

The following documents have been prepared, amended, and/or updated relative to the Licensure Inspection Report of Survey January 22, 2019. They are available for OLC inspection at the Falls Church Healthcare Center.

Staff Reviews and Re-trainings:

- Sign-in sheets for:
 - Sedation Providers - re: hand washing between glove changes, port cleansing, skin prep for iv initiation, verbally announcing steps of provision during inspections, “time out” communication opportunities (muster), categories of health care equipment and environmental items and how each are considered either as critical, semi critical or non critical necessitating different levels of disinfection (CL, LLD, HDL).
 - Staff Quality Assurance
 - Environmental cleaning and simulations of CL, LLD, HDL.
 - Glove PPE use and hand washing between glove changes.
 - “time out” communication opportunities (muster).
 - NAF and OSHA scheduled annual trainings
 - Staff Review of Virginia Department of Health’s 2011 FAQ’s, the Center for Disease Controls 2008 Guidelines for Disinfecting and Sterilization in Healthcare Facilities and PIDACs 2012 Best Practices for Environmental Cleaning for Infection Prevention and Control. Simulation for categories of health care equipment and environmental items and how each are considered either as critical, semi critical or non critical necessitating different levels of disinfection (CL, LLD, HDL).

Policies, Procedures, Forms and Support Documentation:

- Medical Director’s Anesthesia Chart Review program
- Notice to QAC of Appointment of qualified clinician to oversee anesthesia program
- Revised Anesthesia Record
- Revised Medical Chart Page 2
- Revised Medical Chart Page 3
- Revised Medical Chart Page 4
- Revised Patient Medical History Form
- “time out” communication opportunities (muster) purpose statement
- Virginia Department of Health’s 2011 FAQ’s,
- Center for Disease Controls 2008 Guidelines for Disinfecting and Sterilization in Healthcare Facilities
- PIDACs 2012 Best Practices for Environmental Cleaning for Infection Prevention and Control.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <p style="text-align: center;">AF-0017</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED <p style="text-align: center;">01/22/2019</p>
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NAME OF PROVIDER OR SUPPLIER FALLS CHURCH HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH WASHINGTON ST SUITE 300 FALLS CHURCH, VA 22046
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X4: ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY	X5: COMPLETE DATE
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(T 000) Initial Comments	<p>An unannounced revisit inspection to the Biennial Licensure and Complaint Inspection conducted 06/11/2018 through 06/12/2018 was conducted 01/22/2019 by two (2) Medical Facilities Inspectors from the Office of Licensure and Certification, Virginia Department of Health.</p> <p>The agency was not in compliance with 12 VAC-412 Regulations for the Licensure of Abortion Facilities (Amended 03/22/2017)</p> <p>A repeat deficiency was cited in the area of Infection Prevention 12VAC 5-412-220B and Health Information Records 12VAC 5-412-300</p>	(T 000)	<p>STATEMENT:</p> <p>A Reinspection was conducted January 22, 2019 by the Office of Licensure and Certification (OLC) of Falls Church Healthcare Center (FCHC). Though the items described as "repeat deficiencies" in the inspection report would not improve patient health or care, the below Plans of Correction are provided to maintain FCHC's licensure. This is not an admission by FCHC that either these deficiencies or the licensing scheme in any way benefits patient health. FCHC disputes that these citations rise to a deficiency or infraction. That being said, FCHC will not jeopardize its ability to continue providing much needed healthcare to its patients and provides the below correction responses under protest. After nearly eight years and multiple versions of proposed changes to 12 VAC 5-412, FCHC once again is doing a comprehensive review of our policies, procedures, and patient forms to realign them to the newly revised regulations.</p>	(T 195) 12 VAC5-412-220 B Infection Prevention
(T 195)	<p>Written infection prevention policies and procedures shall include, but not be limited to:</p> <ol style="list-style-type: none"> 1. Procedures for screening incoming patients and visitors for acute infectious illnesses and applying appropriate measures to prevent transmission of community-acquired infection within the facility. 2. Training of all personnel in proper infection prevention techniques. 3. Correct hand-washing technique, including indications for use of soap and water and use of alcohol-based hand rubs. 4. Use of standard precautions. 5. Compliance with blood-borne pathogen requirements of the U.S. Occupational Safety & Health Administration. 	(T 195)		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Rosemary W. Coddling

TITLE

Director
RF0L12

(X6) DATE

March 8, 2019
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(T 195)	Continued From Page 1	(T 195)		3-15-19
	<p>6. Use of personal protective equipment.</p> <p>7. Use of safe injection practices.</p> <p>8. Plans for annual retraining of all personnel in infection prevention methods;</p> <p>9. Procedures for monitoring staff adherence to recommended infection prevention practices, and</p> <p>10. Procedures for documenting annual retraining of all staff in recommended infection prevention practices.</p> <p>This RULE: is not met as evidenced by. Based on observation of one (1) surgical abortion procedure, it was determined facility staff failed conduct proper hand sanitizing and ensure that safe injection practices were followed during the procedure (Patient #7).</p> <p>Findings included</p> <p>The surveyor entered the procedure room with Staff Member (SM) #5, a CRNA (Certified Registered Nurse Anesthetist) and a medical assistant at 3:15 p.m. SM #5 placed a blue plastic container, which he/she carried into the room, on a table with a respiratory suction machine. The plastic container was used to carry supplies including, but not limited to, tourniquets, two (2) vials of Propofol, 1 vial of Fentanyl, needles, syringes, and alcohol prep pads. At 3:19 p.m., with gloved hands, SM #5 started an IV (intravenous) access for Patient #7. SM #5 did not clean the skin with alcohol or other disinfectant prior to initiating the IV. After the IV access was secured in place, SM #5 removed his/her gloves, but did not wash or sanitize hands. SM #5 placed</p>		<p>T 195 I2 VACS-412-220 B</p> <p>1) BACKGROUND: Inspectors cited missed opportunity for handwashing after gloves were removed following initiating IV access for same patient. The below Plan of Correction is provided to maintain FCHC's licensure and is not an admission by FCHC that submitting this Plan of Correction to the Virginia Department of Health benefits patient health.</p> <p>PLAN OF CORRECTION: Issues of hand washing between changes of gloves and OLC's reminder to wipe port off with alcohol prior to accessing port was discussed with sedation providers. As part of our regular quality assurance reviews staff reviewed PPE use and logic behind single use glove wear and hand washing between changes. A refresher retraining by NAP on OSHA Infection Prevention guidelines was scheduled for April 10, 2019</p> <p>MEASURES TO PREVENT RECCURANCE: FCHC will continue to include an annual OSHA training in its Infection Control Best Practices. FCHC will continue its annual and ongoing staff retraining and reviews of Infection Control Policies.</p> <p>MEASURES TO MAINTAIN COMPLIANCE: Annual and ongoing staff training and reviews of FCHC's Infection Control Policies will maintain compliance. The Governing Body and Co-Administrators will review FCHC's policies and procedures annually and as needed to address any emergent issues and take corrective actions. No patients were affected by this inspection item. There have been no events of serious injury to a patient during her care, medication errors that necessitate clinical intervention, death, significant injury resulting from assault, or incident reported to malpractice carrier.</p>	3-

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(T 195) Continued From Page 2

(T 195)

T 195 12 VAC5-412-220 B, continued

his/her clipboard and writing pen above. Patient #7's head, propping it on the roll of table paper at the end of the exam table. With ungloved hands, SM #5 retrieved a vial of Propofol from the plastic blue container, removed the top, wiped the septum with an alcohol prep pad, and withdrew liquid medication into a 20 cc (cubic centimeter) syringe, then discarded the vial into a red sharps container. SM #5 repeated the process of opening/disinfecting a vial of Fentanyl, drawing liquid medication into a three (3) cc syringe, and discarding the vial into the red sharps container. SM #5 reached into a box of clean gloves, and donned a pair of clean gloves. SM #5 injected Propofol and Fentanyl into the Y-medicine IV port without first wiping the port off with alcohol or other disinfectant, prior to accessing the port with either syringe of medication.

"At a minimum gloves shall be used where there is reasonable anticipation of employee hand contact with blood, OPIM (other potentially infectious material), mucous membranes, or non-intact skin, when performing vascular access procedures, or when handling or touching contaminated surfaces or items. Studies have shown that gloves provide a barrier, but that neither vinyl nor latex procedure gloves are completely impermeable. Thus, OSHA (Occupational Safety and Health Administration) requires hand-washing after glove removal" (<https://www.osha.gov/laws-regs/standardinterpretations/1994-07-01>)

"Disinfect catheter hubs, needleless connectors, and injection ports before accessing. Use either an antiseptic containing port protector cap37-41 or vigorously apply mechanical friction with chlorhexidine/alcohol.42-43 sterile 70% isopropyl alcohol.44-47 or other approved disinfectant swab"

2) BACKGROUND:
Inspectors cited that the clipboard (used for documentation/charting by the sedation provider) had to be cleaned between patients. Falls Church Healthcare Center does not find this "deficiency" to be valid and thus our "corrective actions" include references to: Virginia State Department of Health FAQ's; the Center for Disease Controls Guidelines and PIDAC's Best Practices for Environmental Cleaning. The below Plan of Correction is provided to maintain FCHC's licensure and in no way affects or improves patient health or care. FCHC believes the "deficiency" cited contradicts the Virginia Department of Health's 2011 FAQ's, the Center for Disease Controls 2008 Guidelines for Disinfecting and Sterilization in Healthcare Facilities and PIDAC's 2012 Best Practices for Environmental Cleaning for Infection Prevention and Control. According to the Virginia Department of Health's 2011 FAQ's, non-critical items (such as the clipboard) "should be cleaned ... when spills occur and when these surfaces are visibly dirty". The clipboard was neither visibly soiled/dirty or worn nor were any mucosal membranes or additional precautions applicable. Also the Center for Disease Control's 2008 Guidelines states "use of noncritical items in contact with noncritical surfaces carries little risk of causing an infection in patients or staff." That being said, FCHC will not jeopardize its ability to continue providing much needed healthcare to its patients and provides the below correction responses under protest.

PLAN OF CORRECTION:
Though we dispute this citation, a supplemental guideline was added to the center's current comprehensive environmental cleaning policy and best practices guidelines. This guideline reviews the Virginia Department of Health's 2011 FAQ's, the Center for Disease Controls 2008 Guidelines for Disinfecting and Sterilization in Healthcare Facilities and PIDAC's 2012 Best Practices for Environmental Cleaning for Infection Prevention and Control.

Additionally, staff will continue to have trainings, simulations and reviews on proper cleaning of environmental items at all levels; noncritical, semi-critical and critical. The supplemental guideline advises how and when each item is to be cleaned and identifies when "additional precautions" could change an environmental surface as CL (clean only) to LLD (clean and low level disinfection) or HDL (clean and high level disinfection) when exposed to mucosal membranes, blood, droplets, or other substances meriting a higher level of disinfection.

MEASURES TO PREVENT RECURRENCE:
Falls Church Healthcare center continues to conduct in-service for staff members reviewing continued use of our proper cleaning techniques and all our best practices. Our Annual Blood Borne OSHA training is scheduled.

MEASURES TO MAINTAIN COMPLIANCE:
The governing body and administrators will continue to review FCHC's policies and procedures and adapt to changing recommendations and guidelines from NAF and CLIA. FCHC will also continue to make the many time consuming changes to the policies and procedures necessitated by TRAAP regulations, that often times does not improve patient care or health and rather serve as a barrier to women receiving the legal abortion care available to her. There have been no events of serious injury to a patient during her care, medication errors that necessitate clinical intervention, death, significant injury resulting from assault, or incident reported to malpractice carriers.

No patients were affected by this inspection item.

3-15-19

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(T 195)	Continued From Page 3 (https://www.apic.org/Resource_/TinyMceFileManager/Position_Statements/2016APICSIPPositionPaper.pdf) Concerns were discussed with SM #1, Administrative Coordinator, SM #2, Administrator, and SM #4, CEO on 1/22/19 at approximately 5:15 p.m. SM's #1, 2, and 4 voiced that the procedure room was small and SM #5 had to have his/her clipboard in order to document during procedure. A discussion was held related to cleaning the clipboard after removal from the exam table and prior to exiting the procedure room. A discussion was also held related to the missed opportunity for handwashing after gloves were removed following initiating IV access for the procedure.	(T 195)	T 195 12 VAC5-412-220 B continued. 3) BACKGROUND: Inspectors cited that the sedation provider "did not clean the patients skin prior to initiating the IV" nor wipe port before accessing. Falls Church Healthcare Center finds this statement to be inaccurate and does not find this "deficiency" to be valid. Thus our "corrective actions" include references to the statement of our sedation provider (SP) and MA in the room. The below Plan of Correction is provided to maintain FCHC's licensure and is not an admission by FCHC that submitting this Plan of Correction to the Virginia Department of Health benefits patient health. FCHC disputes that this is a deficiency or infraction. That being said, FCHC will not jeopardize its ability to continue providing much needed healthcare to its patients and provides the below correction response under protest. PLAN OF CORRECTION: The Citation was discussed with the sedation provider (SP). SP stated that the inspector was standing behind SP and could not have seen these initial steps the SP completed. Although the inspector was not positioned to ensure that he/she actually observed SP disinfect the skin or port prior to initiating the IV, the inspector did not discuss this item with SP to confirm that SP had actually disinfected the patient's skin or port. The SP has been providing for over 15 years and is a key provider in the most prodigious hospital in the area. The SP stated that these are the most basic of steps, cleansing the skin and port, in initiating an IV and is absolutely automatic. The MA confirmed that the SPs always clean a patient's arm and port before initiating the IV. However, though we dispute this citation we have discussed the issue with sedation providers and asked them to make clearly evident, including verbally announcing, the steps of sedation service during an inspection. MEASURES TO PREVENT RECURRENCE: These actions will insure that an inspector will be aware of each step of the sedation procedure as undertaken. The Governing Body and Co-Administrator will continue to review all policies and procedures to ensure compliance with all relevant statutes, regulations, and professional standards annually and on an as-needed basis to address emerging issues and take corrective action. MEASURES TO MAINTAIN COMPLIANCE: The governing body and administrators will continue reviews of FCHC's policies and procedures and adapt to changing recommendations and guidelines. No patients were affected by this inspection item. There have been no events of serious injury to a patient during her care, medication errors that necessitate clinical intervention, death, significant injury resulting from assault, or incident reported to malpractice carriers.	3-15-19	
(T 355)	12 VAC5-412-300 Health Information Records An accurate and complete clinical record or chart shall be maintained on each patient. The record or chart shall contain sufficient information to satisfy the diagnosis or need for the medical or surgical service. If medically indicated, it shall include, but not be limited to the following: 1. Patient identification; 2. Admitting information, including patient history and physical examination; 3. Signed consent; 4. Confirmation of pregnancy; 5. Procedure report to include: a. Physician orders; b. Laboratory tests, pathologist's report of tissue, and radiologist's report of x-rays.	(T 355)			

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NAME OF PROVIDER OR SUPPLIER FALLS CHURCH HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH WASHINGTON ST SUITE 300 FALLS CHURCH, VA 22045	
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(T 355)	<p>Continued From Page 4</p> <p>c. Anesthesia record; d. Operative record; e. Surgical medication and medical treatments; f. Recovery room notes; g. Physician and nurses' progress notes; h. Condition at time of discharge; i. Patient instructions (preoperative and postoperative); j. Names of referral physicians or agencies; and</p> <p>6. Any other information required by law to be maintained in the health information record.</p> <p>This RULE is not met as evidenced by: Based on a review of medical records, it was determined the facility failed to ensure that an accurate and complete medical record was documented for one (1) patient (Patient #5)</p> <p>Findings included:</p> <p>A review of Patient #5's medical record revealed that she was admitted to the facility on 9/14/18, and had a monitored anesthesia care (MAC) procedure performed on [REDACTED] Patient #5 reported [REDACTED]</p> <p>The recovery room note by Staff Member (SM) #6, anesthesiologist, documented [REDACTED] The recovery room/nursing notes had a pink sticker attached which documented [REDACTED]</p> <p>Concerns were discussed with SM #1, Administrative Coordinator, SM #2, Administrator, and SM #4, CEO on 1/22/19 at approximately 5:15 p.m. SM's # 1, 2, and 4 acknowledged the conflicting documentation</p>	(T 355)	<p>T-355 12 VAC5-412-300 Health Information Records 3-15-19 BACKGROUND: Inspectors cited an anesthesia record within a chart that had [REDACTED] That anesthesia record had [REDACTED] for same patient that would not affect care. The below Plan of Correction is provided to maintain FCHC's licensure and is not an admission by FCHC that submitting this Plan of Correction to the Virginia Department of Health for this clerical error benefits patient health. Please Note: A patient confirms on at least three separate occasions and at each encounter, including with the sedation provider, [REDACTED].</p> <p>PLAN OF CORRECTION: The [REDACTED] was discussed with the sedation provider. Please Note: A patient confirms on at least three separate occasions at each encounter, including with the sedation provider, [REDACTED]. Additionally, reviews detailing each FCHC staff member's role in keeping accurate charting notes on both the medical record and support forms in the patient chart is included in our regular reviews of the importance of maintaining a complete and accurate record per FCHC's policy "Chart Survey Checklist" and 12 VAC 5-412-355.</p> <p>MEASURES TO PREVENT RECCURANCE: The issue of anesthesia records was discussed with the Medical Director who initiated additional support for the sedation providers with a systemic anesthesia record review. The Medical Director appointed a qualified clinician to oversee this program. The Governing Body and Co-Administrator will continue to review all policies and procedures to ensure compliance with all relevant statutes, regulations, and professional standards annually and on an as-needed basis to address emerging issues and take corrective action.</p> <p>MEASURES TO MAINTAIN COMPLIANCE: The various expanded program of chart review will be conducted in accordance with FCHC's policies and procedures, and on an as-needed basis. No patients were adversely affected by this inspection item. There have been no events of serious injury to a patient during her care, medication errors that necessitate clinical intervention, death, significant injury resulting from assault, or incident reported to malpractice carriers.</p>

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related to
Patient #5's XXXXXXXXXX

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