化二氢甲烷 化二氢甲甲烷甲烷甲烷 化 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/12/2012 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING С B. WNG 345490 10/04/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE AYDEN COURT NURSING AND REHABILITATION CENTER 128 SNOW HILL RD **AYDEN, NC 28513** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 000 | INITIAL COMMENTS F 000 **Ayden Court Nursing & Rehabilitation** Center acknowledges receipt of There were no deficiencies cited as a result of The statement of deficiencies and complaint investigation. Event id # QYC911. Proposes this plan of Correction to F 329 483.25(I) DRUG REGIMEN IS FREE FROM F 329 the extent that the summary of **UNNECESSARY DRUGS** SS=D findings is factually correct and in order to maintain Each resident's drug regimen must be free from compliance with applicable unnecessary drugs. An unnecessary drug is any rules and provisions of drug when used in excessive dose (including quality of care of duplicate therapy); or for excessive duration; or residents. The Plan of without adequate monitoring; or without adequate correction is submitted indications for its use; or in the presence of as a written allegation adverse consequences which indicate the dose of compliance. should be reduced or discontinued; or any Ayden CourtNursing and combinations of the reasons above. Rehabilitation Center's 10/26/12 response to the Based on a comprehensive assessment of a Statement of deficiencies resident, the facility must ensure that residents does not denote who have not used antipsychotic drugs are not agreement with given these drugs unless antipsychotic drug the statement of therapy is necessary to treat a specific condition deficiencies nor does as diagnosed and documented in the clinical it constitute an record; and residents who use antipsychotic admission that any drugs receive gradual dose reductions, and deficiency is behavioral interventions, unless clinically accurate. Further contraindicated, in an effort to discontinue these Ayden CourtNursing drugs. And Rehabilitation Center reserves the Right to refute any of the deficiencies on this statement 10/26/12 through informal dispute This REQUIREMENT is not met as evidenced resolution, formal by: appeal procedure Based on record review and staff interviews, the and or any other facility failed to discontinue a medication for 1 of administrative 11 sampled residents (Resident #27) whose legal proceedings unnecessary medications were reviewed.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES

3× 240.0 PRINTED: 10/12/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C B. WING 345490 10/04/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 128 SNOW HILL RD AYDEN COURT NURSING AND REHABILITATION CENTER **AYDEN, NC 28513** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY)** F 329 Continued From page 1 F 329 Findings include: Resident #27 was re-admitted to the facility on F-329—Drug Regimen is Free from Unnecessary Drugs 8/8/12 with cumulative diagnoses of hip fracture and cerebrovascular accident (CVA). The Lovenox for resident #27 was discontinued on 9/2/12 per physician order. Resident #27's admission Minimum Data Set (MDS) dated 8/15/12 showed that Resident #27 A 100 percent audit was completed by the Director of was cognitively aware. Nursing of all resident medication orders and Medication Administration Records to assure that all A review of the hospital discharge summary medications have been given according to the ordered dated 8/8/12 showed an order for lovenox (a length of time based on the physician's orders and 10/26/12 medication used to help reduce the risk of automatic stop orders. (10/26/12) developing blood clots) 40 milligram injection give 1 subcutaneously daily. The quantity ordered was 100 percent of Licensed nurses have been trained by the Staff Facilitator regarding the accurate transcription of physician orders and the second check A review of the Note to Attending Physician/Prescriber dated 8/9/12 from the of the orders are accurate. The 11-7 nurses will use pharmacist showed a request for clarification on the "pink" copy of the physician orders to verify the the duration of the lovenox. The physician writen order against the resident Medication Administration Record to assure the order had been responded on 8/15/12, "As on D/C (discharge) summary-14 days". A handwritten note read transcribed accurately and will then initial each "pink" "completed" and was initialed. copy as verified. The "pink" copies of the physician orders will be reviewed in the Administrative Nurse Clinical meetings daily to be reviewed for all new

A review of the Medication Administration Record (MAR) beginning 8/8/12 showed the first dose of lovenox was given on 8/9/12 and continued through 8/30/12 for a total of 22 doses in August.

A review of the Medication Administration Record beginning 9/1/12 showed the tovenox was also given 9/1/12 (a combined total of 23 doses) and then discontinued. The MAR showed a handwritten note of ASD (automatic stop date) next to the lovenox with a vertical line indicating the medication should be stopped after that dose.

orders and signed off daily by the QI nurse and the

Director of Nursing once all verification of accurate

transcription is completed. (10/26/12)

DEPART	MENT OF HEALTH A	ND HUMAN SERVICES	Marie L			ED: 10/12/2012
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345490		(X2) MU A. BUILL	LTIPLE CONSTRUCTION	(X3) DATE S	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
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AYDEN C	OURT NURSING AND RE	HABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 128 SNOW HILL RD AYDEN, NC 28513		İ
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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 In an interview on 10/3/12 at 3:30 PM Nurse #1 indicated that admission orders were received via the hospital discharge summary and confirmed with the physician. The person receiving the orders should transcribe the orders to the MAR. If a medication was time limited it should be olocked off and an ASD should be noted. She stated that giving lovenox more often than ordered could have caused bleeding issues. In an interview on 10/3/12 at 4:00 PM the Day Shift Supervisor stated that when a resident was admitted the orders were included in the hospital discharge paperwork. She indicated that the ovenox order was for 14 days. She stated a communication was sent to the physician asking or clarification on the lovenox order and the ohysician confirmed the medication should be given for 14 days. The physician signed the order on 8/15/12. She stated that she had received the sommunication back from the physician and had written completed and initialed the sheet. The late was prior to 8/23/12. She indicated that the ovenox should have been stopped after 14 doses and that someone should have caught the error. In an interview on 10/4/12 at 11:30 AM the objector of Nurses (DON) indicated that Resident 127 receiving more doses of lovenox than was ordered was a problem. She stated that she expected her nurses to discontinue a medication as ordered by the physician. She indicated that beceiving more of the medication could have		F 3	PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE		
1	caused bruising or ble 483.25(m)(2) RESIDE	-	F 33	3		
	SIGNIFICANT MED E		100	F 333Residents Free of Significant Med	ication Frence	

The facility must ensure that residents are free of

F 333---Residents Free of Significant Medication Errors

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES SUMAN SERVICES PRINTED: 10/12/

PRINTED: 10/12/2012 FORM APPROVED

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING C 10/04/2012 STREET ADDRESS, CITY, STATE, ZIP CODE 128 SNOW HILL RD AYDEN COURT NURSING AND REHABILITATION CENTER (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 333 Continued From page 3 any significant medication errors.			& MEDICAID SERVICES		OMB N				
NAME OF PROVIDER OR SUPPLIER AYDEN COURT NURSING AND REHABILITATION CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 128 SNOW HILL RD AYDEN, NC 28513 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 333 Continued From page 3 any significant medication errors.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		The state of the s					RVEY	
AYDEN COURT NURSING AND REHABILITATION CENTER AYDEN, NC 28513 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 333 Continued From page 3 any significant medication errors.	345490			B. WING			1		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 333 Continued From page 3 F 333 any significant medication errors.	AYDEN COURT NURSING AND REHABILITATION CENTER				12	28 SNOW HILL RD YDEN, NC 28513	10/04/2012		
any significant medication errors.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETION DATE	
This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to discontinue a medication for 1 of 11 sampled residents (Resident #27) resulting in a significant medication error. Findings include: Resident #27 was re-admitted to the facility on 8/8/12 with cumulative diagnoses of hip fracture and cerebrovascular accident (CVA). Resident #27's admission Minimum Data Set (MDS) dated 8/16/12 showed that Resident #27 was cognitively aware. A review of the hospital discharge summary dated 8/8/12 showed an order for lovenox (a medication used for anticoagulant therapy to help reduce the risk of developing blood clots) 40 milligram injection give 1 subcutaneously daily. The quantity ordered was 14. A review of the Note to Attending Physician/Prescriber dated 8/9/12 from the pharmacist showed a request for clarification on the duration of the lowerory. The nythicks of the content of the lowerory. The nythicks of the number		any significant medical This REQUIREMENT by: Based on record reversacility failed to discord 11 sampled residents a significant medication. Resident #27 was re-8/8/12 with cumulative and cerebrovascular and	ication errors. IT is not met as evidenced view and staff interviews, the portinue a medication for 1 of its (Resident #27) resulting in ition error. Findings include: e-admitted to the facility on ve diagnoses of hip fracture in accident (CVA). ission Minimum Data Set 2 showed that Resident #27 rec. Ital discharge summary if an order for lovenox (a anticoagulant therapy to help eveloping blood clots) 40 ve 1 subcutaneously daily. If was 14. to Attending indated 8/9/12 from the ina request for clarification on evenox. The physician 2, "As on D/C (discharge) A handwritten note read is initialed. cation Administration Record 1/12 showed the first dose of in 8/9/12 and continued	F	333	9/2/12 per physician order. A 100 percent audit was completed by the Nursing of all resident medication orders a Medication Administration Records to assumedications have been given according to length of time based on the physician's ordautomatic stop orders. (10/26/12) 100 percent of Licensed nurses have been trained by the Staff Facilitator regarding th accurate transcription of physician orders and the second check of the orders are accurate. The 11-7 nurses will use the "pink" copy of the physician orders to verifithe writen order against the resident Medication Administration Record to assume the order had been transcribed accurately and will then initial each "pink" copy as verified. The "pink" copies of the physician orders will be reviewed in the Administrative Nurse Clinical meetings dall to be reviewed for all new orders and signed off daily by the QI nurse and the Director of Nursing once all verification of accurate transcription is completed.	e Director of and ure that all o the ordered ders and he	10/26/12	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/12/2012 FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 345490 10/04/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 128 SNOW HILL RD AYDEN COURT NURSING AND REHABILITATION CENTER **AYDEN, NC 28513** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY Continued From page 4 F 333 A review of the Medication Administration Record The dayshift Resident Care Coordinator will e trained beginning 9/1/12 showed the lovenox was also by the Director of Nursing and Staff Facilitator to given 9/1/12 (a combined total of 23 doses) and assure that all Pharmacy Consultant recommendations then discontinued. The MAR showed a are acted upon and followed up completely before handwritten note of ASD (automatic stop date) being signed off as complete. Once completed, the next to the lovenox with a vertical line indicating copies of the Pharmacy recommendations will be the medication should be stopped after that dose. forwarded to the Director of Nursing to verify the recommendations have been acted upon and orders In an interview on 10/3/12 at 3:30 PM Nurse #1 followed through appropriately. The Director of indicated that admission orders were received via Nursing will then sign off each recommendation as the hospital discharge summary and confirmed verified and return the copies to the Pharmacy report with the physician. The person receiving the book. (10/26/12) orders should transcribe the orders to the MAR. If 10/26/12 a medication was time limited it should be The Director of Nursing will audit all orders for Lovenox blocked off and an ASD should be noted. She stated that giving lovenox more often than with the Coumadin audits to assure orders and labs are ordered could have caused bleeding issues. followed appropriately. The Director of Nursing will continue the audits of the "pink" copies of the physician orders five days a week x 4 weeks, weekly x 2 In an interview on 10/3/12 at 4:00 PM the Day Shift Supervisor stated that when a resident was weeks, monthly x2 months. The results of these audits admitted the orders were included in the hospital will be reported to the Quarterly QA committee and adjustments made to the audits as deemed necessary. discharge paperwork. She indicated that the lovenox order was for 14 days. She stated a The pink copy orders and changes will be reported five communication was sent to the physician asking days a week in the daily clinical meeting. (10/26/12) 10/26/12

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

for clarification on the lovenox order and the physician confirmed the medication should be given for 14 days. The physician signed the order on 8/15/12. She stated that she had received the communication back from the physician and had written completed and initialed the sheet. The date was prior to 8/23/12. She indicated that the lovenox should have been stopped after 14 doses and that someone should have caught the error.

In an interview on 10/4/12 at 11:30 AM the Director of Nurses (DON) indicated that Resident #27 receiving more doses of lovenox than was ordered was a problem. She stated that she

Event ID: QYC911

Facility ID: 960259

If continuation sheet Page 5 of 6

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/12/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING С 8. WNG_ 345490 10/04/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE AYDEN COURT NURSING AND REHABILITATION CENTER 128 SNOW HILL RD **AYDEN, NC 28513** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 10 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 333 Continued From page 5 F 333 expected her nurses to discontinue a medication as ordered by the physician. She indicated that receiving more of the medication could have caused bruising or bleeding.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

GENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2012 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G 01 - MAIN BUILDING 01		SURVEY PLETED
		345490	B. WING	1001 \$ R 1010	11	/08/2012
	PROVIDER OR SUPPLIER	D REHABILITATION CENTER	1:	REET ADDRESS, CITY, STATE, ZIP CODE 28 SNOW HILL RD YDEN, NC 28513		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 012 SS=D	Building construction	FETY CODE STANDARD on type and height meets one 1.1.6.2, 19.1.6.3, 19.1.6.4,	K 012	Fire dampers ordered to be Other ceiling penetrations re Determined to be isolated oc No systematic changes neces	viewed. currence.	
K 038 SS=D	A. Based on obser was an unprotected ceiling of the Med. I 42 CFR 483.70 (a) NFPA 101 LIFE SA Exit access is arran	s not met as evidenced by: vation on 11/08/2012 there I PVC duct penetrating the Room at nurses station #2 . FETY CODE STANDARD aged so that exits are readily les in accordance with section	K 038	No continued monitoring or Continued. Required. Locksmith contacted, new 1 median Hardware to be installed, isolated. Occurrence no system change Monitoring or QA involved.	otion	12/23/13
K 061 SS=D	A. Based on observequires more than reenter the building B. Based on observinterviewed did not delease switch at the 42 CFR 483.70 (a) NFPA 101 LIFE SA Required automatic valves supervised swill sound when the 72, 9.7.2.1	s not met as evidenced by: vation on 11/08/2012 it one (1) motion of the hand to from the court yard. vation on 11/08/2012 the staff know about the master door ne nurses station FETY CODE STANDARD sprinkler systems have to that at least a local alarm to valves are closed. NFPA	K 061	Staff is educated as to master Switch and part of every fire d Will conduct inservice educati The Staff Development Coord On this specific item, systema Monitoring, and QA measures Not necessary. Will documen	on by inator	A(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: 960259

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/13/2012 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED 11/08/2012	
	345490		B. WING _			
	ROVIDER OR SUPPLIER	D REHABILITATION CENTER	1:	REET ADDRESS, CITY, STATE, ZIP CODE 28 SNOW HILL RD LYDEN, NC 28513		· · ·
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE C	(X5) OMPLETION DATE
K 061	Continued From pa	age 1	K 061	K38 CON1	(c) the	
K 076 SS=D	A. Based on observalves on the dry sand the high and ic were not eclectical 42 CFR 483.70 (a) NFPA 101 LIFE SA Medical gas storage protected in accordance of the separation.	AFETY CODE STANDARD e and administration areas are lance with NFPA 99, th Care Facilities. e locations of greater than closed by a one-hour upply systems of greater than nited to the outside. NFPA 99	K 076	Fire drill on each fire drill	report. 1: ed and and r as part	2/23/12 12/23/
	A. Based on obser	is not met as evidenced by: rvation on 11/08/2012 there y 02 cylindrs mixed in the 02 ie 400 hall.		Physical barrier between Fi Side and Empty side being Installed 121/12. Staff made Aware of this during orienta		

K76 (COXI.)

Will cover this in all staff inservie
For the master switch, systematic

And QA changes not necessary. O2

Storage will be monitored weekly for

Proper stoarage by administrative

Staff.

12/23/12