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| Planning and Development |
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| Facilities Development Division |

Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital Owner and Year of Report per Section 130061(e)

| Facility Number: | 11847 | | |
|----------------------------|---------|---|--|
| Facility Name: | Mission | Community Hospital | |
| Address: | 14850 F | Roscoe Blvd. | |
| City: | Panora | ma City | |
| | | | |
| Hospital Owner/Lice | ensee: | San Fernando Community Hospital | |
| Year of Reporting: | | 2015 | |
| Contact 1 e-mail Address: | | [Confidential data left blank intentionally.] | |
| Contact 2 e-mail Address: | | [Confidential data left blank intentionally.] | |
| Contact 3 e-mail Address:: | | [Confidential data left blank intentionally.] | |
| Name of Sub | mitter: | Ola Ostlund | |
| Submission | Date: | 10/27/2015 8:19:03 AM | |
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| Report Y | /ear: 2015 11847 | Mission Community Hospital | | Panorama City | 1 | Page:2 of 20 | | |
|---|--------------------|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|--|--|
| For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B) | | | | | | | | |
| Bldg. No. | Building Name | Alternate Building Address | Building Resolution | Final SPC Rating If Required | Extension Date | Anticipated Completion Date | | |
| BLD- 00352 | Building A - Tower | 14850 Roscoe Blvd. | Retrofit | SPC2 | 01/01/2018 | 05/01/2017 | | |
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| eport Year: 2015 11 | 1847 Mission Community Hospital | | Panor | ama City | | Page:3 of | 20 |
|---|---|----------------|-----------------------------|-------------------------|------------------------------|-----------|----------------|
| | anned for rebuild, retrofit or replacement, p ate or dates and projected Completion dat tion 130061(c)(1)(E). | | | | | | |
| Building No: BLD-00352 | Building A - Tower | | Retrofit/Re Project: | placement | Yes-Sub | mitted | |
| Facility Project Sub Number Number Num | Scope | Date In | Plan Approved Date | Projected Start Date | Projected Completion Date | Status | CEQA Review |
| | VSI for SPC-2 Reclassification of Building A/1 (00352) Using HAZUS 2010 | 10/24/201 2 | 7/24/2014 12:00:00 AM | 07/01/2013 | 12/01/2014 | OPEN | No |
| | | | | | | | |
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| SHPD FDD SB499 Report | Data Last Update: 10/27/2015 | Cub | ssion Date: 10/2 | 7/2015 | Printed: 10/29/2 | | |

| Report Year: 2015 11847 | Mission Community Hospital | Panorama City | Page:4 of 20 | | | | |
|--|---------------------------------------|-------------------------------|-----------------------------|--|--|--|--|
| Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | | | |
| Building Number: BLD-00352 | Building Name: Building Name: | uilding A - Tower | | | | | |
| Type of Service Provided | | | | | | | |
| X Nursing Inpatier Beds | t 25 Inpatient 1329 Days | Surgical | Obstetrical Recovery | | | | |
| IntensiveCare Inpatier Beds | t 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby | | | | |
| Pediatric/Adol Inpatier escent Beds | t 0 Inpatient Days 0 | Clinical Lab | Emergency | | | | |
| Psychiatric Inpatier Nursing Beds | it 0 Inpatient Days 0 | Radiological/ | Nuclear Medicine | | | | |
| Obstetrical Inpatier Ante/Postprtum Beds | t 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitation Therapy | | | | |
| Intermediate Inpatier Care Beds | t 0 Inpatient Days 0 | Administration | Renal Dialysis | | | | |
| Skilled Nursing Inpatier Beds | t 0 Inpatient Days 0 | Support Services | Outpatient Surgery | | | | |
| | Total Beds this 25 Building | Obstetrical Cesarean/Deliv | Central Plant | | | | |
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| OSHPD FDD SB499 Report | Data Last Update: 10/27/2015 S | Submission Date: 10/27/2015 F | Printed: 10/29/2015 6:25 AM | | | | |

| Report Year: 20 | 015 11847 Mission C | Community Hospital | Par | norama City | Page:5 of 20 |
|---------------------|--------------------------------|-----------------------------------|----------------------|---|--|
| Provide the number | r of Inpatient beds and patier | t days per type of unit per bu | ilding per Section 7 | 130061(c)(1)(F) | |
| Building Number: | BLD-00352 Build | ling Name: Building A - | Tower | |] |
| Medical / Surgical | (Include GYN) | Acute Respiratory Care | | Acute Psychiatric | |
| Inpatient 25 Bed | Inpatient 1329 Days | Inpatient 0 Inpatie Bed Days | ent 0 | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatien Bed Days | ent 0 | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care Newborn Nursery | | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatie Bed Days | ent 0 | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / developm Disabled | nent |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatie Bed Days | ent 0 | | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatie Bed Days | ent 0 | 25 | 25 |
| | | | | | |
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| OSHPD FDD SB499 I | Report Data Last U | odate: 10/27/2015 S | Submission Date: 1 | 0/27/2015 Printed | d: 10/29/2015 6:25 AM |

| port Year: 2 | 2015 11847 Mission Community Hospital | Panorama City | Page:6 of 20 |
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| or all buildings a | t the facility, indicate which ones are scheduled for gener | al acute service removal. | |
| Building Number | Building Name | Building to be Removed / Replaced / Rebuilt | |
| BLD-00352 | Building A - Tower | Retrofit | |
| BLD-00354 | Building C - Emergency Department B | Remain | |
| BLD-03891 | Building D - South Tower | Remain | |

| Report Year: | 2015 | 11847 | Mission Community Hospital | Panorama City | Page:7 of 20 |
|--------------|------|-------|----------------------------|---------------|--------------|
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No proposed new buildings to be constructed at this or another site.

| Report Year: 2015 | 11847 Mission Community Hospital | Panorama City | Page:8 of 20 |
|-----------------------------|--|---------------|--------------|
| No data reported for Sectio | on 130061 (c)(2)(A) , (B), or (C) | | |
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| Report Year: | 2015 | 11847 | Mission Community Hospital | Panorama City | Page:9 of 20 |
|-----------------|--------------|-------------|----------------------------|---------------|--------------|
| No data reporte | d for Sectio | n 130061(c) | (2)(D). | | |
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| Report Year: 2015 | 11847 Mission (| Community Hospital | Panorama | a City | Page:10 of 20 | | |
|---|-----------------|--------------------|----------|--------|---------------|--|--|
| lo data reported for Section 130061(c)(2)(D). | | | | | | | |
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| Report Year: | 2015 | 11847 | Mission Communit | y Hospital | | Panorama City | | Page:11 of 20 |
|---------------------------------|-------------|-----------------------------|--|---|--------------------------------|---|------------------------------------|--------------------------|
| No data reporte corresponding b | d for wheth | er the gene s or project | ral acute care service numbers for building | es and beds will be is with a Building R | relocated to a esolution of "R | new, existing or retr ebuild" or "Replace" | ofitted building a per Section 130 | and any 061(c)(2)(E). |
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| Report Year: | 2015 | 11847 | Mission Community Hospital | Panorama City | Page:12 of 20 | | | |
|--|------|-------|----------------------------|---------------|---------------|--|--|--|
| No data reported for Section 130061(c)(3). | | | | | | | | |
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| Report Year:201511847Mission | Community Hospital | Panorama City | Page:13 of 20 | | | | | | | |
|--|-------------------------------|---|--------------------|--|--|--|--|--|--|--|
| Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4) | | | | | | | | | | |
| Building Number: BLD-00352 Building Name: Building A - Tower | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | |
| | Surgical | Obstetrical Reha Cesarean/Deliv Ther | abilitation apy | | | | | | | |
| X Nursing | Anesthesia | | al Dialysis | | | | | | | |
| IntensiveCare | Clinical Lab | Obstetrical Rena Recovery | | | | | | | | |
| Pediatric/Adol escent | | Newborn/ Outp WellBaby | patient Jery | | | | | | | |
| Psychiatric Nursing | Imaging Pharmaceutical | Emergency Cent | ral Plant | | | | | | | |
| Obstetrical Ante/Postprtum | | Nuclear Supr Medicine Serv | port | | | | | | | |
| Intermediate Care | Administration | | | | | | | | | |
| Skilled Nursing | | | | | | | | | | |
| | | | | | | | | | | |
| OSHPD FDD SB499 Report Data Last | Update: 10/27/2015 Submission | Date: 10/27/2015 Printed: 10/ | 29/2015 6:25 AM | | | | | | | |

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|---|----------------------------------|-------------------------------|------------------|------------------|--|--|--|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | |
| Building Number: BLD-00352 | Building Name: Building A - Towe | 91 | | | | | | | |
| Configuration: N/A | | | | | | | | | |
| Type of Service Provided | | | | | | | | | |
| Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehat Thera | bilitation py | | | | | |
| IntensiveCare | Anesthesia | Obstetrical Recovery | Renal | Dialysis | | | | | |
| Pediatric/Adol escent | Clinical Lab | Recovery | | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpa Surge | | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Centra | al Plant | | | | | |
| | Dietetic | | | | | | | | |
| Care Skilled Nursing | Administration | Nuclear Medicine | Suppo Servio | | | | | | |
| | | | | | | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 10/27/2015 | Submission Date: 10/27/2015 | Printed: 10/29/2 | 2015 6:25 AM | | | | | |

| Report Year: 2015 11847 | Mission Community Hospital | Par | orama City | Page:15 of 20 | | | | | |
|---|---------------------------------|-------------------------|--------------------|---------------------------|--|--|--|--|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | |
| Building Number: BLD-00354 | Building Name: Building C - Eme | ergency Department B | | | | | | | |
| Configuration: N/A | | | | | | | | | |
| Type of Service Provided | | | | | | | | | |
| Nursing | Surgical | Obstetrica Cesarean/ | | Rehabilitation Therapy | | | | | |
| IntensiveCare | Anesthesia | Obstetrica Recovery | · 🗆 | Renal Dialysis | | | | | |
| Pediatric/Adol escent | Clinical Lab | | | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | | Outpatient Surgery | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergenc | у П | Central Plant | | | | | |
| Intermediate Care | Dietetic | Nuclear M | | Surgert | | | | | |
| Skilled Nursing | Administration | | | Support Services | | | | | |
| | | | | | | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 10/27/2015 | Submission Date: 1 | 0/27/2015 Printed: | 10/29/2015 6:25 AM | | | | | |

| Report Year: 20 | 15 11847 | nmunity Hospital | | | Panorama City | Page:16 of 20 | | | |
|---|---------------------------|------------------|--------------------------|---------|----------------|---------------------|--|---------------------------|--|
| Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5) | | | | | | | | | |
| Building Number: | BLD-03891 | Building Na | me: Building D - South | n Tower | | | | | |
| Configuration: N/A | | | | | | | | | |
| Type of Service Provided | | | | | | | | | |
| Nu | rsing | | Surgical | | Obste Cesar | trical ean/Deliv | | Rehabilitation Therapy | |
| Inte | ensiveCare | | Anesthesia | | Obste Recov | | | Renal Dialysis | |
| | diatric/Adol cent | | Clinical Lab | | Necov | very | | | |
| | ychiatric rsing | | Radiological/ Imaging | | Newb WellB | | | Outpatient Surgery | |
| | stetrical te/Postprtum | | Pharmaceutical | | Emerg | gency | | Central Plant | |
| Inte Ca | ermediate | | Dietetic | | | | | | |
| _ | illed Nursing | | Administration | | Nucle | ar Medicine | | Support Services | |
| | | | | | | | | | |
| OSHPD FDD SB499 Report Data Last Update: 10/27/2015 Submission Date: 10/27/2015 Printed: 10/29/2015 6:25 AM | | | | | | | | | |

| Report Year: 2015 | 11847 | Mission Commu | inity Hosp | ital | Panorama City | | Page:17 of 20 | |
|--|-------------------|-------------------|------------|--------------------------|-------------------------------|------------------|-------------------|--|
| Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) | | | | | | | | |
| Building Number: BLD-00354 Building Name: Building C - Emergency Department B | | | | | | | | |
| Type of Service Provided | | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Reha Thera | bilitation apy | |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Rena | l Dialysis | |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outpa Surge | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | X Emergency | Centr | al Plant | |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Supp Servi | | |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| Total Beds this Building | | 0 | | | | | | |
| | | | | | | | | |
| SHPD FDD SB499 Rep | ort | Data Last Update: | 10/27/2 | 015 Submissi | on Date: 10/27/2015 | Printed: 10/29/2 | 2015 6:25 AM | |

| Report ` | Year: 2015 | 11847 | Mission Comm | unity Hosp | ital | | Panorama City | | Page:18 of 20 |
|----------|--|-------------------|-------------------|--------------|--------------------------|----------|-------------------------------|------------|---------------------------|
| | e information on t PC-5 per Section | | of inpatient beds | by type of S | Service provided by I | building | gs that are classified a | as SPC-2, | , SPC-3, SPC-4, |
| Buildin | Building Number: BLD-03891 Building Name: Building D - South Tower | | | | | | | | |
| Туре | of Service Prov | ided | | | | | | | |
| X | Nursing | Inpatient Beds | 50 | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| X | IntensiveCare | Inpatient Beds | 10 | X | Anesthesia | | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | | Obstetrical Recovery | Ē | Renal Dialysis |
| | Psychiatric Nursing | Inpatient Beds | 60 | | Radiological/ Imaging | | Newborn/ WellBaby | | Dutpatient Surgery |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | X | Pharmaceutical | | Emergency | X | Central Plant |
| | Intermediate Care | Inpatient Beds | 0 | X | Dietetic | | Nuclear Medicine | | Support Services |
| | Skilled Nursing | Inpatient Beds | 0 | X | Administration | | | | |
| | Total Beds this Building | | 120 | | | | | | |
| | | | | | | | | | |
| OSHPD | FDD SB499 Repor | ť | Data Last Update: | 10/27/20 |)15 Submissi | ion Date | e: 10/27/2015 | Printed: 1 | 0/29/2015 6:25 AM |

| Report Year: 2015 11847 Mission C | Community Hospital | Panorama City | Page:19 of 20 | | | | | | |
|---|-------------------------------------|---|----------------------|--|--|--|--|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) | | | | | | | | | |
| Building Number: BLD-00354 Building Name: Building C - Emergency Department B | | | | | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t0 | | | | | | |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t0 | | | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 | | | | | | |
| Coronary Care | Chemical Dependency | | Beds this ing Per | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Servi | | | | | | | |
| | | | | | | | | | |
| OSHPD FDD SB499 Report Data Last Update: 10/27/2015 Submission Date: 10/27/2015 Printed: 10/29/2015 6:25 AM | | | | | | | | | |

| Report Year: 2015 11847 Mission C | Community Hospital | Panorama City | Page:20 of 20 | | | | | | |
|---|-------------------------------------|---|--------------------------|--|--|--|--|--|--|
| Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) | | | | | | | | | |
| Building Number: BLD-03891 Building Name: Building D - South Tower | | | | | | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | | | | |
| Inpatient 50 Inpatient 12831 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 60 Inpatien Bed Days | nt 19868 | | | | | | |
| Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing | | | | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt 0 | | | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt 0 | | | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | , | | | | | | |
| Inpatient 5 Inpatient 2127 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | nt 0 | | | | | | |
| Coronary Care | Chemical Dependency | | al Beds this ding Per | | | | | | |
| Inpatient 5 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Serv | 120 | | | | | | |
| | | | | | | | | | |
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| OSHPD FDD SB499 Report Data Last U | pdate: 10/27/2015 Submission Date | : 10/27/2015 Printed: 10/29 | 9/2015 6:25 AM | | | | | | |