretation Statement:**

The initial Resident Assessment and Support Plan for Resident #2, dated 3/4/15, reads that no attempts to elope from the building have been made. No update to the assessment and plan had been made in response to Resident #2's elopement from the facility on 6/25/15

**Benefit of the Regulation:**

Allows homes to create a comprehensive profile of a residents needs and serves as the basis for the plan to meet those needs

**Description of the Repair of the Immediate Problem:**

DRCS updated the Assessment and Support plan 7/8/15, see attached.

**Determine/document the Root Cause of Violation:**

Failure to update support plan when the incident occurred

**Detail Action Steps/System developed to prevent future occurrence:**

- a. Changing practice?  
DRCS will educate all Med Assist on the proper documentation on the Support plan that is needed when a significant change occurs with all residents, all will be responsible for updating the Support plan when incidents occur
- b. Teaching or Training?  
DRCS will conduct training on the importance of updating the support plan when a significant safety issue or change has occurred with a resident. This is scheduled for 7/29/15
- c. Ongoing Monitoring?  
DRCS will read the daily log notes from all shifts on a daily basis when in the community, she will audit the support plan to ensure that all information pertaining to a significant safety issue or change in condition has been updated on the support plan

**Designated Position Responsible and Specific Target Date for Correction:**

Director of Resident Care Services, the Executive Director will also be responsible to meet with Director of Resident Care Service on a monthly basis to ensure this is being done as a follow up to prevent further occurrences. Immediate and on going

Authorized Signature

*Candy Howe*

Date: 7/27/15

Violation Report: 32259 - 07/01/2015 - OPeke, Hope  
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600  
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION

The initial Resident Assessment and Support Plan for Resident #2, dated 3/4/15, reads that no attempts to elope from the building have been made. No update to the assessment and plan had been made in response to Resident #2's elopement from the facility on 6/25/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attached (7A)

Repeat Violation: No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Candy Show*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Candy Show

Date 7/27/15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

Plan of correction implementation status as of 8/5/15  
 (Date)

The above plan of correction was approved by BAS  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Community/Residence Name: Magnolias of Lancaster  
License Number: 322590  
Date of Visit: 7/1/15 and 7/2/15, Incident 7/8/15  
Date of Submission: 7/27/15

**Violation Review: 2600.234(d)**

The support plan shall be revised at least annually and as the residents condition changes

**Violation Interpretation Statement:**

The initial Resident Assessment and Support Plan for Resident #2, dated 3/4/15, reads that no attempts to elope from the building have been made. No update to the assessment and plan had been made in response to Resident #2's elopement from the facility on 6/25/15

**Benefit of the Regulation:**

A person with dementia has rapidly changing mental health and physical health needs; a current assessment-support plan can help to specify how the home will meet the needs of the resident identified in the assessment. It is critical that the home immediately revise the support plan after a significant change to address life safety issues and/or changing needs

**Description of the Repair of the Immediate Problem:**

DRCS updated the Assessment and Support plan 7/8/15, see attached.

**Determine/document the Root Cause of Violation:**

Failure to update support plan when the incident occurred

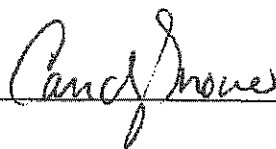
**Detail Action Steps/System developed to prevent future occurrence:**

- a. Changing practice?  
DRCS will educate all Med Assist on the proper documentation on the Support plan that is needed when a significant change occurs with all residents, all will be responsible for updating the Support plan when incidents occur
- b. Teaching or Training?  
DRCS will conduct training on the importance of updating the support plan when a significant safety issue or change has occurred with a resident. This is scheduled for 7/29/15
- c. Ongoing Monitoring?  
DRCS will read the daily log notes from all shifts on a daily basis, she will audit the support plan to ensure that all information pertaining to a significant safety issue or change in condition has been updated on the support plan

**Designated Position Responsible and Specific Target Date for Correction:**

Director of Resident Care Services, the Executive Director will also be responsible to meet with Director of Resident Care Service on a monthly basis to ensure this is being done. Immediate and on going

Authorized Signature



Date:

7/27/15