Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065036	A. BUILDING: _____ B. WING _____	C 02/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HANOVER HOUSE	3915 STEDWICK COURT WILMINGTON, NC 28412

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D 000	Initial Comments The Adult Care Licensure Section and New Hanover Department of Social Services (DSS) conducted an annual survey and complaint investigation from February 1-February 2, 2017. The complaint investigation was initiated by New Hanover DSS on January 12, 2017.	D 000		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis 10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 8 sampled staff (Staff D) had been tested for Tuberculosis (TB) disease in compliance with TB control measures adopted by the Commission for Public Health. The findings are: Review of personnel record for Staff D revealed: -Staff D was hired on 12/6/16. -Staff D was hired as a personal care aide. -There was documentation of a negative TB test on 12/3/16. -There was no documentatino of a 2nd step TB test found.	D 131	10A NCAC 13F .0406a Responses to the cited deficiencies does not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report. The Plan of Correction is prepared solely as a matter of compliance with state laws. The facility will ensure that all staff will be tested for tuberculosis in compliance with TB control measures adopted by The Commission for Public Health. The facility will maintain appropriate documentation of TB skin tests. The Business Office Manager will maintain a tickler system to track all new hire TB testing. This will be monitored monthly by the Business Office Manager and Executive Director.	3-15-17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Executive Director (X6) DATE 2.27.17

STATE FORM 6899 V78Q11 If continuation sheet 1 of 17

POC reviewed/accepted 03/06/17 JJ

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D 131	Continued From page 1 Interview with Staff D on 2/2/17 at 11:55 am revealed: -She had worked at the facility for approximately 2 months. -She had one TB skin test completed upon hire. -She was not given a 2nd TB skin test. -She was scheduled to get her 2nd TB test on 2/6/17. Interview with the Administrator on 2/2/17 at 1:00 pm revealed: -She was unaware that the 2nd step TB test was to be given within 1 month of hire. -She thought new hires had up to a year to get the 2nd TB test. -She had scheduled Staff D to get her 2nd TB test on 2/6/17 by the facility nurse. -She was responsible for ensuring that all staff received their 2-step TB test.	D 131		
D 206	10A NCAC 13F .0604 (2--b) Personal Care And Other Staffing 10A NCAC 13F .0604 Personal Care And Other Staff The following describes the nature of the aide's duties, including allowances and limitations: (B) Any housekeeping performed by an aide between the hours of 7 a.m. and 9 p.m. shall be limited to occasional, non-routine tasks, such as wiping up a water spill to prevent an accident, attending to an individual resident's soiling of his bed, or helping a resident make his bed. Routine bed-making is a permissible aide duty. This Rule is not met as evidenced by: Based on observations, interviews, and record	D 206	10A NCAC 13F .0604 (2-b) The facility will provide sufficient staffing and assure cleaning, making or changing a bed, performed by personal care aides and medication aides will be limited to occasional, non-routine tasks between the hours of 7am and 9pm. The facility will utilize a laundry attendant or additional staffing to perform laundry duties. This will be overseen and monitored by the Resident Care Managers and Executive Director daily.	3-15-17

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D 206	Continued From page 2 reviews, the facility failed to assure the cleaning and folding of laundry as well as stripping and making the beds was limited to occasional, non-routine tasks for medication aides and personal care aides working in the facility. The findings are: Review of the facility's resident roster on 02/1/17 revealed: -The facility had total of 56 residents. -The facility's current census on the Special Care Unit (SCU) was 27. -The facility's current census on the Assisted Living Unit (AL) was 29. Review of the staff schedule for the week of 1/29/17 - 2/4/17 revealed: -First shift for Monday through Friday included: two medication aides/supervisor 7am - 3pm; four personal care aides (PCA) 7am - 3pm and a 2 housekeepers 7am - 3pm. -Second shift for Sunday through Saturday included: two medication aides/supervisor for 3pm - 11pm; four PCAs 3pm - 11pm. -Third shift for Sunday through Saturday included: one medication aide/supervisor and three PCAs from 11pm - 7am. Observation of facility staff on 2/1/17 revealed: -At 9:15am, a PCA was removing the sheets and pillow cases on two beds. -At 10:05am, a Medication Aide (MA) was bringing laundry to the laundry room. -At 10:32am, a PCA had made a resident's bed, and then brought the dirty linens to the laundry room. -At 10:58am, a housekeeper was cleaning the sink in a resident's room while a PCA was removing the sheets in the same room.	D 206		

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D 206	Continued From page 3 Interview with the housekeeper on 2/1/17 at 10:58am revealed: -She did not do laundry. -The PCAs and MAs were responsible for all laundry duties. -She would occasionally "strip the beds" if the PCAs and MAs were busy. -She was responsible only to clean the sinks, mop the floors and general cleanliness. -The responsibility of making the beds and removing the dirty sheets and pillow cases was left to the PCAs and MAs. Interviews with 4 PCAs and 3 MAs on 2/1/17 between 9:00am and 5:00pm revealed: -It was their responsibility for making the beds and removing the dirty linens. -It was part of their job description. -The housekeepers were only responsible for mopping the floors and cleaning the sinks and bathrooms. -Each PCA and Medication Aide would make the beds and bring the dirty linens to the laundry room between caring for residents on a daily basis. -All of the PCAs and MAs helped on all shifts to ensure the laundry was done. -All of the PCAs and MAs assisted in washing the laundry, folding the laundry and bringing the clean linens and clothing to the residents' rooms. -It took approximately 1 hour daily from each PCA's work day to perform laundry responsibilities. -It was mandatory that one PCA monitored the floor while another PCA performed laundry duties. -There was no dedicated laundry person at the facility. Review of the PCA Job Description on 2/2/17 at 1:00pm revealed:	D 206		

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D 206	Continued From page 4 -"Collect, laundry, and distribute linens, garments, etc. in accordance and as permitted by State regulations and with facility procedures." -"Assist in cleaning resident rooms, dining areas, public areas as indicated by regulations." Interview with the Resident Care Coordinator (RCC) and Administrator on 2/2/17 at 3:15pm revealed: -The facility did not have a dedicated person to perform laundry duties. -All PCAs and Medication Aides assisted in laundry duties on a daily basis. -Laundry duty was listed in the PCA and Medication Aide job descriptions. -The PCA and MAs were expected to remove dirty linens and make the residents' beds. -The PCA and MAs were expected to bring all laundry to the laundry room between residents' care duties. -The PCA and MAs were expected to fold the clean linens after being laundered as well as the resident's clothing between resident care duties. -The PCA and MAs had always performed laundry duties. -The housekeepers were limited cleaning the bathroom, showers, sinks and floors. -All PCA and MAs were trained to perform laundry duties and operate the laundry equipment. -There was always one PCA to watch the residents when other PCAs were performing laundry duties.	D 206		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each	D 234	10A NCAC 13F .0703a The facility will ensure that all residents admitted will be tested for tuberculosis disease and appropriate records will be maintained.	

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D 234	Continued From page 5 resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 2 of 5 residents sampled (#4, #5) were tested for tuberculosis (TB) disease upon admission to the facility with a two-step TB skin test in accordance with the control measures adopted by the Commission for Public Health. The findings are: 1. Review of Resident #5's current FL-2 dated 05/26/16 revealed diagnoses included fracture of lumbar vertebra and degenerative disease of the macula. Review of the Resident Register revealed Resident #5 was admitted to the facility on 06/10/16. Review of the "TB Skin Test" forms for Resident #5's revealed: -There was documentation that Resident #5 had a TB skin test on 06/08/16 which was read on 06/10/16 with negative results. -There was no documentation of Resident #5 having a second TB skin test. Interview with Resident #5 on 02/02/17 at 3:48pm revealed Resident #5 had not had any other TB skin tests since she was admitted to the facility.	D 234	The care managers will maintain an appointment book to track when residents need their second step. Tracking of TB skin tests for residents will be monitored weekly. This will be overseen by the Care Managers and Executive Director. The Executive Director will review residents' appointment book bi-monthly.	3-15-17

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D 234	Continued From page 6 Interview with the Resident Care Coordinator (RCC) on 02/02/17 at 2:45pm revealed: -The RCC thought the second step TB skin test was required for residents within twelve months of their admission date. -Resident #5 was scheduled to have a second TB skin test on 02/06/17. Refer to the interview with the facility's Licensed Health Professional Support (LHPS) Registered Nurse (RN) on 02/02/17 at 11:30am. Refer to the interview with the Administrator on 02/02/17 at 3:25pm. 2. Review of Resident #4's current FL-2 dated 08/09/16 revealed diagnoses included esophageal cancer treated, anxiety, depression, vascular dementia, hyperlipidemia, gastroparesis, and tobacco abuse. Review of Resident Register for Resident #4 revealed the resident was admitted on 08/11/16. Review of Resident #4's "TB Skin Test" forms revealed: -Resident #4 was administered a TB test on 08/09/16 and it was read on 8/11/16 with negative results. -There was no documentation of a 2-step TB skin test for Resident #4. Interview with Memory Care Coordinator (MCC) on 02/02/17 at 11:00am revealed: -Resident #4 had not had 2-step TB skin test after being admitting on 08/11/16. -Any resident admitted to the facility were required to have one TB skin test (administered and read) upon admission to facility.	D 234		

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D 234	Continued From page 7 -The MCC was responsible for assuring residents in the memory care unit had a 2-step TB skin test. -The facility's Licensed Heath Professional Support (LHPS) Registered Nurese (RN) was next scheduled to administer 2-step TB skin tests on 02/06/17. -Resident #4 would receive a second TB skin test on 02/06/17. Interview with the MCC on 02/02/17 at 12:06pm revealed: -The 2-step TB skin test for residents should be done about 14 days after reviewing the first TB skin test. -The MCC "very much" over looked that Resident #4 needed a 2-step TB skin test. Refer to the interview with the facility's LHPS RN on 02/02/17 at 11:30 am. Refer to the interview with the Administrator on 02/02/17 at 3:25pm. Interview with facility's LHPS RN on 02/02/17 at 11:30am revealed: -She was not sure of the facility's TB skin test policy but knew the facility required residents to have one negative TB skin test prior to their admission to the facility. -She preferred that residents received their second TB skin test 14-21 days after receiving their first TB skin test. -The facility was responsible for contacting the RN to come and administer TB skin tests to residents and staff. -She had called the facility to see if the facility needed TB skin tests due to the RN not hearing from the facility "in a while." -She was scheduled to come to the facility on	D 234		

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D 234	Continued From page 8 02/06/17 to administer TB skin tests. Interview with the Administrator on 02/02/17 at 3:25pm revealed: -It was facility procedure for residents to have one TB skin test prior to their admission and the second TB skin test within twelve months of admission. -The Administrator thought theTB skin test rule required all residents to receive a second TB skin test within twelve months of their admission date to the facility.	D 234		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to assure the kitchen, kitchen equipment, pantry, reach-in refrigerators and reach-in freezers were clean, orderly and free from contamination. The findings are: Observation of the kitchen's reach-in refrigerator on 2/1/17 at 10:55am revealed: -There were dried food particles on the handle. -The handle was sticky. -The exterior of the refrigerator had white drip marks on all sides. -There were food particles and black stains on	D 282	10A NCAC 13F .0904(a)(1) The facility will maintain the kitchen, dining, and food storage areas in a clean and orderly manner and protected from contamination. The dietary staff will conduct a deep cleaning of the kitchen. The facility will follow a weekly cleaning schedule to maintain compliance. The freezer door base will be repaired by maintenance. This will be overseen and monitored by the Dietary Manager and Executive Director daily.	3-15-17

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D 282	Continued From page 9 the inside door seal on the middle door. Observation of the kitchen on 2/1/17 at 11:15am revealed: -There were multiple multi-colored drippings on the walls over the microwave station, above the spice shelf and over the dishwasher. -There were multiple multi-colored drippings throughout the 4-foot by 10-foot section of wall to the right of the dining room door. -The light switch to the left of the hand-washing sink was covered in a brown sticky grime. -There was multicolored splatter on the wall above the three rolling bins by the door. -The left and right side of the door frame of the dry goods pantry was dirty with brown stains. -The 2-foot wide push bar on the kitchen door was covered with dried food particles, a brown grime and was dusty. -The heater blower unit grate above the kitchen door was covered in a thick coat of dust. -The two 4-foot long clear ceiling light fixture covers in front of the freezers contained multiple dead bugs. Observation of the two walk-in kitchen freezers on 2/1/17 at 11:25am revealed: -Both freezer door pull handles were sticky with white drip marks. -The exterior stainless steel doors, frames, and wall of the freezers had white drip marks from the floor over the entire 20-foot length and up to 4-feet from the floor. -The left freezer door frame had a loose metal floor plate that was covered in a black tarry grime. -The two plastic gray cover plates of both freezer doors were covered in a thick dust. Observation of the kitchen's dietary menu on 2/1/17 at 11:35am revealed it was in a plastic	D 282		

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D 282	Continued From page 10 sleeve which was sticky and torn on the right side. Interview with the Dietary Manager and Dietary Aide on 2/1/17 at 12:10pm revealed: -They cleaned the equipment, including refrigerators and prep surfaces, on an as-needed basis. -They were unaware that the refrigerators needed to be wiped down and cleaned. -They were unaware that the two walk-in freezer exteriors needed to be wiped down and cleaned. -They were unaware that the kitchen walls needed to be wiped down and cleaned. -They did not know the last time the walls were cleaned. -They did not keep a cleaning log or schedule. -It was the responsibility of the Dietary Manager to ensure that the kitchen was kept clean. Interview with the Administrator on 1/10/17 at 3:30pm revealed: -She was unaware that the kitchen cleanliness had fallen behind. -She did not do a daily walk-through to ensure kitchen cleanliness. -It was her expectation that her dietary staff adhered to a regularly, proper, cleaning schedule. -She would inform her Maintenance Director to properly repair the freezer door base plate. -She was ultimately responsible to ensure that kitchen cleanliness was adhered to by the Dietary Manager.	D 282		
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner	D 344	10A NCAC 13F .1002(a) The facility will ensure clarification of medication and treatment orders with the resident's physician.	

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D 344	Continued From page 11 for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to get clarification of orders for 1 of 5 residents sampled (#4) for oxygen use. The findings are: Review of Resident #4's current FL-2 dated 08/09/16 revealed: -Diagnoses included esophageal cancer treated, anxiety, depression, vascular dementia, hyperlipidemia, gastroparesis, and tobacco abuse. -Resident #4 was intermittently disoriented. -There was an order for oxygen at 2 liters per minute (LPM) as needed (prn). Observation of Resident #4 on 02/01/17 at 10:39am revealed: -Resident #4 was in his room lying on his bed. -Resident #4 was wearing oxygen by a nasal cannula. -Resident #4's oxygen concentrator was set to deliver oxygen at 4.5LPM. -Resident #4's respirations were unlabored and	D 344	The facility will conduct an audit of the charts. Any orders not clear or complete will be sent to the physician for clarification. The Care Managers will monitor all new admissions and readmissions for new and /or changed orders. New or changed orders not clear or complete will be sent to the physician for clarification. This will be monitored monthly by the Care Managers and Executive Director with a random weekly chart audit of resident orders.	3-15-17

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D 344	Continued From page 12 he was not in any acute distress. Interview with Resident #4 on 02/01/17 at 10:39am revealed: -He was supposed to wear oxygen "at night." -He thought he was supposed to wear his oxygen at 2 or 2.5 LPM. -He was wearing his oxygen at the time of the interview because "I somewhat need it today." Review of clarification orders dated 08/11/16 revealed Resident #4 had an order for oxygen to be used at 2 LPM as needed (prn). Review of Resident #4's physician's orders dated 11/12/16 and 01/05/17 revealed there was no documentation of an oxygen order for Resident #4 on those orders. Review of the physician notes for Resident #4 dated 12/14/16 revealed: -The chief complaint was documented as follow up visit. -Resident #4 was diagnosed with dementia, emphysema (COPD), asthma, congestive heart failure, and history of esophageal cancer. -Resident #4 continued to change his oxygen concentration, increasing it to greater than 4 liters despite discussion related to the harm the resident could be causing. Review of the physician notes dated 01/10/17 revealed: -The chief complaint was follow up visit. -Resident #4 was diagnosed with dementia, COPD, asthma, congestive heart failure, and history of esophageal cancer. -Resident was seen on 01/10/17 due to not feeling well and reporting chest discomfort despite oxygen saturation of 97% on oxygen at 3	D 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL065036	A. BUILDING: _____ B. WING _____	C 02/02/2017

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D 344	Continued From page 13 LPM. Interview with a Personal Care Aide (PCA) on 02/01/17 at 12:00pm revealed: -Resident #4 wore oxygen all the times. -Resident #4's oxygen was supposed to be at 2LPM, but he changed it "all the time." -Staff told Resident #4 not to change his oxygen, but he did. -Staff "keep a close watch" on Resident #4's oxygen. Interview with second PCA on 02/01/17 at 5:26pm revealed: -Resident #4 was independent with activities of daily living (ADLs) but did need some assistance with showers at times. -Resident #4 required supervision and spent most of his time in the dayroom. -Resident #4 wore oxygen continuously. -Resident #4 adjusted his oxygen at times requiring, the Medication Aide (MA) to intervene. Interview with a third PCA on 02/01/17 at 5:35pm revealed: -Resident #4 wore oxygen continuously at 2 LPM. -Resident #4 displayed shortness of breath and wheezing at times. Interview with a Medication Aide (MA) on 2/2/17 at 11:52am revealed: -Resident #4 wore oxygen continuously at 2.5 LPM. -Resident #4 constantly adjusted his oxygen so staff monitored him to make sure his oxygen was on 2.5 LPM. Observations of Resident #4 on 02/01/17 revealed: -At 11:49am, Resident #4 walked down the hall to	D 344		

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D 344	Continued From page 14 the common area in the special care unit with oxygen intact by nasal cannula. -At 11:50am Resident #4 sat down in a chair in the common area; his oxygen was set at 6 LPM and his respirations were unlabored. -At 5:20pm, the dial on Resident #4's oxygen was set on 3.0 LPM. Observations of Resident #4 on 02/02/17 revealed: -At 8:35am, Resident #4 was observed sitting the on couch in the common area; the dial on Resident #4's oxygen was set at 2.5 LPM. -At 8:50am, Resident #4 was eating breakfast in the special care unit dining room; the dial of his oxygen was at 2.5 LPM. -At 11:24am, Resident #4 was walking to his room with oxygen set at 2.5 LPM. -At 11:27am, Resident #4 was walking down the hall without oxygen. Review of Resident #4's Licensed Health Professional Support (LHPS) Review dated 12/28/16 revealed: -Oxygen administration and monitoring was documented as the LHPS Personal Care Task provided. -The changes and follow up recommended to meet the Resident's Needs were documented as "make sure oxygen is on physician orders please." -The LHPS review was signed by the Registered Nurse (RN). Interview with LHPS RN on 02/02/17 at 10:14am revealed: -She recommended the facility get an order for Resident #4's oxygen on 12/28/16 because oxygen was not indicated on Resident #4's current orders.	D 344		

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D 344	Continued From page 15 -On 12/28/16, Resident #4 was observed to have dripping clear mucus from nose, clear lungs, and no wheezing. -On 09/01/16 and 12/08/16, Resident #4 was observed to have oxygen on 2.0 liters. -Resident #4 was dependent on oxygen for shortness of breath and chronic obstructive pulmonary disease (COPD). Interview with the Memory Care Coordinator (MCC) on 02/01/17 at 5:25pm revealed -The MCC did not know what Resident #4's oxygen was supposed to be set on. -The MCC indicated they had to check to make sure what his oxygen order was for. Interview with the MCC on 02/02/17 at 9:04am revealed Resident #4's oxygen order was for 2 liters as needed. Interview with the MCC on 02/02/17 at 10:44am revealed: -Staff constantly monitored Resident #4 to make sure his oxygen was set on 2.0 liters. -Resident #4 constantly changed oxygen levels. Telephone interview with Resident #4's Nurse Practitioner (NP) 02/02/17 at 2:43pm revealed: -Resident #4 was on oxygen for emphysema/chronic obstructive pulmonary disease (CODP). -Resident #4's original oxygen order originated from his FL-2 dated 08/09/16 (for 2.0 LPM as needed). -Oxygen would not have been on Resident #4's physician orders signed by the NP on 01/05/17 due to oxygen being a treatment and not a medication. -Even though oxygen was not listed on Resident #4's current orders dated 01/05/17, the NP felt	D 344		

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D 344	Continued From page 16 the original order dated 08/09/16 from the FL-2 was valid. -The NP did not agree the orders dated 01/05/17 superseded the orders dated 08/09/16 (on the FL-2) regarding Resident #4's oxygen. -Resident #4 regulated his oxygen as to his liking. -The NP had talked with Resident #4 on several occasions regarding the problems he was causing himself by adjusting the oxygen. -The NP had weighed the pros and cons of discontinuing Resident #4's oxygen, but felt it would be more devastating if the oxygen was discontinued. -Resident #4's oxygen saturation was checked by the NP when she saw him. Interview with the MCC on 02/02/17 at 3:15pm revealed: -The MCC was responsible for reviewing physician orders for current orders. -Once physician orders were reviewed, the MCC faxed the orders to the physician for a signature. -The MCC should have gotten a clarification regarding Resident #4's oxygen as it was not on the 01/05/17 physician orders. Interview with Executive Director (ED) on 02/02/17 at 3:25pm revealed: -Resident #4 frequently wore oxygen. -The ED was not aware of any issues regarding Resident #4 adjusting his oxygen. -The ED would expect clarification of the oxygen order if it was not listed on Resident #4's current orders signed by his physician. Review of the Verbal Orders for Resident #4 on 02/02/17 at 3:31pm revealed there was an order dated 02/02/17 for oxygen at 2 LPM by nasal canal as needed for shortness of breath.	D 344		