

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

PRINTED: 03/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435020	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2015
NAME OF PROVIDER OR SUPPLIER SUNQUEST HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1345 MICHIGAN AVENUE SW HURON, SD 57350	
(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) COMPLETION DATE
K 000	INITIAL COMMENTS 42 CFR 483.70(a) K3 BUILDING: 0101 K6 PLAN APPROVAL: 1967 K7 SURVEY UNDER: 2000 Existing K8 SNF/NF Type of Structure: One (1) story, 1967, Type III (211), protected combustible construction with nine (9) smoke compartments and a complete automatic wet sprinkler system A Comparative Federal Monitoring Survey was conducted on 02/19/15, following a State Agency Annual Survey on 01/23/15 in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Sunquest Healthcare Center was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire).	K 000		
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted	K 025	All 8 of the 9 smoke barrier areas that were found to be deficient at the time of survey have been sealed around the areas which were penetrated by electrical wires or pipes on 3-12-2015. Checking all smoke barriers in the facility to ensure that there are no penetration areas will be added to the Monthly Preventative Maintenance Schedule. Any issues or concerns logged on the Preventative Maintenance Schedule	3-12-15

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

Debbie S. Dean

TITLE

Administrative

(X6) DATE

3/12/2015

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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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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K 025	<p>Continued From page 1</p> <p>heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain smoke barriers to resist the passage of smoke. The deficient practice affected eight (8) of nine (9) smoke compartments, staff and all residents. The facility has the capacity for 125 beds with a census of 114 on the day of survey.</p> <p>Findings include:</p> <p>Observation during a tour of the facility on 02/19/15 at 09:09 AM with the Maintenance Supervisor revealed the smoke walls extending above the ceiling, located throughout the facility were penetrated by electrical wires and pipes with no sealant around the penetrations.</p> <p>Interview on 02/19/15 at 09:30 AM with the Maintenance Supervisor revealed the facility was not aware of the penetrations in the smoke walls of the facility.</p> <p>The census of 114 was verified by the Administrator on 02/19/15. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 02/19/15.</p> <p>Actual NFPA Standard: NFPA 101 (2000 ed.), 8.3.6.1. Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows:</p>	K 025	will be brought to the monthly Safety and Continuous Quality Improvement (CQI) meetings by the Plant Operations Supervisor and/or designee who will be responsible for overall compliance.	

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K 025	Continued From page 2 1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. 2) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. 3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a. It shall be made on either side of the smoke barrier. b. It shall be made by an approved device that is designed for the specific purpose. Actual NFPA Standard: NFPA 101, 8.3.6.2. Openings occurring at points where floors or smoke barriers meet the outside walls, other smoke barriers, or fire barriers of a building shall meet one of the following conditions: (1) It shall be filled with a material that is capable of maintaining the smoke resistance of the floor or smoke barrier. (2) It shall be protected by an approved device that is designed for the specific purpose.	K 025		
K 033 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 033		

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K 033	<p>Continued From page 3</p> <p>Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to separate an exit stairway. The deficient practice affected two (2) of nine (9) smoke compartments, staff, and residents eating in the dining room. The facility has the capacity for 125 beds with a census of 114 on the day of survey. Findings include: Observation during a tour of the facility on 02/19/15 at 11:50 AM with the Maintenance Supervisor revealed the required exit stairway from the basement was not separated from the kitchen with a one (1) hour fire rated separation due to the kitchen door not being rated for 45 minutes. Interview on 02/19/15 at 11:51 AM with the Maintenance Supervisor revealed the facility was aware the stairway was not rated properly. The census of 114 was verified by the Administrator on 02/19/15. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 02/19/15. Actual NFPA Standard: NFPA 101 (2000 edition) 7.1.3.2 Exits.</p>	K 033	<p>The kitchen door found deficient at the time of the survey will be replaced with a new 90 minute fire rated door on 4-3-2015. All other doors in the facility were checked to ensure they were at the proper fire rating code on 3-18-2015. This newly installed door will be audited for compliance for 3 months after installation to ensure proper functioning. Audit findings will be reported at monthly Safety and CQI meetings by the Plant Operations Supervisor or designee for 3 months to ensure compliance. The Plant Operations Supervisor will be responsible for overall compliance.</p>	4-3-2015

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K 033	Continued From page 4 Actual NFPA Standard: NFPA 101, 7.1.3.2.1 Where this Code requires an exit to be separated from other parts of the building, the separating construction shall meet the requirements of Section 8.2 and the following. (a) *The separation shall have not less than a 1-hour fire resistance rating where the exit connects three stories or less. (b) *The separation shall have not less than a 2-hour fire resistance rating where the exit connects four or more stories. The separation shall be constructed of an assembly of noncombustible or limited-combustible materials and shall be supported by construction having not less than a 2-hour fire resistance rating. Exception No. 1: In existing non-high-rise buildings, existing exit stair enclosures shall have not less than a 1-hour fire resistance rating. Exception No. 2: In existing buildings protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, existing exit stair enclosures shall have not less than a 1-hour fire resistance rating. Exception No. 3: One-hour enclosures in accordance with 28.2.2.1.2, 29.2.2.1.2, 30.2.2.1.2, and 31.2.2.1.2 shall be permitted as an alternative. (c) Openings in the separation shall be protected by fire door assemblies equipped with door closers complying with 7.2.1.8. (d) Openings in exit enclosures shall be limited to those necessary for access to the enclosure from normally occupied spaces and corridors and for egress from the enclosure. Exception No. 1: Openings in exit passageways in covered mall buildings as provided in Chapters 36 and 37 shall be permitted. Exception No. 2: In buildings of Type I or Type II	K 033			

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K 033	Continued From page 5 construction, existing fire-protection rated doors shall be permitted to interstitial spaces provided that such space meets the following criteria: (a) The space is used solely for distribution of pipes, ducts, and conduits. (b) The space contains no storage. (c) The space is separated from the exit enclosure in accordance with 8.2.3. (e) Penetrations into and openings through an exit enclosure assembly shall be prohibited except for the following: (1) Electrical conduit serving the stairway (2) Required exit doors (3) Ductwork and equipment necessary for independent stair pressurization (4) Water or steam piping necessary for the heating or cooling of the exit enclosure (5) Sprinkler piping (6) Standpipes Exception No. 1: Existing penetrations protected in accordance with 8.2.3.2.4 shall be permitted. Exception No. 2: Penetrations for fire alarm circuits shall be permitted within enclosures where fire alarm circuits are installed in metal conduit and penetrations are protected in accordance with 8.2.3.2.4. (f) Penetrations or communicating openings shall be prohibited between adjacent exit enclosures.	K 033			
K 045 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8	K 045			

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K 045	Continued From page 6 This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to provide illumination of means of egress. The deficient practice affected nine (9) of nine (9) smoke compartments, staff and all residents. The facility has the capacity for 125 beds with a census of 114 on the day of survey. Findings include: 1. Observation during a tour of the facility on 02/19/15 at 10:35 AM with the Maintenance Supervisor revealed the designated exit discharge located at the end of Wing D was provided with a single bulb unit to provide illumination at the exit discharge. Interview on 12/19/15 at 10:36 AM with the Maintenance Supervisor revealed the facility was not aware a single bulb unit was supplying light to the exit. 2. Observation during a tour of the facility on 02/19/15 at 10:40 AM with the Maintenance Supervisor revealed the designated exit discharge located at the side exit of Wing E was provided with a single bulb unit to provide illumination at the exit discharge. Interview on 12/19/15 at 10:41 AM with the Maintenance Supervisor revealed the facility was not aware a single bulb unit was supplying light to the exit. 3. Observation during a tour of the facility on 02/19/15 at 10:43 AM with the Maintenance Supervisor revealed the designated exit discharge located at the end of Wing B dining room was provided with no illumination at the exit discharge. Interview on 12/19/15 at 10:44 AM with the Maintenance Supervisor revealed the facility was not aware there was no exterior lighting at the dining room exit discharge.	K 045	New double light fixtures were installed at all 8 of the exit areas found deficient during the survey on 3-19-2015. All exit lights will be added to the monthly Preventative Maintenance Schedule to ensure they are working properly. Issues or concerns from the monthly Preventative Maintenance logs will be brought to the monthly Safety and CQI meetings for discussion by the Plant Operations Supervisor and/or designee. The Plant Operations Supervisor will be responsible for overall compliance.	3-19-2015	

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K 045	Continued From page 7 4. Observation during a tour of the facility on 02/19/15 at 10:47 AM with the Maintenance Supervisor revealed the designated exit discharge located at the delivery door exit was provided with a single bulb unit to provide illumination at the exit discharge. Interview on 12/19/15 at 10:48 AM with the Maintenance Supervisor revealed the facility was not aware a single bulb unit was supplying light to the exit. 5. Observation during a tour of the facility on 02/19/15 at 10:52 AM with the Maintenance Supervisor revealed the designated exit discharge located at the side exit of Wing B was provided with a single bulb unit to provide illumination at the exit discharge. Interview on 12/19/15 at 10:53 AM with the Maintenance Supervisor revealed the facility was not aware a single bulb unit was supplying light to the exit. 6. Observation during a tour of the facility on 02/19/15 at 10:55 AM with the Maintenance Supervisor revealed the designated exit discharge located at the end of Wing B was provided with a single bulb unit to provide illumination at the exit discharge. Interview on 12/19/15 at 10:56 AM with the Maintenance Supervisor revealed the facility was not aware a single bulb unit was supplying light to the exit. 7. Observation, during a tour of the facility on 02/19/15 at 11:02 AM with the Maintenance Supervisor, revealed the designated exit discharge located at the side exit of Wing A was provided with a single bulb unit to provide illumination at the exit discharge. Interview on 12/19/15 at 11:03 AM with the Maintenance Supervisor revealed the facility was not aware a single bulb unit was supplying light to the exit. 8. Observation, during a tour of the facility on 02/19/15 at 11:05 AM with the Maintenance Supervisor, revealed the designated exit	K 045			

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K 045	Continued From page 8 discharge located at the end of Wing A was provided with a single bulb unit to provide illumination at the exit discharge. Interview on 12/19/15 at 11:06 AM with the Maintenance Supervisor revealed the facility was not aware a single bulb unit was supplying light to the exit. The census of 114 was verified by the Administrator on 02/19/15. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 02/19/15. Actual NFPA Standard: NFPA 101 (2000 edition), 19.2.8. Illumination of Means of Egress. Means of egress shall be illuminated in accordance with Section 7.8. Actual NFPA Standard: NFPA 101, 7.8.1.1. Illumination of means of egress shall be provided in accordance with Section 7.8 for every building and structure where required in Chapters 11 through 42. For the purposes of this requirement, exit access shall include only designated stairs, aisles, corridors, ramps, escalators, and passageways leading to an exit. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways, and exit passageways leading to a public way. Actual NFPA Standard: NFPA 101, 7.8.1.4. Required illumination shall be arranged so that the failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candle (2 lux) in any designated area.	K 045			
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are	K 062			

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K 062	<p>Continued From page 9</p> <p>continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to meet the requirements for the sprinkler system. The deficient practice affected nine (9) of nine (9) smoke compartments, staff and all residents. The facility has the capacity for 125 beds with a census of 114 on the day of survey.</p> <p>Findings include:</p> <p>1. Observation during a tour of the facility on 02/19/15 at 11:30 AM with the Maintenance Supervisor revealed the gauge on the sprinkler riser located in the Wing E area was dated as new in 1976. Interview on 12/19/15 at 11:31 AM with the Maintenance Supervisor revealed the facility was not aware the gauge on the sprinkler riser was over 5 years old.</p> <p>2. Observation on 02/19/15 at 11:55 AM with the Maintenance Supervisor revealed the gauge on the sprinkler riser located in the basement was dated as new in 2007. Interview on 12/19/15 at 11:31 AM with the Maintenance Supervisor revealed the facility was not aware the gauge on the sprinkler riser was over 5 years old. The census of 114 was verified by the Administrator on 02/19/15. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 02/19/15.</p>	K 062	<p>The two (2) sprinkler system riser gauges that were found deficient during the survey were replaced with new gauges on 3-11-15. The new gauges were each marked with expiration dates on them to ensure they are replaced within the 5 year requirement. At the time of installation, a tag was also placed on each gauge so that the maintenance department personnel can initial and date the tag each month when they check the gauges each month as a part of the monthly Preventative Maintenance rounds. Any issues or concerns found on the monthly Preventative Maintenance rounds will be reported at the monthly Safety and CQI meetings by the Plant Operations Supervisor and/or designee. The Plant Operations Supervisor will be responsible for overall compliance.</p>	3-11-2015	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435020	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2015
NAME OF PROVIDER OR SUPPLIER SUNQUEST HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1345 MICHIGAN AVENUE SW HURON, SD 57350	
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K 062	<p>Continued From page 10</p> <p>Actual NFPA Standard: NFPA 25 (1998 Ed.) 2-1 General. This chapter provides the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. Table 2-1 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance.</p> <p>Exception: Valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 9.</p> <p>Table 2-1 Summary of Sprinkler System Inspection, Testing, and Maintenance Item Activity Frequency Reference</p> <p>Gauges (dry, preaction deluge systems) Inspection Weekly/monthly 2-2.4.2</p> <p>Control valves Inspection Weekly/monthly Table 9-1</p> <p>Alarm devices Inspection Quarterly 2-2.6</p> <p>Gauges (wet pipe systems) Inspection Monthly 2-2.4.1</p> <p>Hydraulic nameplate Inspection Quarterly 2-2.7</p> <p>Buildings Inspection Annually (prior to freezing weather) 2-2.5</p> <p>Hanger/seismic bracing Inspection Annually 2-2.3</p> <p>Pipe and fittings Inspection Annually 2-2.2</p> <p>Sprinklers Inspection Annually 2-2.1.1</p> <p>Spare sprinklers Inspection Annually 2-2.1.3</p> <p>Fire department connections Inspection Table 9-1</p> <p>Valves (all types) Inspection Table 9-1</p> <p>Alarm devices Test Quarterly 2-3.3</p> <p>Main drain Test Annually Table 9-1</p> <p>Antifreeze solution Test Annually 2-3.4</p> <p>Gauges Test 5 years 2-3.2</p> <p>Sprinklers - extra-high temp. Test 5 years 2-3.1.1</p> <p>Exception No. 3</p> <p>Sprinklers - fast response Test At 20 years and every 10 years thereafter 2-3.1.1 Exception No. 2</p> <p>Sprinklers Test At 50 years and every 10 years</p>	K 062		

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K 062	Continued From page 11 thereafter 2-3.1.1 Valves (all types) Maintenance Annually or as needed Table 9-1 Obstruction investigation Maintenance 5 years or as needed Chapter 10 Actual NFPA Standard: NFPA 25, 2-3.2* Gauges. Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced.	K 062			
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to meet the requirements for the emergency power system. The deficient practice affected nine (9) of nine (9) smoke compartments, staff and all residents. The facility has the capacity for 125 beds with a census of 114 on the day of survey. Findings include: A review of the facility 's generator records for the 12 month period prior to the survey on	K 144	Two (2) new logs were created for use by maintenance personnel to monitor certain generator functions on a weekly basis with one of the logs and on a monthly basis for other generator functions. These new logs will be brought to monthly Safety and CQI meetings for 3 months by the Plant Operations Supervisor and/or designee to ensure that all items are being logged properly. The Plant Operations Supervisor will be responsible for overall compliance.	3-18-15	

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K 144	<p>Continued From page 12</p> <p>02/19/15 at 09:40 AM with the Maintenance Supervisor revealed the facility was only documenting the time the generator automatically ran every Monday.</p> <p>Interview on 02/19/15 at 09:41 AM with the Maintenance Supervisor revealed the facility was not aware there was to be documentation of what they were actually inspecting on a weekly basis.</p> <p>The census of 114 was verified by the Administrator on 02/19/15. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 02/19/15.</p> <p>Actual NFPA Standard: NFPA 110 (1999 Ed.) 6-3 Maintenance and Operational Testing.</p> <p>Actual NFPA Standard: NFPA 110, 6-3.1* The EPSS shall be maintained to ensure to a reasonable degree that the system is capable of supplying service within the time specified for the type and for the time duration specified for the class.</p> <p>Actual NFPA Standard: NFPA 110, 6-3.2 A routine maintenance and operational testing program shall be initiated immediately after the EPSS has passed acceptance tests or after completion of repairs that impact the operational reliability of the system.</p> <p>Actual NFPA Standard: NFPA 110, 6-3.3 A written schedule for routine maintenance and operational testing of the EPSS shall be established.</p> <p>Actual NFPA Standard: NFPA 110, 6-3.4 A written record of the EPSS inspections, tests, exercising,</p>	K 144			

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K 144	Continued From page 13 operation, and repairs shall be maintained on the premises. The written record shall include the following: (a) The date of the maintenance report (b) Identification of the servicing personnel (c) Notation of any unsatisfactory condition and the corrective action taken, including parts replaced (d) Testing of any repair for the appropriate time as recommended by the manufacturer	K 144			