

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265438</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>JACKSON MANOR NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>710 BROADRIDGE JACKSON, MO 63755</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0550  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure a resident's dignity with a properly covered urinary catheter bag (a bag for collecting urine from a tube in the bladder) and failed to provide showers as scheduled for one resident (Resident #28) out of 16 sampled residents. The facility census was 63. 1. Record review of Resident #28's Quarterly MDS, completed by facility staff, dated 7/23/20, showed: - Extensive assistance of two staff members for bed mobility; - Total assistance of two staff members for transfers; - Extensive assistance of one staff member for dressing; - Total assistance of two staff members for toileting; - Extensive assistance of one staff member for personal hygiene; - Total assistance of one staff member for bathing; - Wheel chair for mobility; - Impairment of both sides to upper and lower extremities; - [DIAGNOSES REDACTED]. Observations showed the resident's catheter bag with yellow urine hanging on wheelchair without a privacy bag: - On 9/14/20 at 11:45 A.M. and 3:45 P.M. - On 9/15/20 at 12:25 P.M. - On 9/16/20 at 12:10 P.M. and 3:00 P.M. - On 9/17/20 at 8:15 A.M. During an interview on 9/17/20 at 8:15 A.M., the resident said staff does not put a privacy bag on the catheter bag. During an interview on 9/17/20 at 8:20 A.M., Certified Nurse Aide (CNA) H said the catheter bags are hooked under the wheelchairs out of site and they have never put them in a cover. During an interview on 9/17/20 at 8:40 A.M., the Director of Nursing (DON) said the facility has urinary bag covers in the storage closet and she expected the staff to put them on the resident's catheter bags. Record review of the facility's shower schedule showed the resident scheduled for showers twice weekly on Tuesday and Friday. Record review of the resident's shower sheets showed: - July 2020 out of nine opportunities for showers, seven opportunities missed; - August 2020 out of eight opportunities for showers, three opportunities missed; - September 2020 out of five opportunities for showers, four opportunities missed. During an interview on 9/14/20 at 3:45 P.M., the resident said 9/11/20 was the first time he/she had a shower in over two weeks. The resident said before the 11th of September, he/she was getting only one shower per week. The resident said, The reason I have this hat on is my hair is oily and dirty. During an interview on 9/14/20 at 3:50 P.M., CNA F said they do not have enough staff, there is only one CNA on the hall today, and not surprised things are not getting done in a timely manner. During an interview on 9/17/20 at 8:35 P.M., the DON said the shower schedule should be followed unless there is an issue and the staff should report it so they can take care of it. During the month of July the shower aide was off work for 30 days and a staff member filled in for her. The DON said if for some reason a resident refuses a shower then staff should document why it was not given. Record review of the facility's policy on Dignity, dated February 2020 showed: - Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, feeling of self-worth and self-esteem; - Residents are treated with dignity and respect at all times; - Demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents. For example: helping the resident to keep urinary catheter bags covered.		
F 0623  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Many	<b>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to notify a representative of the office of the Missouri State Long-Term Care Ombudsman (an advocate for residents in a long-term care facility) when residents were sent to the hospital for two residents (Resident #16 and #27) out of 2 sampled residents. The facility's census was 63. 1. Record review of Resident #16's nurse's notes showed the resident was transferred to the hospital on [DATE] and readmitted to the facility on [DATE]. Record review of the resident's medical record showed no documentation of notification to the Ombudsman's Office. 2. Record review of Resident #27's nurse's notes showed the resident was transferred to the hospital on [DATE] and readmitted to the facility 7/20/20. Record review of the resident's medical record showed no documentation of notification to the Ombudsman's Office. The facility did not provide a policy. During an interview on 9/16/20 at 12:40 P.M., the Administrator said the facility has not been reporting the discharges and transfers to the local ombudsman's office. He said he had new staff and just failed to get it done since about March 2020.		
F 0656  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to implement care plans with specific interventions tailored to meet individual needs for two residents (Resident #1 and #3) out of 16 sampled residents. The facility census was 63. 1. Record review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 8/25/20, showed: - Total dependence of two staff for transfers. Observations on 9/15/20 at 11:15 A.M. showed the resident being transferred by Hoyer lift (an assistive device used to transfer residents) from the bed to the wheel chair by two facility staff. Record review of the care plan, revised on 9/14/20, showed: - The care plan did not address transfers. During an interview on 9/16/20 at 2:26 P.M., Certified Nursing Assistant (CNA) C said he/she just knows how to transfer the residents, they have no care cards and he/she does not know if transfers are care planned or not. If it is a new resident they get the information in report. 2. Record review of Resident #3's Quarterly MDS, dated [DATE], showed: - [DIAGNOSES REDACTED]. Record review of the resident's Physician order [REDACTED]. Record review of the resident's care plan, revised 8/6/20, showed: - No individualized interventions for a [DIAGNOSES REDACTED]. During an interview on 9/17/20 at 8:25 A.M., the Director of Nursing (DON) said she would expect the residents to have individualized interventions for all care areas including diagnosis, medications and transfers. Record review of the facility's Comprehensive Person Centered Care Plan Policy, revised December 2016, showed: - Areas of concern are identified during resident assessment: - The concerns are evaluated and interventions will be added to the care plan; - The care plan will identify professional services that are responsible for each area of care; - Care plans will aid in preventing or reducing decline in the resident's functional status.		
F 0688  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM),</b>		

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

TITLE

(X6) DATE

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.

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F 0688  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p>(continued... from page 1) <b>limited ROM and/or mobility, unless a decline is for a medical reason.</b></p> <p>Based on interview and record review, the facility failed to provide restorative services for five residents (Resident #26 #28, #35, #51, and #52) out of five residents. The facility census was 63. 1. Record review of Resident #26's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument, completed by facility staff, dated 7/16/20, showed: - Extensive assistance of two staff member for bed mobility; - Total assistance of two staff members for transfers; - Locomotion on and off unit extensive assistance of one staff member; - Extensive assistance of one staff member for dressing; - Extensive assistance of one staff member for toileting; - Extensive assistance of one staff member for personal hygiene; - Total assist of one staff member for bathing. - Wheelchair for mobility; - Impairment on one side to lower extremity; - Restorative Nursing Program provided active range of motion for at least 15 minutes, two out of the last seven days and bed mobility one day out of the last seven days. Record review of the resident's Restorative Care Program documentation showed: - Restorative active range of motion (ROM) to work on elbow flexion, active assisted ROM exercises on bilateral shoulder movements; - Resident to receive restorative therapy two times per week; - Restorative therapy for August 2020, out of eight opportunities for therapy three opportunities were missed; - Restorative therapy for September 2020, out of nine opportunities for therapy six opportunities were missed. During an interview on 09/15/20 at 9:32 A.M. Resident #26 said he/she does have some limited range of motion, was in therapy for a while and is supposed to be getting restorative services two times a week, but it doesn't happen very often. 2. Record review of Resident #28's Quarterly MDS, completed by facility staff, dated 7/23/20, showed: - Extensive assistance of two staff members for bed mobility; - Total assistance of two staff members for transfers; - Extensive assistance of one staff member for dressing; - Total assistance of two staff members for toileting; - Extensive assistance of one staff member for personal hygiene; - Total assistance of one staff member for bathing; - Wheelchair for mobility; - Impairment of both sides to upper and lower extremities. Record review of the resident's Restorative Care Program documentation showed: - Passive range of motion to bilateral lower extremities; - Resident to receive restorative therapy two times per week; - Resident's June 2020 Restorative documentation log showed seven out of eight opportunities missed; - Resident's July 2020 Restorative documentation log showed seven out of nine opportunities missed; - Resident's August 2020 Restorative documentation log showed six out of eight opportunities missed; - Resident's September 2020 Restorative documentation log showed four out of five opportunities missed. During an interview on 9/14/20 at 3:45 P.M. the resident said there was a Certified Nurse Aide (CNA) in his/her room about two weeks ago and did exercising with him/her and has not been back. 3. Record review of Resident #35's Quarterly MDS, completed by facility staff, dated 8/6/20, showed: - Total dependence of two staff members for bed mobility; - Total dependence of two staff members for transfers; - Total dependence of two staff members for locomotion on and off unit; - Total dependence of two staff members for dressing; - Total dependence of two staff members for toileting; - Total dependence of one staff member for personal hygiene; - Total dependence of one staff member for bathing. - Wheelchair for mobility; - Impairment on both sides to upper and lower extremities. Record review of the resident's Restorative Care Program documentation showed: - Restorative passive ROM stretching to left hand, and passive ROM gentle stretching to upper and lower extremities; - Resident to receive restorative therapy three times per week; - Resident's August 2020 restorative documentation log showed nine out of 13 opportunities missed; - Resident's September 2020 restorative documentation log showed five out of seven opportunities missed. Record review of the resident's Restorative Care Program documentation showed: - Restorative Splint/Brace program, application of left hand/wrist splint to be worn 2-4 hours per day; - Resident to receive splint/brace program every day; - Resident's August 2020 restorative documentation log showed 24 out of 31 opportunities missed; - Resident's September 2020 Restorative documentation log showed 11 out of 16 opportunities missed. Observation of resident in his/her bed on 9/16/20 at 9:39 A.M. and 3:13 P.M., showed: - No hand/wrist splint on left hand of the resident. 4. Record review of Resident #51's Quarterly MDS, completed by facility staff, dated 8/19/20, showed: - Total dependence of two staff members for bed mobility; - Total dependence of two staff members for transfers; - Total dependence of one staff member for locomotion on and off unit; - Total dependence of two staff members for dressing; - Total dependence of two staff members for toileting; - Total dependence of one staff member for personal hygiene; - Total dependence of one staff member for bathing. - Wheelchair for mobility; - Impairment on both sides to upper and lower extremities. Record review of the resident's Restorative Care Program documentation showed: - Restorative transfer, reposition while in wheelchair to maintain upright position; - Resident to receive restorative therapy three times per week; - Resident's August 2020 restorative documentation log shows 13 out of 13 opportunities missed; - Resident's September 2020 restorative documentation log shows seven out of seven opportunities missed. Record review of the resident's Order Summary Report, dated 9/16/20, showed: - RNA to perform stretching and passive ROM exercises on resident's bilateral upper extremities, three times per week, started 9/11/20; - RNA to apply carot contracture splint and palm protector on resident bilateral hands, five to seven times per week, started 9/11/20; - Resident's September 2020 Restorative log shows no documentation of new services performed. Observation of resident in his/her bed on 9/16/20 at 12:00 P.M., showed: - No carot contracture splint in either hand of the resident. Observation of resident in his/her bed on 9/16/20 at 3:15 P.M., showed: - No carot contracture splint in either hand of the resident; - Carot splint was located in the drawer at the sink cabinet by the CMT; - The RNA was not available for interview. 5. Record review of Resident #52's Quarterly MDS, completed by facility staff, dated 8/20/20, showed: - Total dependence of two staff members for bed mobility; - Total dependence of two staff members for transfers; - Total dependence of one staff member for locomotion on and off unit; - Total dependence of one staff member for dressing; - Total dependence of two staff members for toileting; - Total dependence of one staff member for personal hygiene; - Total dependence of one staff member for bathing. - Wheelchair for mobility; - Impairment on both sides to upper and lower extremities. Record review of the resident's Restorative Care Program documentation showed: - Restorative Passive ROM Program, gentle passive ROM bilateral upper extremities, including fingers, wrists, and elbows, and lower extremity within limits of movement, bones are very brittle; - Resident to receive restorative therapy two times per week; - Resident's August 2020 restorative documentation log showed one out of three opportunities missed; - Resident's September 2020 restorative documentation log showed three out of five opportunities missed. Record review of the resident's Restorative Care Program documentation showed: - Restorative Splint/Brace Program, apply palm protector daily as tolerated; - Resident to receive restorative splint/brace therapy every day; - Resident's August 2020 restorative documentation log showed three out of four opportunities missed; - Resident's September 2020 restorative documentation log showed 16 out of 16 opportunities missed. Observation of resident in his/her wheelchair on 9/14/20 at 12:55 P.M., showed: - No palm protector in either hand of the resident. Observation of resident in his/her wheelchair on 9/15/20 at 1:40 P.M., showed: - No palm protector in either hand of the resident. During an interview on 9/17/21 at 1:45 P.M., the Director of Nursing said the Restorative Aide should be documenting the services he/she provides to the residents each day, and then a nurse enters that information into the electronic Restorative Log, but that documentation has not been done on a daily basis, they are behind on their documentation. Review of the facility's Restorative Nursing Services policy, revised July 2017, showed: - Residents will receive restorative nursing care as needed to help promote optimal safety and independence; - Restorative nursing care consists of nursing interventions that may or may not be accompanied by formalized rehabilitative services (e.g., physical, occupational or speech therapies); - Residents may be started on a restorative nursing program upon admission, during the course of stay or when discharged from rehabilitative care; - Restorative goals may include, but are not limited to supporting and assisting the resident in: a) Adjusting or adapting to changing abilities; b) Developing, maintaining or strengthening his/her physiological and psychological resources; c) Maintaining his/her dignity, independence and self-esteem; and d) Participating in the development and implementation of his/her plan of care.</p>		
F 0758  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p>		

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F 0758  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p>(continued... from page 2)</p> <p>Based on interview and record review, the facility failed to ensure an appropriate [DIAGNOSES REDACTED].#21 and #51), and the facility staff failed to attempt a gradual dose reduction or document a reason to justify the need to continue [MEDICAL CONDITION] medication for one resident (#21) out of five sampled residents. The facility census was 63. Review of the facility's Psychopharmacological Policy and Procedure, revised on 1/10/19, showed: - The community supports the appropriate use of psychopharmacological drugs that are therapeutic and enabling for residents suffering from mental illness; - A licensed nurse will review admission medication orders and ensure appropriate [DIAGNOSES REDACTED]. This review will include the use of psychopharmacological drugs, appropriate diagnosis, behavioral symptom(s) and the initial plan of care; - The primary physician, psychiatrist and/or consultant pharmacist will monitor residents who are prescribed psychopharmacological drugs at least quarterly to assure these drugs are utilized according to State and Federal regulations and for the appropriate treatment of [REDACTED]. Record review of Resident #21's Physician order [REDACTED]. Record review of Mosby's 2018 Nursing Drug Reference for [MEDICATION NAME] showed: - Contraindications for geriatric patients; - Black Box warning increased mortality in the elderly patients with dementia-related [MEDICAL CONDITION]. 2. Record review of Resident #51's Order Summary Report, dated 9/16/20, showed: - readmitted to facility on 3/13/20; - [DIAGNOSES REDACTED]. Resident discharged to the hospital and readmitted to us on 3-13-20 where the order for [MEDICATION NAME] was re-entered with an indication of [MEDICAL CONDITION]. I could not find a [MEDICAL CONDITION] [DIAGNOSES REDACTED]. it in any of your progress notes either. Would you like to add this as a diagnosis? If not, what would be the indication for the medication?; - Physician replied on 8/25/20 with a hand written [DIAGNOSES REDACTED]. Record review of the resident's care plan, last updated, 9/14/20, showed: - The resident has impaired cognitive function/dementia or impaired thought processes related to dementia; - The resident uses antipsychotic medication for the symptoms/behaviors associated. During an interview on 9/17/20 at 10:00 A.M., the Social Services Director said they had sent a letter to the resident's physician, requesting a conformation of [MEDICAL CONDITION] as a [DIAGNOSES REDACTED].M., the Director of Nursing said she would expect an appropriate [DIAGNOSES REDACTED].</p> <p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the staff used acceptable infection control procedures during dining, passing meal trays to the resident's room, glove changing during care and proper placement of face masks. This practice affected two residents (Resident #1 and #37) and could potentially affect all residents. The facility census was 63. 1. Observation on 9/14/20 at 3:10 P.M. showed: - Certified Nurse Aide (CNA) F and CNA G enter Resident #37's room; - CNA F and CNA G donned gloves, transferred the resident from his/her geri-chair (a large padded reclining chair) to his/her bed; - CNA F removed soiled brief from the resident; - CNA F cleaned the resident's perineal area; - CNA G rolled the resident to his/her left side; - CNA F cleaned the residents hips, buttock area; - CNA F wearing the soiled gloves, placed a clean brief and pants on the resident; - CNA F did not change gloves between clean and dirty. During an interview on 9/17/20 at 1:30 P.M. CNA G said staff should clean the dirty areas of the resident, remove gloves and wash hands before proceeding to other tasks. 2. Observations on 9/15/20 at 11:50 A.M. on Country Meadow hall showed: - CNA H served a meal tray to room [ROOM NUMBER], 29, and 37; - CNA H did not use hand sanitizer or wash his/her hands between entering any of the rooms. 3. Observations on 9/15/20 at 12:10 P.M. on Wisteria hall showed: - CNA H served a meal tray to room [ROOM NUMBER], 41, 42, 43, and 44; - CNA H did not use hand sanitizer or wash his/her hands between entering any of the rooms. During an interview on 9/17/20 at 8:20 A.M., CNA H said staff had no way of washing hands or using sanitizer between delivering meal trays to the residents but when finished they wash their hands. During an interview on 9/17/20 at 8:45 A.M., the Director of Nursing (DON) said staff should use the sanitizer containers on the wall in each hall between serving each resident their meal tray. 4. Observation in the dining room on 9/15/20 at 12:18 P.M. showed: - CNA F sat with Resident #37 assisting with the meal; - With the left ungloved hand CNA F moved long pieces of hair from his/her face, scratched his/her ear, re-positioned goggles, and repositioned the face mask; - CNA F removed plastic covering from the resident's drink with both hands; - With the left hand, CNA F scratched his/her head; - CNA F fed the resident; - CNA F did not wash his/her hands or use hand sanitizer. During an interview on 9/17/20 at 8:50 A.M., the DON said the staff should not touch anything while in the dining room assisting the residents and hands should be washed or sanitizer used. 5. Observation on 9/15/20 at 12:20 P.M. showed the Activity Director walking up the hall, eating a slice of pizza, face covering hanging around his/her neck. 6. Observations showed: - On 9/15/20 at 11:15 A.M. Licensed Practical Nurse (LPN) I wearing face mask below his/her nose while assisting with transfer of Resident #1; - On 9/15/20 at 11:50 A.M. LPN I passing medications on Blueberry hall wearing mask below his/her chin; - On 9/15/20 at 12:25 P.M. LPN I standing near the medication cart, preparing medications for a resident, with face mask down under his/her chin; - On 9/16/20 at 9:00 A.M. LPN I (the LPN assigned to where quarantine residents reside), standing at the nursing station, wearing his/her face mask under his/her chin area. During an interview on 9/16/20 at 11:25 A.M., LPN I said masks should be worn covering the nose and mouth. During an interview on 9/17/20 at 8:53 A.M., the DON said she would expect all the staff to wear masks appropriately, keeping the nose and mouth covered. Record review of the facility's Personal Protective Equipment-Using Face Mask Policy, revised September 2020, showed: - The objective is to prevent infectious agents through the air; - Be sure the mask covers the nose and mouth; - Do not hang the face mask around the neck; - Never touch the face mask while it is in use. The facility did not provide a glove changing policy.</p>		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few			