STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056006	A. BUILDING: _____ B. WING _____	R-C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN HOUSE	186 ONE CENTER STREET FRANKLIN, NC 28734

(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
D 000	Initial Comments The Adult Care Licensure Section and the Macon County Department of Social Services conducted an annual survey, follow-up survey, and compaint investigation on March 13, 2018 through March 15, 2018.	D 000		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on interviews and record reviews the facility failed to ensure referral and follow up to meet the routine and acute health care needs for 1 of 8 (Resident #6) sampled residents related to the monitoring, assessment, and follow-up of a leg wound. The findings are: Review of Resident #6's current FL-2 dated 7/11/17 revealed: -Diagnoses included Alzheimer's dementia, chronic obstructive pulmonary disease, a history of falls, back pain, constipation, and hypertension. -Resident #6 was documented as non-ambulatory and incontinent of bowel and bladder. Review of Resident #6's Resident Register revealed she was admitted to the facility on	D 273	Mandatory care staff meeting on 03/29/18 held to train on importance of reporting to Care Manager, documenting, referral,and follow up of resident health care needs identified. Use of new Body and Observation Form started immediately. 24 hour communication log on both units implemented and any concerns of health care followed up on within 48 hours with appropriate intervention in place by Care Managers. Tickler file in place to track. Reviewed daily at Management Mtg. All resident allergies to be reviewed and checked for correctness on Matrix Care system by Care Managers. Skin assessments completed by care staff on all residents and any skin issues addressed by Care Mgrs with appropriate referrals made. Mandatory care staff training by Home Health Agency on wound identification, documentation, referral by Care Managers, and follow up.	03/29/18 04/13/18 04/13/18 04/13/18 04/13/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debbie Shuler TITLE: Administrator (X6) DATE: 4-13-18

Reviewed and accepted 4/13/18 RP

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056006	A. BUILDING: _____ B. WING _____	R-C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN HOUSE	186 ONE CENTER STREET FRANKLIN, NC 28734

(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
D 273	Continued From page 1 7/18/16. Review of the current Licensed Health Professional Support evaluation dated 11/27/17 revealed: -Resident #6 was alert with confusion. -Resident #6 was receiving palliative care services. -Resident #6 used oxygen at 2 liters per minute via nasal cannula. -Two staff members were required for transfers. Review of Resident #6's current Care Plan dated 7/7/17 revealed extensive assistance was required for bathing, dressing, toileting, transfers, and feeding assistance. Telephone interview on 3/5/18 at 1:15pm with Resident #6's family member revealed: -The family member had visited with Resident #6 on 2/2/18 during the evening meal. -A facility staff member informed the family member that Resident #6 had been in bed all day. -The staff member asked the family member to look at Resident #6's leg. -The family member took a picture of a wound on the leg and sent it to the family member's physician. -The family member requested the facility send Resident #6 to the emergency room (ER). -Resident #6 was admitted to the hospital for medical treatment and discharged to a higher level of care facility on 2/5/18. -"There is no communication between shifts." -"The facility is supposed to call me if (Resident #6) did not get up for lunch and no one called me that day." -Resident #6 was tested for MRSA (Methicillin-Resistant Staphylococcus, a bacteria)	D 273	Mandatory care staff training on identification and documentation of allergies, adverse reactions, and referral and follow up by LHPS RN.	04/13/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056006	A. BUILDING: _____ B. WING _____	R-C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN HOUSE	186 ONE CENTER STREET FRANKLIN, NC 28734

(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
D 273	Continued From page 2 in the wound and it was positive. -"The staff at the facility was putting Neosporin (antibiotic) on the leg and (Resident #6) was allergic to Neosporin." Review of Resident #6's medical record revealed: -Resident #6 had a history of a Stage IV pressure ulcer on the thoracic spine that had healed. -There was a physician order dated 1/19/18 for dressing changes two times per day to the left lower leg; wash with warm water and soap, apply antibiotic ointment, and redress twice daily and as needed for soiling. -There was documentation by staff on 2/1/18; "wounds on lower legs not looking any better and have gotten worse. Placing resident on PCP (primary care physician) list for next facility day (2/6/18)". -There was documentation by staff on 2/2/18;"resident's leg wounds discovered by family and they requested resident be sent to the emergency room (ER) Family present and PCP notified.". -There was no documentation of an assessment of the leg by the facility Registered Nurse or the facility Nurse Practitioner (NP). Review of the ER history and physical on 2/2/18 for Resident #6 revealed: -Resident #6 came to the ER from the facility with pain in the lower extremity. -Resident #6 had not been out of bed all day due to pain in the lower extremity. -A family member had found a large ulcer on the lower right lateral ankle after the sock had been removed. -A tube of triple antibiotic ointment (Neosporin) was on the bedside table and the wound had been covered with a dressing. -Resident #6 was allergic to Neosporin antibiotic.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056006	A. BUILDING: _____ B. WING _____	R-C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN HOUSE	186 ONE CENTER STREET FRANKLIN, NC 28734

(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
D 273	Continued From page 3 -The wound was an unstageable decubitus ulcer on the ankle. -There was no documented duration of the ulceration. Review of the hospital history and physical for Resident #6 revealed: -Resident #6 was admitted to the hospital for intravenous antibiotics and aggressive wound care for the infected ulcer on the right lateral ankle. -There was documentation by a physician that Resident #6 was at risk of worsening ulcer with gangrene, sepsis syndrome, worsening debility and death. Review of the hospital lab record for Resident #6 revealed the wound culture was positive for MRSA. Interview on 3/13/18 at 4:10pm with the facility Nurse Practitioner (NP) revealed: -A telephone order was given on 1/19/18 for dressing changes twice per day to the left lower leg including to wash the leg with warm water and soap. -The order was signed the next time the she was in the facility on 1/23/18. -She did not assess or look at the wound on 1/23/18 when she was in the facility. Interviews on 3/14/18 at 9:00am and 3/15/18 at 9:10am with first shift medication aide (MA) revealed: -The MA and another staff member had discovered the wound on Resident #6's leg on 1/19/18 during a bath. -The wound looked like a scab near the sock line. -The MA informed the Special Care Coordinator (SCC).	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056006	A. BUILDING: _____ B. WING _____	R-C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN HOUSE	186 ONE CENTER STREET FRANKLIN, NC 28734

(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
D 273	Continued From page 4 -The SCC obtained a telephone order to put ointment and dressings on it. -The wound looked the size of a nickel for about a week and a half. -The MA changed the dressing every day when assigned to Resident #6. -The MA wound initial the new dressing when it was changed. -"In January when the dressing was changed, the wound looked like a skin tear, it had scabbed over." -"It looked smaller than a dime." -When the wound dressing was changed on 2/1/8 it looked no different. Interviews on 3/14/18 at 9:10am and 3/15/18 at 9:20am with a second first shift MA revealed: -The MA helped with the dressing changes to Resident #6's leg. -The wound looked like a scab. -The MA would clean the wound with a facility house stock dermal wound cleanser, apply antibiotic ointment, and apply a bandange. -The MA changed the bandage on 2/2/18 and it appeared to be "scabbing over" with no drainage. -The SCC did not look at the wound because he "did not have to, it wasn't necessary". Interview on 3/14/18 at 10:50am with a first shift personal care assistant (PCA) revealed: -She had given Resident #6 a bed bath on 1/29/18. -The bandage on the resident's leg had come off. -"It (wound) looked bad." -The PCA reported the wound to the MA on duty. -The MA looked at the wound and "bandaged it back". -The wound "looked yellow with drainage on the scab". -The protocol when a wound was discovered was	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056006	A. BUILDING: _____ B. WING _____	R-C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN HOUSE	186 ONE CENTER STREET FRANKLIN, NC 28734

(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
D 273	Continued From page 5 to inform the MA and the MA would inform the SCC. Interview on 3/14/18 at 11:45am with a second first shift PCA revealed: -The PCA was helping with the bed bath on 1/29/18. -"The sore on the ankle did not look well, but not horrible." -"It looked more like a water blister about the size of a 50 cent piece." -The PCA gently washed the wound and the MA put on the ointment and bandage. -The wound "looked red, yellow, with drainage on it. It looked like a skin tear.". Interview on 3/14/18 at 3:10pm with a second shift PCA revealed: -The PCA had given Resident #6 a bed bath on 1/15/18. -There was no wound on the leg. -The PCA had not given any other baths to Resident #6. Interview on 3/14/18 at 3:40pm with a second shift MA revealed: -The MA did the dressing change on the day it was ordered, 1/19/18. -The wound was red and swollen and starting to scab over. -The MA was "surprised it got worse all of a sudden". -The MA had received no reports from staff that the wound was worse. Interview on 3/14/18 at 4:00pm with a second, second shift MA revealed: -The MA saw the wound on 2/1/18 and it looked "redder". -The MA took a picture of the wound and sent it to	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056006	A. BUILDING: _____ B. WING _____	R-C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN HOUSE	186 ONE CENTER STREET FRANKLIN, NC 28734

(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
D 273	Continued From page 6 the SCC who was not in the facility. -The Resident Care Coordinator (RCC) was notified of the wound. -The RCC put Resident #6 on the list to be seen by the NP on the next scheduled facility visit (2/6/18). -The MA saw the wound on 2/2/18 and it "looked redder and had gotten bigger and had some drainage". -The MA took Resident #6's temperature and it was "slightly up". -The MA knew the resident needed to be sent to the hospital. -Resident #6's family member requested Resident #6 be sent to the hospital for treatment. Interview on 3/15/18 at 12:15pm with the SCC revealed: -The wound on Resident #6's leg was discovered by staff and brought to his attention. -The wound looked "like a skin tear". -The SCC received a telephone order on 1/19/18 for dressing changes three times daily. -The SCC looked at the wound a week later and there were no changes. -He had not documented an assessment of the wound. -The SCC could not "stop and look at every little thing". -The facility staff notified him on 2/1/18 while at home of the wounds worsening condition. -The staff put Resident #6 on the PCP list to be seen on the next regular scheduled visit, 2/6/18. -"The wound looked bad, but I thought it was going to be a couple of days for the PCP to be in the facility." -The family member of Resident #6 came into the facility on 2/2/18 and wanted the resident sent to the hospital.	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056006	A. BUILDING: _____ B. WING _____	R-C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN HOUSE	186 ONE CENTER STREET FRANKLIN, NC 28734

(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
D 273	Continued From page 7 Telephone interview on 3/15/18 at 2:05pm with a consulting physician revealed: -The physician was consulted from a request by Resident #6's family member. -The physician was sent a picture on of Resident #6's leg wound by the family member. -The physician advised the family member the resident needed to be sent to the hospital after viewing the picture. -"The wound was nothing that would happen overnight or in a couple of days. The wound had been there for a week or weeks, long term." -Resident #6 "is a high risk patient for skin breakdown because of her history of skin ulcers". -"The wound was deep and it looked awful and it wasn't nickel size, it was bigger." Attempted telephone interview on 3/15/18 at 2:30pm with the ER physician was unsuccessful. Attempted telephone interview on 3/15/18 at 3:00pm with the primary care physician was unsuccessful. Telephone interview on 3/16/18 at 12:56pm with the ER consulting physician's medical assistant revealed: -Resident #6 had vascular insufficiency and was not getting enough blood flow to the wound for it to heal. -Resident #6 was at risk for amputation if the wound was not healed. -Resident #6 was allergic to Neosporin and the facility was using it on the wound. Interview on 3/15/18 at 12:15pm with the Administrator revealed: -A telephone order was received from the physician on 1/19/18 for dressing changes. -There was no other note in Resident #6's	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056006	A. BUILDING: _____ B. WING _____	R-C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN HOUSE	186 ONE CENTER STREET FRANKLIN, NC 28734

(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
D 273	Continued From page 8 medical record until 2/1/18 which stated the wound looked worse. -Resident #6 was placed on the PCP list for next time she was in the facility (2/6/18). -"It was (name of SCC) job to assess the wound, but this was not done." -The SCC was a registered nurse. Request for a Wound Care Policy and Procedure was not provided by the facility. --- The failure of the facility to ensure referral and follow-up for wound care and assessment for 1 of 8 sampled residents (#6) increased the risk of infection, sepsis, amputation and possible death. The facility failed to ensure the safety and well-being of Resident #6 by not monitoring the progression of the wound and seeking medical attention, resulting in her admission to the hospital for treatment of the wound, and discharged from the hospital to a higher level of care. These failures resulted in an infected decubitus ulcer and placed Resident #6 at substantial risk of serious medical harm including death and amputation and constitutes a Type A1 Violation. --- A Plan of Protection provided by the facility on 3/14/18 revealed: -Upon notification of wound to the Administrator on 2/6/18 a stand up meeting was held addressing the lack of reporting. -The Administrator discussed the importance of reporting any changes in skin integrity or concerns noted by caregivers. -The Care Managers are then to report changes to the Primary Care Physician or provide additional options to the resident and responsible	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056006	A. BUILDING: _____ B. WING _____	R-C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN HOUSE	186 ONE CENTER STREET FRANKLIN, NC 28734

(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
D 273	Continued From page 9 party. -A mandatory staff meeting scheduled prior to 3/31/18 to discuss the importance of; reporting any health concerns or changes in resident health to the care management, care management to make referral for any health concerns including wounds to proper agnecy, a timely follow-up with the Primary Care Physician or proper agency. -The care management to obtain copies for all shower or body evaluations with verbal follow up with staff on any changes in skin integrity on a weekly basis. -The Administrator to review any voice concerns with care management on a weekly basis during scheduled stand up meetings. _____ CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED APRIL 14, 2018	D 273		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure referral and follow up to meet the routine and acute health care needs for 1 of 8 (Resident #6) sampled residents related to the monitoring, assessment, and follow-up of a leg wound.	D912	Mandatory all staff training meeting on Resident Rights by Ombudsman. All staff will re-read and sign the Declaration of Resident Rights.	04/11/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL056006	A. BUILDING: _____ B. WING _____	R-C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN HOUSE	186 ONE CENTER STREET FRANKLIN, NC 28734

(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
D912	Continued From page 10 The findings are: Based on interviews and record reviews, the facility failed to ensure referral and follow-up to meet the routine and acute health care needs for 1 of 8 sampled residents (#6) related to the monitoring, assessment, and follow-up of a leg wound. [Refer to Tag 0273 10A NCAC 13F.0902(b) Health Care (Type A1 Violation).].	D912		