

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury, VT 05671-2060 <u>http://www.dail.vermont.gov</u> Survey and Certification Voice/TTY (802) 241-0480 Survey and Certification Fax (802) 241-0343 Survey and Certification Reporting Line: (888) 700-5330 To Report Adult Abuse: (800) 564-1612

August 11, 2023

Mr. Joseph Olio, Manager Our Lady Of The Meadows 1 Pinnacle Meadows Richford, VT 05476-7637

Dear Mr. Olio:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 5**, 2023. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Carolyn Scott, LMHC, M.S. State long Term Care Manager

If continuation sheet 1 of 8

Division of	of Licensing and Prote	ction			
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		0197	B. WING		R-C 06/05/2023
	ROVIDER OR SUPPLIER	STREET /	DDRESS, CITY, STATE		· ·
			CLE MEADOWS	·····	
OUR LAD	Y OF THE MEADOWS		RD, VT 05476		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
{R100}	Initial Comments:		{R100}	<i></i>	
P101	follow-up survey to di compliance from a pr conducted on 4/19/23 deficiencies were ide compliance with the I Licensing Regulation	an unannounced on-site etermine regulatory evious follow up survey 3. The following regulatory ntified as not back in Residential Care Home s effective 10/3/2000:	P101	Please See Attachments.	
R101 SS=E	V. RESIDENT CARE	EAND HOME SERVICES	R101	Adra	
	5.1. Eligibility				
	resident any individua eligibility for nursing h otherwise has care n	hall not accept or retain as a al who meets level of care nome admission, or who eeds which exceed what the y and appropriately provide.			
20	by: Based on record review was a failure to ensure (Residents #2 and #3 for admission to the h 1. Per record review, admitted to the facility nursing note on 4/26/ "Resident is covered be very gentle with hi now and care, two as S/he is no longer eatilicatheter in place with	is not met as evidenced ew and staff interview there re 2 applicable residents) met level of care eligibility nome. Findings include: on 4/26/23 Resident #2 was y on hospice. An admission 23 at 3:05 PM states, by Bayada HospicePlease s/her turning every 4 hours sist to get that done please. ng or drinkinghas a Foley minimal drainage". At 5:26 sing note states, "Resident			
	ensing and Protection				
ABORATORY I	DIRECTOR'S OR PROVIDERS		RE	TITLE	(X6) DATE 8-3-2023
	Shared a Ch			Manager	<u> </u>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION					(X3) DATE SURVEY COMPLETED	
5		0197	0197 B. WING		R-C 06/05/2023	
AME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE,	ZIP CODE		
			CLE MEADOWS	0		
UR LAD	Y OF THE MEADOWS		RD, VT 05476			
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R101	Continued From pag	le 1	R101			
		his/her breathing" and				
		medications were not				
		Resident #2's needs. at		· · · · · · · · · · · · · · · · · · ·		
		uent nursing note states	i i			
	-	away at 6:10 AM on 4/27/23.				
		level of care variance was				
	#2.	censing agency for Resident				1
	π2.					
	2. Per record review	, Resident #3 was admitted	5			
		2/23. An admission nursing				
ĺ		states, "S/he was admitted				
		ith multiple compression				
	fractureshis/her ch	ildren have agreed to keep	12			
		Care and are seeking no				
		his note further documents				
		"illeus" (inability of the				
		t and move waste from the				
		nothing per oral", unable to	Î.			
		oley catheter in place and a				
	pressure area to his/					
		n due to pressure over the etween the low back and tail	- 12			
÷.		vas admitted to hospice on				
12		. Per nursing notes Resident				
	· · · · · · · · · · · · · · · · · · ·	1:00 PM on 5/18/23. Per				
		l of care variance was not on				
		agency for Resident #3.				
		· · · · ·				
1		ssion Nurse confirmed				
		were "hospice admissions" or "end of life care". The				35
		or "end of life care". The as unsure if there were level				
		admission of Resident #2				
	and #3.					
{R126} SS=E	V. RESIDENT CARE	AND HOME SERVICES	{R126}			

PRINTED: 07/28/2023

tion				MAPPROVED
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
0197	B. WING			-C 05/2023
1 PINN	ADDRESS, CITY, STATE ACLE MEADOWS ORD, VT 05476	, ZIP CODE		+2
TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
2	{R126}			A.

(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)	(X5) COMPLET DATE
{R126}	Continued From page 2	{R126}		
	5.5 General Care			
	5.5.a Upon a resident's admission to a			
	residential care home, necessary services shall			
	be provided or arranged to meet the resident's			
	personal, psychosocial, nursing and medical care			
	needs.			
27	This REQUIREMENT is not met as evidenced			
	by:			
	Based on record review and staff interview there			
	was a failure to provide nursing care and services			
	to meet the needs of 5 applicable residents	1		
	(Residents #2, #3, #4, #5 and #6). Findings			
	include:	÷.		
	1. There was a failure to ensure medications			<u>_</u>
	were administered as ordered for Residents #5,			
	and #6. Per review of June 2023 Medication			
	Administration Records (MARs) the medications			
	for Residents #5, and #6 were not consistent with			
	physician's orders. On the evening of June 2023			
	the Director of Nursing (DON) confirmed the	1		
	following medications were not administered as ordered:			
	t Desident #0% - husialan order for Oliverside st			
	* Resident #6's physician order for Risperidone	0		
	0.25 mg ODT (orally disintegrating tablet) One tablet by mouth twice daily for 30 days was		22	
	administered longer than the prescribed length of			
	treatment. Administration of Risperidone 0.25 mg			
	ODT began on 4/26/23 and was scheduled to end			100
26	on 5/26/23, however this medication was still			
	being administered on 6/5/23. Resident #6's	1		
	order for "Docusate Sodium 100 mg softgel			
	One-Two Capsules by mouth daily as needed" did			
	not include "for constipation" as instructed in the			
1	the physician's written order. Additionally, this			E Contraction

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STATE FORM 4

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER **OUR LADY OF THE MEADOWS**

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If continuation sheet 3 of 8

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	NSTRUCTION	СОМ	E SURVEY PLETED
		0197	B. WING			R-C \$ /05/2023
AME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE		1500 500
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{R126}	Continued From pag	e 3	{R126}		8	
	order does not includ required.	le a specific dose as				
	*Resident #5's order	for "Vitamin D3 1,000 tablet"				
	did not include the pl	hysician's instructions to	12			
		t by mouth daily; and				
		for "Nitroglycerin 0.4 mg t by mouth every 15 minutes				
		ded for chest pain" did not				
		's instructions which stated ess than 100 Systolic" .		-		
	Please refer to tag 1	28				
	2. On the evening of	6/5/23 the DON confirmed				
		physician's signed orders for				
	4 applicable resident #5) as follows:	s (Residents # 2, #3, #4, and				
		ed hospice orders on file and				
		or Residents #2, #3, and #4.				
51		ng stated s/he was not responsibility to ensure and				
	maintain signed orde					
	* Resident #5's June					
		rd Lists "Genteal Tears	·2			
		ent Apply thin film to the left aily". A signed order for				
		ent was not on file and				
	available for review.					3
	Please refer to tag 10	62				
	3. There was a failur	e to ensure 2 applicable				
2	residents (Residents	#2 and #3) were assessed				
	to determine level of were met for admissi	care eligibility requirements				
	a) Un 4/20/23 Resid	ent #2 was admitted to the	10			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:			MPLETED
		0197	B. WING	C notes:	an arVn	N-C 06/05/2023
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E. ZIP CODE	1.1	0. 007
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UR LAD	Y OF THE MEADOWS		RD, VT 05476		- ac 1	Si
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PREFIX TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED		DATE
{R126}	Continued From page	je 4	{R126}			
	facility on hospice	An admission nursing note on				
		states, "Resident is covered				
		Please be very gentle with	20			
		4 hours now and care, two				
		ne please. S/he is no longer				
1.15		as a Foley catheter in place				
		e". At 5:26 AM on 4/27/23 a	111			
		"Resident now has changes				
		and indicates orders and		1.		
3	medications were no	ot available to address				
	Resident #2's needs	. A subsequent nursing note	L 22			
		bassed away at 6:10 AM on				
	The second se	review a level of care	1 2			
	10223	file with the licensing agency	. IX			
2	for Resident #2.					
	b) Per record review	, Resident #3 was admitted				
	to the facility on 5/12	2/23. An admission nursing				
	The second se	states, "S/he was admitted				
		ith multiple compression				
	the second se	ildren have agreed to keep	10			
		Care and are seeking no		5 8 S		
		his note further documents				
	1. A	"illeus" (inability of the				
E1		t and move waste from the				-
		nothing per oral", unable to				- C
12		Foley catheter in place and a		1		
	pressure area to his	n due to pressure over the		1 V N		
N		etween the low back and tail				
÷	Contraction of the second s	was admitted to hospice on	1			
		a. Per nursing notes Resident		12 12		
		11:00 PM on 5/18/23. Per		5 (S)		
£2		I of care variance was not on		R. W.		
	to the second se	agency for Resident #3.				
	At 2:02 PM the Adm	ission Nurse confirmed				
		were "hospice admissions"	0			
4.6	and an	or "end of life care"; and	es.	8		
	the second se	ure if there were level of care		-		

Division (of Licensing and Prote	ction				
-	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY
			A BUILDING: _			
			B. WING			₹-C
		0197	B. WING		06	/05/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
	Y OF THE MEADOWS	1 PINN/	ACLE MEADOWS			
		RICHFO	DRD, VT 05476	*		
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{R126}	Continued From page	e 5	{R126}			
	variances on file for a and #3.	admission of Resident #2				
	Please refer to tag 1	01				
(R128) SS=E	V. RESIDENT CARE	AND HOME SERVICES	{R128}			
	5.5 General Care		8	T a		
		s medication, treatment, and be consistent with the				~ 1
	by: Based on record revi was a failure to admi	ble residents (Residents #5				
		023 Medication ds (MARs) the following t consistent with physician's				
	Resident #6's physici 0.25 mg ODT (orally tablet by mouth twice administered longer 1 treatment. Administra ODT began on 4/26/2	/23 the DON confirmed ian order for Risperidone disintegrating tablet) One e daily for 30 days was than the prescribed length of ation of Risperidone 0.25 mg 23 and was scheduled to end this medication was still n 6/5/23.	1 D			
		6/23 the DON confirmed or "Docusate Sodium 100				
Division of Lice STATE FORM	ensing and Protection		6889 C	009713	lf conti	nuation sheet 6 of 8

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If continuation sheet 6 of 8

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE S COMPL	
		0197	97 B. WING		R-C 06/05/2023	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
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{R128}	Continued From page	e 6	{R128}		50	
	ma softael One-Two	Capsules by mouth daily as				
		de "for constipation" as]
		physician's written order.				
		ar does not include a specific				
	dose as required.					
		23 the Director of Nursing	e (
		sident #5's order for "Vitamin				
		not include the physician's				
	daily.	ister one tablet by mouth	÷			
	dany.					
	d) At 7:33 PM on 6/	5/23 the DON confirmed				
	•	for "Nitroglycerin 0.4 mg				
		t by mouth every 15 minutes	1			
		led for chest pain" did not				
		's instructions which stated				
	"Do not use if BP is le	ess than 100 Systolic".				
{R162} SS=E	V. RESIDENT CARE	AND HOME SERVICES	{R162}			
	5.10 Medication M	lanagement				
	5.10.c. Staff will not a	ssist with or administer any				040
		ion or over-the-counter				
	medications for which	n there is not a physician's				
		and supporting diagnosis or				
	problem statement in	the resident's record.				
9		is not motion or idenced				
	by:	is not met as evidenced				
	•	ew and staff interview there				
		e physician's signed orders				
		ents (Residents #2, #3, #4,				
	and #5). Findings inc					
		1 ⁴				
		rsing was requested to				
	provide signed orders	s for hospice medications for				

Division of Licensing and P STATE FORM

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If continuation sheet 7 of 8

	of Licensing and Prote of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DINSTRUCTION	(X3) DATE S COMPL	
		0407	B. WING		R-	
		0197		70.0005	06/0	5/2023
AME OF Pr	ROVIDER OR SUPPLIER		NDDRESS, CITY, STATE,			
UR LAD	Y OF THE MEADOWS		RD, VT 05476			
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{R162}	Continued From pag	je 7	{R162}			
	Resident #2, Resider Resident #2 was add hospice on 4/26/23 a following day; Resid facility and into hosp passed away on 5/1 admitted to the facili admitted into hospic	ent #3, and Resident #4. mitted to the facility on and passed away the ent #3 was admitted to the pice care on 5/12/23, and 8/23; and Resident #4 was ty on 6/23/22, and was e care on 4/19/23.			=	
×	confirmed signed on for Residents #2, #3 available for review; aware of the facility's	/5/23 the Director of Nursing ders for hospice medications and #4 were not on file and and stated s/he was not s responsibility to ensure and ers for hospice meds.		17		
ē:	Severe 3-94% ointmeye Four (4) times d 6/5/23 the Director of	rd Lists "Genteal Tears ent Apply thin film to the left aily". On the evening of of Nursing confirmed a signed ars Ointment was not on file				
, ,					ωs.	

Deficiency Statement Plan of Correction (POC) for Survey Date: June 5, 2023

Facility Name: Our Lady of the Meadows

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R101 5.1.a.	The Facility Manager has instructed the Nursing Manager and the RN Admissions Coordinator that all residents who are admitted to Our Lady of the Meadows and are supported by a Medicare- Certified Hospice Program must be granted a variance by the licensing agency. (Please refer to tag 126 for Resident #2 and #3)	7/12/23	On 7/11/23 the Facility Manager met with the Nurse Manager and the RN Admissions Coordinator to review the amended Admission Process Policy which states that the home must request a variance from the Licensing Agency to retain or admit a resident whose needs exceed that for which the home is licensed to provide.	Facility Manager
			 The policy also states that the written request must include: A current assessment, with a description of the resident's care needs and how the home will meet those needs. A written statement from the resident or the resident's legal representative stating the resident's fully informed choice to remain in the home; and that they have been informed the resident will have to leave if the variance is terminated. A written statement from the resident's physician giving the resident's prognosis and recommending retention at or admission to the home. 	Tag R101 accepted on 8/9/2023 - J. Evans
R126 5.5.a.	 Resident #2 Copies of the physician signed medication orders have been received from the Medicare-Certified Hospice Program. For residents who are admitted to Our Lady of the Meadows and are supported by a Medicare-Certified Hospice Program, a 	7/6/23 7/12/23	The Nurse Manager instructed the nursing team on 6/14/23 that all administered PRN Medications must include the date, time, reason for giving the medication and the effect.	Nurse Manager

f	R126 5.5.a. (continued from page 1)	 variance will be requested by the licensing. (Please refer to tag R101) Resident #3 Copies of the physician signed medication orders have been received from the Medicare-Certified Hospice Program. For residents who are admitted to Our Lady of the Meadows and are supported by a Medicare-Certified Hospice Program, a variance will be requested by the licensing. (Please refer to tag R101) Resident #4 Copies of the physician signed medication orders have been received from the Medicare-Certified Hospice Program. 	6/17/23 7/12/23 6/17/23	Additionally, the Nurse Manager and the entire nursing team will reconcile the resident's medication orders and the Medication Administrative Record (MAR)monthly to ensure that the orders are signed by the physician and that the MAR is accurate, including those residents being served by a Medicare-Certified Hospice Program. The Nurse Manager met with the nursing team on 6/14/23 to educate them on the updated computer- generated automatic Stop Date function on the EMR and the expectation that this newest version be used as of 6/14/23.	
	-	 Resident #5 "One tablet by mouth daily" was added to the Vitamin D3 1,000 tablet on the Medication Administration Record "Do not use if BP is less than 100 Systolic" was added to the Nitroglycerin 0.4 mg tablet on the Medication Administration Record. A copy of the physician signed order for Genteal Tears Ointment was obtained from the ordering physician. 	6/14/23 7/7/23 7/7/23		
		 Resident #6: The Risperidone 0.25 mg ODT ended on 6/5/23. "For Constipation" was added to the Docusate Sodium 100 mg soft gel on the Medication Administration Record and a new physician's order has been obtained that states a specific dose. 	6/5/23 6/5/23	Tag R126 accepted on 8/9/2023 - J. Evans	

R128	Resident #5:		The Nurse Manager and the entire nursing staff will	Nurse
5.5.c.	 "One tablet by mouth daily" was added to the Vitamin D3 1,000 tablet on the Medication Administration Record 	6/14/23	reconcile the resident's medication orders and the Medication Administrative Record (MAR) monthly to ensure that the orders are signed by the physician	Manager
	 "Do not use if BP is less than 100 Systolic" was added to the Nitroglycerin 0.4 mg tablet on the Medication Administration 	7/7/23	and that the MAR is accurate, including those being served by a Medicare-Certified Hospice Program.	
	Record.		The Nurse Manager met with the nursing team on 6/14/23 to educate them on the updated computer-	
	Resident #6: • The Risperidone 0.25 mg ODT ended on 6/5/23.	6/5/23	generated automatic Stop Date function on the EMR and the expectation that this newest version be used as of 6/14/23.	
	 "For Constipation" was added to the Docusate Sodium 100 mg softgel on the Medication Administration Record and a new physician's order has been obtained that states a specific dose. 	6/5/23	Tag R128 accepted on 8/9/2023 - J. Evans	
R162	Resident #2:	Sec	The Nurse Manager and the entire nursing staff will	Nurse
5.10.c.	 A copy of the physician signed medication orders have been received from the Medicate-Certified Hospice Program. 	7/6/23	reconcile the resident's medication orders and the Medication Administrative Record (MAR) monthly to ensure that the orders are signed by the physician	Manager
	Resident #3: • A copy of the physician signed medication orders have been received from the Medicate-Certified Hospice Program.	6/17/23	and that the MAR is accurate, including those being served by a Medicare-Certified Hospice Program.	
	Resident #4:			
	 A copy of the physician signed medication orders have been received from the Medicate-Certified Hospice Program. 	6/17/23	8	
	Resident #5:			
	 A copy of the physician signed order for Genteal Tears Ointment was obtained from the ordering physician. 	7/7/23	Tag R162 accepted on 8/9/2023 - J. Evans	