DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

C 0/2008
0/200
(X5) COMPLETION DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		145406	B. WIN	IG _			C 0/2008
	PROVIDER OR SUPPLIER	ENTER		3	REET ADDRESS, CITY, STATE, ZIP CODE 12 WEST BELMONT PARTA, IL 62286		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	another resident, of 4) When a crime has by a person other to the section 300.3240 A a) An owner, licens or agent of a facility resident. (Section 2 b) A facility employ aware of abuse or immediately report administrator. (Section 2 d) A facility administrator. (Section 3 d) A facility administrator. (Section 4 d) A facility administrator. (Section 5 d) A facility administrator. (Section 5 d) A facility administrator. (Section 6 d) A facility	a resident by a staff member, r a visitor; as been committed in a facility han a resident; or Abuse and Neglect ee, administrator, employee r shall not abuse or neglect a	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		145406	B. WII	NG _			C 0/2008
	PROVIDER OR SUPPLIER	ENTER	•	3	REET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT SPARTA, IL 62286		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	call on the messagranonymous caller's member, is fondling residents while visit said that Z5 was ex E1 and E2 said that investigation into the said that she was no behavior prior to Z5 2/26/08. E1 and E2 said that Facility for 3 years. Facility daily and eadining room with R' "resident's just love bibs on in the dining around the Facility them to and from a first floor of the Facility them to and from a first floor of the Facility and give R2 stated "my husband summer for copping grabbing R2's bread came home that evincident, however rever reported the in Facility. E3 could restated it occurred slast summer. E3 sa housekeepers, E10 behaviors make he	e machine at his home. The said that Z1, R12's family R1 and other female ting his wife in the Facility. E1 attremely upset and agitated. It they began their e allegation at that time. E2 of aware of Z1's inappropriate accoming to the Facility on the R12's husband, Z1 visits the ats three meals a day in the R12's husband, Z1 visits the ats three meals a day in the him," as he helps puts their groom and wheels resident's in their wheelchairs, taking ctivities. R12 resides on the sility, however Z1 freely moves cility, including the second floor of the 2 kisses and hugs. E3 further d (visitor), busted Z1 last ga feel from R2 - he was st." E3 said that her husband ening and told her about the neither E3 nor her husband incident to anyone at the not remember the date, but ometime toward the end of	F9	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		145406	B. WI	NG _			C 0/2008
	ROVIDER OR SUPPLIER	EENTER	•	;	TREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT SPARTA, IL 62286		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	administration. 3. During an interwas stated that E10 rubbing residents' u E10 said "Z1 puts band smooths them wrinkles." E10 denshowing a rubbing chest. E10 said that to E3, E10's superv. 4. During an interv. 2/27/08, it was state R3's breasts about found out that Z1 d E5 said that R3 wahad his left hand ar with Z1's face next was fondling R3's beclothing. E5 said thincident to anyone "isolated." 5. During an interv. Aide (CNA), on 2/2 has witnessed Z1 be residents on two occurred sometimes she saw Z1 on the R2, kissing R2 ope said that she heard E4 said "I was disg told the nurse or E2 cursed and got mad time I saw Z1 was was coming out of another resident and side in the resident a	view with E10, on 2/27/08, it of has seen Z1 patting and apper arms, near their breasts. Sibs on the female residents up and down to get out the nonstrated Z1's actions, motion from the upper to lower at she reported her concerns visor, several months ago. Siew with E5, Maintenance, on ed that E5 saw Z1 fondling 3 weeks ago. E5 said "I oes this on a regular basis." It is sitting in her wheelchair. Z1 ound the back of R3's neck, to R3's face. Z1's right hand breast, on the outside of her hat he did not report the last he thought the event was siew with E4, Certified Nurses 7/08, it was stated that she being inappropriate with exasions. The first time last summer. E4 said that second floor, bending over n-mouthed on the lips. E4 Z1 ask R2 "did you like that?" usted - I can't remember if I was e1. They talked to him and he d." E4 continued "the second worse - it was in January. I the dining room, pushing and saw R1 sitting in her he hallways T, near R1's	F9:	9999			

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		145406	B. WIN	IG _			C 0/2008
	PROVIDER OR SUPPLIER	ENTER		3	REET ADDRESS, CITY, STATE, ZIP CODE 112 WEST BELMONT SPARTA, IL 62286		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	hand from the side, near hers. Z1 look but didn't look south see me. I saw Z1 p shirt, from the botto was a quick grab at very obvious what he reported it to my nuthome and told her. it and gave it to E2. her that she had tall out. E4 said "when awhile then starts ute E2 was asked about witnessed and E4's that she did not give statement as Z1 and doesn't like E4's hat E4's written statem Z1's behavior follow "I was taking a residentall. Not many residentall. Not many residentall. Not many residentall. Not many residentall when I saw Z1 walk to her. When he di looking around to she couldn't see me peeking out watchin him after the ordear residents. When he R1, I saw him let go up her shirts and given the saw I saw him let go up her shirts and given the saw I saw him let go up her shirts and given the saw I saw him let go up her shirts and given the saw I saw him let go up her shirts and given the saw I saw him let go up her shirts and given the saw I saw I saw him let go up her shirts and given the saw I s	lk up to R1. Z1 grabbed R1's bent over putting his face ed up and down the hallways, n, where I was, so he didn't but his hand underneath R1's m, and grab her left breast. It nd then Z1 walked off. It was ne was doing. I immediately rse, E9 and she called E2 at I wrote out a statement about E4 said that E2 later told ked to Z1 and Z1 cussed her Z1 gets caught, he chills for p again." It the incident that E4 written statement. E2 said re much credibility to E4's d E4 do not get along. "Z1 ir." E2 produced a copy of ent, dated 2/4/08, regarding	F99	999			

-	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SI DEPLAY OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SI A. BUILDING						
		145406	B. WII	NG _			C 0/2008
	PROVIDER OR SUPPLIER	CENTER		3	REET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT SPARTA, IL 62286	<u> </u>	0/2000
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	During an interview Nurse, on 2/27/09, month ago," E4 say down the hallway, a up underneath R1's breasts. E9 said th nurses station, che R1 was all right, loo through the window building in his car. nurses station and message and E2 reshe explained exact E2 told E9 to have about what happen Z1 frequently initiat residents - touching During additional in E2 was asked what regards to E4's state at alk with Z1 on 2/allegations. E2 sai said that E4 was m did not report the inconduct an investig told "everyone to w reinterviewed E4 of written statement. about the incident of the door of the utility nurses station. R2	with E9, Licensed Practical E9 confirmed that "about a w Z1 look both ways, up and and proceed to put his hand a blouse and fondle her eat she brought R1 to the cked her over to make sure oked for Z1, and saw him w, pulling away from the E9 then went back to the telephoned E2. E9 left a sturned E9's call. E9 said that the ty what E4 had seen to E2. E4 make a written statement ed. E9 said that she has seen e contact with female g their hands and faces. Interviews with E2, on 2/27/08, a cation the Facility took in tement. E2 said that she had 6/08, and told him about E4's d that Z1 denied the event and ad at him. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E2 said that she incident to E1, nor did E2 pation. E3 said that she incident to E1, nor did E2 pation. E3 said that she incident to E1, nor did E2 pation. E3 said that she incident to E1, nor did E2 pation. E3 said that she incident to E1, nor did E2 pation. E3 said that she incident to E1, nor did E2 pation. E3 said that she incident to E1, nor did E2 pation. E3 said that she incident to E1, nor did E2 pation.	F9'	999			

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		145406	B. WIN	IG _			C 0/2008
	PROVIDER OR SUPPLIER	ENTER	•	3	REET ADDRESS, CITY, STATE, ZIP CODE 812 WEST BELMONT SPARTA, IL 62286		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	down the hallway, it through the soiled to proceeded to bend either of R2's should E8 said "I walked of and he acted like in that she immediate E12, Registered Nu "what are we going already talked to Z' makes her uncomford grabbing or touching their sides, shoulded During an interview stated that he has provided to the does not remem kissing R2. E12 sate second hand." During an interview at approximately 2: Facility planned to while they were condoubled by the significant of the sig	o R2, look both ways, up and but did not see E8 looking utility room window. Z1 over, place his hands on ders and kiss R2 on the lips. ut of the soiled utility room othing happened." E8 said ly reported the incident to urse. E8 said that E12 stated to do with him as E2 has I." E8 further stated that Z1 ortable as he is always g female staff members on	F99	999			

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		145406	B. WIN	NG _			C 0/2008
	PROVIDER OR SUPPLIER	ENTER		3	REET ADDRESS, CITY, STATE, ZIP CODE 12 WEST BELMONT SPARTA, IL 62286	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	"When I told him I alone. He gives me takes women to the On 3/03/08, at 11:3 R11 was afraid of Z he (Z1) gives her th R11 was interviewa 8. On 2/28/08, R4 of Nursing, as being On 2/28/08, at 11:2 had had any proble reported she had bein which her husbar been injured. R4 sime, and tells others insults me, and has have never seen hi inappropriate. It hu of his wife. She tell himSometimes him words, suggestive words, sugg	lirting with her. R11 stated, had a companion, he left me at the creeps. You know he are to receps. You know he are room in wheelchairs." O AM, E13, CNA reported and a creeps." E13 confirmed able. Was identified by E2, Director and interviewable resident. O AM, R4 was asked if she are with Z1, a male visitor. R4 een involved in a car accident and had died, and she had atted, "He (Z1) bad mouths are I tried to kill my husband. He are made me cry. He flirts, but I are to see him flirt in front als me to ignore the uses sexually inappropriate.	F99	999			

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		145406	B. WIN	1G _			C 0/2008
	PROVIDER OR SUPPLIER	ENTER	•	3	REET ADDRESS, CITY, STATE, ZIP CODE 612 WEST BELMONT SPARTA, IL 62286		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	showed no documerelated to the alleger Z1. E14, LPN, was reported she was ubehavior of Z1 reported the residents. E14 control on all of the residents. E14 control on the residents at noon today, and spoke to us, and sawife in over twenty he say that? It's not business. He flirted thing he would do is those who needed has pushed me, but Maybe it's because Today he(Z1) got us wouldn't be back. It don't be back. It don't be side of my liphis wife sitting there on the cheek. I don't we will his wife sitting there on the cheek. I don't we uncomfortable, dead since last Oct next to me at lunch. On 2/28/08, at 2:00 confirmed Z1 was it discussed his lack impotent. E1 confir kiss R7 and R10 between the cheek. E1 confir kiss R7 and R10 between the cheek. E1 confir kiss R7 and R10 between the cheek. E1 confir kiss R7 and R10 between the cheek. E1 confir kiss R7 and R10 between the cheek. E1 confir kiss R7 and R10 between the cheek.	inical record on 2/28/08, entation in the Nurses Notes ed verbal and mental abuse by interviewed on 2/28/08, and naware of any inappropriate orted to her by staff or firmed that Z1 did place bibs	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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F9999	showed no docume related to this incide 10. On 2/28/08, at was interviewed restated, "No, not tec Nursing, (DON) to because he was ru him (Z1) talk to R1, straighten it last we dayE2, DON, to weeks ago to keep almost every day. gets bibs and puts and female." 11. On 3/3/08, at 1 interviewed regardistated, "She (R1) whunched over her, top of her clothes. a few months back nurse-can't recall h sat there. I don't the him. R1 was in the dining room." E13 him. She says he gR11 is interviewabl 12. On 3/3/08, the dated 1/7/08, show with cognition and total assistance frolliving. The MDS shin the facility is a with sat was in the facility is a with sat was a with cognition and total assistance frolliving. The MDS shin the facility is a with sat was in the facility is a with sat was a with sat wa	exime of the incident. Ew of R7's clinical record entation in the Nurses Notes ent. 12:00 PM, E6, Housekeeper, garding Z1, a male visitor. E6, thnically. E2, Director of d me to be aware of Z1, bbing female residents. I saw and pull her blouse down to bek, can't remember the ld me one day about two an eye on him. I see him He comes in for breakfast, them on the residents, male 1:26 AM, E13, CNA, was ng Z1, a male visitor. E13 was in her wheelchair. He (Z1) and grabbed her left breast on Then he kissed her. It's been. I reported it to my er name. R1 did nothing, just hink he(Z1) was aware I saw hallway, coming out of the also stated, "R11 is terrified of gives her the creeps. I'd say	F99	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IULTIP ILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145406	B. WII	NG			C 0/2008
	PROVIDER OR SUPPLIER	CENTER	•	31	EET ADDRESS, CITY, STATE, ZIP CODE 2 WEST BELMONT PARTA, IL 62286		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	in part, of Senile Do On 3/3/08, at 10:20 is very confused, a resident. A review of the clin showed no docume abuse or related in Notes. E13 reporte being allowed to visual. A review of R2 shows diagnoses, Alzheimer's with ac Minimum Data Set short and long term moderately cognitive daily throughout the survey, R2 was see the halls on the sec chair next to the nustuffed animal or do interview was atter 2/28/08. R2 smiled to, but was unable appropriately. 14. R3 has diagnot Osteoarthritis and shows that she has has anxiety, and is impaired in skills for Interviews were atted and 3/3/08. R3 was being physically or her.	ementia, Alzheimer's Type. O AM, E15, CNA, reported R1 nd is not an interviewable ical record on 3/03 and 3/5/08, entation of any alleged sexual vestigations in R1's Nurses ed wondering why Z1 was	F9	999			

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F9999	The Policy further substance in violations involving abuse, and misapp will be reported immof his/her designee accordance with Illiprocedures. All alle thoroughly investigate abuse by the accus while the investigate accused party will be and will not be allow until the investigation of all investigations. Administrator, or his representative, and accordance with Illiprof the incident." Facility staff failed the abuse to the Facility designee. Once the allegations of sexual investigate the allegations of sexual investigate the allegations of sexual investigate the incidents. Public Health and the perpetrator to compare the incidents of the Facility was brought. 16. During an interior on 3/3/08, it was station on 2/28/08, police and Z4. Z4 sexual was accordance and Z4. Z4 sexual was accordance with Illiprof the incidents.	I coercion, or sexual assault." tates that "All alleged mistreatment, neglect or ropriation of resident property nediately to the Administrator , and to other officials in nois law through established eged violations will be ated and further potential led party will be prevented ion is in progress. The be immediately sent home, wed to return to the facility on is completed. The results will be reported to the scher designated	F99	999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145406	145406 B. WING			C 03/10/2008	
NAME OF PROVIDER OR SUPPLIER RANDOLPH COUNTY CARE CENTER				3	REET ADDRESS, CITY, STATE, ZIP CODE 12 WEST BELMONT SPARTA, IL 62286	00/10	<i>312000</i>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From page 47		F9999				
		(A)					