

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045170	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER The Green House Cottages of Belle Meade		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 Chateau Boulevard Paragould, AR 72450	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>49071</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who required assistance with personal hygiene was regularly offered to have fingernails cleaned to maintain good grooming and hygiene for 1 (Resident #47) sampled resident.</p> <p>The findings are:</p> <ol style="list-style-type: none"> On 04/22/2024 at 11:08 am, observed Resident #47 with 0.5 inch long fingernails with a brown substance under the nails on both hands. On 04/23/2024 at 9:18 am, observed Resident #47 with 0.5 inch long painted nails with brown substance under nails on both hands. On 04/24/2024 at 3:31 pm, Certified Nursing Assistant (CNA) #4 was asked who was responsible for making sure fingernails were cleaned and trimmed. CNA #4 replied, The CNA is, unless they are diabetic or on blood thinner, then the nurses do it. The Surveyor asked, When do you perform nailcare. CNA #4 replied, On their shower days or whenever we see that they need them cleaned or trimmed. During record review, Resident #47's Care Plan with an initiated date of 03/09/2024 noted Resident #47 required supervision with bathing. The care plan did not address fingernail care. Review of Resident #47's bathing task sheet noted Resident #47 received a shower on 04/11/2024, 04/15/2024, 04/18/2024, 14/20/2024 and 04/23/2024 and refused on 04/22/2024.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44852</p> <p>Based on observation, interview, and record review, the facility failed to provide a meaningful program of activities for 5 (Residents #4, #10, #66, #80, and #120) sampled residents and failed to ensure the activity program was designed to meet the individual activity needs, interests, and abilities of each resident.</p> <p>The findings are:</p> <ol style="list-style-type: none"> On 04/22/2024 at 11:15 AM, the Surveyor entered Cottage 2 and observed that there were no activities taking place. There was no activity calendar observed in the common area or in the resident rooms. On 04/22/2024 at 1:00 AM, the Surveyor entered Cottage 900 as the residents were having lunch. There was no activity calendar observed in the common area. Resident #66 and Resident #10 were observed at the head of the table. Resident #66 identified a lack of activities as her area of dissatisfaction. Resident #10 concurred that activities are not held on a regular basis and that boredom is a daily burden. On 04/22/2024 at 2:08 PM, the Surveyor observed in Cottage #2, no activities were being conducted. On 04/22/2024 at 2:17 PM, the Surveyor observed in Cottage #3, no activities were being conducted. On 04/23/2024 at 8:30 AM, CNA #3 was asked if there was an activity calendar. CNA #3 reported that the Activity Director provides a calendar, but does not specify the exact activities, that the cottages decide what they are going to do each day. CNA #3 provided a copy of the (Facility Name) Times, April 2024. The calendar provided had notes of interest each day but doesn't provide specifics. On 04/23/2024 at 10:11 am, the Surveyor observed in Cottage #2, no activities were being conducted. On 04/23/2024 at 10:16 am, the Surveyor observed in Cottage #3, no activities were being conducted. On 04/23/2024 at 2:19 pm, the Surveyor asked CNA #1 in Cottage #3 if the residents in this cottage received activities. CNA #1 said, not very often, they want us to do them, and we don't have the time to. The Activity Director never comes and does them or even helps. On 04/23/2024 at 2:20 PM, Cottage #600 was observed to be engaged in no activities. <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>10. On 04/24/2024 at 8:42 AM, the Activity Director was to describe how activities were provided on campus. The Activity Director reported that she puts out a newsletter each month as a guide, however the elders in each cottage decide what activities are carried out. The Activity Director continued to describe self-directed past times as examples of what was being referred to as activities. She continued to describe how she will occasionally complete an event, however the staff in the cottages are responsible for the day-to-day completion of activities and for recording the attendance in (Facility Computer Software). At 8:46 AM, the Administrator joined the meeting. The Administrator confirmed that he had discussed with the AD her need confirm activity completion in the cottages.</p> <p>11. On 04/24/2024 at 11:24 AM, CNA #3 was asked if Cottage 2 had activities daily. CNA #3 replied no we don't, but once a week a resident's daughter does come in and call bingo for us.</p> <p>12. On 4/22/2024 at 10:10 AM, Resident #120 was asked about her participation in activities. Resident #120 stated, What activities. We watch television.</p> <p>a. On 04/23/2024 at 10:01 AM, Resident #120 stated, We never have activities. There were no activity calendars in the rooms or located in the common area.</p> <p>13. On 04/22/2024 at 11:34 AM, during initial rounds, Resident #80 was sitting in the dayroom with a family member. Resident #80 said we don't have activities around here and we need something to do. The Surveyor observed no activities happening at the time.</p> <p>a. Review of Resident #80's Care Plan initiated on: 07/17/2023 and revised on 11/17/2023 documented, . [Resident #80] was a very sociable person . The following activities are important me: Likes to talk with friends and family as much as possible. The following activities are important me: gardening, visiting with [family members], watching tv .participate in group activities at least twice weekly, keeping self-busy with self-directed activities at other times .needs reminders for the time and place of group activities. Invite to religious activities .Remind me of upcoming activities so I can choose to attend if I want to. Allow me to make suggestions on activities that I prefer .Allow or encourage me to assist with activities if I am able. Stop by for friendly or 1:1 visits 1-2 times a week. Invite to activities that involve food and drink .</p> <p>14. On 04/22/2024 at 11:52 AM, Resident #4 was asked if he attended activities. Resident #4 stated, We have had no activities.</p> <p>a. On 04/23/2024 at 09:15 AM, Resident #4 was observed in bed and stated, I wish we had activities. We never have them. Are you going to help us get some?</p> <p>b. Review of Resident #4's Care Plan dated 03/12/2019 documented, .Honor my customary routine for preferred activities, bathing, dressing, snacks . Provide emotional support to me and my family to assist with the transition into a long-term care setting. Revision on: 03/21/2019 .</p> <p>15. On 04/23/2024 from 9:15 AM to 10:30 AM, the residents sat in the dayroom, dining room or in their bedroom. There were no activities observed. There were no activity calendars in the rooms or located in the common area.</p> <p>16. On 04/23/2024 at 10:35 AM, Resident #80 stated, Did you come to make sure we will get an activity.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>17. On 04/23/2024 from 1:00 PM to 2:30 PM, the residents sat in the day room, dining room or in their bedroom. There were no activities.</p> <p>18. On 04/23/2024 at 2:15 PM, Certified Nursing Assistant (CNA) #5 was asked when activities occurred. CNA #5 stated, We have Bingo on Wednesdays. CNA #5 was asked if this was the only activity that occurs all week. CNA #5 stated, We are planning on sitting on the front porch and planting seeds and eating melon, but we haven't done that yet. CNA #5 was asked what activities were offered on 04/22/2024 and 04/23/2024. CNA #5 stated, None.</p> <p>19. On 04/23/2024, from 9:15 AM to 10:30 AM, the residents in [NAME] Hall sat in the dayroom, dining room, therapy, or in their bedroom. There were no activities observed.</p> <p>20. On 04/23/2024 from 1:00 PM to 2:30 PM, the residents residing in [NAME] Hall, sat in the day room, dining room, in therapy, or in their bedroom. There were no activities.</p> <p>21. On 04/24/2024 at 08:45 AM, CNA # 6 was asked to name the activities offered or provided on [NAME] Hall for the residents for 4/22/24 and 4/24/24. CNA #6 stated, Sitting and listening to music. They have church on Sundays by watching it on television. CNA #6 was asked for logs on who attends the activities. CNA #6 stated, We don't write the names down. CNA's #7 and #8 confirmed that there were no activities occurring.</p> <p>22. On 04/23/2024 at 01:30 PM, CNA #9 was asked about activities on [NAME] Hall. CNA #9 stated, We didn't have any on Monday [04/22/2024] and Tuesday they sat and chit chatted. They are going to play dominoes Wednesday [94/24/24]. CNA #9 was asked to explain the importance of activities. CNA #9 stated, Because they can socialize with each other and maybe come out of their rooms. There were residents in wheelchairs and recliners in front of the television asleep.</p> <p>23. On 4/23/24 at 10:11 AM, the Nurse Consultant provided a form titled, ACTIVITY PROGRAMS, which documented, .The Nursing Facility provides an ongoing program of Resident/Elder activities/meaningful engagements. Activities will be varied in nature and should be designed to meet the individual needs, interests, and limitations of Residents/Elders .with the elder's request . These activities should provide meaningful engagement, mental, social, and spiritual stimulation .Residents/Elders will be informed of the events with the opportunity to participate. A calendar of events should be posted throughout the facility in obvious places or easily accessible to Residents/Elders. The calendar should reflect the actual activities .</p> <p>46868</p> <p>24. On 4/22/2024 at 10:10 AM, Resident #120 was asked about her participation in activities. Resident #120 stated, What activities. We watch television.</p> <p>a. On 04/23/2024 at 10:01 AM, Resident #120 stated, We never have activities. There were no activity calendars in the rooms or located in the common area.</p> <p>25. On 04/22/2024 at 11:34 AM, during initial rounds, Resident #80 was sitting in the dayroom with a family member. Resident #80 said we don't have activities around here and we need something to do. The Surveyor observed no activities happening at the time.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. Review of Resident #80's Care Plan initiated on: 07/17/2023 and revised on 11/17/2023 documented, . [Resident #80] was a very sociable person . The following activities are important me: Likes to talk with friends and family as much as possible. The following activities are important me: gardening, visiting with [family members], watching tv .participate in group activities at least twice weekly, keeping self-busy with self-directed activities at other times .needs reminders for the time and place of group activities. Invite to religious activities .Remind me of upcoming activities so I can choose to attend if I want to. Allow me to make suggestions on activities that I prefer .Allow or encourage me to assist with activities if I am able. Stop by for friendly or 1:1 visits 1-2 times a week. Invite to activities that involve food and drink .</p> <p>26. On 04/22/2024 at 11:52 AM, Resident #4 was asked if he attended activities. Resident #4 stated, We have had no activities.</p> <p>a. On 04/23/2024 at 09:15 AM, Resident #4 was observed in bed and stated, I wish we had activities. We never have them. Are you going to help us get some?</p> <p>b. Review of Resident #4's Care Plan dated 03/12/2019 documented, .Honor my customary routine for preferred activities, bathing, dressing, snacks . Provide emotional support to me and my family to assist with the transition into a long-term care setting. Revision on: 03/21/2019 .</p> <p>27. On 04/23/2024 from 9:15 AM to 10:30 AM, the residents sat in the dayroom, dining room or in their bedroom. There were no activities observed. There were no activity calendars in the rooms or located in the common area.</p> <p>28. On 04/23/2024 at 10:35 AM, Resident #80 stated, Did you come to make sure we will get an activity.</p> <p>29. On 04/23/2024 from 1:00 PM to 2:30 PM, the residents sat in the day room, dining room or in their bedroom. There were no activities.</p> <p>30. On 04/23/2024 at 2:15 PM, Certified Nursing Assistant (CNA) #5 was asked when activities occurred. CNA #5 stated, We have Bingo on Wednesdays. CNA #5 was asked if this was the only activity that occurs all week. CNA #5 stated, We are planning on sitting on the front porch and planting seeds and eating melon, but we haven't done that yet. CNA #5 was asked what activities were offered on 04/22/2024 and 04/23/2024. CNA #5 stated, None.</p> <p>31. On 04/23/2024, from 9:15 AM to 10:30 AM, the residents in [NAME] Hall sat in the dayroom, dining room, therapy, or in their bedroom. There were no activities observed.</p> <p>32. On 04/23/2024 from 1:00 PM to 2:30 PM, the residents residing in [NAME] Hall, sat in the day room, dining room, in therapy, or in their bedroom. There were no activities.</p> <p>33. On 04/24/2024 at 08:45 AM, CNA # 6 was asked to name the activities offered or provided on [NAME] Hall for the residents for 4/22/24 and 4/24/24. CNA #6 stated, Sitting and listening to music. They have church on Sundays by watching it on television. CNA #6 was asked for logs on who attends the activities. CNA #6 stated, We don't write the names down. CNA's #7 and #8 confirmed that there were no activities occurring.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>34. On 04/23/2024 at 01:30 PM, CNA #9 was asked about activities on [NAME] Hall. CNA #9 stated, We didn't have any on Monday [04/22/2024] and Tuesday they sat and chit chatted. They are going to play dominoes Wednesday [94/24/24]. CNA #9 was asked to explain the importance of activities. CNA #9 stated, Because they can socialize with each other and maybe come out of their rooms. There were residents in wheelchairs and recliners in front of the television asleep.</p> <p>35. On 4/23/24 at 10:11 AM, the Nurse Consultant provided a form titled, ACTIVITY PROGRAMS, which documented, .The Nursing Facility provides an ongoing program of Resident/Elder activities/meaningful engagements. Activities will be varied in nature and should be designed to meet the individual needs, interests, and limitations of Residents/Elders .with the elder's request . These activities should provide meaningful engagement, mental, social, and spiritual stimulation .Residents/Elders will be informed of the events with the opportunity to participate. A calendar of events should be posted throughout the facility in obvious places or easily accessible to Residents/Elders. The calendar should reflect the actual activities .</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>44852</p> <p>Based on observation and interview, the facility failed to ensure pureed food was smooth items were blended to a smooth, lump-free consistency to minimize the risk of choking or other complications for residents who required pureed diets for 2 of 2 meals observed.</p> <p>The findings are:</p> <p>On 04/24/2024 at 11:10 AM, a divided plate containing pureed chicken fettucine, pureed bread and peaches was observed on the counter in the kitchen. Each item was observed to contain particles of food that had not been completely blended. Certified Nursing Assistant (CNA) #1 who prepared the meal was asked to describe the consistency of the items on the plate. CNA #1 described how she could see the particles of food, however despite continuing to blend the items for an extended period of time the processor would not provide a smooth consistency. The peaches were described as runny; however, CNA #1 verbalized her expectations that they would thicken as they sat because thickener had been added.</p> <p>On 04/23/2024 at 8:30 AM, the plate contained pureed eggs, pureed sausage/biscuit combination and pureed super cereal which is oatmeal with brown sugar, white sugar, and butter. CNA #2 who was assisting the resident was asked to describe the consistency of the food. CNA #2 verbalized her understanding that pureed food was to be the consistency of baby food, although she did not feel that this food looked like what she had provided for her children. Description continued as thick, but you can still see pieces of the original food in the mixture.</p> <p>On 04/24/2024 at 12:50 PM, the Dietary Manager (DM) was asked to describe the desired consistency of pureed food. The DM described pudding thick food that won't go through your fork as the goal for a pureed product. When examining the two meals provided, the DM and Clinical Manager both confirmed that the items were grainy and not smooth with the bread being too thick and gummy.</p> <p>On 04/24/2024 at 1:08 PM, the Consultant confirmed that the facility did not have a policy concerning specialized diets, specifically pureed food.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49071</p> <p>Based on observation and interview, the facility failed to ensure the nurse completed hand sanitation before and after giving a resident medication and before giving another resident medication.</p> <p>The findings are:</p> <ol style="list-style-type: none"> On 04/23/2024 at 8:25 am, observed Licensed Practical Nurse (LPN) #1 begin to administer medication to a resident without sanitizing hands, come out of the resident's room to the medication cart and began to pull medications and administer medications to the next resident. There was a medication missing for the resident and LPN #1 had to go to another cottage to the e-kit and get the medication. LPN #1 returned to the cottage and administered the medication without sanitizing hands. On 04/23/2024 at 8:48 am, LPN #1 was asked to explain what should be done before starting to give a resident medication. LPN #1 said, sanitize my hands. LPN #1 was asked what should be done after giving medication to a resident and before giving another resident medication. LPN #1 said, sanitize hands. LPN #1 was asked what should be done after leaving this cottage and going to another cottage and returning then giving a medication? LPN #1 said, sanitize my hands. LPN #1 was asked to explain the importance of sanitizing hands before and after resident interaction. LPN #1 said, it spreads germs to other residents. On 04/24/2024 at 1:21 pm, the Director of Nursing (DON) was asked what should a nurse do before and after and in between giving medications. The DON said, sanitize their hands. The DON was asked who is responsible for making sure that staff are trained in proper handwashing and infection control. The DON said, myself or a designee. The DON was asked to explain the importance of sanitizing hands in between residents. The DON said, it could spread infection. On 04/24/2024 at 2:11 pm, an Inservice received from the Administrator titled, Medication Administration-Annually documented, .BE Careful on Order Entry!!! .Always keep in mind infection control-wash hands often and per guidelines . 		