

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility
COUNTY: LACROSSE

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community Based Residential Facilities in LaCrosse County.

The report includes only facilities located within the City of LaCrosse. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 27 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: BETHANY HEARTEN HOUSE I (510185)

Address: 2573 S 7TH ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 02/01/1991

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

This is Page 2 of 27 total pages. If printing this report ensure that your printer is set to print only the desired pages.

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: BETHANY HEARTEN HOUSE II (510239)

Address: 2571 S 7TH STREET, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 12/08/1993

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Facility Information

Facility Name: BRUNK HOUSE (510294)
Address: 2734 HARVEY STREET, LACROSSE, WI 54603
License Status: REGULAR
Licensed/Certified/Registered 10/01/1996
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS AS (SEMIAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: CARE CENTER (0013220)

Address: 4647 MORMON COULEE RD, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 05/18/2010

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106292 **End Date:** 05/17/2010 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: CHILED A (0011556)

Address: 1825 VICTORY STREET, LACROSSE, WI 546017299

License Status: REGULAR

Licensed/Certified/Registered 08/18/2006

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0108057 **End Date:** 02/17/2011 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0106998 **End Date:** 08/12/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WZ2J11 Served 09/09/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS	09/10/2010	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS CNA (NONAMBULATORY)
COUNTY: LACROSSE

Enforcement History (CHLEDA)

Date: 09/02/2010 **SOD #WZ2J11** **Enforcement Appealed: No**

Sanctions

FORFEITURE---83.37(1)(a)

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: CLADDAGH HOUSE-FARNAM (0010114)

Address: 1301 S 28TH ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 05/01/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: CLARE BRIDGE OF LACROSSE (510386)

Address: 3161 EAST AVE SOUTH, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 02/01/1999

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107970 **End Date:** 02/08/2011 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Complaint History (CLARE BRIDGE OF LACROSSE)

Date Complaint Received: 10/18/2010

Date Investigation Completed: 02/08/2011

Subject Area(s)
MEDICATIONS
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Facility Information

Facility Name: FRANCISCA SKEMP HEALTHCARE RES SERV/GRP HME I (510373)

Address: 518 S 10TH ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 10/01/1998

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

No survey activity during the period 04/01/2008 through 03/31/2011.

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Facility Information

Facility Name: GERARD HALL (510021)
Address: 940 DIVISION STREET, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 04/01/1984
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0107335 **End Date:** 10/22/2010 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MZ0C11 Served 10/29/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS		
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD		
83.45(1)(b)	BUILDING INTEGRITY		
83.45(1)(d)	HAZARDS		
83.47(2)(e)	OTHER EVACUATION DRILLS		
83.47(3)	FIRE INSPECTION		
83.59(2)(b)	SOLID CORE WOOD DOORS OR EQUIVALENT		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Enforcement History (GERARD HALL)

Date: 10/28/2010 SOD #MZ0C11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.47(2)(e)

FORFEITURE---83.47(3)

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Facility Information

Facility Name: LAAR WOMENS HALFWAY HOUSE (0010477)
Address: 1005 JACKSON ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 03/18/2004
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105713 **End Date:** 02/04/2010 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1LCT11 Served 02/15/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Facility Information

Facility Name: OPTIONS (510398)
Address: 2041 WOOD ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 12/01/1999
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: LACROSSE

Survey ID: 0108207 **End Date:** 03/14/2011 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OIS611 Served 03/29/2011

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(3)(a)	ADMINISTRATOR SHALL SUPERVISE DAILY OPERATION		
83.20(2)(a)	CONDITIONS-INITIATED BY RESIDENT		
83.23	EMPLOYEE SUPERVISION		
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED		
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION		
83.35(2)	MODIFIED OR SPECIAL DIETS		
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE		
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE		
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS		
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW		
83.37(1)(j)	PROOF-OF-USE RECORD		
83.37(1)(k)	MEDICATION ERROR OR ADVERSE REACTION		
83.37(2)(c)	MEDICATION ADMINISTRATION NOT SUPERVISED		
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION		
83.37(3)(a)	MEDICATION STORAGE: ORIGINAL CONTAINERS		
83.38(1)(c)	LEISURE TIME ACTIVITIES		
83.38(1)(d)	COMMUNITY ACTIVITIES		
83.42(1)	RESIDENT RECORD MAINTAINED		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS AA (AMBULATORY)

COUNTY: LACROSSE

Survey ID: 0106574 **End Date: 05/19/2010** **Type: STANDARD** **Purpose: SURVEY**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #2JPA11 Served 06/26/2010

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(1)(d)	MAINTAIN RECORDS HEATING SYSTEM MAINTENANCE	06/22/2010	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	12/22/2010	No

Survey ID: 0104276 **End Date: 05/08/2009** **Type: OTHER** **Purpose: COMPLAINT**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M2VE11 Served 06/19/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	12/22/2010	No
83.36(2)	MAINTAIN CURRENT WRITTEN STAFFING SCHEDULE	12/22/2010	No
83.37(1)(j)	PROOF-OF-USE RECORD	12/22/2010	No

Survey ID: 0102539 **End Date: 09/09/2008** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #QUQQ12 Served 09/19/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	EXPLANATION OF RIGHTS, GRIEVANCE PROCEDURE	04/01/2009	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2009	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Enforcement History (OPTIONS)

Date: 03/16/2011 SOD #OIS611 Enforcement Appealed: No

Sanctions

NO NEW ADMISSIONS
FORFEITURE---83.15(3)(a)
FORFEITURE---83.20(2)(a)
FORFEITURE---83.23
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(2)
FORFEITURE---83.36(1)(b)
FORFEITURE---83.36(2)
FORFEITURE---83.37(1)(a)
FORFEITURE---83.37(1)(e)
FORFEITURE---83.37(1)(j)
FORFEITURE---83.37(1)(k)
FORFEITURE---83.37(2)(c)
FORFEITURE---83.37(2)(d)
FORFEITURE---83.37(3)(a)
FORFEITURE---83.38(1)(c)
FORFEITURE---83.38(1)(d)
FORFEITURE---83.42(1)
FORFEITURE---83.43(1)

Date: 06/11/2009 SOD #M2VE11 Enforcement Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.36(1)(b)
FORFEITURE---83.37(1)(j)

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Complaint History (OPTIONS)

Date Complaint Received: 12/17/2010

Date Investigation Completed: 03/16/2011

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	OIS611
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	OIS611
PROGRAM SERVICES	SUBSTANTIATED	OIS611
QUALITY OF LIFE	SUBSTANTIATED	OIS611

Date Complaint Received: 03/19/2009

Date Investigation Completed: 05/08/2009

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
MEDICATIONS	SUBSTANTIATED	M2VE11

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: SAGEN CENTRE (0009751)

Address: 2221 SIMS PLACE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 06/27/2002

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104818 **End Date:** 08/26/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #KU4D11 Served 09/14/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.47(2)(a)	EMERGENCY AND DISASTER PLAN CONTENTS		

Survey ID: 0101851 **End Date:** 05/08/2008 **Type:** OTHER **Purpose:** SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #EGR911 Served 06/03/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.06(1)(a)3	NEEDS NOT COMPATIBLE WITH CLIENT GROUP	04/01/2009	Yes
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	04/01/2009	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Facility Information

Facility Name: SCARSETH HOUSE (0010980)
Address: 535 S 17TH ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 02/01/2007
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105031 **End Date:** 10/08/2009 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BGDE11 Served 10/16/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.37(1)(j)	PROOF-OF-USE RECORD		
83.37(3)(g)	MEDICATION STORAGE: CONTROLLED SUBSTANCES		

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Facility Information

Facility Name: SIENA HALL (510055)
Address: 608 SOUTH 11TH ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 01/01/1981
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0105414 **End Date:** 11/24/2009 **Type:** STANDARD **Purpose:** SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 04/01/2008 to 03/31/2011

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

COUNTY: LACROSSE

Facility Information

Facility Name: STERLING HOUSE OF LACROSSE (510387)

Address: 3141 EAST AVE SOUTH, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 02/01/1999

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0103036 **End Date:** 10/30/2008 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Facility Information

Facility Name: UNITY HOUSE FOR MEN (510119)
Address: 1922-1924 MILLER ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 02/16/1981
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0104496 **End Date:** 05/18/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DMR611 Served 07/10/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(a)	WRITTEN ORDER FOR MEDICATIONS, SUPPLEMENTS		
83.37(1)(j)	PROOF-OF-USE RECORD		

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Disclaimer: This information is provided as a public service by the Wisconsin Department of Health Services (DHS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Facility Information

Facility Name: UNITY HOUSE FOR WOMEN (510151)
Address: 1312-5TH AVE S, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 08/01/1989
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0101642 **End Date:** 04/11/2008 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #NFUF11 Served 05/01/2008

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	04/01/2009	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/01/2009	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/01/2009	Yes

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Facility Information

Facility Name: UNITY HOUSE I (510063)
Address: 1918 1920 MILLER ST, LACROSSE, WI 54601
License Status: REGULAR
Licensed/Certified/Registered 03/01/1983
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0106988 **End Date:** 10/05/2009 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0104335 **End Date:** 05/18/2009 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #WM1T11 Served 07/01/2009

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	10/05/2009	Waiver

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Provider Inspection Summary
For the period 04/01/2008 to 03/31/2011
Community Based Residential Facility--CLASS AA (AMBULATORY)
COUNTY: LACROSSE

Enforcement History (UNITY HOUSE I)

Date: 07/01/2009	SOD #WM1T11	Enforcement Appealed: Yes	Decision: WITHDRAWN APPEAL (NO STIPUL
<u>Sanctions</u>			
SUBMIT POC (SOD APPEAL ONLY)		--Facility Compliant 10/01/2009 12:00:00AM	

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