DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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PRINTED: 01/12/2012 FORM APPROVED OMB NO. 0938-0391

OF DEFICIENCIES F CORRECTION	1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPL (X2) MULTIPL (A. BUILDING		JAN a.	(X3) DATE SURVEY COMPLETED	
	345323	B. WING	4002	01/06	/2012
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HLTH & REHABILITATIO		6	47 S RAILROAD ST BOX 966		
ID SUMMARY STATEMENT OF DEFICIENCIES FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL G REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	ILD BE	(X5) COMPLETION DATE
STORE/PREPARE/S The facility must - (1) Procure food from considered satisfacto authorities; and (2) Store, prepare, di	ERVE - SANITARY sources approved or ry by Federal, State or local stribute and serve food	F 371	replaced her hair net immediately after clean spill near the line in the on 1-3-12. The facility Administrat completed kitchen obser	aing a kitchen or vation	1-3-12
by: Based on observation facility failed to maint	n and staff interviews. The ain sanitary conditions while		1-6-12 to ensure that cufacility dietary staff wer adhering to the facility p	irrent e policy	1-6-12
"Infection Prevention Dietary Services" ind prevent contamination therefore prevent foot indicated under "Pers	Manual for Long Term Care icated the purpose: "to n of food products and d borne illness." The policy sonal Hygeine" "proper attire		dietary, were provided a education on facility poregarding proper attire fandlers on 1-13-12 by staff development coord	re- licy for food facility linator.	
dietary staff member the floor at the end of being distributed to p then walked behind if staff member was of cap on for 7 minutes line was in progress.	swept up dropped food from If the tray line while food was Islates. The staff member The tray line two times. The Islates to have no hair net or In the kitchen while the tray		that each new employed receives education regal proper attire for food had during the facility generation.	e rding andlers	1-16-12
	ROVIDER OR SUPPLIER TR HLTH & REHABILITAT SUMMARY STA (EACH DEFICIENC' REGULATORY OR I 483.35(i) FOOD PRO STORE/PREPARE/S The facility must - (1) Procure food from considered satisfacto authorities; and (2) Store, prepare, dis under sanitary conditi This REQUIREMENT by: Based on observatio facility failed to maint the lunch tray line wa include: A review of the facilit "Infection Prevention Dietary Services" ind prevent contaminatio therefore prevent foo indicated under "Pers for food handlers sho (hairnets or cap.)" During an onbservati dietary staff member the floor at the end o being distributed to p then walked behind to staff member was ob cap on for 7 minutes line was in progress.	ROVIDER OR SUPPLIER TR HLTH & REHABILITATIO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews. The facility failed to maintain sanitary conditions while the lunch tray line was being served. The findings include: A review of the facility policy dated 2009 titled "Infection Prevention Manual for Long Term Care Dietary Services" indicated the purpose: "to prevent contamination of food products and therefore prevent food borne illness." The policy indicated under "Personal Hygeine" "proper attire for food handlers should include a hair covering (hairnets or cap.)" During an onbservation on 01/03/12 at 12:00PM a dietary staff member swept up dropped food from the floor at the end of the tray line while food was being distributed to plates. The staff member then walked behind the tray line two times. The staff member was observed to have no hair net or cap on for 7 minutes in the kitchen while the tray line was in progress.	ROWIDER OR SUPPLIER IR HLTH & REHABILITATIO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews. The facility failed to maintain sanitary conditions while the lunch tray line was being served. The findings include: A review of the facility policy dated 2009 titled "Infection Prevention Manual for Long Term Care Dietary Services" indicated the purpose: "to prevent contamination of food products and therefore prevent food borne illness." The policy indicated under "Personal Hygeine" "proper attire for food handlers should include a hair covering (hairnets or cap.)" During an onbservation on 01/03/12 at 12:00PM a dietary staff member swept up dropped food from the floor at the end of the tray line while food was being distributed to plates. The staff member then walked behind the tray line two times. The staff member was observed to have no hair net or cap on for 7 minutes in the kitchen while the tray	ROWIGER OR SUPPLIER IR HLTH & REHABILITATIO STREET ADDRESS, CITY, STATE, 2IP CODE 547 8 RAILROAD ST BOX 966 WALLACE, NC 28468	SUMMAY STATEMENT OF DEFICIENCES (EACH DEFICIENCES AT STAIL A REHABILITATIO) SUMMAY STATEMENT OF DEFICIENCES (EACH DEFICIENCES OF YELL RESOLUTION MUST BE PRECEDED BY YELL RESOLUTION MUST BE PRECEDED BY YELL RESOLUTION SHOULD BE CROSS-REFERENCE TO THE PROPOPERATE TAG CROSS-REFERENCE TO THE PROPOPERATE STOREPREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews. The facility failed to maintain sanitary conditions while the funch tray line was being served. The findings include: A review of the facility policy dated 2009 titled "Infection Prevent food bornel liness." The policy indicated under "Personal Hygeine" "proper attire for food handlers should include a hair covering (hairnets or cap.)" During an onbservation on 01/03/12 at 12:00PM a dietary staff member swept up dropped food from the floor at the end of the tray line while bed bind the ray line have flood was being distributed to plates. The staff member was observed to have no hair net or cap on for 7 minutes in the kitchen while the tray line was in progress.

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.

If continuation sheet Page 1 of 2

Facility ID: 922990

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/12/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	ED .	
		345323	B. WING			6/2012	
NAME OF PROVIDER OR SUPPLIER BRIAN CTR HLTH & REHABILITATIO		STREET ADDRESS, CITY, STATE, ZIP CODE 647 S RAILROAD ST BOX 966 WALLACE, NC 28466					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL. REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X6) COMPLETION DATE	
F 371	(DM) on 01/05/12 a that hair nets were t members while pre preparation areas. I the tray line was be	with the Dietary Manager It 2:01 PM , the DM indicated to be worn by all staff paring food or in food The DM indicated that while ing served and staff are ine a hair net needed to be in	F 37'	Facility administrato Dietary Manager will completed daily audit days, bi- monthly times one. To observation are to eneach facility staff enkitchen area has apprhair attire prior to enter the QA&A Commweekly x 4 then bi- nand then monthly x 1 be reviewed and analysterns and trends. QA&A committee withe results and imple additional intervention needed to ensure concompliance.	its for 30 nes 2, then The sure that tering the copriate tering. trator will ekly audits ittee nonthly x 1 . Data will lyzed for The fill evaluate ment ons as	1-9-12	

BRIAN CENTER / W	ALLACE	DAILY INFEC	TION CONTROL C	HECKLIST
MONDAY TUESDAY WEDNESDAY	HAIR NE	ET/CAP ON ET/CAP ON ET/CAP ON	YES YES YES	NO NO NO
THURSDAY FRIDAY SATURDAY SUNDAY	HAIR NE HAIR NE	ET/CAP ON ET/CAP ON ET/CAP ON ET/CAP ON	YES YES YES YES	NO NO NO NO
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY	HAIRNE HAIRNE HAIRNE HAIRNE HAIRNE	T/CAP ON T/CAP ON T/CAP ON T/CAP ON T/CAP ON T/CAP ON T/CAP ON	YES YES YES YES YES YES YES YES	NO NO NO NO NO NO
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HAIRNET/CAP ON

YES

NO

SUNDAY

JAN

2012

IN-SERVICE REPORT

RGBA04

(PERSONNEL ATTENDANCE RECORD ON REVERSE)

Course Title: Infection Contro / Dietary Instructor: Jane Dover, RN SAC
Facility/Location: Brian Ctv / Wellace Date: 1/13/12
Duration of Class in Hours:
Brief outline or contents: Non-Dietary Staff-Infect, Control MESSURE DO NOT ENTER Kitchen area without
DO NOT ENTER Kitchen area without
Proper affire!
- Hair covered with net or cap
- Clean Uniform + WOIK Shoes
- Clean hands / short clean nails
·
When necessary to interact with Dietary
_ staff, knock on door until staff
member opens door and discuss needs,
- Stay outside kitchen unless above
messures met
Conducted by:
Michie
Evaluation, comments, suggestions: Sign Back Dirig
Alsa June Ro Cilgen / palest for
Ciceanty Hoscock Lrv
Knorda aner BS, CPL funto willing in the
Charlotelohnon, cotalica Simulal Lan
James Les , Therapy Jander Kolky H
At Sterler MSCFSLP Muhal Chelers
Jude tousher other Chongson, PN
Signature of person completing report: Since Lover SVSDC Title: 50 C
Signature of person completing report:

EMPLOYERID# NAME(Please Print) NAME(Please Print)	TITEF
Thomas Office PTA	2
Lauren Clepney, DPT	00
Wirt Thomas	CN /
Tiffany Dyidley	aije
Kega Hatcher	Dietany Man.
Baibara Lewis	LOOK
blug K	
Judy Plaggie HE RCS	
Mylgisletti (NSSSA)	
White the state of	Aunities
Mary M. Godbey 40 Kathy Stierwalt	Admin
	SW
Michele Durbh	CNA
Chevrie D'Bellie	CNA
Eli broth Dice	
And pel Christina Pates	HRC
Shaquana Brown	Dietary Kde
Gody Mull	10 ars U 11
Lynette Prestwood	RCS
Rose lagenell	cnas
Rome Goshon	Lpn
OPennis, RU	PV
any Holnes	RCS
Limande Miss	ICNA
Melanie Rogers	1A)
perce Hake	RCS
Vesther Johnson	Ras Mastha Mas

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1-152012 CNA Makeela Hamilton

IN-SERVICE REPORT

R6BA04

(PERSONNEL ATTENDANGE RECORD ON REVERSE)

Course Title: Infection Control Dietary Instructor: Jane Dover, RN SAC
Facility/Location: Brian Ctv / Wellace Date: 1/13/12
Duration of Class in Hours:
Brief outline or contents: Non-Dietary Staff-Infect. Control MESSURE DO NOT ENTER Kitchen avea without
DO NOT ENTER Kitchen area without
proper affire!
Hair covered with net or cap.
- Clean uniform + work shoes
- Clean hands / short clean nails
When necessary to interact with Dietary
staff, knock on door until staff
member opens door and discuss needs,
Stay outside kitchen unless above
messures met
Conducted by:
Evaluation, comments, suggestions: Sign back after resuling
Charlotte Losono Honon Kooning
full sometimes House Keeping
Maria Soutiage hause Keeping
JOMPS CITANODE HOUSE RAPPING
Labur Pittman
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1 6
Signature of person completing report:

IV. PERSONAL HYGIENE

- A. Proper attire for food handlers should include a hair covering (hair nets or caps), freshly laundered uniform and work shoes and short, clean fingernails.

 Mustaches and sideburns must be kept trimmed. Beards must be covered.
- B. Excess jewelry should not be worn.
- C. Smoking is not permitted in food preparation or serving areas.
- D. Adequate numbers of handwashing sinks with soap dispensers and single-use towels are provided.
 - 1. Wash hands carefully with soap and water whenever they become soiled, immediately before work in the morning, after using the bathroom, after coughing, sneezing, or blowing the nose, after touching the hair, mouth, or cigarettes, after handling raw unwashed food and dirty dishes; before touching food, clean dishes and silverware.
 - 2. Handwashing procedure
 - a. Wet hands thoroughly
 - b. Lather with soap to wrists and use friction
 - c. Clean nails
 - d. Rinse with water running from wrist down
 - e. Dry on paper towel
 - f. Turn faucet off with paper towel.

V. FOOD STORAGE

- A. Upon arrival, all food will be inspected for damage, rodent or insect infestation and spoilage.
 - 1. Meat must be federally inspected.
 - 2. Milk must be pasteurized.
 - 3. Eggs must be Grade A or pasteurized.
 - 4. Home canned or home prepared items are not used.
- B. Floor drains that might permit contamination by sewerage back flow are prohibited. Food must be stored sufficiently above floor level and away from walls. All staple food should be stored in a clean dry place 8" to 12" off the floor on food dollies or shelves. This facilitates cleaning of floors and corners, and protects against contamination by the cleaning process itself and accidental flooding from any source.

- C. All non-food items must be properly labeled and stored away from food products.
- D. Toxic cleaning materials must be identified, stored, and used in such a manner as not to contaminate food. They are stored in a separate room.
- E. Refrigerated foods must be stored at temperatures of 41° F or less. Frozen foods must be stored at 0° F or less.
- F. Old stock is rotated and used first.

VI. PROPER FOOD HANDLING

- A. Raw, unprocessed fruits and vegetables will be thoroughly washed under running water before use.
- B. Foods coming from broken packages or swollen cans or food with an abnormal appearance or odor will not be served.
- C. Foods are prepared and served with clean tongs, scoops, forks, spoons, spatulas, or other suitable implements so as to avoid manual contact of prepared foods.
- D. Individual portions of food once served should not be served again.
- E. Prepared food should be transported to other areas in closed food carts or covered containers.
- F. Single-service articles should be discarded after one use.
- G. Fingers are to be kept out of food; tasting must be done with a tasting spoon. Follow proper tasting procedures. Remove food with serving spoon and transfer to tasting spoon. Clean spoons must be used.
- H. Utensils, cups, glasses and dishes must be handled in such a way as to avoid touching surfaces with which food or drink will come in contact. Tongs must be used when serving rolls, pickles, etc.; cakes and pies must be placed on a plate with a spatula.
- I. Separate cutting boards for raw and uncooked food and for raw fruits and vegetables are necessary.
 - 1. Prepared foods should not be cut on the same board as raw food.
 - 2. Cutting boards should be of hard rubber construction rather than wood.
- J. Plastic ware or china that has lost its glaze or is chipped or cracked must be disposed of.
- K. All food grinders, choppers, mixers, etc. should be cleaned, sanitized, dried and

- E. If a salad bar is available, it must be cleaned following each meal.
- F. All floor surfaces must be wet-mopped daily and as needed using a bucket with wringer and germicide.
- G. Storage facilities for raw and cooked food must be cleaned and sanitized on a fixed schedule.
- H. Rodent and pest control must be provided on a fixed schedule and as needed.

VIII. DIETARY GARBAGE REMOVAL

- A. Waste cans with plastic garbage bags should be used for all non-food waste.
- B. Food waste may be disposed of in garbage disposal or covered waste cans.
- C. Non-food garbage should be removed at regular intervals.
- D. Mechanical sink garbage disposal units, which can generate bacterial aerosols, should not be permitted in salad preparation areas.

IX. FOODBORNE ILLNESS

- A. When a case of possible foodborne illness is reported an investigation is necessary.
 - 1. A twenty-four hour food intake recall record is obtained from the resident or family.
 - 2. The record is evaluated for common sources of possible contamination or toxicity.
 - 3. Storage, preparation and serving procedures are evaluated.
 - 4. If a food is implicated, cultures are done, findings are evaluated and appropriate action taken.
 - 5. Preventive procedures are established.

PRINTED: UNANZUIZ FORM APPROVED ARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED TATEMENT OF DEFICIENCIES A. BUILDING . 01 - MAIN BUILDING 01 IDENTIFICATION NUMBER: ND PLAN OF CORRECTION 01/25/2012 B. WING 345323 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 647 S RAILROAD ST BOX 966 WALLACE, NC 28466 BRIAN CTR HLTH & REHABILITATIO PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES ID DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X4) ID PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) TAG FEB 13 K 025 NFPA 101 LIFE SAFETY CODE STANDARD K 025 K25 SS=F The correction for the alleged Smoke barriers are constructed to provide at deficient practice noted as holes or least a one half hour fire resistance rating in 3/3/12 penetrations in the 100 hall attic accordance with 8.3. Smoke barriers may smoke wall was to immediately seal terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass the penetrations with an approved panels and steel frames. A minimum of two sealant. The Maintenance Director separate compartments are provided on each will survey the remainder of the attic floor. Dampers are not required in duct smoke walls to identify other like penetrations of smoke barriers in fully ducted areas and repair upon discovery. The heating, ventilating, and air conditioning systems. Maintenance Director will then check 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 all attic smoke barriers for proper seal and integrity monthly for the next three months and report all findings to the monthly Safety Committee This STANDARD is not met as evidenced by: meeting for those corresponding 3 Based on observation on Wednesday 1/25/2012 months. Updates will continue between 9:30 AM and 1:30 PM the following was quarterly thereafter until next annual noted: 1) The smoke wall located on the 100 Hall attic survey. 3/3/12 area has holes and/or penetrations that were not sealed in order to maintain the required rating of K45 Correction for the alleged deficient the wall. practice noted as exit discharge door from dining room did not have 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD K 045 emergency illumination, was to install K 045 a two bulb fixture over the doorway SS≍D Illumination of means of egress, including exit connected to emergency power. The discharge, is arranged so that failure of any single Maintenance Director will survey the lighting fixture (bulb) will not leave the area in remainder of the facility to identify darkness. (This does not refer to emergency any other like instances and replace or lighting in accordance with section 7.8.) repair upon discovery.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This STANDARD is not met as evidenced by:

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.

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID:086D21

Facility ID: 922990

TITLE

If continuation sheet Page

(X6) DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2012 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			COMPLETED	
		345323	B. Wil	NG		01/25	/2012
	ROVIDER OR SUPPLIER TR HLTH & REHABIL	.ITATIO .		64	ET ADDRESS, CITY, STATE, ZIP CODE 7 S RAILROAD ST BOX 966 ALLACE, NC 28466	•	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DULD BE	COMPLETION DATE	
K 045 K 056 SS=D	Based on observation on Wednesday 1/25/2012 between 9:30 AM and 1:30 PM the following was noted: 1) The exit discharge door located in the dining room did not have emergency illumination provided at the exit discharge. 42 CFR 483.70(a)			K045 (cont) All exit doors will be inspected for emergency lighting weekly by the Maintenance Director with all findings to be reported to and discussed during monthly Safety Committee meetings for the next three months and then continue with quarterly updates until next annual survey. 2/3/12 K56 Correction for the alleged deficient practice noted as no sprinkler protection for the service exit overhang over 4 ft, was to install a sprinkler head as needed. The Maintenance Director will survey the remainder of the building to identify any like instances and immediately schedule installation if needed. These surveys will continue monthly for the next three months with all results to be reported to and discussed at the corresponding monthly Safety Committee meetings and updates to continue quarterly thereafter until next annual survey.		fety fety next three th nnual ficient t stall a ne identify diately diately diately to the sults to be the ty dates to	3/3/12
	covered with sprin be installed under exceeding 4 ft (1.2 section 5-13.8.1.	•					
	42 CFR 483.70(a)					•	