

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

June 26, 2014

Ms. Jessica Jennings, Administrator
Saint Albans Healthcare And Rehabilitation Center
596 Sheldon Road
Saint Albans, VT 05478-8011

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 28, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

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

PRINTED: 06/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/28/2014
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NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 596 SHELDON ROAD SAINT ALBANS, VT 05478
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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) COMPLETION DATE
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F 000

INITIAL COMMENTS

An unannounced on-site complaint investigation concerning resident rights was conducted by the Division of Licensing and Protection on 5/28/14. The following regulatory violations were identified:
F 164 483.10(e), 483.75(l)(4) PERSONAL
SS=D PRIVACY/CONFIDENTIALITY OF RECORDS

The resident has the right to personal privacy and confidentiality of his or her personal and clinical records:

Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.

Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.

The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.

The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.

F 000

St. Albans Health and Rehabilitation Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiency. the plan of correction is prepared and executed solely because it is required by federal and state law.

F 164 F164

The mentioned resident of F164 has had a modify letter mailed to the resident's grand daughter providing the resident with private and confidential space for visitations.

Other residents requiring privacy have the Risk to be effected by this alleged deficient Practice.

Education regarding Personal Privacy was provided to Department Heads, Unit managers, nurses and LNA's completed by June 12, 2014.

An audit will be conducted by the Administrator and or her designee once a week x 3 weeks, and monthly x 3 to assure that center residents receive Personal Privacy.

Results will be reviewed at CQI meetings for Further review and recommendations.

Date of compliance: June 12, 2014.

This REQUIREMENT is not met as evidenced

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

TITLE

(X6) DATE

[Signature]

NHA

6/16/14

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.

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

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NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 596 SHELDON ROAD SAINT ALBANS, VT 05478
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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) COMPLETION DATE
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F 164 Continued From page 1
by:
Based on administration, staff and resident interviews and facility record and policy review, the facility failed to assure resident's rights for privacy during visitation by immediate family for 1 applicable resident (Resident #1). Findings include:
Per 5/28/14 interview at 9:25 AM, Resident #1 stated that s/he has been a resident at St Albans Health and Rehab for 3 years and never had any problems. In March 2014, s/he reported calling his/her family member, "I was crying because they [the facility] were evicting me." My [family member] got so mad ... [s/he] is protective of me ...and thought "they were putting me out in the cold." S/he "came out and was upset and [s/he] "was loud" ... thought they were "abusing" me. S/he was "yelling but so was the staff." S/he "said the four-letter word." Resident #1 added, "My family is all I have leftI need my [family member] very bad, but they won't allow [him/her] to visit in my room." "They are supposed to have a private place for you to visit." The resident expressed that s/he is very upset about the situation, misses seeing his/her family as the visits are very important to him/her.
On 5/28/14 at 11:15 AM, the social services director reported that in March 2014, Resident #1 was presented with an eviction notice for nonpayment as the business office was not able to reach the rep payee (responsible financial party). The resident's family came in to arrange payment and was upset that Resident #1 was issued the 30 day notice. Per 5/28/14 interview with the resident and staff and confirmed by the administrator, one family member responded to the above situation with loud verbal behaviors that included foul language and critical remarks related to the facility.

F 164 The mentioned resident of F164 has had a modified letter mailed to the resident's grand daughter providing the resident with private and confidential space for visitations. This was reviewed with the involved patient and she is in agreement with this plan.

Residents who require privacy are at risk for this alleged deficient practice.

Education regarding Personal Privacy was provided to Department Heads, Unit managers, nurses and LNA's completed by June 12, 2014.

An audit will be conducted by the Administrator and or her designee once a week x 3 weeks, and monthly x 3 to assure that center residents receive Personal Privacy.

Results will be reviewed at CQI meetings for further review and recommendations.
updated 6/19/14 Diane
Date of compliance: June 12, 2014. *Jay RUDON*

F164 PDC accepted 6/25/14 s Dennis Ruff PDC

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 476021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/28/2014
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NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 596 SHELDON ROAD SAINT ALBANS, VT 05478
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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) COMPLETION DATE
F 164	<p>Continued From page 2</p> <p>On 3/7/14 the facility issued a no trespass notice to Resident #1's family member related to the above incident. On 3/11/14 after a meeting with the resident, family and the ombudsman, the administrator issued a modification of the no trespass notice. The modified notice stated that the facility would allow "once a week visitation to take place on Wednesdays in the front lobby with supervision from 1-2 PM." Per 5/28/14 interview with Resident #1, the family member listed in the no trespass notice was not available on Wednesdays at the specified time. Resident #1 also expressed concern about the lack of privacy in the lobby (which is the main entrance for the facility) ... "People are always coming and going..." On 5/28/14 at 2:15 PM, the facility administrator stated s/he did not consult with Resident #1 or the family member re establishing a convenient visitation time, but used the advice of a lawyer. The specific time was chosen based on availability of facility staffing with no input from the resident. The administrator confirmed that Resident #1 continues to want visitation with his/her family member.</p> <p>Per 5/28/14 review, the facility "Welcome Packet" on page 9, under the section labeled "Privacy" states that "You have the right to personal privacy and" and further defines that "Personal privacy includes privacy in accommodations... visits, and meetings of family and resident/patient groups..." (See F172)</p>	F 164		
F 172 SS=D	<p>483.10(j)(1)&(2) RIGHT TO/FACILITY PROVISION OF VISITOR ACCESS</p> <p>The resident has the right and the facility must provide immediate access to any resident by the following:</p>	F 172		

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

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NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 686 SHELDON ROAD SAINT ALBANS, VT 05478
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F 172 Continued From page 3
Any representative of the Secretary;
Any representative of the State;
The resident's individual physician;
The State long term care ombudsman (established under section 307 (a)(12) of the Older Americans Act of 1965);
The agency responsible for the protection and advocacy system for developmentally disabled individuals (established under part C of the Developmental Disabilities Assistance and Bill of Rights Act);
The agency responsible for the protection and advocacy system for mentally ill individuals (established under the Protection and Advocacy for Mentally Ill Individuals Act);
Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and
Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.
The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.

This REQUIREMENT is not met as evidenced by:

F 172
F172 The mentioned resident of F172 has had a modified letter mailed to the resident's grand daughter providing the resident with private and confidential space for visitations.

Other residents requiring privacy have the Risk to be effected by this alleged deficient Practice.

Education regarding Resident's Rights for Visitor Access was provided to Department Heads, Unit Managers, Nurses, and LNA's by June 12, 2014.

An audit will be conducted by the Administrator and or her designee once a week x 3 weeks, and monthly x 3 to assure that center residents receive Personal Privacy for Visitations.

Results will be reviewed at CQI meetings for Further review and recommendations.

Date of compliance: June 12, 2014.

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

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NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 598 SHELDON ROAD SAINT ALBANS, VT 05478
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F 172: Continued From page 4
Based on administration, staff and resident interviews and facility record and policy review, the facility failed to assure reasonable access for visitation by immediate family for 1 applicable resident (Resident #1). Findings include:
Per 5/28/14 interview at 9:25 AM, Resident #1 stated that s/he has been a resident at St Albans Health and Rehab for 3 years and never had any problems. In March 2014, s/he reported calling his/her family member, "I was crying because they [the facility] were evicting me." My [family member] got so mad ... [s/he] is protective of me ... and thought "they were putting me out in the cold." S/he "came out and was upset and [s/he] "was loud" ... thought they were "abusing" me. S/he was "yelling but so was the staff." S/he "said the four-letter word." Resident #1 added, "My family is all I have left ... I need my [family member] very bad, but they won't allow [him/her] to visit in my room." "They are supposed to have a private place for you to visit." The resident expressed that s/he is very upset about the situation, misses seeing his/her family as the visits are very important to him/her.
On 5/28/14 at 11:15 AM, the social services director reported that in March 2014, Resident #1 was presented with an eviction notice for nonpayment as the business office was not able to reach the rep payee (responsible financial party). The resident's family came in to arrange payment and was upset that Resident #1 was issued the 30 day notice. Per 5/28/14 interview with the resident and staff and confirmed by the administrator, one family member responded to the above situation with loud verbal behaviors that included foul language and critical remarks related to the facility.
On 3/7/14 the facility issued a no trespass notice to Resident #1's family member related to the

F 172: The mentioned resident of F172 has had a modified letter mailed to the resident's grand daughter providing the resident with private and confidential space for visitations.

No other residents are at risk for this alleged deficient practice.

Education regarding Resident's Rights for Visitor Access was provided to Department Heads, Unit Managers, Nurses, and LNA's by June 12, 2014.

An audit will be conducted by the Administrator

and or her designee once a week x 3 weeks, and monthly x 3 to assure that center residents receive Personal Privacy for Visitations.

Results will be reviewed at CQI meetings for Further review and recommendations.
updated 6/19/14 Diana
Date of compliance: June 12, 2014. *Feby*

F172 POC accepted 6/28/14 SDeans RSL/pmc.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/28/2014
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NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 598 SHELDON ROAD SAINT ALBANS, VT 05478
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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) COMPLETION DATE
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F 172 Continued From page 5
above incident. On 3/11/14 after a meeting with the resident, family and the ombudsman, the administrator issued a modification of the no trespass notice. The modified notice stated that the facility would allow "once a week visitation to take place on Wednesdays in the front lobby with supervision from 1-2 PM." Per 5/28/14 Interview with Resident #1, the family member listed in the no trespass notice was not available on Wednesdays at the specified time. Resident #1 also expressed concern about the lack of privacy in the lobby (which is the main entrance for the facility) ... "People are always coming and going..." On 5/28/14 at 2:15 PM, the facility administrator stated s/he did not consult with Resident #1 or the family member re establishing a convenient visitation time, but used the advice of a lawyer. The specific time was chosen based on availability of facility staffing with no input from the resident. The administrator confirmed that Resident #1 continues to want visitation with his/her family member.
Per 5/28/14 review, the facility policy labeled "Visitation" states that the Genesis HealthCare Centers will provide 24-hour access to immediate family, other relatives, and non-relative visitors with the consent of the patient. The Center has the right to impose reasonable restrictions; however, reasonable restrictions do not include limiting visiting hours.
(See F 164)

F 172

F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
SS=D

F 281

The services provided or arranged by the facility must meet professional standards of quality.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 281 Continued From page 6
This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the facility failed to provide services that meet professional standards regarding notification and assurance that physician orders for code status are accurate and reflect resident choice for resuscitation measures for 1 of 3 residents (Resident #1). Findings include:
Per record review on 5/28/14, Resident #1 had signed a COLST form (Clinical Orders for DNR/CPR and Other Life Sustaining Treatment) indicating s/he wanted CPR/Attempt resuscitation. The form was dated 10/5/12 and signed by the facility Nurse Practitioner (NP). The resident's current physician orders for the period 5/1/14-5/31/14 list code status as "Do Not Resuscitate" (DNR). The notes from the physician visit dated 5/21/14 document the resident choice as DNR.
On 5/28/14 at 1:00 PM, the Unit Manager confirmed the above findings and stated that social services maintain a file for resident's COLST forms. Per interview on 5/28/14 at 1:15 PM, the social services director confirmed that the COLST directive signed on 10/12/14 was current and that Resident #1's status was full code. Per review, of the 6/12/13 care plan meeting minutes, which was attended by the resident and his/her POA (Power of Attorney); there is documentation stating, "yes, resident desires CPR at this time." Subsequent care plan meetings on 2/9/14 and 5/14/14 are checked "yes" advance directive reviewed; there is no change in the code status documented.
On 5/28/14 at 2:04 PM, the Director of Nursing (DON) stated that the Resident #1's code status was DNR in 2011; the code status was changed to CPR /attempt resuscitation in 2012. The DON

F 281
F281 An order was obtained immediately on May 28, 2014 to coincide with the resident's COLST Form after review with the resident and her physician. An audit was completed on 5/28/14 on all of the residents to assure COLST form compliance with physician orders.

All residents have the potential to be at risk for this deficient practice.

Center Licensed nurses have been Educated on COLST Forms and Physician Orders by June 12, 2014.

An audit will be conducted by the Administrator and or her designee once a week x 3 weeks, and monthly x 3 to assure that professional standards of Quality are met in relation to Physician orders/COLST Forms.

Results will be reviewed at CQI meetings for Further review and recommendations.

Date of compliance: June 12, 2014.

F281 POC accepted 6/12/14 S Dennis [signature]

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/28/2014
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NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 598 SHELDON ROAD SAINT ALBANS, VT 05478
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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)	(X6) COMPLETION DATE
F 281	Continued From page 7 stated that the facility NP who completed the COLST form did not change the code status in the record. S/he reported that a new order was written to the physician today (5/28/14) to correct the code status; the correction was made 18 months after the resident's COLST form was changed to "attempt resuscitation" and only after brought to the attention of the facility during the survey.	F 281		