STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24E355	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aftenro Home	510 West College Street Duluth, MN 55811

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42587 Based on interview and document review, the facility failed to ensure a comprehensive, person-centered care plan was developed, accurate, and revised to assure assessed care needs were implemented for 2 of 2 residents (R32, R17) reviewed for care planning. Findings include: R32: On 1/6/25 at 6:14 p.m., R32 stated blood sugars were up and down and sometimes low at night. R32's quarterly Minimum Data Set (MDS) dated [DATE], identified R32 had diagnoses which included chronic kidney disease stage 3 (a moderate level of kidney damage where the kidneys are less efficient at filtering waste from the blood, causing mild to moderate loss of kidney function), coronary artery disease, hypertension, and diabetes mellitus. R32's MDS identified R 32 was cognitively intact and received insulin injections. R32's Order Summary Report dated 1/9/25, identified R32's orders included the following: -consistent carbohydrate diet, regular texture, thin consistency -blood glucose test before meals and at bedtime -consistent carb (carbohydrate) every evening -for blood sugar less than 70 milligrams (mg) per deciliter (dl) administer six ounces fruit juice, milk, regular pop or other high carbohydrate beverage: like Ensure or Boost. Repeat blood sugar after 10 minutes, if blood sugar less than 70 mg/dl, give 15 grams glucose. Repeat blood sugar after 15 minutes, if below 70 repeat glucose oral gel 15 grams. Repeat blood sugar in another 15 minutes and if below 70 call -glucose 15 oral gel 40 percent, give 15 gram by mouth as needed for blood sugar less than 70 -Humalog insulin 100 units/milliliter (ml), inject seven units subcutaneously (injection into the fatty tissue beneath the skin) with meals (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-lantus insulin, inject 32 units subcutaneously in the morning R32's care plan initiated on 2/10/23, and revised on 9/24/24, identified R32 had nutritional problem or potential nutritional problem related to impaired skin integrity, new to this setting, therapeutic diet. Interventions included provide, serve diet as ordered. Monitor intake and record every meal. Consistent Carbohydrate. During an interview on 1/9/25 at 10:35 a.m., R32 stated her blood sugars were running at about 250 and she was unsure what they should be. During an interview on 1/9/25 at 12:32 p.m., the director of nursing (DON) verified R32 was diabetic and verified her current care plan did not address diabetic care. The DON verified the care plan would alert staff on what signs and symptoms they should be looking for for high and low blood sugars. The DON stated the care plan should have directions for diabetes care. 49878 R17: R17's quarterly Minimum Data Set (MDS) dated [DATE], identified intact cognition and diagnoses of hemiplegia (total or nearly complete paralysis on one side of the body) and hemiparesis (partial weakness on one side of the body) following cerebral infarction(stroke), acute transverse (extending from side to side) myelitis (inflammation of the spinal cord) in demyelinating (loss of protective fatty layer on nerves) disease of central nervous system, type 2 diabetes mellitus, and congestive heart failure. R17's care plan last revised on 12/18/24, contained a focus on activities of daily living (ADLs) deficits due to R17's medical condition. R17's care plan did not specify resident's level of functioning, level of assistance needed for ADLs, number of staff needed to assist with ADLs, or frequency of assistance needed for ADLs. During interview on 1/9/25 at 2:39 p.m., the DON stated care plans were typically reviewed quarterly with care conferences. DON stated being unsure of how R17's care plan did not get completed. DON further stated expectation of care plans needed to be complete to correctly care for the resident. 'Policy and Procedure: Care Plans for Aftenro Home' dated March 2023, identified it's purpose to ensure that all residents receive consistent, person-centered care tailored to their unique needs and preferences and care plans will address the physical, emotional, social, and medical needs of each resident.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49878 Based on interview and document review, the facility failed to comprehensively reassess and develop interventions to reduce/prevent continued weight loss for 1 of 3 residents (R19) reviewed for nutrition and weight loss. Findings include: R19's quarterly Minimum Data Set (MDS) dated [DATE], identified severely impaired cognition, and diagnoses of dementia, chronic kidney disease, and type 2 diabetes mellitus. MDS further identified R19 needing set-up and clean-up assistance with eating, and was ordered to have a consistent carbohydrate diet. R19's care plan last revised 11/19/24, identified resident having a potential nutritional problem and having a goal of maintaining an adequate nutritional status as evidenced by maintaining weight within 5% of 178 pounds (lbs). Care plan further identified interventions of consistent carb diet, record daily meal intakes, weight per protocol, notify registered dietician (RD) and provider with significant weight change, and to encourage activity as able. R19's last quarterly nutritional assessment progress note dated 5/1/24, identified R19's current weight on 5/1/24 was 172.8 lbs. There were no follow up nutritional notes or assessment identified in R19's record. R19's medical record, identified on 12/2/24 R19 weighed 173 lbs., and on 1/2/25 R19 weighed 163.6 lbs. R19 had a significant weight loss of 9.4 lbs or a 5.4% loss in one month. R19's orders included on 9/24/24, 'weights must be obtained in AM prior to food/drink, attempt to use same scale/technique to ensure accuracy. Notify TCP if weight gain of >3 pounds in 24 hours or 5 pounds in one week.' During interview on 1/9/25 at 8:47 a.m., nursing assistant (NA)-C stated nursing assistants weigh residents and chart weights in the resident's chart. NA-C further stated the resident's chart would show the resident's previous weight and aides would alert the nurse if there was a change. During interview on 1/9/25 at 9:46 a.m., registered nurse (RN)-A stated nursing assistants entered weights into the resident's chart. RN-A further stated the resident's chart would show the previous weight taken. RN-A stated if there was a significant weight change the nurse would notify the provider. During interview on 1/9/25 at 9:54 a.m., NA-D stated nursing assistants weighed residents and charted the weight in the resident's chart. NA-D further stated it was possible to see the last weight taken for a resident and if there was a big change the nurse would be notified. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 1/9/25 at 2:44 p.m., director of nursing (DON) stated staff were expected to pass on significant weight changes to the provider. DON stated tracking weight changes was important to make sure resident's were getting enough nutrition and if their care plan needed to be modified. DON confirmed R19's care plan identified a maintenance weight of 178 lbs and expectation staff would notify provider with significant weight changes.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48109 Based on observation, interview and document review, the facility failed to ensure they were free of a medication error rate of five percent or greater. The facility had a medication error rate of 6.7 percent with 2 errors out of 30 opportunities for error involving 2 of 5 residents (R50, R22) who were observed during the medication passes. Findings include: R50's quarterly Minimum Data Set (MDS) dated [DATE], identified intact cognition and a diagnosis of acute respiratory failure with hypoxia. R50's care plan dated 9/18/24, identified R50 had shortness of breath related to respiratory failure with interventions to administer inhaler medications as ordered. R50's provider order dated 3/11/24, identified an order for Symbicort two puffs two times per day. Rinse mouth after use. During an observation and interview on 1/8/25 at 8:25 a.m., trained medication aid (TMA)-A primed and handed R50 the Symbicort inhaler. R50 took two puffs close together. TMA-A stated she always took her inhaler like that but sometimes she rinsed her mouth afterward. R22's quarterly MDS dated [DATE], identified intact cognition and a diagnosis of chronic obstructive pulmonary disease (COPD). R22's care plan dated 5/7/24, identified R22 had shortness of breath related to emphysema with interventions to administer inhaler medications as ordered. R22's provider order dated 5/6/24, identified an order for Wixela one puff two times per day. Rinse mouth after each use. During an observation and interview on 1/9/25 at 8:36 a.m., TMA-B primed and handed R22 the Wixela inhaler. R22 took one puff and then a sip of water. TMA-B stated he didn't know if this was an inhaler you needed to rinse your mouth after using. After looking at the order, TMA-B confirmed the mouth should be rinsed after using the inhaler. During an interview on 1/9/25 at 12:54 p.m., the assistant director of nursing (ADON) stated it was her expectation would be that the TMA offer and encourage the resident to rinse their mouth after using the inhaler, and to follow the directions on the order, to help prevent complications like thrush. Facility policy and procedure regarding administration of inhaled medications requested but not received.

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42587 Based on observation, interview and document review, the facility failed to ensure therapeutic diets per physician's orders were followed for 2 of 2 residents (R1, R32) reviewed for therapeutic diets. Finding include: R1: R1's quarterly Minimum Data Set (MDS) dated [DATE], identified R1 was cognitively intact and was receiving insulin injections. In addition, R1 had diagnoses which included diabetes mellitus with hyperglycemia and mild nonproliferative diabetic retinopathy without macular edema, hypertension, depression, and chronic pain. R1's Active Orders as of 1/9/25, identified the following: Consistent Carbohydrate diet regular texture, thin consistency 2 a.m., finger poke if greater than 400 or less than 70 as needed Check blood sugar four times a day Humalog insulin 100 units per milliliter (ml) inject 32 units subcutaneously (sq [an injection that delivers medication into the fatty tissue beneath the skin]) in the evening insulin glargine inject 45 units sq in the morning insulin glargine inject 50 units sq in the evening Trulicity 1.5 milligrams (mg) per ml inject 1.5 mg sq one time a day every Friday R1's care plan dated 1/1/25, identified R1 had a nutritional problem or potential nutritional problem related to diabetes. Interventions included to administer medications as ordered to explain and reinforce to the resident the importance of maintaining the diet ordered. To provide, serve as ordered consistent carbohydrate diet. R1's blood sugars for January 2025 revealed the following: 1/1/25, highest 321 mg per deciliter (dl) lowest 163 mg/dl 1/2/25, highest 236 mg/dl lowest 198 mg/dl 1/3/25, highest 361 mg/dl lowest 270 mg/ dl (continued on next page)

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1/4/25, highest 326 mg/dl lowest 234 mg/dl 1/5/25, highest 316 mg/dl lowest 262 mg/dl 1/6/25, highest 272 mg/dl lowest 199 mg/dl 1/7/25, highest 350 mg/dl lowest 280 mg/dl 1/8/25, highest 339 mg/dl lowest 273 mg/dl 1/9/25, highs 309 mg/dl lowest 200 mg/dl During an interview on 1/6/25 at 1:35 p.m., R1 stated she was diabetic but wasn't getting diabetic meals, just getting what everyone else is eating. During an observation and interview on 1/8/25 at 2:40 p.m., R1 stated she thought her blood sugar goal was 100-300, then said maybe it was 100-200. R1's lunch tray was in her room she had not eaten yet, she had a large portion of ravioli, salad and regular french dressing, soup, and vanilla ice cream. Her lunch was late because she had been at a meeting at 1:00 p.m R1 looked at her meal ticket which listed her diet as Regular, LCS. R1 stated she did not know what LCS meant. R32: R32's quarterly MDS dated [DATE], identified R32 had diagnoses which included chronic kidney disease stage 3 (a moderate level of kidney damage where the kidneys are less efficient at filtering waste from the blood, causing mild to moderate loss of kidney function), coronary artery disease, hypertension, and diabetes mellitus. R32's MDS identified R 32 was cognitively intact and received insulin injections. R32's active orders as of 1/9/25, identified R32's orders included the following: -consistent carbohydrate diet, regular texture, thin consistency -blood glucose test before meals and at bedtime -consistent carb (carbohydrate) every evening -for blood sugar less than 70 mg/dl administer six ounces fruit juice, milk, regular pop or other high carbohydrate beverage: like Ensure or Boost. Repeat blood sugar after 10 minutes, if blood sugar less than 70 mg/dl, give 15 grams glucose. Repeat blood sugar after 15 minutes, if below 70 repeat glucose oral gel 15 grams. Repeat blood sugar in another 15 minutes and if below 70 call -glucose 15 oral gel 40 percent, give 15 gram by mouth as needed for blood sugar less than 70 -Humalog insulin 100 units/ml inject seven units subcutaneously with meals -Lantus insulin, inject 32 units subcutaneously in the morning (continued on next page)

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R32's care plan initiated on 2/10/23, and revised on 9/24/24, identified R32 had nutritional problem or potential nutritional problem related to impaired skin integrity, new to this setting, therapeutic diet. Interventions included provide, serve diet as ordered. Monitor intake and record every meal. Consistent Carbohydrate. R32's blood sugars for January 2025 revealed the following: 1/1/25, highest 245 mg/dl lowest 131 mg/dl 1/2/25, highest 211 mg/dl lowest 135 mg/dl 1/3/25, highest 206 mg/dl lowest 120 mg/dl 1/4/25, highest 227 mg/dl lowest 120 mg/dl 1/5/25, highest 243 mg/dl lowest 139 mg/dl 1/6/25, highest 212 mg/dl lowest 114 mg/dl 1/7/25, highest 185 mg/dl lowest 107 mg/dl 1/8/25, highest 128 mg/dl lowest 119 mg/dl 1/9/25, highest 234 mg/dl lowest 101 mg/dl During an interview on 1/6/25 at 6:14 p.m., R32 stated her blood sugars where up and down and sometimes low overnight. R32 stated she had to regulate her own diet and was not getting a diabetic diet. During an observation and interview on 1/7/25 at 11:55 a.m., R32 was seated in the dining room, she had been served lemon chicken, a double portion of rice, mixed vegetables, jello with whipped cream, milk, juice, and water. During an observation on 1/7/25 at 12:40 p.m., R32 had eaten 100% of her meal. She stated she did not think the jello or juice was sugar free. During an interview on 1/8/25 at 10:20 a.m., dietary aide (DA)-A reviewed R32's diet ticket. The ticket had the resident's name and room number in the upper left corner. The diet was listed as Regular, CCHO. In the bottom right corner was a picture of what appeared to be a spoon with a white substance on it and a red circle with a red line through the picture of the spoon. DA-A stated she was not sure what the picture meant. DA-A was not sure which residents were diabetic. DA-A stated juices were not sugar free and the jello that was served was regular jello not sugar free. DA-A verified both R1 and R32 received regular juice and regular jello and the diabetic residents were served the regular meal and dessert. (continued on next page)

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/8/25 at 1:46 p.m., cook (C)-A stated a diabetic diet was no different than a regular diet. C-A stated if a resident was diabetic they should not have the dessert, instead they should receive fresh fruit. C-A stated there would not be any portion size changes for residents with diabetes. C-A stated the process was the DAs would pick up the meal tickets from the tables and bring them to the serving window. The residents who did not eat in the dining room would have their meal tickets placed on trays that were placed in the carts, C-A would not see those meal tickets. The DAs would just tell her regular, soft and bite sized, or minced and moist. During an interview on 1/8/25 at 2:08 p.m., registered dietician (RD)-D stated the facilities menu system would have specialty diets and it would be her expectation that the facility would follow those. RD-D stated a consistent carbohydrate diet would be about 60-75 grams of carbohydrate per meal and tracking the carbohydrates would be figured into the menu system. RD-D stated she would expect to be alerted if blood sugars were not being controlled. During an interview on 1/8/25 at 2:51 p.m., licensed practical nurse (LPN)-A stated he thought R1's blood sugar goal was 150. During an interview on 1/9/25 at 8:51 a.m., DA-B reviewed R1's meal ticket, she thought the picture of what appeared to be a spoon with a white substance on it and a red circle with a red line through the picture of the spoon meant no sugar but then said could mean no sodium. DA-B stated the cooks did not see any of the meal tickets for residents who did not eat in the dining room. The DA staff would just tell the cook how many regular diets, pureed, they needed. DA-B was asked what Regular, CCHO meant and regular LCS meant, she was not sure. DA-B thought CCHO might have something to do with cholesterol. During an interview on 1/9/25 at 9:04 a.m., cook (C)-B stated she would see the meal tickets for residents who ate in the dining room. C-B was asked what Regular CCHO meant, she was unsure and said they would just be given the regular meal. When asked what Regular LCS meant she thought it might mean lactose intolerant and again the resident would receive the regular meal. C-B stated they would not give a resident a half portion of the dessert unless they requested a half portion. C-B stated there were a couple of residents who only wanted half portions (R13, R31 and R44). C-B stated fresh fruit was available at breakfast and then any time a resident requested fresh fruit. C-B stated the juices were not sugar free and the jello served at lunch was not sugar free. Sugar free jello came from a company and was usually served at the evening meal. C-B stated diabetic residents received fruit or a small dessert but couldn't think of any residents who were diabetic. C-B stated the cooks would not see the meal tickets on the cart. The DAs would tell them how many they needed starting with the cut ups, minced and moist, then regular diets. During an interview on 1/9/25 at 9:35 a.m., dietary manager (DM)-E stated diabetic residents would receive a smaller portion of the entree and a larger portion of the non-starchy vegetables. DM-E stated the cooks would look at the meal ticket, see the ordered diet and then the resident would get a smaller portion if they were diabetic. DM-E stated diabetic residents would get the same dessert just a smaller portion. DM-E stated it was his expectation that the cooks would see every meal ticket at meals. (continued on next page)

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/9/25 at 1:03 p.m., the administrator stated residents received a therapeutic diet based on the their orders. The administrator stated she was unsure if the cooks looked at each resident meal ticket at every meal, but stated the dietary aides would call out the order. The administrator declined to say if this was best practice. A review of the meal tickets for 1/9/25, lunch revealed: Ten residents were receiving a Regular, CCHO diet, one of which was R32 Three residents were receiving a Regular, LCS diet, one of which was R1 Optima Solutions 2 Dietary Management Systems dated 2024-25 Fall/Winter Menus identified the following diets: Regular, Mechanical Soft, Puree, Low Con Sweet, Liberal Renal. No CCHO diet was identified in the definitions. Regular diet no restrictions, no definition for Low Con Sweet. The Low Con Sweet did however specify ounces to be served which were not different from the regular diet. The dessert however was indentified to be one half of pie or would identify seasonal fresh fruit. No definition or explanation for the picture of the spoon with the white substance and red circle and line through the red circle. Resident Council notes no date, identified residents were being served to many carbs, too many noodles, and identified they had many diabetic residents. An additional comment was, fruit is not a dessert. Therapeutic Diets dated 3/2023, identified the purpose was to ensure the nutritional needs of residents requiring therapeutic diets are met in accordance with their medical conditions, preferences, and physician orders while promoting optimal health and well-being. The policy further indicated residents would receive individualized meal plans. Definition of a therapeutic diet was as follows: A meal plan prescribed to manage a medical condition, which may include alterations in nutrient content, texture, or volume. The policy identified there would be regular training for dietary and nursing staff on therapeutic diet preparation and delivery. In addition, the registered dietician would review therapeutic diets monthly and adjust plans as needed.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 42587 Based on interview and record review the facility failed to develop an infection prevention control program with an annual review that included written standards, policies and procedures that included when and to whom possible incidents of communicable disease or infections should be reported, when and how transmission-based precautions (TBP) and enhanced barrier precautions (EBP) should be implemented to prevent infections, and hand hygiene procedures to be followed by staff involved in direct resident care. This had the potential to affect all 54 residents who reside in the facility. Findings include: On 1/6/25, at entrance the infection control program was requested. A document titled Nursing Services Policy and Procedure Manual for Long-Term Care Infection Control dated 10/2023, was provided. The document was a policy and procedure manual. During an interview on 1/8/25 at 12:56 a.m., with the director on nursing (DON) and the assistant director of nursing (ADON) both verified they did not have an infection control program that they reviewed annually. On 1/9/25 at 9:55 a.m., the DON stated they did not have a formal written program for infection control that was reviewed annually. The DON stated the benefit of an infection control program would be to see what changes for infection prevention would be needed to be made year to year.

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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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. 48109 Based on interview and document review, the facility failed to conduct regular inspections of all bed frames, mattresses, and bed rails as part of a regular maintenance program to identify areas of possible entrapment. This deficient practice had the potential to affect all residents in the facility who used a bed. Findings include: During an interview on 1/9/25 at 12:49 p.m., the assistant director of nurses (ADON) stated if a resident requested a side rail, the first thing they did was get physical therapy involved to see if that would be functional for that resident. If that was affirmative, then they do the side rail and grab bar assessments. The ADON stated she was not responsible for this task and wasn't as familiar with the process for measuring. During an interview on 1/9/25 at 1:12 p.m., registered nurse (RN)-B stated she was responsible for performing resident assessments and measurements for bed rails. RN-B stated she followed the FDA guidelines and compressed the mattress and measured the gaps. RN-B stated she would involve maintenance if something didn't seem right or wasn't working properly. During an interview on 1/9/25 at 2:06 p.m., maintenance worker (MW)-A stated they put together the beds and did the initial measuring using the Food and Drug Administration's (FDA) guide for measurements, making sure the space between the head and footboards and any rails didn't measure more than four and three-quarter inches when compressing the mattress. MW-A stated nursing looked at the beds after they were put together. MW-A stated they didn't do any routine inspecting or measuring of beds, mattresses, or bed rails. During an interview on 1/9/25 at 2:28 p.m., the director of nursing (DON) stated the nursing department didn't have a program for inspecting beds on a routine basis. During an interview on 1/9/25 at 2:46 p.m., the administrator stated it would be important to have an ongoing system for inspecting and maintaining beds to avoid entrapment. Maintenance records for bed inspections was requested but not received. Side Rail Use Policy dated March 2023, identified its purpose to ensure the safe, appropriate, and compliant use of side rails in the care of residents while balancing safety, dignity, and individual needs in accordance with federal and state regulations. Under item number 4, Monitoring and Evaluation, the policy identified staff will perform routine checks to ensure the side rails were properly maintained and securely fastened.