| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0010672 | A. BUILDING: _____ B. WING _____ | R 10/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **WHISPERING PINES** | **800 COLLEGE ST SPOONER, WI 54801** |

| (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 |
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| {M 000} | INITIAL COMMENTS<br><br>On 10/16/2025, Surveyors conducted a verification visit at Whispering Pines. Data was collected through 10/23/2025.<br><br>Eight violations were identified. 8 of 8 were repeat violations. See Statement of Deficiency (SOD) 8G6S13, dated 11/04/2024, SOD 8G6S12, dated 09/06/2023; SOD 8G6S11, dated 06/14/2022; and SOD KQ0F11, dated 01/12/2022.<br><br>Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 2. | {M 000} | | |
| M 216 | 88.04(2)(a) RESPONSIBILITIES<br><br>The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the licensee did not ensure that the home and its operation complied with state administrative code and with all other laws governing the home and its operation.<br><br>Findings include:<br><br>The provider is licensed to care for 4 residents in the client groups advanced aged and developmentally disabled.<br><br>This is a repeat violation. See Statement of Deficiency (SOD) SOD KQ0F11, dated 01/12/2022. | M 216 | | |

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

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| M 216 | Continued From page 1<br><br>Between 2022 and 2025, the provider received 5 SODs that included violations of 23 regulations (See SOD 8G6S14 dated 10/23/2025; SOD 8G6S13, dated 11/04/2024; SOD 8G6S12, dated 09/06/2023; SOD 8G6S11, dated 06/14/2022; and SOD KQ0F11, dated 01/12/2022). Eight of the 23 regulations were repeat violations, that included:<br><br>- DHS 88.04(2)(a) Responsibilities - This violation was cited 2 times. See SOD 8G6S14, dated 10/23/2025; and SOD KQ0F11, dated 01/12/2022.<br><br>- DHS 88.04(2)(g)1 Health Screening For Staff- This violation was cited 3 times. See SOD 8G6S14, dated 10/23/2025; SOD 8G6S13, dated 11/04/2024; and SOD 8G6S11, dated 06/14/2022.<br><br>- DHS 88.04(2)(h) Comply With Osha- This violation was cited 2 times. See SOD 8G6S14, dated 10/23/2025; and SOD 8G6S13, dated 11/04/2024.<br><br>- DHS 88.04(5)(a) Training - 15 Hours Within 6 Months - This violation was cited 2 times. See SOD 8G6S14, dated 10/23/2025; and SOD 8G6S13, dated 11/04/2024.<br><br>- DHS 88.04(5)(b) Training - 8 Hours Annually - This violation was cited 4 times. See SOD 8G6S14 dated 10/23/2025; SOD 8G6S13, dated 11/04/2024; SOD 8G6S12, dated 09/06/2023; and SOD 8G6S11, dated 06/14/2022.<br><br>- DHS 88.07(3)(d) Medication - Written Order - This violation was cited 2 times. See SOD 8G6S14, dated 10/23/2025; and SOD 8G6S13, dated 11/04/2024. | M 216 | | |

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| M 216 | Continued From page 2<br><br>- DHS 88.09(1)(d)11 Resident Funds - This violation was cited 2 times. See SOD 8G6S14, dated 10/23/2025; and SOD 8G6S13, dated 11/04/2024.<br><br>- DHS 88.09(2)(c) Location And Retention Period - This violation was cited 2 times. See SOD 8G6S14, dated 10/23/2025; and SOD 8G6S13, dated 11/04/2024.<br><br>On 01/15/2025, the Department issued a Notice of Special Orders, issued with SOD 8G6S13, that included, among other things, orders to:<br><br>- Achieve and maintain substantial compliance of all regulations within 45 days.<br><br>- Ensure each service provider's record to include documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating the employee has been screened for clinically apparent communicable disease including tuberculosis.<br><br>- Ensure each service provider employed at least 6 months to have completed all initial training as required by Wis. Admin. Code § DHS 88.04(5)(a).<br><br>- Ensure each service provider who may be exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions prior to assuming duties that may expose the service provider to such material, and annually.<br><br>- Ensure continuing education requirements must | M 216 | | |

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| M 216 | Continued From page 3 | M 216 | | |

be met for the licensee and all service providers, as appropriate, for calendar year 2023 within 45 days of receiving the notice.

- Provide training to service providers on the corrective actions taken to resolve each deficient practice identified in SOD 8G6S13 within 45 days of receipt. Training was to include date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.

-Provide the legal representative and the case manager for each resident with a copy of SOD 8G6S13 and the Notice and Order letter within 7 days of receipt and retain evidence to verify compliance.

The current survey was prompted by a verification visit of SOD 8G6S13. SOD 8G6S13 included 8 violations. The current survey found that 7 of 8 violations remained uncorrected and found 1 additional deficiency which had been cited in the past, for a total of 8 violations. No documentation was provided as evidence that items listed in the Notice of Special Orders were complied with. While on-site on 10/16/2025, from approximately 9:18 AM to 11:18 AM, Surveyors conducted interviews and record review with Caregiver B and Caregiver C. Caregiver B attempted to reach Licensee A by text message at approximately 10:20 AM, letting him/her know that Surveyors were conducting a survey. Licensee A did not respond. On 10/21/2025, Surveyor called Licensee A at 3:40 PM and again at 4:34 PM. Both times, Licensee A did not answer the phone, and Surveyor left a message requesting a call back. On 10/22/2025, at approximately 3:50 PM, Surveyor requested missing records from Licensee A via email

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| M 216 | Continued From page 4<br>correspondence. As of 10/23/2025, Surveyors did not receive any communication from Licensee A.<br><br>Based on the results of the current survey, the licensee did not ensure all special orders were followed or that violations from the previous survey were corrected.<br><br>The provider has displayed a pattern of ongoing noncompliance and the inability to maintain compliance with the laws governing the home and its operation.<br><br>Cross reference:<br>DHS 88.04(2)(g)1 Health Screening For Staff<br>DHS 88.04(2)(h) Comply With Osha<br>DHS 88.04(5)(a) Training - 15 Hours Within 6 Months<br>DHS 88.04(5)(b) Training - 8 Hours Annually<br>DHS 88.07(3)(d) Medication - Written Order<br>DHS 88.09(1)(d)11 Resident Funds<br>DHS 88.09(2)(c) Location And Retention Period | M 216 | | |
| {M 232} | 88.04(2)(g)1 HEALTH SCREENING FOR STAFF<br><br>The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. | {M 232} | | |

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| {M 232} | Continued From page 5<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not obtain documentation from a physician, a registered nurse or a physician's assistant, indicating 3 of 3 staff had been screened for illness detrimental to residents, including for tuberculosis (TB), within 90 days before the start of providing service.<br><br>This is a repeat violation. See Statement of Deficiency (SOD) 8G6S13, dated 11/04/2024; and SOD 8G6S11, dated 06/14/2022.<br><br>Findings include:<br><br>The provider is licensed to care for 4 residents in the client groups advanced aged and developmentally disabled.<br><br>On 10/16/2025 approximately 9:18 AM, Surveyors interviewed Caregiver B, who stated s/he was hired on or around 11/13/2024. Surveyors requested staff records from Caregiver B.<br><br>Surveyors reviewed staff records for Caregiver B, Caregiver C, and Caregiver D. Caregiver B's communicable disease screen was dated 12/05/2024. Caregiver B's communicable disease screen was not signed by a physician, a registered nurse, or a physician's assistant, and was not completed within 90 days before the start of Caregiver B's employment. Surveyors found no documentation of Caregiver C's communicable disease screen. Caregiver D's communicable disease screen was signed by a licensed practical nurse (LPN), not by a physician, a registered nurse, or a physician's assistant. | {M 232} | | |

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| {M 232} | Continued From page 6<br><br>On 10/21/2025, at approximately 4:30 PM, Surveyor interviewed Caregiver D. Caregiver D stated s/he did not have a communicable disease screen or TB screen completed other than the one which was done by the LPN. Caregiver D stated s/he would complete another one by a doctor in November.<br><br>On 10/22/2025, at approximately 3:50 PM, Surveyor requested the missing staff health screen records from Licensee A via email correspondence. Surveyor requested any missing documentation be provided by 9:00 AM on 10/23/2025. No records were provided by the given time.<br><br>The provider did not ensure staff were screened for communicable diseases, including TB, by a physician, a registered nurse, or a physician's assistant within 90 days before the start of providing service to residents.<br><br>Cross reference:<br>DHS 88.04(2)(a) Responsibilities | {M 232} | | |
| {M 235} | 88.04(2)(h) COMPLY WITH OSHA<br><br>The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. | {M 235} | | |

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| {M 235} | Continued From page 7<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 service providers involved in the operation of the adult family home complied with the universal precautions contained in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens.<br><br>This is a repeat violation. See Statement of Deficiency (SOD) 8G6S13, dated 11/04/2024.<br><br>Findings include:<br><br>The provider is licensed to care for 4 residents in the client groups advanced aged and developmentally disabled.<br><br>On 10/16/2025, at approximately 9:25 AM, Surveyors interviewed Caregiver B. Caregiver B stated s/he had been hired on or around 11/13/2024. Caregiver B stated s/he had received training in standard precautions and described occupational exposures resulting from his/her daily caregiving duties. Surveyors requested training records from Caregiver B.<br><br>At approximately 10:50 AM, Surveyors interviewed Caregiver C, who stated s/he had been hired sometime in May of 2025. Caregiver C described occupational exposures resulting from his/her daily caregiving duties. Caregiver C stated s/he had read infection control documents in July of 2025.<br><br>Surveyors reviewed Caregiver B and Caregiver C's records. Surveyors were unable to find documentation that either Caregiver B or Caregiver C had completed standard precaution | {M 235} | | |

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| {M 235} | Continued From page 8<br>training. Surveyors reviewed a document titled, "Chapter 5: Infection Control Policies and Procedures." There was nothing on or with the document, such as names or dates, to indicate Caregiver B or Caregiver C had completed training in standard precautions or infection control.<br><br>On 10/21/2025, at approximately 4:30 PM, Surveyor interviewed Caregiver D. Caregiver D stated the records that Surveyors reviewed on-site on 10/16/2025 were the only records the provider had. Caregiver D stated s/he could try to look for more. Surveyor requested Caregiver D provide any training documentation for Caregiver B and Caregiver C by 10:00 AM on 10/22/2025. As of 10/23/2025, no further records were provided by Caregiver D.<br><br>On 10/22/2025, at approximately 3:50 PM, Surveyor requested the missing staff training records from Licensee A via email correspondence. Surveyor requested any missing documentation be provided by 9:00 AM on 10/23/2025. No records were provided by the given time.<br><br>The provider did not ensure Caregiver B or Caregiver C received training which complied with the universal precautions contained in the U.S. OSHA Standard.<br><br>Cross reference:<br>DHS 88.04(2)(a) Responsibilities | {M 235} | | |
| {M 244} | 88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS<br><br>The licensee and each service provider | {M 244} | | |

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| {M 244} | Continued From page 9<br>shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 2 staff completed 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights, and treatment appropriate to residents served, prior to or within 6 months after starting to provide care, including training in fire safety and first aid.<br><br>This is a repeat violation. See Statement of Deficiency (SOD) 8G6S13, dated 11/04/2024.<br><br>Findings include:<br><br>The provider is licensed to care for 4 residents in the client groups advanced aged and developmentally disabled.<br><br>On 01/15/2025, the provider was sent a Notice of Special Orders from SOD 8GS13, dated 11/04/2025. The Notice of Special orders read, in part, "Training: - Each service provider employed at least 6 months will have completed all initial training as required by Wis. Admin. Code § DHS 88.04(5)(a). Each service provider who may be exposed to blood, body fluids or other moist body substances, including mucous membranes, | {M 244} | | |

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| {M 244} | Continued From page 10 | {M 244} | | |

non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions prior to assuming duties that may expose the service provider to such material, and annually."

On 10/16/2025, at approximately 9:20 AM, Surveyors interviewed Caregiver B. Caregiver B stated s/he had been hired on or around 11/13/2024. Caregiver B stated s/he had significant experience in caregiving and had completed standard precautions and resident rights training. Caregiver B stated s/he could not recall when s/he had been trained in resident rights, but that Caregiver D had trained him/her. Caregiver B described providing cares to residents which exposed him/her to bodily fluids/other moist body substances.

At approximately 9:25 AM, Surveyors requested access to staff records. There was no documentation of standard precaution training or resident rights training for Caregiver B. Training documentation for Caregiver B did not include times indicating s/he had received 15 hours within 6 months after hire.

On 10/21/2025, at approximately 4:30 PM, Surveyor interviewed Caregiver D. Caregiver D stated the records that Surveyors reviewed on-site on 10/16/2025 were the only records the provider had. Caregiver D stated s/he could try to look for more. Surveyor requested Caregiver D provide any training documentation for Caregiver B by 10:00 AM on 10/22/2025. As 10/23/2025, no further records were provided by Caregiver D.

On 10/22/2025, at approximately 3:50 PM, Surveyor requested the missing staff training

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| {M 244} | Continued From page 11<br>records from Licensee A via email correspondence. Surveyor requested any missing documentation be provided by 9:00 AM on 10/23/2025. No records were provided by the given time.<br><br>The provider did not ensure all staff received 15 hours of training within 6 months of hire.<br><br>Cross reference:<br>DHS 88.04(2)(a) Responsibilities | {M 244} | | |
| {M 246} | 88.04(5)(b) TRAINING-8 HOURS ANNUALLY<br><br>Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 staff reviewed completed 8 hours of continuing education training in 2024.<br><br>This is a repeat violation. See Statement of Deficiency (SOD) 8G6S13, dated 11/04/2024, 8G6S12, dated 09/06/2023, and SOD 8G6S11, dated 06/14/2022.<br><br>Findings include: | {M 246} | | |

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| {M 246} | Continued From page 12<br><br>The provider is licensed to care for 4 residents in the client groups advanced aged and developmentally disabled.<br><br>On 10/16/2025, at approximately 9:25 AM, Surveyor requested the records for Caregiver D, hired 01/28/2013. Surveyors did not find any evidence of continuing education training for Caregiver D in 2024.<br><br>On 10/21/2025, at approximately 4:30 PM, Surveyor interviewed Caregiver D. Caregiver D stated the records that Surveyors reviewed on-site on 10/16/2025 were the only records the provider had, but that s/he had his/her own training records on his/her phone. Surveyor requested Caregiver D provide documentation of his/her continuing education for 2024 by 10:00 AM on 10/22/2025. As 10/23/2025, no records were provided by Caregiver D.<br><br>On 10/22/2025, at approximately 3:50 PM, Surveyor requested 2023 and 2024 continuing education documentation for Caregiver D from Licensee A via email correspondence. Surveyor requested any missing documentation be provided by 9:00 AM on 10/23/2025. No records were provided by the given time.<br><br>The provider did not ensure continuing education training was completed.<br><br>Cross reference:<br>DHS 88.04(2)(a) Responsibilities | {M 246} | | |
| {M 464} | 88.07(3)(d) MEDICATION- WRITTEN ORDER<br><br>Before the licensee or service | {M 464} | | |

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|---|---|---|---|
| | 0010672 | A. BUILDING: _____ B. WING _____ | R 10/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WHISPERING PINES | 800 COLLEGE ST SPOONER, WI 54801 |

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| {M 464} | Continued From page 13<br>provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure there was a written order authorizing the provider to administer medications, for 1 of 2 residents reviewed.<br><br>This is a repeat violation. See Statement of Deficiency (SOD) 8G6S13, dated 11/04/2024.<br><br>Findings include:<br><br>The provider is licensed to care for 4 residents in the client groups advanced aged and developmentally disabled.<br><br>On 10/16/2025, at approximately 11:00 AM, Surveyor reviewed Resident 1's and Resident 2's records but was unable to locate a written order authorizing the provider to administer medications for Resident 2. Surveyors advised Caregiver B to have Caregiver D or Licensee A provide a written order authorizing the provider to administer medications for Resident 2 by 5:00 PM. The records were never received.<br><br>On 10/21/2025, at approximately 4:30 PM, | {M 464} | | |

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| {M 464} | Continued From page 14<br><br>Surveyor interviewed Caregiver D. Caregiver D stated the records that Surveyors reviewed on-site on 10/16/2025 were the only records the provider had, but that s/he would look for more. Surveyor requested Caregiver D provide documentation of Resident 2's written order authorizing the provider to administer medication by 10:00 AM on 10/22/2025. The records were not provided within the given timeframe.<br><br>On 10/22/2025, at approximately 3:50 PM, Surveyor requested Resident 1's medication authorization order from Licensee A via email correspondence. Surveyor requested any missing documentation be provided by 9:00 AM on 10/23/2025. As of 10/23/2025, Surveyor had not received written orders authorizing the provider to administer Resident 2's medications.<br><br>Cross reference:<br>DHS 88.04(2)(a) Responsibilities | {M 464} | | |
| {M 510} | 88.09(1)(d)11 RESIDENT FUNDS<br><br>Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review, the provider did not maintain records for 2 of 2 residents reviewed, including written authorization from the resident or resident's guardian, to control the resident's funds.<br><br>This is a repeat violation. See Statement of | {M 510} | | |

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| {M 510} | Continued From page 15<br>Deficiency (SOD) 8G6S13, dated 11/04/2025.<br><br>Findings include:<br><br>The provider is licensed to care for 4 residents in the client groups developmentally disabled and advanced aged.<br><br>On 10/16/2025, Surveyor conducted a review of Resident 1's and Resident 2's records. The records did not contain a written record of finances or a written authorization from either resident or their guardians to control the resident's funds.<br><br>At approximately 10:30 AM, Surveyors interviewed Caregiver B, who stated s/he did not access residents funds. Caregiver B stated Caregiver D handled purchasing of resident items.<br><br>On 10/21/2025, at approximately 4:30 PM, Surveyor interviewed Caregiver D. Caregiver D stated the records that Surveyors reviewed on-site on 10/16/2025 were the only records the provider had, but that s/he would look for more. Surveyor requested Caregiver D provide written record of finances or a written authorization from the residents or residents' guardian, to control the resident's funds by 10:00 AM on 10/22/2025. No records were received by the given time.<br><br>On 10/22/2025, at approximately 3:50 PM, Surveyor requested written fund authorization and records of finances for both Resident 1 and Resident 2 from Licensee A via email correspondence. Surveyor requested any missing documentation be provided by 9:00 AM on 10/23/2025. As of 10/23/2025, Surveyor had not received records of resident funds, including a | {M 510} | | |

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| {M 510} | Continued From page 16<br>written authorization to control resident funds for either resident.<br><br>The provider did not maintain records of resident funds, including a written authorization to control resident funds.<br><br>Cross reference:<br>DHS 88.04(2)(a) Responsibilities | {M 510} | | |
| {M 540} | 88.09(2)(c) Location and Retention Period<br><br>Location and retention period.<br>Service provider and licensee records shall be available at the adult family home for review by the licensing agency. A service provider's record shall be available while the service provider is employed by the home and for at least 3 years after ending employment.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure staff records were available at the adult family home for review by the licensing agency.<br><br>This is a repeat violation. See Statement of Deficiency (SOD) 8G6S13, dated 11/04/2024.<br><br>Findings include:<br><br>The provider is licensed to care for 4 residents in the client groups advanced aged and developmentally disabled. | {M 540} | | |

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| {M 540} | Continued From page 17<br><br>On 10/16/2025 at approximately 9:25 AM, Surveyor requested staff records for Caregiver B and Caregiver C. Caregiver B provided multiple training binders that did not contain all of the needed documents, which included:<br>- Staff training records<br>- Staff health screening records<br>- Resident fund authorization records<br>- Written medication orders for residents<br><br>Caregiver B stated s/he thought all the provider records were in the binders s/he had provided.<br><br>At approximately 10:00 AM, Surveyors interviewed Caregiver C. Caregiver C stated s/he thought s/he had gotten his/her communicable disease screen, including tuberculosis (TB) done, but needed to go to the local health care provider to obtain the records. Surveyors requested records be provided by 5:00 PM. No records were provided by the given time.<br><br>On 10/17/2025, at approximately 9:00 AM, Surveyors received a fax from the local health care provider which contained Caregiver C's communicable disease and TB screen.<br><br>On 10/21/2025, at approximately 4:30 PM, Surveyor interviewed Caregiver D. Caregiver D stated the records that Surveyors reviewed on-site on 10/16/2025 were the only records the provider had, and that s/he had his/her own training records on his/her phone.<br><br>On 10/22/2025, at approximately 3:50 PM, Surveyor requested missing records from Licensee A via email correspondence. Surveyor requested any missing documentation be provided by 9:00 AM on 10/23/2025. As of 10/23/2025, Surveyor had not received any | {M 540} | | |

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| {M 540} | Continued From page 18<br>records from Licensee A.<br><br>The provider did not ensure staff records were available at the adult family home for review.<br><br>Cross reference:<br>DHS 88.04(2)(a) Responsibilities | {M 540} | | |