

PRINTED: 02/27/2023
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING: _____	(X3) DATE SURVEY COMPLETED 02/14/2023
NAME OF PROVIDER OR SUPPLIER ABUNDANT LIVING # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ELON, NC 27244		
(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
C000	Initial Comments	C000		
C171	<p>The Adult Care Licensure Section conducted an annual survey and follow up survey on February 14, 2023</p> <p>10A NCAC 13G .0504 (a) Competency Validation For Licensed Health</p> <p>10A NCAC 13G .0504 Competency Evaluation and Validation for Licensed Health Professional Support Tasks</p> <p>(a) When a resident requires one or more of the personal care tasks listed in Subparagraphs(a) (1) through (a)(28) of Rule .0903 of this Subchapter, the task may be delegated to non-licensed staff or licensed staff not practicing in their licensed capacity after a licensed health professional has validated the staff person is competent to perform the task.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 3 of 3 sampled staff (Staff A, Staff B, and Staff C) had completed competency validation for licensed health professional support (LHPS) task related to application and removal of thrombo-embolic deterrent (TED) house.</p> <p>The findings are:</p> <p>Review of three resident's records revealed there were orders to apply and remove TED hose daily for one resident.</p> <p>1. Review of the Staff A's Assistant Administrator. personnel records revealed Staff A's date was in April 2012.</p>	C171	<p>Effective March 6, 2023 Administrator scheduled re-training with Health Provider (NP) on Skills/Competency Evaluation (Licensed Health Professional Support) item (1) Applying and removing ace bandages, Ted hose, binders, and braces, and splints.</p> <p>Administrator to ensure that all current and future staff are checked off on the LHPS prior to starting employment.</p> <p>Immediately, SIC to review all current staff LHPS to ensure this policy is being met and SIC to review every 3 months and report to the Administrator immediately if this policy is not being met.</p>	03/06/2023

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

YIU211

If continuation sheet 1 of 11

Reviewed and acknowledged on 03/28/23.

P.D.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING: _____	(X3) DATE SURVEY COMPLETED 02/14/2023
NAME OF PROVIDER OR SUPPLIER ABUNDANT LIVING # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ELON, NC 27244		
(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
C171	<p>Continued From page 1</p> <p>Review of Staff A's LHPS tasks competency validation checklist dated 08/29/13 revealed Staff A was not competency validated for the task of applying and removing of TED hose.</p> <p>Interview with Staff A on 02/14/23 at 4:29pm revealed:</p> <ul style="list-style-type: none"> -She had been validated for competency on LHPS tasks but had not been validated for applying and removing TED hose. -The facility had never had a resident with TED hose before and she did not realize it was an LHPS task. -She did apply and remove the resident's TED hose when she worked at the facility. -She was trained by pharmacy staff on application and removal of TED hose at the pharmacy when the resident was measured for the TED hose. -She was responsible for ensuring all staff had LHPS task competency validations. <p>Attempted telephone interview with the facility's LHPS nurse on 02/14/23 at 1:45pm was unsuccessful.</p> <p>2. Review of the Staff B's Supervisor-in-Charge/Medication Aide (SIC/MA), personnel record revealed Staff B's hire date was 10/09/13.</p> <p>Review of Staff B's LHPS tasks competency validation checklist dated 04/08/22 revealed Staff B was not competency validated for the task of applying and removing of TED hose.</p> <p>Interview with Staff B on 02/14/23 at 4:48pm revealed:</p> <ul style="list-style-type: none"> -She had been trained at another facility for application and removal of TED hose; it had been a long time ago. 	C171		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING: _____	(X3) DATE SURVEY COMPLETED 02/14/2023
NAME OF PROVIDER OR SUPPLIER ABUNDANT LIVING # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ELON, NC 27244		
(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
C171	<p>Continued From page 2</p> <ul style="list-style-type: none"> -She had not been LHPS task competency validated for applying and removing TED hose. -She had been trained and competency validated for other LHPS task. -She did not know why she had not been LHPS task competency validated for application and removal of TED hose by the LHPS nurse. -She applied and removed TED hose for the resident who had the task for the TED hose. <p>Interview with the Assistant Administrator on 2/14/2023 at 4:29 pm revealed:</p> <ul style="list-style-type: none"> -She was responsible for ensuring all staff had LHPS task competency validations. -The facility had never had a resident with TED hose before and she did not realize it was an LHPS task. <p>Attempted telephone interview with the facility's LHPS nurse on 02/14/2023 T 1:45 PM was unsuccessful.</p> <p>3. Review of the Staff C's, Personal Care Aide (PCA), personnel record revealed Staff C's hire date was 12/31/2018.</p> <p>Review of Staff C's LHPS tasks competency validation checklist dated 12/31/18 revealed Staff C was not competency validated for the task of applying and removing of TED hose.</p> <p>Interview with Staff C on 02/14/2023 at:43 pm revealed:</p> <ul style="list-style-type: none"> -She had not been trained on how to apply and remove TED hose. -The resident who had the task for application and removal of the TED hose was usually up by the time she started to work for the day. -She had not applied or removed TED hose on the resident who had the task but, she knew he 	C171		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING: _____	(X3) DATE SURVEY COMPLETED 02/14/2023
NAME OF PROVIDER OR SUPPLIER ABUNDANT LIVING # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ELON, NC 27244		
(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
C249	<p>Continued From page 4</p> <p>Thrombo-embolic deterrent (TED) hose.</p> <p>10A NCAC 13G .0904 Nutrition and Food Service</p> <p>The findings are:</p> <p>Review of Resident #3's primary care provider (PCP) after visit summary reported dated 01/19/22 revealed:</p> <ul style="list-style-type: none"> -Resident #3 had 2-3 plus edema. -There was an order for TED hose stockings <p>Review of Resident #3's hospital after visit report dated 12/05/22 revealed Resident #3 was seen at the local hospital emergency room for edema in both legs.</p> <p>Review of Resident #3's PCP after visit summary reports dated from 02/22/22 to 06/22/22 revealed:</p> <ul style="list-style-type: none"> -On 02/22/22 Resident #3 had one plus edema. -On 03/16/22 it was noted Resident #3 still needed TED hose. -On 04/26/22 Resident #3 had no edema. -On 06/22/22 Resident #3 had non-pitting edema in his lower legs. <p>Review of Resident #3's physician order sheet dated 08/01/22 revealed there was not an order to apply or remove TED hose.</p> <p>Review of Resident #3's current Licensed Health Professional Support (LHPS) report dated 11/16/22 revealed Resident #3 had a task for applying and removing of TED hose.</p> <p>Review of Resident #3's an invoice from a pharmacy dated 08/18/22 revealed:</p> <ul style="list-style-type: none"> -Resident #3 was measured for TED hose on 08/18/22. -Black closed toed compression hose was ordered. 	C249	<p>Effective February 15, 2023 Staff will place Ted Hose on resident #3 ever morning. Staff will apply stockings inside out to the heel check the placement of the heel marking by pulling stocking up resident's leg check toes for possible pressure from stocking and adjust stocking as needed. Document on MAR (8AM) staff to recheck at (12NOON) and (8PM). Staff to document and report application of Ted Hose and any skin issues or pain with Ted Hose or changes.</p> <p>Immediately, SIC to review all current staff is adhering this policy daily to ensure this policy is being met.</p> <p>Administrator to review MAR weekly to ensure this policy is not being met.</p>	02/15/2023

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING: _____	(X3) DATE SURVEY COMPLETED 02/14/2023
NAME OF PROVIDER OR SUPPLIER ABUNDANT LIVING # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ELON, NC 27244		
(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
C249	<p>Continued From page 5</p> <p>-Resident #3 was ordered left and right 30mmHg strength compression hose.</p> <p>Review of Resident #3's hospital discharge summary dated 12/05/22 revealed:</p> <p>-He was seen at the emergency room (ER) for edema in his lower legs.</p> <p>-His diagnoses was edema in both legs</p> <p>Review of Resident #3's hospital discharge summary dated 01/19/23 revealed:</p> <p>-He was seen for leg pain.</p> <p>-His diagnoses included lower bi-lateral leg pain.</p> <p>Review of Resident #3's medication administration records (MAR) for December 2022, January 2023 and February 2023 revealed there was no entry for application and removal of TED hose.</p> <p>Observations of Resident #3 and his room on 02/14/23 at 8:30am and 2:24pm revealed:</p> <p>-He did not have on TED hose.</p> <p>-He had on socks that came above his ankle about 2 inches and had an elastic band around the top.</p> <p>-His legs were swollen above the top of the sock and there was an impression where the elastic had fit.</p> <p>Interview with Resident #3 on 02/14/23 at 8:30am and 2:24pm revealed:</p> <p>-He had TED hose, but he had not put them on that day, 02/14/23.</p> <p>-His TED hose smelled a little musty and he did not want to wear them again until they were washed.</p> <p>-His TED hose were in a laundry basket.</p> <p>-He had one pair of TED hose.</p> <p>-His TED hose were closed toed and black.</p>	C249		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING: _____	(X3) DATE SURVEY COMPLETED 02/14/2023
NAME OF PROVIDER OR SUPPLIER ABUNDANT LIVING # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ELON, NC 27244		
(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
C249	<p>Continued From page 6</p> <ul style="list-style-type: none"> -He knew he needed to wear his TED hose because the compression helped with his circulation. -His legs would throb when he did not wear them. -Staff never applied his TED hose; he always applied them himself. -He could apply them himself, but they were very tight. -He did not wear them every day; he did not think about them and would forget. -Staff would wash his TED hose when he would ask them. -Staff did not ask him if he had his TED hose on; only the PCP would ask him. -He went to the hospital sometime in December 2022, because his legs were hurting. <p>Telephone interview with a representative from the facility's contracted pharmacy on 02/14/23 at 3:30pm revealed they did not have an order for TED hose application or removals for Resident #3.</p> <p>Telephone interview with a representative from the facility's contracted PCP on 02/14/23 at 1:45pm revealed:</p> <ul style="list-style-type: none"> -Resident #3 had a current order for application and removal of TED hose. -Resident #3 had a hospital visit on 12/05/22, due to edema in his legs. -The PCP wanted Resident #3 to wear his TED hose every day. -The PCP expected the staff to apply and remove Resident #3's TED hose; he needed to wear them each day due to edema. <p>Telephone interview with the facility's contracted Licensed Health Professional Support (LHPS) Nurse on 02/14/23 at 6:00pm revealed:</p> <ul style="list-style-type: none"> -Resident #3 had an order for TED hose to be 	C249		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/14/2023
NAME OF PROVIDER OR SUPPLIER ABUNDANT LIVING # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ELON, NC 27244		
(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
C249	<p>Continued From page 7</p> <p>applied each morning and removed in the evening.</p> <p>-She did not recall if Resident #3 had edema at her last visit to the facility in November 2022.</p> <p>-She did not recall if Resident #3 had his TED hose on when she saw him.</p> <p>-Resident #3 did not always have his TED hose on and if he was not compliant, she would tell the staff and make a note on the LHPS report.</p> <p>Interview with a Medication Aide (MA) on 02/14/23 at 8:15am revealed:</p> <p>-Resident #3 did not wear his TED hose; her refused to wear them.</p> <p>-She had told him that morning to put his TED hose on, but he said they were torn up.</p> <p>-She did not apply the TED hose for him; another MA or a personal care aide (PCA) should have applied them before she arrived at 8:00am.</p> <p>-She did not remove Resident #3's TED hose because she left at 5:00pm; the evening shift MA would remove them.</p> <p>Interview with the Supervisor in Charge/Medication Aide (SIC/MA) on 02/14/23 at 2:02pm revealed:</p> <p>-Resident #3 applied his own TED hose and removed them himself.</p> <p>-She thought he had a self-administration order for the TED hose.</p> <p>-Resident #3 was not compliant with his order to wear TED hose and would refuse to wear them or remove them.</p> <p>-On 12/05/22, his legs were swollen, and he had complained of pain, so the PCP told her to send him to the hospital.</p> <p>-He did not have his TED hose on when he was sent to the ER on 12/05/22.</p> <p>-He returned from the hospital on 12/05/22, with no instructions or new orders.</p>	C249		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING: _____	(X3) DATE SURVEY COMPLETED 02/14/2023
NAME OF PROVIDER OR SUPPLIER ABUNDANT LIVING # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ELON, NC 27244		
(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
C249	Continued From page 8 Resident #3 would complain of leg pain even when he had the TED hose on. -Resident #3's legs tended to swell with and without his TED hose on. -Resident #3 was sent to the hospital on 01/18/23. -Resident #3 did not complain of leg pain on 01/18/23; he was not normal and not making sense when he spoke. -She suspected a urinary tract infection (UTI) so she contacted the PCP who instructed her to send him to the local ER. -He did not complain of leg pain to her on 01/18/23; he did not have his TED hose on. -She was not aware of the diagnoses of lower leg pain from his visit to the ER on 01/18/23. -She did not document that Resident #3 had applied his TED hose or removed them. -She would check on him and some days and she would tell him to go and apply them if he did not have them on. -She checked Resident #3 to see if he was wearing his TED hose about every other day; she did not think to check every day. -She had seen Resident #3 with his TED hose on multiple times. -Resident #3 normally applied and removed his own TED hose. -Resident #3 knew how to apply his TED hose; she had observed him apply them before. -Resident #3's TED hose started at his ankles and stopped just below his knee caps; more like a sleeve. -Resident #3 applied his TED hose everyday after he ate breakfast around 10:30am. -She did not document anything about Resident #3's TED hose because he applied them himself. -She did not document refusals or notify the PCP. -Resident #3 did not have his TED hose on the day before, 02/13/23 or today 02/14/23.	C249		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/14/2023
NAME OF PROVIDER OR SUPPLIER ABUNDANT LIVING # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ELON, NC 27244			
(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	
C249	<p>Continued From page 9</p> <p>-Resident #3 told her his legs looked perfectly fine.</p> <p>Interview with the Assistant Administrator on 02/14/23 at 3:06am revealed:</p> <p>-She remembered Resident #3 complained of swelling in his legs about a year ago.</p> <p>-She had reached out to the PCP had she ordered TED hose for Resident #3.</p> <p>-Resident #3 had a pair of TED hose when he was admitted to the facility, but they were pretty torn up.</p> <p>-There was some confusion with the insurance and ordering his TED hose when they were ordered by the PCP.</p> <p>-Resident #3 got new TED hose in August 2022; she took him to the appointment at a local pharmacy to be measured and to pick them up.</p> <p>-She and Resident #3 were shown how to apply and remove the TED hose when they picked up the new pair.</p> <p>-When Resident #3 wore his TED hose she knew the swelling went down.</p> <p>-Sometimes Resident #3 would remove his TED hose himself.</p> <p>-The staff did not document the application and removal of TED hose; there was no reason why they were not documenting.</p> <p>-She did not think to document the application and removal of TED hose on a resident's MAR.</p> <p>-She instructed staff not make sure Resident #3's TEDs were removed at night.</p> <p>-Staff would have documented Resident #3's removals and refusals of TED hose but she did not think anything about it.</p> <p>-She thought the MAs or the SIC/MA applied and removed Resident #3's TED hose.</p> <p>-Resident #3 should never apply his TED hose himself; staff should always apply and remove Resident #3's TED hose.</p>	C249			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL017056	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING: _____		(X3) DATE SURVEY COMPLETED 02/14/2023
NAME OF PROVIDER OR SUPPLIER ABUNDANT LIVING # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3816 CHERRY GROVE ROAD ELON, NC 27244			
(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	
C249	<p>Continued From page 9</p> <p>The facility failed to ensure implementation of orders for 1 of 3 sampled residents (#3) including failing to apply and remove TED hose placing the resident at risk increased edema, leading to hospital visits. This failure was detrimental to the health, safety, and welfare of the resident and constitutes a Type B Violation.</p> <p>The facility provided an acceptable plan of protection in accordance with G.S. 131D-34 on 02/14/23 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 16, 2023.</p>	C249			

