STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL023046	A. BUILDING: _____ B. WING _____	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY LIVING FAMILY CARE # 2	113 LESLIE DRIVE SHELBY, NC 28152

(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
C 000	Initial Comments The Adult Care Licensure Section and the Cleveland County Department of Social Services conducted an annual survey on 09/12/24.	C 000		
C 147	10A NCAC 13G .0406(a)(7) Other Staff Qualifications 10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home shall: (7) have a criminal background check completed in accordance with G.S. 131D-40 and results available in the staff person's personnel file; This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled staff (Staff B) had a criminal background check completed upon hire. The findings are: Review of Staff B's personnel record on 09/12/24 revealed: -There was no documented hire date for Staff B. -There was no documented job description located in Staff B's personnel record. -There was documentation of a CPR completion date of 11-06-23 in Staff B's personnel record. -There was no documentation of a criminal background check. Interview with Staff B on 09/12/24 at 9:05am revealed: -She comes to stay with the residents when needed. -When asked if she worked as a personal care aide (PCA) she stated, "I don't work like that".	C 147		

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C 147	Continued From page 1 Interview with the Supervisor in Charge (SIC) on 09/12/24 at 3:15pm revealed: -She was responsible for ensuring all staff had a completed criminal background check and placed in their personnel records. -She did not know Staff B did not have a criminal background check completed. -Staff B only filled in when the facility needed assistance. -Staff B did not have a specific hire date but started helping at the facility in 2013 or 2014. Interview with the Administrator on 09/12/24 at 4:10pm pm revealed: -He did not know Staff B did not have a criminal background check completed. -The SIC was responsible for ensuring all staff had a completed criminal background check and placed in their personnel records.	C 147		
C 231	10A NCAC 13G .0801(b) Resident Assessment 10A NCAC 13G .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion,	C 231		

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C 231	Continued From page 2	C 231		

transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, a provider of mental health, developmental disabilities or substance abuse services or a community resource.

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure 2 of 3 sampled residents had a resident care plan completed within 30 days following admission and annually thereafter (Resident #2 and #3).

The findings are:

1.Review of Resident #2's current FL2 dated 02/21/24 revealed diagnoses included aggressive behavior and borderline personality.

Review of Resident #2's Resident Register revealed an admission date of 10/10/23.

Review of Resident #2's record on 09/12/24 revealed there was no documentation of a completed care plan.

Refer to the interview with the Supervisor in Charge (SIC) on 09/12/24 at 3:08pm.

Refer interview with the Administrator on 09/12/24 at 3:08pm and a telephone interview at 6:26pm.

2. Review of Resident #3's current FL2 dated 02/01/24 revealed diagnoses included Schizophrenia, spectrum disorder with psychotic disorder and diabetes mellitus type II.

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C 231	Continued From page 3 Review of Resident #3's Resident Register revealed an admission date of 02/06/24. Review of Resident #3's record on 09/12/24 revealed there was no documentation of a completed care plan. Refer to the interview with the SIC on 09/12/24 at 3:08pm. Refer interview with the Administrator on 09/12/24 at 3:08pm and a telephone interview at 6:26pm. _____ Interview with the SIC on 02/20/24 at 09/12/24 at 3:08pm: -She did not know Residents #2 and #3's care plans were not completed. -Care plans were usually updated at the same time resident's FL2s were updated. -She was responsible for ensuring care plans for residents were completed upon admission and annually thereafter. Interview with the Administrator on 09/12/24 at 3:08pm and a telephone interview at 6:26pm. -He did not know Resident #2 and #3's care plans had not been completed. -He expected the facility to complete all required paperwork.	C 231		
C 249	10A NCAC 13G .0902(c)(3)(4) Health Care 10A NCAC 13G .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or	C 249		

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C 249	Continued From page 4 orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the medication administration records (MAR) were accurate for 1 of 3 sampled residents (Resident #2) related to documentation of a medication used to relieve moderate to severe pain and a medication used to treat allergy symptoms. The findings are: Review of Resident #2's current FL2 dated 02/21/24 revealed diagnoses included aggressive behavior and borderline personality. Review of Resident #3's Resident Register revealed an admission date of 10/10/23. Observation of Resident #2's medications on hand on 09/12/24 at 11:15am revealed: -There was a medication bubble pack of ketorolac (used to relieve moderate to severe pain) 10mg by mouth every six hours as needed with a dispense date of 09/04/24, 12 tablets labeled with Resident #2's information. -There was a bottle of fluticasone (used to treat allergy symptoms) 50mcg, one spray each nostril daily with a dispense date of 09/04/24, labeled with Resident #2's information. Review of Resident #2's September MAR revealed there was no entry for ketorolac 10mg or fluticasone 50mcg. Review of Resident #2's record on 09/12/24 revealed there was no orders for ketorolac 10mg	C 249		

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C 249	Continued From page 5 or fluticasone 50mcg. Telephone interview with the facility's contracted pharmacy on 09/12/24 at 11:46am revealed: -The Pharmacy received an order for ketorolac 10mg by mouth every six hours as needed on 09/04/24. -Ketorolac 10mg by mouth every six hours as needed was delivered to the facility on 09/06/24 at 11:35am. -The Pharmacy received an order for fluticasone 50mcg, one spray each nostril daily on 09/04/24. -Fluticasone 50mcg, one spray each nostril daily was delivered to the facility on 09/06/24 at 11:35am. Attempted telephone interview with Resident #2's Primary Care Provider (PCP) on 09/12/24 at 4:36pm was unsuccessful. Interview with the medication aide (MA) on 03/12/24 at 11:18am revealed: -She did not know Resident #2 had an order for ketorolac 10mg and fluticasone 50mcg. -She did not know Resident #2 had ketorolac 10mg and fluticasone 50mcg was on the medication cart. -She did not remember seeing ketorolac 10mg and fluticasone 50mcg on Resident #2's MAR. Interview with the Supervisor-in-Charge (SIC) on 09/12/24 at 11:20am and at 3:08pm revealed: -She did not know Resident #2 had an order for ketorolac 10mg and fluticasone 50mcg. -All medication orders are faxed to the facility or a sister facility if the fax machine was not plugged in. -She and the other SIC were responsible for faxing all medication orders to the pharmacy. -She does not remember seeing a fax for	C 249		

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C 249	Continued From page 6 Resident #2's ketorolac 10mg and fluticasone 50mcg. -Resident's PCP can electronically send orders to the Pharmacy. -The SIC was responsible for verifying all medications to medication orders, upon delivery to the facility and then writing the verified medication on to the MAR. -Resident #2's medication orders were missed. Interview with the Administrator on 09/12/24 at 3:08pm and a telephone interview at 6:26pm revealed: -He did not know Resident #2 had an order for ketorolac 10mg and fluticasone 50mcg. -The SIC was responsible for faxing all medication orders to the pharmacy. -The SIC was responsible for verifying all medications to medication orders, upon delivery to the facility and then writing the verified medication on to the MAR.	C 249		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration;	C 342		

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C 342	Continued From page 7 (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to assure the medication administration records were accurate for 1 of 3 sampled residents (Resident #1) including administering a triad hydrophilic wound dressing cream medication used to treat a rash, without a physician's order. The findings included: Review of Resident #1's current FL2 dated 09/19/23 revealed diagnoses included mood disorder, external adjustment disorder, diabetes and hypertension. Review of Resident #1's Medication Administration Record (MAR) for July 2024 revealed: -There was a written entry for triad hydrophilic wound dressing cream, apply to affected area twice daily for 21 days, -There was documentation of triad hydrophilic wound dressing cream being administered from 07/05/24 - 07/25/24. Telephone interview with a representative from the facility's contracted pharmacy on 09/12/24 at 2:21pm revealed: -The pharmacy receives physician orders via fax or by telephone for medications to be dispensed. -The pharmacy did not receive an order and did	C 342		

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not dispense triad hydrophilic wound dressing cream for Resident #1.

Attempted telephone interview with PCP on 09/12/24 at 4:36pm was unsuccessful.

Attempted telephone interview with Medication Aide (MA) on 09/12/24 at 5:56pm, who documented his initials on the MAR as administering the triad hydrophilic wound dressing cream to Resident #1, was unsuccessful.

Interview with Resident #1 on 09/12/24 at 6:40pm revealed:
-He obtained triad hydrophilic wound dressing cream during an emergency room visit (while on a home visit 07/01/24- 07/11/24).
-He kept the cream in his room when he returned from his home visit on 07/11/24.
-Staff was made aware of the cream.
-He self-administered the cream until the rash located in his groin area was healed.

Interview with Supervisor-in-Charge (SIC) on 09/12/24 at 5:15pm revealed:
-She was responsible for auditing the MARs and medication cart.
-She was not aware there was no physician's order for triad hydrophilic wound dressing cream medication.
-The cream was not dispensed by the facility's contracted pharmacist.
-She did not know where Resident #1 obtained the cream medication.
-The MA who hand wrote the triad hydrophilic wound dressing cream medication on the MAR could only recall Resident #1 returned from a home visit in July 2024 with the cream medication.

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C 342	Continued From page 9 -She did not know why the MA signed off on the MAR that he administered the cream 07/05/24 through 07/25/24 if Resident #1 was on a home visit / out of the facility 07/01/24 through 07/11/24. -The triad hydrophilic wound dressing cream was removed from Resident #1's room on 09/12/24. -She expected MAs to assure accuracy of the MAR before, during and after administering medication. -She expected all medications to have a physician's order. Interview with the Administrator on 09/12/24 at 6:01pm revealed: -All medications require a physician's order. -He was not aware an MA signed off on the MAR that he administered the cream 07/05/24 through 07/25/24 although Resident #1 was on a home visit / out of the facility 07/01/24 through 07/11/24. -He was not aware Resident #1's triad hydrophilic wound dressing cream was administered without a physician's order. -He expected MAs to assure accuracy of the MAR and the SIC to conduct routine audits of the MAR.	C 342		
C 350	10A NCAC 13G .1005 (a and b) Self-Administration Of Medications 10A NCAC 13G .1005 Self-Administration Of Medications (a) The facility shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and	C 350		

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C 350	Continued From page 10 (2) specific instructions for administration of prescription medications are printed on the medication label. (b) The facility shall notify the physician when: (1) there is a change in the resident's mental or physical ability to self-administer; (2) the resident is non-compliant with the physician's orders; or (3) the resident is non-compliant with the facility's medication policies and procedures. A resident's right to refuse medications does not imply the inability of the resident to self-administer medications. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure 1 of 3 sampled residents (#1) who self-administered medications, had a physician's order to self- administer topical medication cream used to treat a rash, that was kept in the resident's room. The findings included: Review of Resident #1's current FL2 dated 09/19/23 revealed diagnoses included mood disorder, external adjustment disorder, diabetes and hypertension. Review of Resident #1's Medication Administration Record (MAR) for July 2024 revealed: -There was a written entry for triad hydrophilic wound dressing cream (used to treat a trash), apply to affected area twice daily for 21 days. -There was documentation of triad hydrophilic wound dressing cream being administered by staff from 07/05/24 - 07/25/24.	C 350		

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C 350	Continued From page 11 Review of Resident #1's record revealed he did not have a physician's order to self-administer medication. Interview with Resident #1 on 09/12/24 at 6:40pm revealed: -He obtained topical cream during an emergency room visit (while on a home visit). -He kept the cream in his room when he returned from his home visit on 07/11/24. -Staff was made aware of the cream. -He self-administered the cream until the rash located in his groin area was healed. Attempted telephone interview with PCP on 09/12/24 at 4:36pm was unsuccessful. Attempted telephone interview with Medication Aide (MA) on 09/12/24 at 5:56pm, who documented his initials on the MAR as administering the triad hydrophilic wound dressing cream to Resident #1, was unsuccessful. Interview with Supervisor in charge (SIC) on 09/12/24 at 5:15pm revealed: -Resident #1 did not have a physician's order to self-administer any medications. -She was not aware Resident #1 had self-administered the triad wound dressing cream without an order to self-administer. -The triad hydrophilic wound dressing cream was removed from Resident #1's room on 09/12/24. -Self-administration of medications require a physician's order and resident check list outlining a resident's ability to self-administer medications. Interview with the Administrator on 09/12/24 at 6:01pm revealed: -Self-administration of medications require a physician's order and resident check list outlining	C 350		

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C 350	Continued From page 12 a resident's ability to self-administer medications. -He was not aware Resident #1 self-administered triad hydrophilic wound dressing cream without a physician's order to self-administer medications.	C 350		
C 363	10A NCAC 13G .1007 (c) Medication Disposition 10A NCAC 13G .1007 Medication Disposition (c) Medications, excluding controlled medications, shall be destroyed at the facility or returned to a pharmacy within 90 days of the expiration or discontinuation of medication or following the death of the resident. This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to assure the disposition of expired or discontinued medications were removed from the medication cart and destroyed or sent back to the facility's contracted pharmacy within 90 days for 1 of 3 sampled residents (Resident #1). The findings included: Review of Resident #1's current FL2 dated 09/19/23 revealed diagnoses included mood disorder, external adjustment disorder, diabetes and hypertension. Observation of the medication cart on 09/12/24 revealed the following discontinued medications for Resident #1: -Spironolactone with discontinued date of 05/28/24. -Furosemide with discontinued date of 05/28/24 -Vitamin D with discontinued date of 05/28/24.	C 363		

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C 363	Continued From page 13 Review of contracted pharmacist consult note dated 08/01/24- 08/24/24 revealed: Spironolactone, furosemide and vitamin D were discontinued on 05/28/24. Review of Resident #1's Medication Administration Record (MAR) for May 2024 revealed: -Spironolactone 25 mg, take 1 tablet by mouth daily- discontinued 05/28/24. -Furosemide 20 mg, take 1 tablet by mouth daily- discontinued 05/28/24. -Vitamin D3 25 mcg , take 1 tablet by mouth daily- discontinued 05/28/24. Interview with the Supervisor-in-charge (SIC) on 09/12/24 at 5:15pm revealed: -She was responsible for the disposition of expired and discontinued medications. -She usually left expired or discontinued medications on the cart until she had a large amount to send back to the facility's contracted pharmacy. -She did not know expired or discontinued medications were to be destroyed or sent back to the pharmacy within 90 days. -She could not provide a written facility policy on the disposition of expired or discontinued medications. Interview with the Administrator on 09/12/24 at 6:01pm revealed: -He was not aware Resident #1's discontinued medications (spironolactone, furosemide, and vitamin D) were not destroyed or sent back to the contracted facility pharmacy within 90 days. -He was not aware all expired or discontinued medications were to be destroyed or sent back to the pharmacy within 90 days.	C 363		

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	FCL023046	A. BUILDING: _____ B. WING _____	09/12/2024

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C 363	Continued From page 14 -He could not provide a written facility policy on the disposition of expired or discontinued medications.	C 363		
C 367	10A NCAC 13G .1008(a) Controlled Substances 10A NCAC 13G .1008 Controlled Substances (a) A family care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation. This Rule is not met as evidenced by: Based on interviews, observations, and record reviews, the facility failed to ensure a readily retrievable record that accurately reconciled the receipt, administration, and disposition of controlled substances for 1 of 3 residents sampled who received anti-anxiety medication (Resident #3). The Finding are: Review of Resident #3's current FL2 dated 02/18/24 revealed: -Diagnoses included Schizophrenia, spectrum disorder with psychotic disorder and type II diabetes. -There was an order for lorazepam (used to treat anxiety) 0.5mg by mouth at bedtime. Review of Resident # 3's Control Substance Count Sheet (CSCS) for lorazepam 0.5mg by mouth at bedtime revealed: -Lorazepam 0.5mg by mouth at bedtime, 30 tablets were dispensed to the facility on 08/26/24.	C 367		

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C 367	Continued From page 15 -Lorazepam was documented as administered on the CSCS by the medication aides (MAs) 09/01/24 to 09/08/24. -There were 17 out of 30 tablets remaining, documented on the CSCS sheet. Review of Resident #3's medication administration record (MAR) on 09/12/24 revealed: -There was an entry for lorazepam 0.5mg by mouth at bedtime. -Lorazepam 0.5mg was documented as administered from 09/01/24 to 09/11/24 at 8:00pm. Observation of Resident #3's medications on hand on 09/12/24 at 2:32pm revealed there was a total of 14 tablets remaining of Resident #3's lorazepam. Telephone interview with a medication aide (MA) on 09/12/24 at 2:00pm revealed: -She administered Resident #3's lorazepam 0.5mg by mouth at bedtime on 09/09/24, 09/10/24 and 09/11/24. -She forgot to document administering Resident #3's lorazepam on the CSCS. Interview with the Supervisor in Charge (SIC) on 09/12/24 at 3:15pm revealed: -She did not know the MA had not documented administrating Resident #3's lorazepam on the CSCS. -When a controlled substance was administered, the MA should document on the MAR and the CSCS. -She expected the MA to document on the MAR and CSCS each time a controlled substance was administered.	C 367		

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C 367	Continued From page 16 Interview with the Administrator on 09/12/24 at 4:10pm revealed: -He did not know the MA had not documented administrating Resident #3's lorazepam on the CSCS. -He expected all MAs to document controlled substances on the MAR and the CSCS when administered.	C 367		
C 428	10A NCAC 13G .1206 Health Care Personnel Registry 10A NCAC 13G .1206 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 2 sampled staff (Staff B) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to date of hire. The findings are: Review of Staff B's personnel record on 09/12/24 revealed: -There was no documented hire date for Staff B. -There was no documented job description located in Staff B's personnel record. -There was no documentation of an HCPR check for Staff B in her record. -There was no documentation that an HCPR	C 428		

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C 428	Continued From page 17 check had been completed prior to date of hire. Interview with Staff B on 09/12/24 at 9:05am revealed: -She was a personal care aide (PCA) but did not, "work like that." -She only filled in when needed at the facility. -She did not give medications. Interview with the (SIC) on 09/12/24 at 3:15pm revealed: -She did not know Staff B did not have a completed HCPR check. -She was responsible for ensuring all staff had an HCPR check prior to their date of hire, providing care and/or supervision of residents, and placed in their personnel records. -Staff B only filled in when the facility needed assistance. -Staff B did not have a specific hire date but started helping at the facility in 2013 or 2014. Interview with the Administrator on 09/12/24 at 4:10pm revealed: -He did not know Staff B did not have a completed HCPR check. -The SIC was responsible for ensuring all staff had an HCPR check prior to their date of hire, providing care and/or supervision of residents, and placed in their personnel records.	C 428		
C992	G.S. § 131D-45 G.S. § 131D-45. Examination and screening for G.S. § 131D-45. Examination and screening for the presence of controlled substances required for applicants for employment in adult care homes.	C992		

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C992	Continued From page 18 (a) An offer of employment by an adult care home licensed under this Article to an applicant is conditioned on the applicant's consent to an examination and screening for controlled substances. The examination and screening shall be conducted in accordance with Article 20 of Chapter 95 of the General Statutes. A screening procedure that utilizes a single-use test device may be used for the examination and screening of applicants and may be administered on-site. If the results of the applicant's examination and screening indicate the presence of a controlled substance, the adult care home shall not employ the applicant unless the applicant first provides to the adult care home written verification from the applicant's prescribing physician that every controlled substance identified by the examination and screening is prescribed by that physician to treat the applicant's medical or psychological condition. The verification from the physician shall include the name of the controlled substance, the prescribed dosage and frequency, and the condition for which the substance is prescribed. If the result of an applicant's or employee's examination and screening indicates the presence of a controlled substance, the adult care home may require a second examination and screening to verify the results of the prior examination and screening. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure examination and screening for the presence of controlled substances was completed upon hire and results documented for 2 of 3 staff (Staff A and B) sampled who were hired after 01/01/13. The findings are:	C992		

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C992	Continued From page 19	C992		

Review of the facility's license revealed an initial license was issued on 12/15/14 with an expiration date of 06/15/15.

1.Review of Staff A's personnel record on 09/12/24 revealed:
-Staff A was hired as a Supervisor in Charge (SIC) with a documented hire date of 05/22/16.
-There was no documentation of a controlled substance screening for Staff A.

Interview with Staff A on 09/12/24 at _____pm revealed:

Interview with the (SIC) on 09/12/24 at 3:15pm revealed:
-She was responsible for ensuring all staff had a completed controlled substance screening upon hire and placed in their personnel records.
-She thought Staff A was not required to have a controlled substance screening because he was hired in 2012.

Refer to interview with the Administrator on 09/12/24 at 4:10pm revealed:

2. Review of Staff B's personnel record on 09/12/24 revealed:
-There was no documented hire date for Staff B.
-There was no documented job description located in Staff B's personnel record.
-There was no documentation of a criminal background check.
-There was no documentation of a controlled substance screening for Staff B.

Interview with the (SIC) on 09/12/24 at 3:15pm revealed:
-She was responsible for ensuring all staff had a completed controlled substance screening upon

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C992	Continued From page 20 hire and placed in their personnel records. -Staff B only filled in when the facility needed assistance. -Staff B did not have a specific hire date but started helping at the facility in 2013 or 2014. Refer to interview with the Administrator on 09/12/24 at 4:10pm revealed: _____ Interview with the Administrator on 09/12/24 at 4:10pm revealed: -He did not know Staff A and Staff B did not have a completed controlled substance screening upon hire. -The SIC was responsible for ensuring all had a completed controlled substance screening upon hire and placed in their personnel records.	C992		