STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175305	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lawrence Presbyterian Manor	1429 Kasold Dr Lawrence, KS 66049

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. The facility had a census of 37 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to store, distribute, and serve food by professional standards for food service safety in the facility's kitchen, kitchenette, and one of two dining rooms. Findings included:- On 02/16/26 at 01:30 PM, observation in the kitchen revealed a silver one-door refrigerator contained an unlabeled, undated container with two fish filets. On 02/01/26 at 01:40 PM, Dietary Staff (DS) DD verified the above finding and stated staff should label and date food items before placing them in the refrigerator. DS DD discarded the fish filets in a trash can. On 02/16/26 at 05:38 PM, observation during supper meal service revealed Licensed Nurse (LN) G touched R6's hair. LN G did not wash her hands and then passed dinner plates and touched the inside top surface of three residents' plates. On 02/17/26 at 11:25 AM, observation in the kitchenette, during the noon meal service, revealed Certified Nurse Aide (CNA) MM walked into the kitchenette in front of the open steam table with the back of his hair hanging out of a hairnet approximately one inch. Observation revealed DS CC lacked a cover on his beard. Observation on 02/17/26 at 12:00 PM, during the noon meal service revealed DS CC donned gloves, touched the steam table and the hot box door, and with the same soiled gloves, picked up a hamburger bun and placed it in the microwave, touching the microwave door. Further observation revealed DS CC, with the same soiled gloves, picked up the bun from the microwave and transferred it to a plate. DS CC then picked up a hamburger patty with her gloved hands, placed it on the bun, retrieved a container with lettuce and onions, and with the same soiled gloves, picked up lettuce and onions with her gloved hands, and placed them on top of the hamburger, then removed and discarded her gloves. At 12:25 PM, observation revealed DS CC donned gloves, touched the hot box, microwave door, and steam table, then with the same soiled gloves, picked up two chicken strips using her gloved hands, and placed them on a resident's plate, then removed and discarded the gloves. Observation on 02/17/26 at 12:28 PM, in the kitchenette during the noon meal service, revealed CNA MM walked into the kitchenette a second time, in front of the open steam table, with the back of his hair hanging out of a hairnet approximately one inch. CNA MM did not wear a cover on his beard and went to the coffee machine and retrieved a cup of coffee for a resident. On 02/17/26 at 12:11 PM, observation revealed Certified Nurse Aide (CNA) M touched the inside top surface of three residents' plates, took necklaces off of a resident's neck, did not wash her hands, then passed trays again, without washing her hands. On 02/17/26 at 12:30 PM, Certified Dietary Manager (CDM) BB verified CNA MM's hair hanging out in the back and CNA MM did not wear a beard cover. CDM BB instructed CNA MM to cover his hair in the back and use a hair net to cover his beard. CDM BB verified DS CC had picked up the above food items with soiled gloves and stated DS CC should have used tongs. The facility's Storing: Food and Equipment Policy, revised 02/26, documented staff should ensure all food items are labeled. Each label must contain the following information:Product nameUse-by dateDate the product was prepared or openedTime prepared and team member initials where applicableDate frozen, if applicableDate thawed, if applicable.The facility's Personal Hygiene Policy, undated, documented when handling food, refrains from touching face, mouth, nose, hair, exposed skin, and clothing. The policy instructed staff to wear a hairnet or (continued on next page)

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	cap to restrain all hair, wear clean, disposable gloves when handling ready- to eat-food without a utensil, and wash hands frequently.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 37 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to ensure a sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections when staff failed to follow Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms, which employ targeted gown and glove use during high contact care)when providing care for Resident (R) 5 and R6. Staff also failed to cover a cart with the resident's linen when transporting it down the hall.Findings included:- R6's Electronic Medical Record (EMR) documented diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion), history of transient ischemic attack (TIA- temporary episode of inadequate blood supply to the brain) and cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), peripheral vascular disease(PVD- slow and progressive circulation disorder causing narrowing, blockage, or spasms in a blood vessel), encounter for palliative care(treatment designed to relieve or reduce the intensity of uncomfortable symptoms), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) disorder. R6's Quarterly Minimum Data Set (MDS), dated [DATE], documented R6 had severe cognitive impairment, physical behavioral symptoms directed toward others, which occurred one to three days during the look-back period. R6 had functional range of motion impairment of both sides of the upper and lower extremities, and was dependent on staff for bed mobility, transfers, and activities of daily living. The MDS further documented R6 was always incontinent of urine and bowel, had no infections or skin issues, and R6 received an antibiotic (a class of medications used to treat infections). R6's Urinary Incontinence Care Area Assessment (CAA), dated 02/06/25, documented R6 was dependent on staff for activities of daily living and toileting hygiene. The CAA further documented R6 had a history of urinary tract infection (UTI-an infection in any part of the urinary system), took oral preventative antibiotic, and had Enhanced Barrier Precautions (EBP- infection control interventions designed to reduce transmission of resistant organisms which employ targeted gown and glove use during high contact care) due to a diagnosis of multiple drug-resistant organisms (MDRO-common bacteria that have developed resistance to multiple types of antibiotics) in the urine. The Care Plan dated 02/09/26, documented R6 was dependent on staff for toileting needs and care before and after meals, at bedtime, and during night rounds. The Care Plan, further documented, per the Centers for Disease Control and Prevention (CDC) recommendation, the resident was on Enhanced Barrier Precaution for all care due to the MDRO urine, for the protection of R6 and the staff. The Physician Order dated 02/03/25 directed staff to administer cephalexin (antibiotic) 250 milligrams (mgs) capsule by mouth one time a day for UTI prevention. On 02/17/26 at 12:06 PM, R6's room had an EBP sign and a three-drawer tote positioned under the EBP sign, which contained blue gloves and yellow disposable gowns. Certified Nurse Aide (CNA) N and CNA Q entered R6's room and retrieved gloves from the bathroom and donned them. Staff explained to R6 they were going to check her brief and get her up for the midday meal. CNA N and CNA Q both provided peri-hygiene care to R6, by removing the brief, cleansing the area with a disposable wipe, placing a clean brief on the resident, then using the mechanical lift to transfer R6 to the Broda Chair. Neither CNA N nor CNA Q changed gloves during the procedure, nor wore a gown. CNA Q stated (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	she was not sure why R6 had EBP, but thought it had something to do with R6's bottom area. On 02/17/26 at 12:21 PM, Licensed Nurse (LN) H verified R6 had EBP sign and storage tote outside the room. LN H stated she was not sure of the reason for the EBP but knew where to look to find the reason. LN H reported R6 required EBP due to MDRO in the urine. LN H verified staff providing personal care to R6 should wear gloves and gowns. LN H also verified that staff should change gloves and put on clean gloves once they have finished cleaning the resident and placing a clean brief on R6. On 02/17/26 at 02:43 PM, Administrative Nurse E stated the staff had been instructed that during care, if during care the staff's clothing did not come in contact with the resident's clothing, the staff did not have to use a gown. Administrative Nurse E verified changing briefs and providing perineal hygiene, the staff should have donned gowns. Administrative Nurse E also verified the staff should have changed gloves and put clean gloves on following the perineal care and placing clean incontinent products on the resident. The facility's Infection Control policy, dated 10/06/25, documented that EBP refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high-contact resident care activities. EBP are used in conjunction with standard precautions and expand the use of PPE to include donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. EBP are indicated for residents with any of the following: infection or colonization with a CDC-targeted MDRO when Contact Precautions. - On 02/17/26 at 02:30 PM, observation revealed a sign on the wall outside R5's room door EBP, and instructed staff to wear a gown and gloves when providing care for R5. On 02/17/26 at 02:55 PM, Certified Nurse Aide (CNA) O and CNA P entered R5's room, placed gloves on. CNA O assisted R5 to turn on her left side, holding her on it while CNA P provided perineal (private area) care without wearing a gown. On 02/17/26 at 03:09 PM, when CNA P was asked about the EBP signage and the cart with EBP supplies outside the door, CNA P replied that the resident was on EBP and staff were to wear gloves and use hand sanitizer when providing R5 care. On 02/17/26 at 02:43 PM, Administrative Nurse E stated the staff had been instructed that during care, if during care the staff's clothing did not come in contact with the resident's clothing, the staff did not have to use a gown. Administrative Nurse E verified changing briefs and providing perineal hygiene; the staff should have donned gowns. Administrative Nurse E also verified that the staff should have changed gloves and put clean gloves on following the perineal care. - On 02/16/26 at 01:44 PM, a laundry staff member was pushing residents' clothing down C Hall. The cart with residents' clothing did not have a cover. The residents' laundry on C Hall was not delivered in a sanitary manner. On 02/18/26 at 08:35 AM, Housekeeping Supervisor U stated laundry should be covered when delivered to residents. She stated that the laundry personnel were using the smaller cart to deliver laundry as she had hurt her shoulder. Housekeeping Supervisor U stated the smaller cart should always be covered. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's Infection Control Policy, revised 10/06/25, documented EBP refers to an infection control intervention designed to reduce transmission of multiple drug-resistant organisms (MDRO-common bacteria that have developed resistance to multiple types of antibiotics) that employ targeted gown and glove use during high-contact resident care activities.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 37 residents. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to utilize an antibiotic stewardship program that included tracking, monitoring, and attempts to decrease the use of unnecessary antibiotics (a class of medications used to treat infections). Findings included: - R6's Quarterly Minimum Data Set (MDS), dated [DATE], documented R6 received an antibiotic (a class of medications used to treat infections). R6's Urinary Incontinence Care Area Assessment (CAA), dated 02/06/25, documented R6 was dependent on staff for activities of daily living and toileting hygiene. The CAA further documented R6 had a history of urinary tract infection (UTI-an infection in any part of the urinary system), took oral preventative antibiotic, and required Enhanced Barrier Precautions (EBP- infection control interventions designed to reduce transmission of resistant organisms which employ targeted gown and glove use during high contact care) due to a diagnosis of multiple drug-resistant organisms (MDRO-common bacteria that have developed resistance to multiple types of antibiotics) in the urine. The Care Plan dated 02/09/26, documented R6 had functional bladder and bowel incontinence, dementia, impaired mobility, a history of UTI, and was on enhanced barrier precautions to protect herself and others from spreading of a MDRO. The care plan directed staff to keep the resident's incontinent brief dry and clean and encourage adequate fluids. The care plan further documented R6 had long-term antibiotics as a preventative for UTI. The Physician Order dated 02/03/25 directed staff to administer cephalexin (antibiotic) 250 milligrams (mgs) capsule by mouth one time a day for UTI prevention. On 02/17/26 at 12:06 PM, R6's room had an EBP sign and a three-drawer tote positioned under the EBP sign, which contained blue gloves and yellow disposable gowns. Certified Nurse Aide (CNA) N and CNA Q entered R6's room and retrieved gloves from the bathroom and donned them. Staff explained to R6 they were going to check her brief and get her up for the midday meal. CNA N and CNA Q both provided peri-hygiene care to R6, by removing the brief, cleansing the area with a disposable wipe, placing a clean brief on the resident, and then using the mechanical lift to transfer R6 to the Broda Chair. Neither CNA N nor CNA Q changed gloves during the procedure, nor wore a gown. CNA Q stated she was not sure why R6 had EBP, but thought it had something to do with R6's bottom area. On 02/17/26 at 12:21 PM, Licensed Nurse (LN) H verified R6 required EBP due to MDRO in the urine. On 02/17/26 at 02:43 PM, Administrative Nurse E reported prophylactic antibiotics were not tracked, trended, or reviewed by the pharmacist, and therefore had not been part of the reporting to the QAPI plan or meetings. The facility's Infection Control policy, dated 10/06/25, documented that the community is committed to following an antibiotic stewardship program based on Center for Disease Control Antibiotic Stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use through the community with surveillance protocols. The facility's Antibiotic Stewardship policy dated 02/04/25, antibiotic stewardship can be defined as a set of coordinated strategies to improve the use of antimicrobial medications with the goal of enhancing resident health outcomes, reducing antibiotic resistance, and decreasing unnecessary cost.

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. The facility had a census of 37 residents. The sample included 12 residents. Based on observation, interview, and record review the facility failed to resolve recurring issues reported by the Resident Council. Findings included:- A review of the facility's Resident Council minutes from 01/2025 to 02/2026 indicated the council had recurring concerns related to call light response times, long waits from posted mealtime, and hot menu items that were served cold. The Resident Council Minutes for 01/2025 noted that the previous discussion of dining service was slow. The Resident Council Minutes for 02/2025 noted the bacon had improved, and the upcoming updated call light system and security cameras would be done before carpet replacement in 2025. The Resident Council Minutes for 03/2025 noted the facility would have plate warmers by the beginning of March. The Resident Council Minutes for 04/2025 noted previous discussion of receiving fewer green beans, more cooked carrots, broccoli, or corn. Plate warmers were now in service, and residents had difficulty getting the staff's attention during meals if residents wanted more coffee. The Resident Council Minutes for 05/2025 noted the food was still being served cold, waiting up to 40 minutes to have food served. Per the dining director, the designated mealtimes were 07:00 AM, 12:00 PM, and 05:00 PM and food was transferred from the main kitchen in a hotbox up to the second floor, then transferred into the steam table. The notes also included that staff were reminded that all staff could respond to call lights and the new call light system was coming in the next month or two. The Resident Council Minutes for 06/2025 noted the food was still being served cold, the quality of the food had deteriorated, plates had only starch foods, the meat was very tough, and residents reported they continued waiting up to 40 minutes for their meal to be served. The Resident Council Minutes for 07/2025 noted questions regarding slow response to call lights and getting more help in the dining room. The Resident Council Minutes for 08/2025 noted food did not get to the resident's tables hot, the quality of food worsened, and people could not chew food well. The minutes also noted some of the residents did not like the new call light system. The Resident Council Minutes for 09/2025 noted the food was not hot, the fries were cold, the meat was overcooked, and help was not available in the dining room. The notes also included call light wait periods of 30 to 40 minutes. The Resident Council Minute for 10/2025 noted the food was lukewarm, items on the menu were not available, and out of options to choose from, tough meat, especially pork, waiting 30 to 40 minutes to be served the meal, and up to 49 minutes for call light response in the early morning. The Resident Council Minutes for 11/2025 noted residents continued getting cold food and received something different than what the resident had ordered. The Resident Council Minutes for 12/2025 noted food was getting better, breakfast could be warmer, and it was a hassle to get food heated in the microwave. The Resident Council Minutes for 01/2026 noted that sometimes the food was cold. On 02/17/26 at 03:09 PM, Social Service X explained she assisted the residents with the resident council meeting and note-taking. Social Service X explained that the dietary supervisor was present at most of the monthly meetings due to the dining complaints and concerns and felt most of the dining issues were mostly repeated by a resident who was discharged in 11/2025, but the residents continued to report cold food. On 02/17/26 at 08:00 AM, Administrative Nurse D reported the resident council's concerns were brought to the department director to resolve the concerns. If the concerns continued, the facility would develop a plan through the Quality Assurance Performance Improvement (QAPI) plan to correct the ongoing issues. Administrative Nurse D stated the Executive Director and herself pulled call light response times which she reported were not lengthy, and the response time expectation was for call lights to be answered within three to five minutes. Administrative Nurse D reported the new call light system alerts were adjusted. On 02/18/26 at 12:30 PM, Administrative Staff A reported that a QAPI plan had not been implemented to address the ongoing dining service complaints. The facility's Resident Council policy, dated 01/05/23, documented the purpose of the resident Council will to provide an orderly means of communication between residents and Community administration, assist with activities which will benefit resident of (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the community, and allow residents to retain part of the responsibility for certain action affecting their day-to-day lives. The Executive Director shall act upon the recommendations of the Council concerning proposed policy and operational decisions affecting resident care and life in the community.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility identified a census of 37 residents. The sample included 12 residents with one resident reviewed for activities of daily living (ADL). Based on observation, record review, and interview, the facility failed to ensure staff assisted Resident (R) 25 with grooming and shaving and further failed to ensure R25's clothing was clean, and without dried food stains.Findings Included: - R25's Electronic Medical Record (EMR) from the Diagnosis tab documented diagnoses of Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure), major depressive disorder (major mood disorder that causes persistent feelings of sadness), hypertension (elevated blood pressure), lack of coordination, and need assistance with person care.The Quarterly Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 12, which indicated moderately impaired cognition. The MDS documented R25 needed setup or clean up assistance with eating, supervision or touch assistance with oral hygiene, partial/moderate assistance with toileting, and substantial/maximal assistance from staff for bathing. R25's Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA) dated 10/29/25 documented R25 triggered for further development/review of his functional abilities due to a BIMS score greater than five and requiring more assistance with ADLs. The CAA documented R25 required assistance for eating and noted he used a wheelchair.R25's Care Plan documented the following:11/05/25 - R25 required maximum assistance with his four wheeled walker, with the wheelchair to follow due to endurance when ambulating.08/08/25 - R25 was dependent on one staff with bathing two times a week, R25 refused baths, and staff were to offer bathing at different times, or offer a bed bath.02/05/25 - R25 required moderate assistance with personal hygiene and set up assistance for oral care. R25 liked to be shaved daily and had his own teeth.02/05/25 - R25 required moderate assistance by one staff member to dress.02/05/26 - R25 had an activity of daily living (ADLs) self-care performance deficit related to activity intolerance and Alzheimer's.02/05/25 - R25 would decline showers for no reason when he was asked.02/05/25 - R25 would take at least one bath weekly in the next 90 days. R25's EMR under Task under Bathing documented the resident received a bath on 02/02/25, bathing was not applicable on 02/04/26, received a bath on 02/09/26, and refused a bath on 02/12/26. On 02/16/26 at 01:22 PM R25 sat in his grey reclining chair looking out the window, with his TV on. R25's hair appeared greasy, he had a three-to-four-day hair growth on his face, and his blue shirt had two large food stains on the front of his shirt. On 02/16/26 at 01:22 PM R25 stated he liked his face shaved every day. R25 stated the food stains on his shirt were from the supper meal on 02/15/26 and staff had not changed his shirt. R25 stated he could not remember when his last bath was. On 02/18/26 at 11:12 AM Certified Nurses Aide (CNA) NN stated the CNAs asked residents if they would like their bath on their scheduled bath days. She stated if the resident refused a bath, the aide would let the nurse on duty know and ask the resident if they would like a bed bath. She stated bathing was the resident's choice. CNA NN stated if the resident refused the bed bath, the aide was to change residents' clothes, brief, apply deodorant, and lotions. On 02/18/26 at 08:03 AM Licensed Nurse (LN) I stated the CNAs were to ask the resident twice, if the resident would like a bath or shower. She stated if the CNA stated the resident refused, it was the policy for the nurse to ask the resident, if the nurse could not get the resident to take a bath or bed bath, the nurse would chart this information in the resident's progress notes. On 02/18/26 at 08:09 AM Administrative Nurse D stated it was the facility's process to give each resident at least one shower a week. She stated there were times two showers a week were not given. Administrative Nurse D stated she expected CNAs to wash the residents and change the resident's clothes anytime the resident appeared unclean, or the residents' clothing was soiled. Administrative Nurse D stated CNAs were to shave residents anytime the resident wished to be shaved.The facility's Resident Right and Responsibility policy dated 04/22/19 documented the community would ensure the resident right to dignified existence, delf determination (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and person-centered care with access to persons and services inside and outside the community. The community would protect and promote the rights of each resident.

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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)
F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. The facility had a census of 37 residents. Based on observation, record review, and interview, the facility staff failed to measure food portions for two of three residents who received ground meat diets, Resident (R) 33 and R28. Findings included:- Observation on 02/17/26 at 12:00 PM, during the noon meal, revealed Certified Dietary Manager (CDM) BB oversaw the meal service. Dietary Staff (DS) CC took a pan of ground country fried chicken out of the hot box, used a plastic teaspoon, and placed three teaspoons of ground meat on plates for R33 and R28. Observation revealed DS CC removed a pan with collard greens from the same hot box and placed three teaspoons onto the plates for R33 and R28, and staff served the plates to the residents. On 02/17/26 at 12:30 PM, Certified Dietary Manager (CDM) BB verified the above finding and stated each resident should receive three ounces (oz) of both food items listed above. CDM BB stated staff should measure the proper portion before serving them to R33 and R28. The facility's Adjusted Portions Policy, revised 02/26, documented that the standard portion of meat for each resident should be three to four oz. The standard portion of vegetables for each resident should be half a cup.