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	B089098	A. BUILDING: _____ B. WING _____	07/24/2024

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named home plus facility conducted on 07/23/24 and 07/24/24.	S 000		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of six residents. The sample included three residents and one abbreviated record review. Based on interview, and record review the operator failed to ensure the "Functional Capacity Screen" (FCS) for resident (R)104 was signed by the designated staff who completed the assessment.	S5080		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S5080	Continued From page 1 Findings included: - R104's medical record revealed he moved into the facility on 06/01/22. The 05/01/23 FCS was not signed by the designated staff who completed it. On 07/24/24 at 01:40 pm Administrative Staff B acknowledged R104's FCS was not signed by the staff who prepared it. The operator failed to ensure R104's FCS was signed by the designated staff who completed the assessment.	S5080		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced	S5105		

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S5105	Continued From page 2 by: KAR 26-42-202(a)(1) The facility reported a census of six residents with three included in the sample and one closed record review. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreements" (NSA) for residents (R)101, R102, R103, and R104 described the services they received based on their "Functional Capacity Screens" (FCS), service needs, and preferences. Findings included: - Record review for R101 revealed an admission date of 08/01/22. The 05/01/24 FCS identified R101 was unable to perform management of treatments and was sometimes understandable and sometimes understood others during communication. The 05/01/24 NSA failed to describe the services he received for management of treatments and communication. On 07/24/24 at approximately 01:07 PM Administrative Staff B confirmed R101's NSA failed to describe the services provided based on his FCS. The operator failed to ensure the NSA for R101 described the services provided based on his FCS, service needs, and preferences. - Record review for R102 revealed an admission date of 09/01/22 with a diagnosis of Alzheimer's Disease.	S5105		

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S5105	Continued From page 3 The 04/30/24 FCS identified R102 was unable to perform management of treatments, had cognitive difficulties, was marked for falls, unsteadiness, and inappropriate behaviors. The 05/01/24 NSA failed to describe the services he received for management of treatments, cognitive difficulties, to prevent injury from falls and protect self and others from inappropriate behavior. On 07/24/24 at approximately 01:07 PM Administrative Staff B confirmed R102's NSA failed to describe the services provided based on his FCS, service needs, and preferences. The operator failed to ensure the NSA for R102 described the services provided based on his FCS, service needs, and preferences. - Record review for R103 revealed an admission date of 01/04/24 with diagnoses of diabetes and anxiety. The 01/04/24 FCS identified R103 was unable to perform management of treatments, had cognitive difficulties, was sometimes understandable and sometimes understood others during communication, and was marked for falls. The 01/04/24 NSA failed to describe the services she received for management of treatments, cognitive difficulties, communication, and for falls. On 07/24/24 at approximately 01:07 PM Administrative Staff B confirmed R103's NSA failed to describe the services provided based on her FCS.	S5105		

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S5105	Continued From page 4 The operator failed to ensure the NSA for R103 described the services provided based on her FCS, service needs, and preferences. - Record review for R104 revealed an admission date of 06/01/22 with a diagnosis of abnormal gait. The 05/01/23 FCS identified R104 had short-term memory loss, long-term memory loss, memory/recall and decision-making issues. The 05/01/23 NSA did not address R104's short-term memory loss, long-term memory loss, memory/recall and decision-making issues. On 07/24/24 at 01:40 PM Administrative Staff B acknowledged R104's NSA did not address what services staff provided for impaired cognition. The operator failed to ensure the NSA for R104 described the services provided based on his FCS, service needs, and preferences.	S5105		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (h)	S5126		

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S5126	Continued From page 5 The facility had a census of six residents. The sample included three residents and one abbreviated record review. The facility failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement for one of four residents sampled. Findings included: - R104's medical record revealed he moved into the facility on 06/01/22. The 05/01/23 FCS revealed R104 had short-term and long-term memory, memory/recall and decision-making impairments. The 05/01/23 NSA did not include the signature of R104's legal representative, facility nurse or any other person who was involved in the development of the NSA. On 07/24/24 at 01:40 PM Administrative Staff B acknowledged R104's NSA lacked the required signatures of those who were involved in the development of it. The operator failed to ensure R104's NSA was signed by all who were involved in the development of it.	S5126		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.	S5195		

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S5195	Continued From page 6 (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of six residents. The facility had a main kitchen where food was stored and prepared. All residents eat food prepared in this kitchen. Based on observation and policy review the administrator failed to ensure food items were stored under safe conditions. Findings included: - Observation of the kitchen on 07/23/24 at 01:24 PM revealed a refrigerator that contained the following food items that lacked labels identifying a date the food was opened or prepared. One bag of shredded yellow cheese One zippered bag of sliced chicken There was also one zipped bag of cookies that had a date of "5/27" - Observation on 07/23/24 at 01:27 PM revealed a bowl on top of the kitchen counter which contained a zipped bag of chicken breasts thawing at room temperature. The August 2017 Kansas Department of Agriculture's "Focus on Food Safety" booklet Page 17 explains to never thaw foods at room temperature. On page 20, it explains that	S5195		

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S5195	Continued From page 7 commercially prepared foods must be date marked after the original container was opened and held under refrigeration. Foods prepared on site must be labeled and date marked for consumption or discarded within 24 hours. Food can be held for seven days in adequate refrigeration. The administrator failed to ensure foods were stored under safe conditions.	S5195		
S5225 SS=F	26-42-207 (a) (b) (1)(2)(3)(4) Infection Control a) The administrator or operator of each home plus shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; This REQUIREMENT is not met as evidenced by: KAR 26-42-207(a) The facility had a census of six residents. The operator failed to ensure the provision of a sanitary environment for resident, staff and visitors by not providing disposable towels for use	S5225		

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S5225	Continued From page 8 to dry off hands after washing them. Findings included: - On 12/18/23 at 12:05 PM an observation revealed there was no means for individuals to dry their hands after washing them at the sink located off the front entrance, adjacent to the dining room. An observation on 07/24/24 at 11:30 AM revealed the public restroom located next to the office did not have any means of drying hands after someone washed them. An observation on 07/24/24 at 01:05 PM revealed the public restroom located on the north hall did not have any means of drying hands after someone washed them. On 07/24/24 at 01:40 PM Administrative Staff A stated the restrooms should have paper towels available for people to dry their hands. The operator failed to ensure the provision of a sanitary environment for all individuals who used the public restrooms.	S5225		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least	S5230		

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S5230	Continued From page 9 annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26- 42- 207(c) The facility reported a census of six residents with three residents included in the sample and one closed chart review. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for residents (R)101, R102, and two staff employed by the facility. Findings included: - Record review for R101 revealed an admission date of 08/01/22. His record lacked evidence of documentation of TB symptom screening questionnaire completed annually. - Record review for R102 revealed an admission date of 09/01/22. His record lacked evidence of documentation of TB symptom screening questionnaire completed annually. On 07/24/24 at approximately 10:39 AM Administrative Staff B confirmed both residents' records lacked documentation of a TB symptom screening questionnaire completed annually.	S5230		

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S5230	Continued From page 10 - The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented, "Each resident ...shall have an annual TB symptom screen ..." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105. - Review of two newly hired staff records revealed the following: "Certified Nurse Aide" (CNA) D was hired on 05/05/24. Personnel records lacked evidence that a TB Symptom Screening Review Questionnaire was completed within seven days of being hired. The first step of her two-step TB skin test (TST) was read as not positive on 02/29/24 and the second step was administered too early on 03/01/24 instead of waiting one to three weeks before administering the second dose. CNA E was hired on 02/01/24. The TB Symptom Screening Review Questionnaire was completed on 03/13/24 which was 28 days late. The first step of the two-step TST was administered on 01/29/24 and read as not positive on 02/01/24 but the personnel record lacked evidence a second step was administered. The department's June 2013 "Tuberculosis (TB) Guideline for Adult Care Homes" documented, "Each new ...employee shall have an initial TB symptom screen ...within 7 days of ...employment ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks." The operator failed to ensure the facility remained	S5230		

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S5230	Continued From page 11 in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S5230		
S5240 SS=F	26-42-105 (a) Resident Records (a) The administrator or operator of each home plus shall ensure the maintenance of a record for each resident in accordance with accepted professional standards and practices. (1) Designated staff shall maintain the record of each discharged resident who is 18 years of age or older for at least five years after the discharge of the resident. (2) Designated staff shall maintain the record of each discharged resident who is less than 18 years of age for at least five years after the resident reaches 18 years of age or at least five years after the date of discharge, whichever time period is longer. This REQUIREMENT is not met as evidenced by: KAR 26-42-105(a) The facility reported a census of six residents. The sample included three residents and one closed chart review. Based on record review and interview the operator failed to ensure maintenance of a record for each resident in accordance with accepted professional standards and practices. Findings included: - Review of R101's medical record revealed he was admitted to the facility on 08/01/22.	S5240		

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S5240	Continued From page 12 Review of R101's medical records revealed the lack of lab results, advanced directives, tuberculosis screening questionnaires and testing, functional capacity screens, and negotiated service agreements. On 07/23/24 at 02:32 PM Administrative Staff B said she could go look for a signed "Negotiated Service Agreement" (NSA). A signed NSA was received at 03:24 PM. On 07/24/24 at 10:08 AM Administrative Staff B stated she would go look for tuberculosis screening documentation and advanced directives. At 10:39 AM Administrative Staff B produced tuberculosis two-step testing and admission paperwork from a different location than the resident's record. At 11:02 AM a lab result for R101's valproic acid level was requested with no results received after looking until 01:15 PM. The operator failed to ensure documentation in R101's medical records were completed in accordance with professional standards and practices. - Review of R102's medical record revealed he was admitted to the facility on 09/01/22. Review of R102's medical records revealed the lack of lab results, advanced directives, tuberculosis screening questionnaires and testing, functional capacity screens, and negotiated service agreements. On 07/23/24 at 02:32 PM Administrative Staff B said she could go look for a signed NSA. A signed NSA was received at 03:24 PM. On 07/24/24 at 10:08 AM Administrative Staff B stated she would go look for tuberculosis	S5240		

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S5240	Continued From page 13	S5240		

screening documentation and advanced directives. At 10:39 AM Administrative Staff B produced tuberculosis two-step testing and admission paperwork from a different location than the resident's record. At 11:02 AM a lab result for R102's annual hemoglobin A1C was requested with no results received after looking until 01:15 PM.

The operator failed to ensure documentation in R102's medical records were completed in accordance with professional standards and practices.

- Review of R103's medical record revealed she was admitted to the facility on 01/04/24.

Review of R103's medical records revealed the lack of lab results, advanced directives, tuberculosis screening questionnaires and testing, functional capacity screens, and negotiated service agreements.

On 07/23/24 at 02:32 PM Administrative Staff B said she could go look for a signed NSA. A signed NSA was received at 03:24 PM. On 07/24/24 at 10:08 AM Administrative Staff B stated she would go look for tuberculosis screening documentation and advanced directives. At 10:39 AM Administrative Staff B produced tuberculosis two-step testing and admission paperwork from a different location than the resident's record.

The operator failed to ensure documentation in R103's medical records were completed in accordance with professional standards and practices.

The "National Library of Medicine" article titled

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S5240	Continued From page 14 "How to keep good clinical records" dated December 2016 states good clinical records aid the sharing of relevant information and multidisciplinary team communication, aid in coordination of care, improve audit capabilities, improve time management, etc. The article Table 1 explains that poor clinical records misinform healthcare professionals, increase legal risks, lead to unnecessary repetition of tests or investigations, and jeopardize patient care. The operator failed to ensure maintenance of a record for each resident in accordance with accepted professional standards and practices.	S5240		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually.	S5265		

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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
S5265	Continued From page 15 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(a)(1) The facility reported a census of six residents with three included in the sample and one closed chart review. Based on interview and record review the operator failed to ensure an assessment was completed to determine that Resident (R)101 could safely self-administer medications. Findings included: - Record review for R101 revealed an admission date of 08/01/22 with a diagnosis of type two diabetes. The 05/01/24 "Functional Capacity Screen" (FCS) identified R101 required physical assistance with management of medications. The 05/01/24 "Negotiated Service Agreement" (NSA) identified facility staff would provide monitor all medications for R101. R101's record lacked evidence of a complete assessment to determine he could safely and accurately administer insulin. On 07/24/24 at 01:04 PM Administrative Staff B confirmed R101 administered his own insulin and his record lacked evidence of documentation an assessment was completed. The failed to ensure an assessment was completed to determine that R101 could self-administer insulin.	S5265		

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	B089098	A. BUILDING: _____ B. WING _____	07/24/2024

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S5286	Continued From page 16	S5286		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(b) The facility reported a census of six residents with three residents included in the sample and one closed record review. Based on interview and record review the operator failed to ensure Resident (R)101's "Negotiated Service Agreements" (NSA) identified who was responsible for the administration select medications. Findings included: - Record review for R101 revealed an admission date of 08/01/22 with the diagnosis of type two diabetes. The 05/01/24 "Functional Capacity Screen" (FCS) identified R101 was unable to perform management of medications. The 05/01/24 NSA did not identify who was responsible for the administration of insulin.	S5286		

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S5286	Continued From page 17 On 07/24/24 at 01:04 PM Administrative Nurse B confirmed R101 administered his own insulin and R101's NSA lacked documentation of who was responsible for administration of insulin. The operator failed to ensure R101's NSA identified who was responsible for the administration of insulin.	S5286		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be	S5315		

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S5315	Continued From page 18 stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure that all medications and biologicals are stored in accordance with federal and state laws and regulations. Findings included: - Observation on 07/24/24 at 10:54 AM revealed a refrigerator in the medication room. Which contained one open vial of tuberculin dated 06/04/24. The box stated "Discard opened product after 30 days." On 07/24/24 at approximately 10:54 AM Administrative Staff B confirmed the tuberculin was expired. The operator failed to ensure that all medications and biologicals are stored in accordance with federal and state laws and regulations.	S5315		
S5326 SS=F	26-42-205 (l) (1) Medication Regimen Review Contents (l) (1) The medication regimen review shall	S5326		

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S5326	Continued From page 19 identify any potential or current medication-related problems, including the following: (A) Lack of clinical indication for use of medication; (B) the use of a subtherapeutic dose of any medication; (C) failure of the resident to receive an ordered medication; (D) medications administered in excessive dosage, including duplicate therapy; (E) medications administered in excessive duration; (F) adverse medication reactions; (G) medication interactions; and (H) lack of adequate monitoring. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l)(1)(A)(H) The facility reported a census of six residents with three residents included in the sample and one closed chart review. Based on interview and record review the operator failed to ensure medication regimen reviews identify any potential medication-related problems for Resident (R)101, R102, and R103. Findings included: - Review of R101's record revealed an admission date of 08/01/22 with the following diagnoses: chronic renal failure, chronic heart failure, and diabetes mellitus. The 05/01/24 "Functional Capacity Screen" (FCS) identified R101 was unable to perform	S5326		

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S5326	Continued From page 20	S5326		

management of medications.

The 05/01/24 "Negotiated Service Agreement" (NSA) for R101 identified facility staff managed his medications.

R101's medication administration record lacked clinical indication for hydralazine, doxazosin, polyethylene glycol, chlorthalidone, clonidine and rivastigmine. The "Pharmacist Review Sheet" dated 03/24/23 revealed a recommendation for "yearly A1C, LFT, BMP."

On 07/24/24 at 01:15 PM Administrative Staff B confirmed R101 record lacked lab tests recommended by pharmacist.

The operator failed to ensure medication regimen reviews identify any potential medication-related problems and adequate monitoring of lab tests for R101.

- Review of R102's record revealed an admission date of 09/01/22 with the following diagnoses: Alzheimers, depression, and type two diabetes mellitus.

The 04/30/24 FCS identified R102 was unable to perform management of medications.

The 05/01/24 NSA for R102 identified facility managed his medications.

R102's medication administration record lacked clinical indication for escitalopram, atorvastatin, mirtazapine, and lorazepam. The "Pharmacist Review Sheet" dated 05/28/24 revealed a recommendation for a valproic acid level.

On 07/24/24 at 01:15 PM Administrative Staff B

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S5326	Continued From page 21 confirmed R102's record lacked lab tests recommended by pharmacist. The operator failed to ensure medication regimen reviews identify any potential medication-related problems and adequate monitoring of lab tests for R102. - Review of R103's record revealed an admission date of 01/04/24 with the following diagnoses: chronic obstructive pulmonary disease, anxiety, and type two diabetes mellitus. The 01/04/24 FCS identified R103 was unable to perform management of medications. The 01/04/24 NSA for R103 identified facility managed her medications. R103's medication administration record lacked clinical indication for Caplyta, duloxetine, fenofibrate, ferrous sulfate, furosemide, levothyroxine, pantoprazole, nitrofurantoin, Eliquis, guaifenesin, metformin, gabapentin, clozapine, simvastatin, Trelegy Ellipta, Ketoconazole, and miconazole. The operator failed to ensure medication regimen reviews identify any potential medication-related problems for R103.	S5326		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling,	S5335		

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S5335	Continued From page 22 and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(a) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area. Findings included: - Observation on 07/23/24 at approximately 01:20 PM revealed the unlocked laundry closet contained the following chemicals which had labels that read "Keep out of reach of children" One 480 count box Members Mark dryer sheets One-quart spray bottle of OdoBan One-gallon bottle of Ecolab disinfectant cleaner 215 load container of Wind Fresh laundry detergent - Observation on 07/23/24 at approximately 01:24 PM revealed an unlocked cabinet under the sink in the kitchen contained the following chemicals which had labels that read "Keep out of reach of children." One 50-tab container of Finish dishwashing tablets - Observation on 07/23/24 at approximately	S5335		

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S5335	Continued From page 23 01:43 PM the following chemicals had labels that read "Keep out of reach of children" were unlocked. One 19-ounce aerosol spray can of Lysol disinfectant was sitting on the floor next to south bathroom door. One 85-wipes container of Clorox disinfecting wipes was sitting on kitchen counter. On 07/23/24 at approximately 01:43 PM Administrative Staff B confirmed chemicals were not stored in a locked area. The operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area.	S5335		