PRINTED: 12/20/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		345533	B. Wil	NG		12/13/2012	
	PROVIDER OR SUPPLIER  DARS OF CHAPEL HI	LL		10	REET ADDRESS, CITY, STATE, ZIP CODE 01 GREEN CEDAR LANE CHAPEL HILL, NC 27517		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT  The facility is in co		F (	000			
1,1000	Long Term Care Fa Survey).	acilities (General Health					
[ABORATOR]	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		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.

Facility ID: 001203

PRINTED: 01/20/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A BUILDING 01-THE CEDARS OF CHAPEI					COMPLE			
		345533	B, WN	IG	FEB (1 2067)17	//2013		
NAME OF P	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE			
	ARS OF CHAPEL HI	LL	101 GREEN CEDAR LANE					
1112 022				C	PROVIDER'S PLAN OF CORRECTION	(X6)		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE		
K 000	INITIAL COMMEN	тѕ	,K(	000	К 029			
	This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This building is Type V(111) one story, with a complete automatic sprinkler system.  There were no deficiencies noted during survey: NFPA 101 LIFE SAFETY CODE STANDARD  Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1				The Cedars of Chapel Hill will ensure the services provided or arranged by the facility will meet professional standards of quality.  I. Corrective action will be accomplished by The Cedars of Chapel Hill to correct the deficient practice as follows:  1. Corridor door to the clean utility room			
1			К	029	on North Wing was adjusted on 1/24/13 to ensure positive latching.  2. The wall in the sprinkler room above the fire alarm panel was repaired on 1/24/13.  II. The Cedars of Chapel Hill will identify other life safety issues having the potential to affect residents by the same deficient practice and corrective action will be taken as follows:			
K 038 SS=D	Based on observa approximately 2:30 noted: 1) The corridor do North Wing did not 2) The wall in the alarm panel was o order to maintain the 42 CFR 483.70 NFPA 101 LIFE SA	The corridor door to the clean utility room on the Wing did not have positive latching. The wall in the sprinkler room above the fire m panel was opened and not repaired in er to maintain the required rating of the room.  CFR 483.70 PA 101 LIFE SAFETY CODE STANDARD  access is arranged so that exits are readily essible at all times in accordance with section		038	1. An audit on all facility doors will be completed by 2/8/13 to ensure positive latching.  2. Maintenance staff will conduct a facility-wide inspection in order to maintain the required rating of rooms by 2/8/13.  III. The measures/systemic changes put into place so that deficient practices will not recur will be:  1. Inspections of all facility doors will continue to be part of the routine preventative maintenance checks which occur on a quarterly basis.			
LABORATOR	Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		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.

Facility ID: 001203

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.		PLE CONSTRUCTION	(X3) DATE SU COMPLET	
AND PLAN U	F CORRECTION	(DENTI) (ONL)	A. BUI				
	,	345533	B. WI			01/17	/2013
	ROVIDER OR SUPPLIER DARS OF CHAPEL H			10	EET ADDRESS, CITY, STATE, ZIP CODE  11 GREEN CEDAR LANE  HAPEL HILL, NC 27517  PROVIDER'S PLAN OF CORREC	TION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X6) COMPLETION DATE
K 038	Continued From particles of the Continued From Particles of th	is not met as evidenced by:	K	038	2. Inspections all of hazardous completed using the "Hazardou and Celling Inspection" form by Facility Services or designee on basis.	s Room Wall Director of a quarterly	
	approximately 2:30 noted:  1) Staff at both nu with the procedure	ation on Thursday 1/17/13 at DPM onward the following was arse stations were not familiar as on how to unlock all and exit doors in case of		A	IV. Performance correcting the deficiencies will be monitored in following methods:  1. Inspections of all facility documents to a facility document to the facility documents of the facility documents	through the ors will be Area Door Plant	And Andrews of Property of
K 056 SS=D	There is an autom in accordance with Installation of Spri components, devicomplete coverag The system is mai NFPA 25, Standar and Maintenance Systems. There is supply for the system and waterflow and maintenance supply for the system and maintenance supply for	atic sprinkler system, installed in NFPA 13, Standard for the inkler Systems, with approved ces, and equipment, to provide e of all portions of the facility intained in accordance with rod for the Inspection, Testing, of Water-Based Fire Protection is a reliable, adequate water tem. The system is equipped it tamper switches which are ire alarm system. 18.3.5.	K	056	corridor door to the clean utility North Wing will be monitored w weeks. All doors will be monit quarterly using the "Common A Inspection" form.  2. Inspections of all hazardous completed using the "Hazardou and Ceiling Inspection" form by Plant Services or designee by 2/ then quarterly thereafter.  V. February 8, 2013  K 038	room on reekly for 4 ored rea Door s areas will be s Room Wall Director of 8/13 and	2 8 13
	Based on observ approximately 2:3 noted:	is not met as evidenced by: ation on Thursday 1/17/13 at 0 PM onward the following was nead located in resident room			The Cedars of Chapel Hill will en services provided or arranged by will meet professional standards.  I. Corrective action will be accepted by The Cedars of Chapel Hill to deficient practice as follows:  1. All health center staff will be with the procedures on how to	y the facility s of quality. complished correct the	·

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIP	LE CONSTRUCTION	(X3) DATE SU COMPLE	
AND PLAN O	F CORRECTION	INCIATION TOMBELS	A. BUI		01 - THE CEDARS OF CHAPEI		
		345533	B. WING			01/17	/2013
	ROVIDER OR SUPPLIER	LL	STREET ADDRESS, CITY, STATE, ZIP CODE  101 GREEN CEDAR LANE  CHAPEL HILL, NC 27517				
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 056 K 067 SS=D	element and not me 42 CFR 483.70 NFPA 101 LIFE Solution with the provisions installed in accord	age 2 paint on the heat sensitive relation and the heat sensitive relation.  AFETY CODE STANDARD  g, and air conditioning comply reference of section 9.2 and are ance with the manufacturer's 1.2, 18.5.2.1, 18.5.2.2, NFPA		0567	magnetically locked exit doors in emergency.  II. The Cedars of Chapel Hill wother life safety issues having the to affect residents by the same practice and corrective action was follows:  1. All health center staff will be with the procedures on how to magnetically locked exit doors in emergency.	rill identify he potential deficient vill be taken e in-serviced unlock all	
K 104 SS=D	Based on observe approximately 2:3 noted:  1) No access docunit # 5.2 in order smoke duct detected. 42 CFR 483.70 NFPA 101 LIFE STANDARD Based on observe approximately 2:3 noted:  1) The smoke dates.	AFETY CODE STANDARD	К	104	III. The measures/systemic chinto place so that deficient practice recur will be:  1. All health center staff will be with the procedures on how to magnetically locked exit doors in emergency.  Health center staff will continue in-serviced with the procedures unlock all magnetically locked e the case of emergency during norientation, annually and on an basis.  IV. Performance correcting the deficiencies will be monitored following methods:  1. Health center staff will continue following methods:	e in-serviced unlock all not e to be on how to xit doors in ew hire as needed through the tinue to be on how to exit doors in ew hire as needed through the tinue to be on how to exit doors in ew hire	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) N	IULTIF	LE CONSTRUCTION	(X3) DATE SU COMPLE	
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BU	ILDING	01 - THE CEDARS OF CHAPEI	COMPLE	IEU
		345533	B. Wil	4G		01/17	7/2013
	ROVIDER OR SUPPLIER			10	EET ADDRESS, CITY, STATE, ZIP CODE 11 GREEN CEDAR LANE		
THE CEL	JAKS OF CHAPEL HI			CI	HAPEL HILL, NC 27517		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 104	Continued From pa	age 3	к	104	V. February 22, 2013		2/22/13
K 144	NFPA 101 LIFE SAFETY CODE STANDARD			144	К 056		
SS=F					The Cedars of Chapel Hill will en services provided or arranged by will meet professional standards	y the facility	
					<ol> <li>Corrective action will be acc by The Cedars of Chapel Hill to deficient practice as follows:</li> </ol>		
	Based on observa	is not met as evidenced by: tion on Thursday 1/17/13 at PM onward the following was			<ol> <li>Sprinkler head and heat sen element located in the bathroor were cleaned on 1/23/13. Sub the heat sensitive element was s be drywall dust.</li> </ol>	n of Room 20 stance on	
	North Nurse station	nnunicator panel located at a did not show generator en power was transferred for			Quarterly sprinkler inspection is for 1/31/13. All dirty sprinkler cleaned by facility's sprinkler cou	heads will be mpany.	
	Pacility docume generator was beir minutes monthly.     The facility at the have documentation.	ntation indicated that the ag tested under load for 30 se time of the survey did not on that the generator was		Anna territoria de la companya de la	II. The Cedars of Chapel Hill w other life safety issues having ti to affect residents by the same practice and corrective action w as follows:	ne potential deficient vill be taken	
	inspected weekly. 42 CFR 483.70				<ol> <li>Quarterly sprinkler inspection scheduled for 1/31/13. All dirtheads will be cleaned by facility's company.</li> </ol>	y sprinkler	
					III. The measures/systemic ch into place so that deficient prac recur will be:		
					Inspections of all facility spri will be completed using the by ti sprinkler company on an annual	he facility's	

STATEMENT OF DEFICIENCE AND PLAN OF CORRECTION	ES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G 01 - THE CEDARS OF CHAPE	(X3) DATE SU COMPLE	
		345533	B. WII	1G		01/1	7/2013
NAME OF PROVIDER OR SU		.L		10	EET ADDRESS, CITY, STATE, ZIP CODE 01 GREEN CEDAR LANE HAPEL HILL, NC 27517		
PREFIX (EACH DE	FICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
					IV. Performance correcting the deficiencies will be monitored to following methods:  1. Inspections of all facility spread will be completed by the facility company on an annual basis.  Director of Plant Services or designation of all facility sprinkler heads on an annual basis will occur approximately 6 montannual inspection performed by sprinkler provider. This will all inspection of all facility sprinkler occur at least twice a year.  V. February 22, 2013  K 067  The Cedars of Chapel Hill will enservices provided or arranged by will meet professional standards.  I. Corrective action will be accessive action to deficient practice as follows:  1. An access door will be instaunit #5.2.  II. The Cedars of Chapel Hill wother life safety issues having to affect residents by the same practice and corrective action was follows:  1. Inspections of all facility HV be completed by 2/8/13. Any	inkler heads 's sprinkler  ignee will if facility sis. This ths after the facility's ow for visua heads to  sure the y the facility s of quality. complished correct the lied in HVAC	2/12/13

	PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - THE CEDARS OF CHAPEI		(X3) DATE SURVEY COMPLETED				
		345533	B. WI	NG _	A A A A A A A A A A A A A A A A A A A	01/1	7/2013
	ROVIDER OR SUPPLIER	LL .		1	REET ADDRESS, CITY, STATE, ZIP CODE 01 GREEN CEDAR LANE CHAPEL HILL, NC 27517		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
					non-existent access doors, etc. v reported and repaired by facility provider.  III. The measures/systemic ch into place so that deficient practice and recur will be:  1. Inspections of all facility HV. be completed by 2/8/13. Any finon-existent access doors, etc. v reported and repaired by facility provider.  IV. Performance correcting the deficiencies will be monitored the following methods:  1. Inspections of all facility HV. be completed by 2/8/13. Any finon-existent access doors, etc. v reported and repaired by facility provider.  V. February 22, 2013  K 1.04  The Cedars of Chapel Hill will enservices provided or arranged by will meet professional standards  I. Corrective action will be accessed by The Cedars of Chapel Hill to deficient practice as follows:  1. Smoke damper number 3 loss smoke wall in the attic will either	anges put tices will no AC units will findings of vill be 's HVAC  ese hrough the AC units will findings of vill be 's HVAC	2/22/13
					or removed by 2/8/13.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - THE CEDARS OF CHAPEI			(X3) DATE SURVEY COMPLETED	
		345533	8. WI		OF THE GEDARA OF CHAPE	01/1	7/2013
	OVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 01 GREEN CEDAR LANE CHAPEL HILL, NC 27517	1 0771	772010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	ΙX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
					II. The Cedars of Chapel Hill v other life safety Issues having t to affect residents by the same practice and corrective action v as follows:	he potential deficient	ĺ
					Inspections of all facility attempers will be completed by 2 findings of nonoperational smowill be reported and repaired by HVAC provider.	2/8/13. Any ke dampers	
					III. The measures/systemic cl into place so that deficient pra- recur will be:		t
					<ol> <li>Inspections of all facility att dampers will be completed by I Plan Services or designee using Damper Accessibility Annual Ins form on an annual basis. (EXH</li> </ol>	Director of the "Smoke spection"	
					IV. Performance correcting the deficiencies will be monitored following methods:		
			***************************************		<ol> <li>Inspections of all facility att dampers will be completed by I Plan Services or designee using Damper Accessibility Annual Ins form on an annual basis.</li> </ol>	Director of the "Smoke spection"	1/12/13
					V. February 22, 2013 K 144		7-11-
			***************************************		The Cedars of Chapel Hill will en services provided or arranged b will meet professional standard	y the facility	

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 001203

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	CON			(X3) DATE SU COMPLE	
					01 - THE CEDARS OF CHAPE		
		345533	B. Wi	NG		01/1	7/2013
	ROVIDER OR SUPPLIER DARS OF CHAPEL HII	.L		10	ET ADDRESS, CITY, STATE, ZIP CODE 1 GREEN CEDAR LANE IAPEL HILL, NC 27517		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X6) COMPLETION DATE
			The state of the s		Corrective action will be action to the Cedars of Chapel Hill to deficient practice as follows:		
			de la constanta		1. The generator annunciator at North nurses station was repfacility's generator provider on show generator supplying load was transferred from normal to	aired by 1/24/13 to when power	
					<ol><li>Facility will continue to doc monthly that the generator is to load for 30 minutes.</li></ol>		
					3. Proper documentation will completed on 1/24/13 showing generator is visually inspected v	that the	
			And the second s		II. The Cedars of Chapel Hill we other life safety issues having to affect residents by the same practice and corrective action was follows:	he potentia deficient	
				-	<ol> <li>The generator annunciator at North nurses station was rep facility's generator provider on show generator supplying load was transferred from normal to</li> </ol>	aired by 1/24/13 to when power	d
					<ol><li>Facility will continue to doc monthly that the generator is to load for 30 minutes.</li></ol>		
					3. Proper documentation will completed on 1/24/13 showing generator is visually inspected v	that the	

Facility ID: 001203

FORM CMS-2567(02-99) Previous Versions Obsolete

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) N	AULTIPL	.E CONSTRUCTION	(X3) DATE SU COMPLE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BU	ILDING	01 - THE CEDARS OF CHAPEI	00/// 22	120
		345533	B. Wil	NG		01/1	7/2013
NAME OF F	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE		
THE CEI	DARS OF CHAPEL HI	LL		1	GREEN CEDAR LANE APEL HILL, NC 27517		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	L PREFIX (EACH CORRECTI N) TAG CROSS-REFERENC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE COMPLETION	
			•		III. The measures/systemic characteristic place so that deficient practice recur will be:  1. Inspections of facility generations annunciator panels will be company to the company of the	tices will no ator	t
					facility's generator provider to s generator supplying load when transferred from normal to eme This will occur on a monthly bas	power is rgency. is.	
					<ol> <li>Facility will continue to door monthly that the generator is te load for 30 minutes.</li> </ol>		
					3. Inspections of facility gener- completed using the "Weekly Go Visual Inspection" form by Direc Services or designee on a weekly	enerator tor of Plant	
					<ul> <li>IV. Performance correcting the deficiencies will be monitored to following methods:</li> </ul>		
				100000000000000000000000000000000000000	<ol> <li>Inspections of facility generannunciator panels will be compfacility's generator provider to sgenerator supplying load when transferred from normal to emeThis will occur on a monthly bas</li> </ol>	oleted by how nower is rgency.	
					<ol> <li>Facility will continue to door monthly that the generator is te load for 30 minutes.</li> </ol>		
					Inspections of facility general completed using the "Weekly Government of the Weekly Govern	enerator tor of Plant	
FORM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: V3DF21		Facility	/ ID: 001203   If cont	inuation shee	t Page of

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPL LDING	(X3) DATE S COMPLE	(X3) DATE SURVEY COMPLETED		
		345533	B. WIN	ig	and the second of the second o	01/1	7/2013	
	PROVIDER OR SUPPLIER	LL	STREET ADDRESS, CITY, STATE, ZIP CODE  101 GREEN CEDAR LANE  CHAPEL HILL, NC 27517					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULO BE	(X5) COMPLETION DATE	
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