Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965370	A. BUILDING: _____ B. WING _____	R 06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ALTAMONTE SPRINGS	360 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714

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{ZZ821}	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	{ZZ821}		

AHCA Form 3020-0001

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

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{ZZ821}	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	{ZZ821}		

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{ZZ821}	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Residential Mental Health Providers: Crisis stabilization units, short-term residential treatment facilities, residential treatment facilities, and residential treatment centers for children and adolescents shall submit incidents as required by Section 394.907, F.S., and rules promulgated thereunder to the Agency within 1 business day of occurrence on Residential Mental Health Provider Incident Report, AHCA Form 3180-5008OL, , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-18470, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal 6. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 7. For the purposes of this rule, the following applies for submitting adverse incident reports:	{ZZ821}		

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{ZZ821}	Continued From page 3	{ZZ821}		

a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S.
b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident.
c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident.
d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later.
e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to $50 per day late not to exceed $500.
(b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission.
(c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored.

This Statute or Rule is not met as evidenced by:
DEFICIENCY REMAINED UNCORRECTED

Based on interview and record review, the facility failed to submit a preliminary report within 1 business day and a full report within 15 calendar days after a resident experienced a with injuries that resulted in a transfer to a hospital for

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{ZZ821}	Continued From page 4 4 of 8 sampled residents (#5, #6, #13, #16.) Findings: 1. Review of resident #5's record revealed a facility admission date of . Health assessment forms (1823,) dated and indicated the resident was independent with ambulation, transferring, toileting, bathing, , and grooming. A 1823, dated , indicated the resident was a risk and needed supervision with ambulation, transferring, toileting, bathing, and . A risk evaluation, dated , revealed level 3, the highest risk level. Review of the residents' record revealed the following occurred: On at 5:30 PM, the resident on a curb in front of the facility and broke her . The Resident was sent to a hospital. On at 8 AM, the resident in her room. She complained of , from her right , and down her right . The Resident's family member drove her to a hospital. On at 2:30 PM, the resident on the floor near the facility's front entrance. On at 5:50 PM, the resident in the courtyard and sustained a above her left , and on her left and . The Resident was sent to a hospital.	{ZZ821}		

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{ZZ821}	Continued From page 5 On at 4:50 PM, the resident in the facility's parking lot. On at 7:45 PM, the resident in her room. On at 4:15 AM, the resident in her room. On at 10:48 AM, the resident in her room. Review of health care provider notes, dated and , revealed the provider documented the resident had and needed assistance with activities of daily living, bed mobility, transferring, and repositioning while in bed. 2. Review of Resident #6's record revealed a medical history of , , , , and , . A 1823, dated , showed the Resident needed supervision with ambulation. A facility note showed that on at 10:31 AM, the Resident was walking into the dining room when he and hit his on the wall. The note documented the presence of a knot with redness and on his forehead and a on his right . The note showed the Resident was sent to a hospital. A hospital visit summary, dated , showed the Resident was seen for a , in right , and . A facility note showed that on at 8:19 AM, the Resident was walking in the hallway when he	{ZZ821}		

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{ZZ821}	Continued From page 6 started shaking and on the floor. A facility note showed that on at 9:30 PM, the Resident was heard yelling for help. He was found by staff on his on the floor. The note showed he was trying to get into bed when his wheelchair rolled backward and he . A risk evaluation, dated , revealed level 3. 3. Review of the 1823, dated , revealed resident #13 had , difficulty walking, and repeated . The form showed the Resident needed supervision with ambulation and toileting. A facility note, dated at 10:32 AM, revealed the resident was heard shouting before staff observed the resident on his bathroom floor. The note showed the resident sustained a on his right cheek and he complained of , . The Resident was sent to a hospital. On at 11:25 AM, the Administrator said she did not submit the reports for Residents #5, #6, and #13 because she believed she had to submit reports moving forward after being previously cited. 4. Review of Resident #16's 1823, dated , revealed a medical history of and . The form showed he needed precautions and supervision with activities of daily living. A facility note showed he had a next to his bed on at 10:30 PM. He sustained a and on his left temple.	{ZZ821}		

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{ZZ821}	Continued From page 7 A facility note showed he was found on the floor next to his bed on at 6:15 AM. He had a cut on his middle . He was sent to a hospital. A hospital summary, dated , read he was seen for a , of , , and of on right . On at 1:24 PM, Resident #16 was seen sitting in a recliner in his room. A and six were seen on his right middle . On at 11:15 AM, the Administrator said she did not submit a report within 1 business day when Resident #16 and went to hospital on because she did not know he went to the hospital. Unclassified	{ZZ821}		
{A 000}	Initial Comments A revisit to a re-licensure survey with Limited Nursing Service (LNS) was conducted at Brookdale Altamonte Springs on and . Uncorrected deficiencies were identified at the time of the survey.	{A 000}		
{A 008} SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The	{A 008}		

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{A 008}	Continued From page 8 information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency.	{A 008}		

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{A 008}	Continued From page 9 The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , , require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection.	{A 008}		

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{A 008}	Continued From page 10 (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or . , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form	{A 008}		

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{A 008}	Continued From page 11 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish , , to be administered in the case of or , , , .	{A 008}		

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{A 008}	Continued From page 12 (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: DEFIECNY REMAINED UNCORRECTED Based on record review and interview, the facility failed to ensure the health assessment form (1823) was complete for 1 of 8 sampled resident's (#15). Findings: Review of Resident #15's 1823 revealed the medical history and diagnosis were missing from the form. During an interview on at 9:05 AM, the findings were discussed with the Health and Wellness Coordinator. During an interview on at 10:32 AM, the Health and Wellness Coordinator confirmed the findings. (Photographic Evidence Obtained) Class III	{A 008}		

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{A 025} SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or . or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the	{A 025}		

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{A 025}	Continued From page 14 resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on interview and record review, the facility failed to follow a health care provider's order for 3 of 8 sampled residents (#4, #15, #16). Findings: 1. Review of Resident #16's record revealed a medical history of , . The Resident's health assessment form (1823), dated , showed he needed assistance with self-administration of medications. On at 1:24 PM, Resident #16 was seen sitting in a recliner in his room. His right middle had a and six . The Resident said he two days ago and slammed the . A facility note showed he was found on the floor	{A 025}		

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{A 025}	Continued From page 15 next to his bed on at 6:15 AM. He had a cut on his middle . He was sent to a hospital. A hospital after visit summary, dated , showed he was seen for a of and of right . On , a health care provider ordered home health nursing to treat the and remove the when ready. Continued review of the record revealed home health did not start seeing the Resident. Review of documentation from the health care provider's portal revealed the last communication regarding home health was on . There was no documentation to show the facility followed up since then. Review of Resident #16's , and medication observation records revealed a health care provider's order for , extended release 50 milligram give 1 tablet by one time a day. Hold for . Review of the Resident's vitals summary revealed his rate was documented on and . There were no additional documented rates to show the parameter order was followed. On at 10:30 AM, the Health and Wellness Coordinator confirmed the findings. 2. Review of Resident #15's record revealed a a healthcare provider ordered 0.5	{A 025}		

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{A 025}	Continued From page 16 mg by in the morning and before bedtime. MOR revealed 0.5 mg 6 AM dose had omissions on to and to . Further review of the record revealed that the individual log was not signed to indicate the medication was given. The record did not have documentation to indicate why the medication was not given. During an interview on at 9:06 AM, the findings were discussed with the Health and Wellness Coordinator. During an interview on at 10:31 AM, the Health and Wellness Coordinator said there was no documentation to explain the omissions for the . During an interview on at 12:46 PM, Licensed Practical Nurse (LPN) I said the time was changed from 6 AM to 7 AM. The LPN said it was changed because the resident was most likely not getting her medication at 6AM time. During an interview on at 1:37 AM, Unlicensed Caregiver A, said when she worked on the shift, those were shifts that she picked up. The Unlicensed Caregiver said that she worked as a caregiver only, not an Unlicensed Caregiver on the shift and she did not give medications. The Unlicensed Caregiver added, to her understanding, she picked up a caregiver slot and assumed that she did not give the medication. During an interview on at 1:48 PM, the Administrator said, Unlicensed Caregiver A was scheduled as an unlicensed caregiver and not just as a caregiver.	{A 025}		

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{A 025}	Continued From page 17 On a healthcare provider ordered , 325 mg tablet, take 2 tablets (650 mg total) by in the morning and 2 tablets (650 mg total) at noon and 2 tablets (650 mg total) before bedtime. , and MOR revealed , 325 mg, 2 tablets by three times a day with the times scheduled and signed as given for 8 AM, 1 PM, and 6 PM. The record did not have documentation to indicate why the medication does times were changed. 3. Review of Resident #4's record revealed a a healthcare provider ordered dated , 325 MG, take 2 tablets as needed for , . MOR revealed , tablet 325 mg, give 2 tablets by three times a day for general discomfort, with a start date of . During an interview on at 10:35 AM, the findings of the , for Resident's #4 and #15 were discussed with the Health and Wellness Coordinator, who confirmed the findings. During an interview on at 1:51 PM The Health and Wellness Coordinator said the nurse that received the , orders did not change it on the MOR. (photographic evidence obtained) Class III	{A 025}		
{A 056} SS=D	59A-36.008(7) FAC Medication - Labeling and Orders	{A 056}		

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{A 056}	Continued From page 18 (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by	{A 056}		

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{A 056}	Continued From page 19 the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S.,	{A 056}		

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{A 056}	Continued From page 20 before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record review and interview, the facility failed to make every reasonable effort to ensure that prescriptions for 2 of 8 sampled residents (#4, #9) was refilled in a timely manner. Findings: 1. Review of Resident #4's health assessment form (1823) revealed her medical history included and . Review of the , and MOR revealed the following medications had a 20- indicating the medications were not available: on to , on to - 8 AM dose and and - 6 PM dose There was no documentation to indicate that medication refills were requested prior to either of the medications running out. During an interview on at 9:06 AM, the findings were discussed with the Health and Wellness Coordinator. During an interview on at 10:32 AM, with the Health and Wellness Coordinator, confirmed	{A 056}		

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{A 056}	Continued From page 21 the findings. 2. Review of Resident #9's record revealed a medical history of seasonal ˬ . A health assessment form (1823), dated , showed she needed assistance with self-administration of medications. Review of her ˬ and medication observation records revealed D was unavailable on and ˬ was unavailable on , , , , , and . There was no documentation to show the facility made efforts to obtain refills before the medications ran out. On at 10:35 AM, the Health and Wellness Coordinator confirmed the D findings and said she was not sure why. On at 1:50 PM, she confirmed the ˬ findings. Class III	{A 056}		