

Reopening Implementation Plan for the Pennsylvania Department of Human Services's Interim Guidance for Personal Care Homes, Assisted Living Residences and Private Intermediate Care Facilities During COVID-19

This template is provided as a suggested tool for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities to use in developing their Implementation Plan for reopening in accordance with the Pennsylvania Department of Human Service's *Interim Guidance for Personal Care Homes, Assisted Living Residences and Private Intermediate Care Facilities During COVID-19*. This (or another version of an Implementation Plan) is to be posted on the facility's website (if the facility has a website) or available to all residents, families, advocates such as the Ombudsman and the Department upon request. This is NOT to be submitted to the Department. The facility will progress to the next step of reopening only when the criteria are met as described in the *Interim Guidance for Personal Care Homes, Assisted Living Residences and Intermediate Care Facilities During COVID-19*. If at any point during reopening the facility fails to meet the criteria for reopening or is operating under a contingency staffing plan, the facility will cease reopening immediately.

FACILITY INFORMATION	
This section contains the name and location of the facility along with contact information for an individual designated by the facility. That individual does not have to be the Administrator but should be someone available to respond to questions regarding the Implementation Plan.	
1. FACILITY NAME	
St. John's Herr Estate	
2. STREET ADDRESS	
200 Luther Lane	
3. CITY	4. ZIP CODE
Columbia, PA	17512
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Tim Witmer, LPN, PCHA/Anita Martin, ED, PCHA	717-684-0678

DATE AND STEP OF REOPENING
The facility will identify the date upon which all prerequisites will be met to begin the reopening process and the Step at which the facility will enter reopening. Those facilities that experienced a significant COVID-19 outbreak will identify the date the Department of Health survey was conducted (that is required prior to reopening).
7. DATE THE FACILITY WILL ENTER THE REOPENING PROCESS
8/10/2020

DATE AND STEP OF REOPENING

8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER THE REOPENING PROCESS – EITHER STEP 1 OR STEP 2 (**CHECK ONLY ONE**)

Step 1

The facility must meet all the Prerequisites included in the Interim Guidance for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities During COVID-19

Step 2

The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the [June 26, 2020, Order of the Secretary of Health](#))

AND

Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing

9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)

No

STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND STAFFING

To ensure the facility has taken appropriate measures to protect residents and staff, descriptions of those strategies are required in this section (prerequisites to enter the reopening process).

10. DATE RANGE FOR THE BASELINE UNIVERSAL TEST ADMINISTERED TO STAFF AND RESIDENTS (BETWEEN JUNE 14, 2020 AND AUGUST 31, 2020) IN ACCORDANCE WITH THE [JUNE 26, 2020, ORDER OF THE SECRETARY OF HEALTH](#)

7/16/2020 to 7/20/2020

11. DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINISTERED TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITHIN 24 HOURS

All residents are monitored twice daily with temperature checks and significant change reporting to the physician. Licensed nurses are able to perform a nasopharyngeal swab within 24-hours. Swabs are refrigerated until picked up by courier for off-site analysis. Facility has a sufficient supply of swabs to test all residents.

LutherCare/St. John's Herr Estate has a current relationship with Clarity Labs and LG Health lab to perform COVID-19 testing on demand, with sufficient supply of swabs on hand to test all residents and staff. Licensed nurses collect swabs, and specimens are refrigerated until picked up by courier for off-site analysis. Universal baseline testing has been performed by Clarity Labs.

12. DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINISTERED TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK, INCLUDING ASYMPTOMATIC STAFF

LutherCare/St. John's Herr Estate has a current relationship with Clarity Labs and LG Health lab to perform COVID-19 testing on demand, with sufficient supply of swabs on hand to test all residents and staff. Licensed nurses collect swabs, and specimens are refrigerated until picked up by courier for off-site analysis. Universal baseline testing has been performed by Clarity Labs.

13. DESCRIBE THE PROCEDURE FOR TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS

Based on availability and capacity, SJHE is committed to providing testing of non-essential staff through existing commercial lab relationships. Volunteers will be encouraged to seek diagnostic COVID-19 testing on their own through their personal physician or testing clinics.

STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND STAFFING

14. DESCRIBE THE PROCEDURE FOR ADDRESSING RESIDENTS OR STAFF THAT DECLINE OR ARE UNABLE TO BE TESTED

All residents have the right to refuse testing. If a resident refuses, resident will be provided with additional education on the benefits of testing. If resident continues to refuse, resident will be placed in quarantine for 14-days within the designated Yellow Zone (possible exposure to COVID-19), with staff wearing the appropriate PPE for that level of exposure.

LutherCare maintains a "LutherCare Team Member Testing Policy". Staff that decline or are unable to be tested must meet the requirements of the policy for continued employment.

15. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH [PA-HAN-509](#) PURSUANT TO SECTION 1 OF THE *INTERIM GUIDANCE FOR Personal Care Homes, Assisted Living Residences and Intermediate Care Facilities DURING COVID-19*.

Due to the apartment style living available in our Personal Care areas cohorting is not necessary. If a resident tests positive, he/she will be isolated to their own apartment and labeled a Red Zone, with the hallway on which he/she lives becoming a Yellow Zone.

16. DESCRIBE THE CURRENT CACHE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) AND THE PLAN TO ENSURE AN ADEQUATE SUPPLY OF PPE FOR STAFF (BASED ON THE TYPE OF CARE EXPECTED TO BE PROVIDED)

SJHE currently has a sufficient supply of PPE.

We use a burn calculator spreadsheet to monitor our in-house supplies. This weekly inventory of personal protective equipment (PPE) is maintained by the Personal Care Home Administrator (PCHA) and is available upon request. It consists of N95 and surgical masks, gowns, gloves, sanitizer, face shields, goggles, sanitation/disenflecting supplies.etc. Par levels are consistent with the possibility of a full outbreak.

17. DESCRIBE THE CURRENT STAFFING STATUS AND THE PLAN TO ENSURE NO STAFFING SHORTAGES

Routine staffing is set above minimum requirements for personal care. Should a shortage of licensed nurses or resident care aides become imminent, LutherCare, as a corporate entity with multiple personal care buildings across its campuses, possesses the ability to shift personnel as appropriate.

In addition, LutherCare has contractual agreements with multiple staffing agencies to supplement staffing needs.

18. DESCRIBE THE PLAN TO HALT ALL REOPENING FACILITIES AND RETURN TO STEP 1 IF THE FACILITY HAS ANY NEW ONSET OF POSITIVE COVID-19 CASES

LutherCare has established clear communication methods with residents and family members via paper mailers, online publications (website, etc.) and the One Call Now telephonic messaging system. Should the county revert to a Red Phase, all stakeholders would be notified in a timely manner using all available methods.

SCREENING PROTOCOLS

In each block below, describe the screening protocol to be used including where screening occurs, method of determining symptoms and possible exposure, and action taken if screening reveals possible virus. Include how the data will be submitted to the Department.

SCREENING PROTOCOLS

19. RESIDENTS

Current PC residents are screened twice daily for signs and symptoms of COVID-19 and temperature checked during the screening process. New residents are tested for COVID-19 prior to arrival as a new admission and quarantined for 14 days as a precaution. Any resident exhibiting symptoms of COVID-19 would automatically be placed in isolation precautions and considered a Yellow Zone per facility protocols. Yellow Zone indicates possible exposure to the virus.

20. STAFF

Staff are screened twice daily for signs and symptoms of COVID-19 via a daily questionnaire and temperature checks. Abnormal results are reported to the PCHA or shift supervisor before allowing entry into the care areas. Those who exhibit symptoms consistent with the virus are turned away to seek medical treatment/consultation.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Non-staff healthcare personnel are screened upon arrival and exit for signs and symptoms of COVID-19 via a daily questionnaire and temperature checks. Abnormal results are reported to the PCHA or shift supervisor before allowing entry into the care areas. Those who exhibit symptoms consistent with the virus are turned away to seek medical treatment/consultation.

22. NON-ESSENTIAL PERSONNEL

Non-essential personnel, i.e dentist/podiatrists have not been permitted to return to the facility. The podiatrist is scheduled to see residents individually on August 14, 2020. In-house contracted staff, i.e. salon/physical therapies have started providing services. They have been included in the universal testing and will also be required to be screened upon arrival and exit for signs and symptoms of COVID-19 via a daily questionnaire and temperature checks. Abnormal results are reported to the PCHA or shift supervisor before allowing entry into the care areas. Those who exhibit symptoms consistent with the virus are turned away to seek medical treatment/consultation.

23. VISITORS

Visitors are screened upon arrival for signs and symptoms of COVID-19 via a daily questionnaire and temperature checks. Abnormal results are reported to the PCHA or shift supervisor before allowing entry into the care areas. Those who exhibit symptoms consistent with the virus are turned away to seek medical treatment/consultation.

24. VOLUNTEERS

Currently, there are no volunteers. When volunteers are once again permitted to access SJHE, they will be screened upon arrival for signs and symptoms of COVID-19 via a daily questionnaire and temperature checks. Abnormal results are reported to the PCHA or shift supervisor before allowing entry into the care areas. Those who exhibit symptoms consistent with the virus are turned away to seek medical treatment/consultation.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

Communal dining is the same for all steps of reopening so there is no need to differentiate among the three steps.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

25. DESCRIBE COMMUNAL DINING MEAL SCHEDULE, INCLUDING STAGGERED HOURS (IF ANY)

In-room delivery will continue to be provided when preferred. PC dining rooms can be utilized with social distancing in place-maximum of 10 residents per dining room at a time. This allows small numbers of residents to come and go during the open dining period.

We are projected an opening date of mid-September for restaurant style seated service in dining rooms. Staff assigned to dining room will wear masks and eye protection accordance with current facility PPE standards. Staff members assigned to the dining room will take resident orders, provide drinks and obtain orders and provide food service to tables. The dining staff will serve from the steam table as per pre-COVID process. Staff will sanitize their hands between serving each resident. Additional hand sanitizing stations have been placed in dining room. A hand washing sink is available for staff to wash their hands between service. When not receiving their meal in the dining room, residents will receive their meal via room service.

26. DESCRIBE ARRANGEMENT OF TABLES AND CHAIRS TO ALLOW FOR SOCIAL DISTANCING

In Personal Care, each wing utilizes 5-top dining tables at 25% capacity, plus limited breakfast bar seating. Six-foot distancing is marked for tables. Wearing a mask to enter the dining room until seated is required.

27. DESCRIBE INFECTION CONTROL MEASURES, INCLUDING USE OF PPE BY STAFF

Staff wear gloves, masks and eye protection to deliver meals to residents, and all tables and chairs are sanitized between meals. Wall-mounted hand sanitizers are present, and staff practice hand hygiene frequently throughout the day. For Red Zone, staff wear full PPE including face shields, disposable gowns, gloves, and N95 respirators universally with PPE disposal prior to leaving room. For Yellow Zones, full PPE as Red Zone but used throughout the zone. For Green Zones, the use of gloves, masks and eye protection is required. PPE don and doff training is provided annually and as needed, with training frequent since March 2020.

28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Currently Personal Care is not permitted to dine in the main dining room with apt/cott residents. When limits are lifted, PC residents will be encouraged to take guests there.

ACTIVITIES AND OUTINGS

In each block below, describe the types of activities that will be planned at each step and the outings that will be planned at Step 3 (an all-inclusive list is not necessary). Include where they will be held and approximately how many residents will be involved. Describe how social distancing, hand hygiene, and universal masking will be ensured. Also include precautions that will be taken to prevent multiple touching of items such as game pieces.

29. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)

No outside entertainment or group leaders permitted. Activity personnel will engage 5 or less residents in small group settings outside, weather permitting, for physical, social, and spiritual activities with social distancing. Infection control measures will be in place to ensure sanitation of anything touched by multiple individuals. Universal masking is required.

30. DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENTS UNEXPOSED TO COVID-19)

No outside entertainment or group leaders permitted. Activity personnel will engage 10 or less residents in small group settings for physical, social, and spiritual activities with social distancing. Infection control measures will be in place to ensure sanitation of anything touched by multiple individuals. Universal masking is required.

ACTIVITIES AND OUTINGS

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities will resume as usual with social distancing and without violating any group gathering prohibitions in place at the time.

Bus trips i.e. bank, stores have resumed as scheduled by signing up following established bus capacity that allows for social distancing on the bus. Current social distancing bus capacity is as follows: Bus 6 +driver, car-2 +driver. Country rides will resume at a later date.

NON-ESSENTIAL PERSONNEL

In Step 2, non-essential personnel deemed necessary by the facility are allowed (in addition to those already permitted in Section 4 of *Interim Guidance for Personal Care Homes, Assisted Living Residences and Intermediate Care Facilities During COVID-19*). In Step 3, all non-essential personnel are allowed. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for non-essential personnel.

32. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2

In Step 2, Home Care companions and caregivers are permitted. The standard will be one companion/caregiver per resident per shift.

33. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3

Shift supervisors are tasked with ensuring compliance with infection control procedures and universal masking of non-essential personnel. Non-essential personnel include beautician, members of clergy and outside entertainers. These individuals will be permitted to return to SJHE in Step-3 providing they are willing to follow our standards. They will be screened upon arrival for signs and symptoms of COVID-19 via a daily questionnaire and temperature checks. Abnormal results are reported to the PCHA or shift supervisor before allowing entry into the care areas. Those who exhibit symptoms consistent with the virus are turned away to seek medical treatment/consultation.

34. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19

Any resident exposed to Covid-19 are quarantined for 14 days. We are using a yellow triangle on doors to designate an exposure zone. Any residents exposed to Covid-19 are informed the Red and Yellow zones are no contact zones. Staff and caregivers will be educated on the signs and symptoms of COVID-19 and asked to refrain from coming into the facility if they themselves show signs or symptoms.

VISITATION PLAN

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Personal Care Homes, Assisted Living Facilities and Intermediate Care Facilities During COVID-19*), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.

35. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitors will be notified to contact the PC desk and provide a desired visitation time. The PC lounge can accommodate 2 visitors and 1 resident using a visible barrier. The outside patio can accommodate 3 residents (1 at specified table) and 6 guests (2 at specified table). Requests for visitation time will be approved at the PCHA's discretion depending on the number of other visits at the time and space constraints.

VISITATION PLAN

36. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT

The Activity, Housekeeping and PC staff will monitor the visitation areas throughout the visitation hours in order to insert cleaning time in between. The facility’s EPA-approved solution will be utilized on all touchable surfaces.

37. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?

Starting August 10th-Personal Care visiting hours will be held from 10:00 AM – 11:30 AM, 2:00 PM-4:00 PM and 6:00PM – 7:30 PM Monday-Wednesday-Friday. On Saturday and Sunday, visiting hours will be held from 9:00 AM-11:00 AM, 2:00PM – 3:30 PM. Visitation is not permitted during meal time. Visitors must call ahead and make a time reservation. Each visit is to last no more than 30 minutes. Disinfecting and sanitizing the visitor area will occur after each visit. Visits will be scheduled outside on the patio outside the rotunda. No more than 2 visitors per session are permitted, with a maximum of one session per week per resident initially. Window visits are permitted and encouraged.

The PC lounge will be set up with chairs so that visitors and residents remain six feet apart. Both visitors and residents are required to wear face masks.

38. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED

Visitors will be notified to contact the PC desk and provide a desired visitation time. The PC lounge can accommodate 2 visitors and 1 resident using a visible barrier. The outside patio can accommodate 3 residents(1 at specified table) and 6 guests(2 at specified table).

Requests for visitation time will be approved at the PCHA’s discretion depending on the number of other visits at the time and space constraints.

39. DESCRIBE HOW THE FACILITY WILL DETERMINE THOSE RESIDENTS WHO CAN SAFELY ACCEPT VISITORS AT STEP 2 (CONSIDERING SUCH SAFETY FACTORS AS EXPOSURE TO OUTDOOR WEATHER AND TRANSPORTING RESIDENT TO VISITOR LOCATION)

The staff will determine medical appropriateness based on resident preferences, equipment needs, and weather exposure. All staff shall be responsible for providing transportation and set up needs for the outdoor visit.

40. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE

The patio contains umbrella tables where outdoor visitations shall take place.

41. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS

Markers have been placed in outdoor areas to assist resident and visitor compliance with social distancing.

42. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED IN THE EVENT OF EXCESSIVELY SEVERE WEATHER TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE

The PC lounge will be utilized for indoor visitation in the event of excessively severe weather. The room can accommodate 2 residents with 2 visitors along with a visible barrier for social distancing.

43. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS

Tables and chairs will be set-up in advance of each visit to maintain the six-foot distance between resident and visitor(s). Visual barriers between visitor(s) and resident will be strategically placed to separate space. Signage is in the entry way to direct visitors first to the screening area. Staff will be nearby and supervising visits while respecting their right to privacy.

STEP 2

VISITATION PLAN	
STEP 3	<p>44. DESCRIBE HOW THE FACILITY WILL DETERMINE THOSE RESIDENTS WHO CAN SAFELY ACCEPT VISITORS AT STEP 3 (CONSIDERING SUCH SAFETY FACTORS AS TRANSPORTING RESIDENT TO VISITOR LOCATION)</p> <p>There are no foreseen reasons (other than end of life circumstances) for denying visitation of any resident at this step as long as they are free of communicable diseases.</p>
	<p>45. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Outdoor visitation will be recommended whenever possible as weather permits.</p>
	<p>46. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 3 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")</p> <p>Same</p>
	<p>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")</p> <p>Same</p>
	<p>48. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")</p> <p>Same</p>
	<p>49. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")</p> <p>Same</p>
	<p>50. FOR THOSE RESIDENTS UNABLE TO BE TRANSPORTED TO THE DESIGNATED VISITATION AREA, DESCRIBE THE INFECTION CONTROL PRECAUTIONS THAT WILL BE PUT IN PLACE TO ALLOW VISITATION IN THE RESIDENT'S ROOM</p> <p>All visitors entering the facility are required to go through the pre-screening process, including a temperature check and questionnaire completion. All visitors are required to wear protective masks and will be given a green visitor identifying sticker during the visit and sanitize hands before and after each visit.</p>

VOLUNTEERS	
<p>In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols and may only conduct volunteer duties with residents unexposed to COVID-19. In Step 3, all volunteer duties may be conducted, but only with residents unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required for volunteers.</p>	
<p>51. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19</p> <p>Currently our volunteers are campus residents and are encouraged to limit access to PC. Resident volunteers have been educated on the signs and symptoms of COVID-19 and asked to refrain from interacting in the facility if they show signs/symptoms. Outside volunteers will be educated on the facility's required pre-screening process and will be required to wear a protective mask during the entire shift. Hand hygiene will be required at the beginning, end, and frequently throughout the shift. Any volunteers will be advised to social distance from residents whenever possible.</p>	
<p>52. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2</p> <p>Volunteers will only be permitted in Step 3.</p>	

Srita Martin

August 3, 2020

SIGNATURE OF ADMINISTRATOR

DATE