STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255127	A. BUILDING _____ B. WING _____	C 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO COMM LIVING CENTER	1410 WEST QUITMAN STREET IUKA, MS 38852

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 7/29/24 through 8/1/24. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F 580 for not notifying the physician of change, F 623 for notice requirements before a transfer, F 656 for development of a care plan, and F 689 for accident and hazards. The census at the time of the survey was 65 with a bed capacity of 73.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)	F 580		8/22/24

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

Electronically Signed | 08/21/2024

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F 580	Continued From page 1 (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record review, and the facility policy the facility failed to notify the provider of an increase in blood pressure for one (1) of three (3) residents reviewed for blood pressure monitoring. Resident #55 Findings include: Record review of facility policy titled, "Blood Pressure, Measuring" dated 8/25/24, revealed,	F 580	1. On 7/30/2024, the Director of Nurses reviewed Resident #55 blood pressures and sent blood pressure results to resident□s physician. Resident□s physician gave verbal orders via telephone to Director of Nurses for Lisinopril 10 mg daily for Hypertension. 2. All residents receiving hypertensive medication have the potential to be	

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F 580	Continued From page 2	F 580		

"Hypertension is usually defined as blood pressure over 140/90 mm/Hg (although the elderly often have persistent systolic readings from 140 to 160 mm/Hg). Hypertension should be reported to the physician".

Record review of facility policy titled, "Notification of Changes in a Resident's Condition or Status", undated, revealed, "It is the policy of this facility to inform the resident, consult with his or her physician, and notify, consistent with his/her authority, the resident's representative of changes in the resident's condition and/or status". The policy also revealed, "1. Nursing services shall be responsible for notifying the resident's attending physician when: ... b. There is a significant change in the resident's physical, mental, or psychosocial status ... f. Notification is deemed necessary or appropriate in the best interest of the resident."

Record review of facility policy titled, "Change in a Resident's Condition or Status", dated 8/2023, revealed, "Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status. ... 1. The nurse will notify the resident's attending physician or physician on call when there has been a ... d. significant change in the resident's physical/emotional mental condition".

Record review of "Vital Signs In service" dated March 14, 2008, revealed, "Vital signs are important indicators of how well the vital organs of the body such as the heart and lungs are functioning. Changes in vital signs are a good indicator of a person's health. ... Blood Pressure shows how well the heart is working. ... The

affected.

3. On 7/30/2024, the Administrator and Director of Nurses held an emergency Quality Assurance and Performance Improvement meeting with the facility□s medical director and implemented standing vital sign notification parameters and hypertension protocol. This protocol guides nurses on when to notify physicians based on abnormal vital signs. Nursing staff was in serviced on 7/30/2024 on this protocol and notifying physician.

4. Beginning 8/1/2024, the Director of Nurses will review the vital signs exception report daily x 12 weeks during morning clinical meeting to identify abnormal vital signs. The Director of Nurses will report results of the audit to Quality Assurance Performance Improvement Committee (QAPI) monthly x three months starting 8/22/2024 and as needed for review and/or revision.

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normal range for the systolic is between 100 - 140 and 60 to 90 for the diastolic. ... Always report abnormal or changes in vital signs to the nurse".

During an interview on 7/30/24 at 8:50 AM, Resident #55 revealed he had hypertension and his blood pressure had been elevated several times recently and he wondered if his medications had been changed. He stated he had mentioned this to the nurses and had been told they would continue to monitor his blood pressure.

On 7/30/24 at 11:15 AM, an interview with the Director of Nursing (DON) revealed she had not been able to determine for certain how this resident's blood pressure readings were not reported, but it appeared the vital signs may have been entered by the Certified Nursing Assistants (CNA)'s and the nurses did not monitor these values closely enough. She confirmed the nurses should monitor the blood pressure values and should notify the provider if the blood pressure is not within the normal parameters and document this into the resident's record and there was a failure in this process. She stated the facility did not have a standing order on when to notify the physician, but they used the attached "Vital Signs In service" for acceptable parameters and anything outside those values should be reported. The DON confirmed the facility failed to notify the physician of changes of the resident's condition that could have indicated a clinical complication or led to devastating results such as a stroke. She stated notification to the provider should be done for each resident with a change of their clinical condition to ensure proper treatment was given.

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During a phone interview on 7/31/24 at 9:30 AM, Resident #55's Medical Doctor revealed on admission, she was concerned that the resident had some hypotensive episodes and his blood pressure was within normal limits at that time and no blood pressure medications were ordered at the facility. She stated she was uncertain, but thought she had been notified of his increased blood pressure once and treatment was given, but she was not aware of any other times she was notified due to increased blood pressure. She stated if she had been notified of other times Resident #55 had increased blood pressure, she would have made changes, as needed.

Record review of Resident #55's "Weights and Vitals Summary" revealed multiple blood pressure values that exceeded the facility's policy's definition of hypertension of 140/90. Record review of increased values over the past eight days included: 7/21/24 - 177/125; 7/22/24 - 164/91; 7/22/24 - 170/55; 7/23/24 - 175/93; 7/23/24 - 187/98; 7/24/24 - 174/123; 7/25/24 - 170/116; 7/26/24 - 160/100; 7/29/24 - 160/90; 7/29/24 - 186/128; 7/30/24 - 152/95. Review of resident's record revealed none of these blood pressure values had been reported to the provider.

Record review of Resident #55's "Admission Record" revealed the facility admitted the resident on 4/9/24. Diagnosis included an admission diagnosis of hypertension.

Record review of Resident #55's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 4/16/24 revealed a Brief Interview for Mental Status (BIMS) of 15 which indicated this

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F 580	Continued From page 5 resident was cognitively intact.	F 580		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;	F 623		8/22/24

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(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and
(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy

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F 623	Continued From page 7 for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record review, the facility failed to notify the resident's representative in writing and the Ombudsman of the emergency transfer to the hospital for one (1) of two (2) residents reviewed for hospitalization. Resident #22 Findings include: Record review of letter dated 7/31/24 on facility letterhead revealed, "The facility does not have a policy that states the Responsible Party and/or Ombudsman must be notified in writing of Emergency Transfers." During an interview on 07/29/24 at 11:55 AM, Resident #22 revealed she had been in the hospital recently but she did not remember the	F 623	1. On 7/31/24, the Administrator performed a 1 on 1 in-service with Medical Records Nurse regarding written notification of transfers are required to be sent to the Ombudsman, Resident, and/or Responsible Party. On 8/1/2024, Medical Records Nurse prepared and sent a written notification to the ombudsman and the Responsible Party of Resident #22 notifying them of the Emergency Room transfer that occurred on 5/2/2024. 2. All residents with an emergency transfer out of facility can be affected.	

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F 623	Continued From page 8 date of this. An interview with the Administrator on 7/30/24 at 2:10 PM, revealed the notification to the Ombudsman was not provided and the written notification to Resident #22's representative was not provided. She stated the Medical Records Nurse was the person responsible for this and failed to send these notifications due to the resident returning within a few hours of leaving facility and her name was accidentally removed from the transfer list. She confirmed the notifications were needed to ensure the required people were aware of an emergency transfer and the facility failed to provide the notifications as required to the resident's representative and to the Ombudsman. On 7/31/24 at 8:15 AM, an interview with the Medical Records Nurse revealed she was responsible for the notifications to the Ombudsman and to the resident's representative. She stated the resident only stayed at the hospital briefly and her name was inadvertently removed from the transfer system and therefore, she overlooked it. She confirmed it was an oversight on her part and she was making an additional check list so this would not occur again. Record review of "Progress Note" dated 5/2/24 at 11:29 AM, revealed, " ... MD notified and order to send to ER for evaluation and treatment". Record review of Physician's Orders revealed there was not an order to send to the Emergency Room. Record review of letter on facility letterhead dated 7/31/24 revealed, "We are unable to provide the	F 623	3. Beginning 8/1/2024, all transfers to and from the hospital will be communicated by the Director of Nurses in the morning clinical meeting. A log will be kept by the Director of Nurses in the clinical meeting of daily transfers to the hospital. Medical Records Nurse will keep an active log of transfers and ombudsman report and will review with the interdisciplinary team every Friday morning to ensure notifications have been sent to the appropriate recipients. 4. The Administrator will review the active log of transfers and ombudsman report every Monday morning to ensure it is completed beginning 8/1/2024 x 12 weeks. The Administrator will report the results of the audit to Quality Assurance Performance Improvement Committee (QAPI) monthly x three months starting 8/22/2024 and as needed for review and/or revision.	

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F 623	Continued From page 9 Physician Order in Point Click Care to send resident to the ER to be evaluated and treated on 5/2/24. Attached is a letter from the Medical Doctor (proper name of Resident #22's physician) verifying that she gave a verbal telephone order to the nurse on duty to send this resident to the ER to be evaluated and treated". Record review of letter from Resident #22's physician revealed, "Nurse at (proper name of facility) was given verbal orders over the telephone to send resident (proper name of Resident #22) to the emergency department after a fall on 5/2/24." Record review of Resident #22's "Admission Record" revealed the facility admitted the resident on 12/20/23. Diagnoses included heart failure, type 2 diabetes mellitus, dementia, hypertension, and repeated falls. Record review of Resident #22's quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 6/12/24, revealed a Brief Interview for Mental Status (BIMS) of 11 which indicated moderate cognitive impairment.	F 623		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive	F 656		8/22/24

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F 656	Continued From page 10 assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review and the facility policy the facility failed to develop a care	F 656	1. On 7/31/2024, the Minimum Data Set Nurse developed a Hypertension care	

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F 656	Continued From page 11 plan for a resident with a history of hypertension for one (1) of 19 care plans reviewed. Resident #55 Findings included: Record review of facility policy titled, "Care Plans, Comprehensive Person-Centered", dated 11/22, revealed, "A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident." The policy also revealed, "7. The comprehensive, person-centered care plan ... b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, ... e. reflects currently recognized standards of practice for problem areas and conditions. ... 11. Assessments of residents are ongoing and care plans are revised as information about the residents and the resident's conditions change." An interview with Resident #55 on 7/30/24 at 8:50 AM revealed he had a history of hypertension and his blood pressure had been high several times recently and the staff informed him they would continue to monitor this. Record review of Resident #55's care plan revealed there was no care plan for hypertension or for a history of hypertension. An interview on 7/31/24 at 8:30 AM, with the Minimum Data Set (MDS) Registered Nurse (RN)revealed she was responsible for MDS entries and care plan development. She stated	F 656	plan for Resident #55. 2. All residents have the potential to be affected. 3. On 7/31/2024, the Minimum Data Set Nurse was in serviced by the Administrator regarding comprehensive person-centered care plans. On 7/31/2024, the Minimum Data Set Nurse completed an audit of care plans for all residents who had a Hypertension diagnosis. 4. Beginning 8/1/2024, Minimum Data Set Nurse will review new admission diagnoses daily five times a week x 12 weeks during clinical meetings and will complete comprehensive care plans for all diagnosis. The Minimum Data Set Nurse will report the results of the audit to Quality Assurance Performance Improvement Committee (QAPI) monthly x three months starting 8/22/2024 and as needed for review and/or revision.	

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TISHOMINGO COMM LIVING CENTER	1410 WEST QUITMAN STREET IUKA, MS 38852

(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 656	Continued From page 12 when this resident was admitted, she failed to list hypertension since he was not actively receiving treatment for hypertension. She stated the diagnosis of history of hypertension should have been added and she failed to do this. With this diagnosis, parameters and interventions would have been added to the care plan. She confirmed the care plan should address the resident's needs and preferences and guide the staff in the care of the resident and it was "human error" that she failed to address the resident's history of hypertension. During an interview on 7/31/24 at 9:15 AM, the Director of Nursing (DON) confirmed the resident had a history of hypertension and the facility failed to develop a care plan with interventions for the staff to use as a guide for care. She stated a care plan would have offered interventions and parameters's for the resident's blood pressure monitoring. Record review of Resident #55's "Admission Record" revealed the facility admitted the resident on 4/9/24. Diagnosis included an admission diagnosis of hypertension. Record review of Resident #55's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 4/16/24 revealed a Brief Interview for Mental Status (BIMS) of 15 which indicated this resident was cognitively intact.	F 656		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains	F 689		8/22/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 689	Continued From page 13 as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, record review and facility policy review, the facility failed to prevent the possibility of an accident while administering medications for one (1) of four (4) residents observed for medication administration. Resident #34 Findings Include: Review of the facility policy titled, "Medication Administration-General Guidelines" with a revision date of 8/25/14 revealed under "Procedure...#1. Preparation: e. If it is safe to do so, medication tablets may be crushed or capsules emptied out when a resident has difficulty swallowing...". An interview and observation on 07/29/24 at 10:44 AM with Resident #34 revealed that her only problem was a huge pill they give her, and she cannot swallow it. She stated it gets stuck in her throat and she just has to let it dissolve. She revealed she told the nurse this morning, but she told her it would not be much longer, and she would not have to take them anymore. An interview on 7/30/24 at 8:00 AM with Licensed Practical Nurse (LPN) #1 confirmed that Resident #34 had complained in the past that the Amoxicillin tablet was big but had never asked to have it split or crushed.	F 689	1. On 7/30/2024, the Director of Nurses observed Resident #34□s medication to ensure they were small enough for resident to swallow. 2. All residents have the potential to be affected. 3. On 7/31/2024, the Director of Nurses performed a 1 on 1 in-service with Licensed Practical Nurse # 1 regarding medication administration, medications that can be crushed, and potential choking hazards with large pills. Nursing staff in-serviced on 8/1/2024 on medication administration, medications that can be crushed and potential choking hazards with large pills. 4. Beginning 8/1/2024, the Director of Nurses will observe medication pass weekly x 12 weeks to observe for any potential choking hazards with large pills. The Director of Nursing will report the results of the audit to Quality Assurance Performance Improvement Committee (QAPI) monthly x three months starting 8/22/2024 and as needed for review and/or revision.	

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F 689	Continued From page 14	F 689		

An observation on 7/30/24 at 8:05 AM revealed LPN #1 administered the following medications.
1.) Amlodipine Berate 5 mg (milligram) PO one time per day
2.) Metoprolol 50 mg PO one time per day
3.) Potassium 99 mg PO one time per day
4.) Cholecalciferol 1000 units =2 tabs (tablets) one time per day
5.) Amoxicillin 875/125 mg PO BID
6.) Phenytoin 100 mg PO BID
7.) Mira lax 1 scoop=17 gm (gram) with water one time per day

An observation and interview on 7/30/24 at 8:05 AM revealed LPN #1 ask Resident #34 if she would like for her to break the Amoxicillin in half since it was so big. The resident stated yes please that thing gets stuck in my throat, and it just sits there all day.

An interview on 7/30/24 at 8:20 AM with LPN #1 revealed when Resident #34 had complained of the pill being so big in the past, she had not offered to split the pill. She stated that she should have offered to split it or get an order to crush it. She stated that the residents last swallow test was good, but again that is a big pill, and she could have choked.

An interview on 7/30/24 at 10:50 AM with the Director of Nurses (DON) admitted that if Resident #34 was complaining of the pill being too big then the nurse should have offered to have split the pill, because she could have choked.

An interview on 07/30/24 at 3:11 PM with the Consultant Pharmacist revealed there would have been no problem crushing that Amoxicillin.

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F 689	Continued From page 15 An interview on 07/30/24 03:17 PM with the DON confirmed that the Amoxicillin could have been crushed or the nurse could have called and got an order for liquid. An interview on 8/1/24 at 8:50 AM with LPN #1 confirmed that she attended the in-service about what medications were crushable, but she just did not think about crushing Resident #34's large antibiotic pill, because none of her other medications were getting crushed. Record review of the facility in-services revealed an in-service on 6/4/24 that included crushable medications and was attended by LPN #1. Record review of Resident #34's Physicians orders revealed an order dated 7/23/24 for Amoxicillin-Pot Clavulanate Tablet 875-125 MG (Milligrams). Give 1 tablet by mouth two times a day for UTI (Urinary Tract Infection) related to Urinary Tract Infection, site not specified for 7 (seven) days. Record review of Resident #34's "Admission Record" revealed the resident was admitted to the facility on 4/17/24 with medical diagnoses that included Wedge Compression Fracture of First Lumbar Vertebra, Subsequent encounter for fracture with routine healing.	F 689		