

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

PRINTED: 07/31/2024
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055559 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 07/21/2024 |
| NAME OF PROVIDER OR SUPPLIER BAY CREST CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3750 GARNET STREET TORRANCE, CA 90503 | | |
| (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 |
| F 000 | INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of one complaint. Complaint number: CA00907976. The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were written for complaint number CA00907976. See Tag F584 and F804. F 584 SS=D Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; | F 000 | The preparation and /or the execution of the plan of correction do not constitute admission of or agreement by the provider of true facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because the provisions of the federal and state law require. This plan of correction constitutes Bay Crest Care Center's credible allegation of compliance. F584 – Safe/Clean/Comfortable/Homelike Environment It is the policy of Bay Crest Care Center to provide a safe, clean, comfortable and homelike environment to all residents. | | |
| F 584 | | F 584 | Corrective action: 1. On 07/18/2024, the Housekeeping (HSKP) Supervisor replaced the soiled privacy curtain with a clean curtain. 2. On 08/06/2024, Inservice given to staff regarding timely food tray removal. | | |

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 584 | Continued From page 1 §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure one of four sampled residents (Resident 1) had a clean environment. Facility failed to: 1.Ensure Resident 1 ' s room was clean and free of trash on the floor, and trash container was emptied and not pilling up. 2. Ensure meal trays were not left at the bedside after each meal. These failures resulted in Resident 1 having flies in the room and the potential for the spread of infection. Findings: During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident | F 584 | <u>Identification of other affected residents</u> On 07/18/2024, The HSKP Supervisor checked all rooms, and no other room was identified to have the deficient practice. <u>Systemic changes</u> On 07/23/2024 The Administrator, District Manager for Housekeeping Services, Housekeeping Supervisor and Social Services Director spoke with resident #1 regarding when it was acceptable to her for the housekeeper to enter her room to empty the trash at 6AM to 6:30AM, 1:45PM, and when she needs it. Acceptance and Refusal log created for housekeeper to complete when the resident allows or refuses for her room to be clean, which will be in each HSKP cart. Housekeeping Supervisor or Designee to check daily to ensure room has been cleaned and trash is picked up. Housekeeping Supervisor or Designee will follow up with resident for reason of refusal. On 07/23/2024, Staff were inserviced on this refusal log. | | |

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| F 584 | <p>Continued From page 2</p> <p>1 was admitted to the facility on 4/9/2021 with diagnoses including multiple fractures (break in a bone) of the pelvis (hip bone), tibia (the larger bone of the lower leg) fracture, left fibula (the outer bone of the lower leg) fracture, right patella (the kneecap) fracture, and colostomy (a surgical opening in the abdomen that allows stool to pass from the colon).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS-a comprehensive assessment and care screening tool) dated 6/7/2024, the MDS indicated, Resident 1 had the ability to understand others. The MDS indicated Resident 1 had the ability to express ideas and wants. The MDS indicated Resident 1 needed maximal assistance from staff for putting on and taking off footwear, and showering. The MDS indicated Resident 1 needed moderate assistance from nursing staff for lower body dressing and personal hygiene. The MDS indicated Resident 1 needed nursing staff for upper body dressing, toileting, oral hygiene, rolling from left to right, changing positions from sitting to lying, and the ability to move from lying on the back to sitting on the side of the bed and with no back support.</p> <p>During a concurrent observation and interview on 7/18/2024 at 1:34 pm, with Resident 1, in Resident 1 ' s room, Resident 1 was sitting on the bed and had a red stain on the bedside curtains, trash (used wipes, used gloves, used disposable bed pads) was in plastic bags next to the Resident 1 ' s bed and on the floor. The trash can was overflowing with trash. Resident 1 stated the housekeeper usually comes to clean the room by 7 am. Resident 1 stated the housekeeper has not been in the room to pick up the trash. Resident 1 stated it has been multiple times when the</p> | F 584 | <p><u>Monitor to ensure ongoing compliance and responsible individuals</u></p> <p>HSKP Supervisor or Designee to com Housekeeping Supervisor and Administrator or Designee to meet weekly to review refusal log and identify any trends.</p> <p>These concerns will be presented to our QA Committee for further review and will be monitored ongoing.</p> <p><u>Compliance Date: 08/07/2024</u></p> | | |

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| F 584 | <p>Continued From page 3</p> <p>housekeeper did not clean the room.</p> <p>During an observation on 7/18/2024 at 1:50 pm, in Resident 1 ' s room, Housekeeper (HK) 1 came to clean Resident 1 ' s room and was told to come back.</p> <p>During an interview on 7/19/2024 at 2:19 pm with HK 1, HK 1 stated she starts to clean the residents ' rooms at 8:30 am. HK 1 stated first she picks up the trash then cleans the restroom, tables, and furniture. HK 1 stated she comes back again at 11:30 to pick up trash from the residents ' room. HK 1 stated she did not clean Resident 1 ' s room on 7/19/2024 because Resident 1 always ask her to come back on a later time. HK 1 stated the Resident ' s room had not been cleaned since 7/15/2024.</p> <p>During an interview on 7/19/2024 at 2:45 pm with the Housekeeper Manager (HM), the HM stated just because Resident 1 ask us to keep coming back it should not stop us from cleaning her room and taking out her trash. HM stated if Resident 1 ' s trash was not emptied the trash will bring in bugs and infection. The HM stated the Resident 1 ' s wounds can get infected.</p> <p>During an observation on 7/19/2024 at 3:42 pm, in Resident 1 ' s room, there was a lunch tray on Resident 1 ' s bedside table with flies on the uneaten food.</p> <p>During an observation on 7/20/2024 at 8:31am, in Resident 1 ' s room, Resident 1 had trash on the floor and trash overflowing in the trash can.</p> <p>During an interview on 7/20/2024 at 9:00 am with Registered Nurse Supervisor (RNS) 1, RNS 1</p> | F 584 | | | |

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| F 584 | <p>Continued From page 4</p> <p>stated it was the staff ' s responsibility for making sure the tables and nightstands were clean. RNS 1 stated when staff sees trash on the floor they should put on gloves, pick up the trash and put the trash in a plastic bag and take it to the garbage bin.</p> <p>During an interview on 7/20/2024 at 1:26 pm with Licensed Vocational Nurse (LVN) 1, LVN 1 stated garbage on the floor was unacceptable and poses an infection control issue.</p> <p>During an interview on 7/21/2024 at 2:18 pm with RNS 2, RNS 2 stated staff were supposed to remove trash off the floor because it was unhealthy, a health hazard and unsanitary.</p> <p>During a review of the facility ' s policy and procedure (P&P), titled "Pest Control", date revised 5/2008, the P&P indicated, "Garbage and trash are not permitted to accumulate and are removed from the facility daily."</p> <p>During a review of the facility ' s P&P, titled "Daily Patient Room Cleaning", date revised 9/5/2017, the P&P indicated, "Empty trash. Get the trash out of all rooms first thing. Wipe basket-if necessary, replace liner. The goal of cleaning is Infection Control."</p> <p>During a review of the facility ' s P&P, titled "Homelike Environment", date revised 2/2021, the P&P indicated, "Residents are provided with a safe clean, comfortable, and homelike environment and encouraged to use their personal belongings to the extent possible. The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting,</p> | F 584 | | | |

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| F 584 | Continued From page 5 these characteristics include clean, sanitary, and orderly environment." | F 584 | F804-Nutritive Value/Appear, Palatable/Prefer Temp | | |
| F 804 SS=E | Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure food served was palatable, at the proper temperature and served in a timely manner for four of four sampled Residents (Resident 1, Resident 2, Resident 3, and Resident 4 ' s). This failure resulted in Resident 1 asking for replacement meals and for food to be re-heated or re-cooked. Resident 2 had most meals brought into the facility from family. This failure had the potential for Resident 1, Resident 2, Resident 3, and Resident 4 poor meal intake that can lead to weight loss. Findings: During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on 4/9/2021 with diagnoses including multiple fractures (break in a bone) of the pelvis (hip bone), tibia (the larger | F 804 | Corrective Action On 07/18/2024, The Food Service Supervisor replaced meal trays to correct palatability and proper temperature for residents 1, 2, 3 and 4. On 08/06/2024, DSD initiated Inservice to staff to pass meal trays timely and offer resident to warm food as needed. Identify Others: On 07/23/2024, The Administrator/Dietary Manager met with random residents to inquire about the food. The consensus is that the food could stand improvement in palatability and temperature. Systemic Change: The Administrator or Designee will do random interviews with residents to review the meals received and documented on the Meal Monitoring Form. This form will address the Preferred Temperature and Palatability/Appearance. | | |

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| F 804 | <p>Continued From page 6</p> <p>bone of the lower leg) fracture, left fibula (the outer bone of the lower leg) fracture, right patella (the kneecap) fracture, and colostomy (a surgical opening in the abdomen that allows stool to pass from the colon).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS-a comprehensive assessment and care screening tool) dated 6/7/2024, the MDS indicated, Resident 1 had the ability to understand others. The MDS indicated Resident 1 had the ability to express ideas and wants. The MDS indicated Resident 1 needed maximal assistance from staff for putting on and taking off footwear, and showering. The MDS indicated Resident 1 needed moderate assistance from nursing staff for lower body dressing and personal hygiene. The MDS indicated Resident 1 needed nursing staff for upper body dressing, toileting, oral hygiene, rolling from left to right, changing positions from sitting to lying, and the ability to move from lying on the back to sitting on the side of the bed and with no back support.</p> <p>During a review of Resident 1 ' s Order Summary, dated 4/9/2021, the Order Summary indicated, to provide Resident 1 a regular diet with regular texture, and a double portion of protein upon request.</p> <p>During a review of Resident 1 ' s Order Summary, dated 6/7/2024, the Order Summary indicated, at 8 pm provide Resident 1 a snack as requested or available one time a day for a supplement.</p> <p>During a review of Resident 2 ' s Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on 6/27/2024 with diagnoses including stage four pressure ulcer (a</p> | F 804 | <p>This will be done weekly for 3 months or until substantial compliance.</p> <p>Monitor to ensure compliance:</p> <p>Random surveys using meal monitoring forms will be done weekly for 3 months or until substantial compliance.</p> <p>Administrator/designee and Dietary Supervisor to discuss findings of meal monitoring forms weekly.</p> <p>Any findings the Administrator will be made aware and presented to QAPI for review and recommendations monthly for 3 months or until substantial compliance.</p> <p>Compliance Date 08/07/2024</p> | | |

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| F 804 | <p>Continued From page 7</p> <p>wound that penetrates all three layers of skin) congestive heart failure (impairment of the heart 's ability to fill with and pump blood), and atherosclerotic heart disease (hardening of the arteries due to plaque build-up).</p> <p>During a review of Resident 2 ' s Care Plan titled "Resident 2 at nutritional risk for poor food intake., date initiated on 6/28/2024 and date revised on 7/11/2024 with interventions including to honor Resident 2 ' s food preferences within the meal plan, monitor for changes in nutritional status (changes in intake, ability to feed self, unplanned weight loss/gain, abnormal labs) and report to food and nutrition/physician as indicated. The Care Plan indicated to monitor intake at all meals, offer alternate choices as needed, alert dietitian and physician to any decline in intake. The Care Plan indicated to provide a regular diet (no salt on tray); regular texture as ordered. The Care Plan indicated to offer snacks. The Care Plan indicated to offer alternate food choices if less than 50 percent of the food is consumed at mealtime.</p> <p>During a review of Resident 2 ' s History and Physical (H&P), dated 7/1/2024, the H&P indicated, Resident 2 had the capacity to understand and make decisions.</p> <p>During a review of Resident 3 ' s Admission Record, the Admission Record indicated Resident 3 was originally admitted to the facility on 10/8/2015 and readmitted on to the facility on 11/1/2016 with diagnoses including hemiplegia (paralysis that affects one side of the body), atherosclerotic heart disease (hardening of the arteries due to plaque build-up), hyperlipidemia (a condition of high level of fats in the blood), and</p> | F 804 | | | |

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| F 804 | <p>Continued From page 8 hypertension (high blood pressure).</p> <p>During a review of Resident 3 ' s H&P, dated 11/7/2023, the H&P indicated, Resident 3 had the capacity to understand and make decisions.</p> <p>During a review of Resident 4 ' s Admission Record, the Admission Record indicated Resident 4 was originally admitted to the facility on 3/7/2023 and readmitted to the facility on 6/13/2024 with diagnoses including diabetes mellitus (a group of diseases that affect how the body uses blood sugar), protein calorie malnutrition, hyperlipidemia (a condition of high level of fats in the blood), and adult failure to thrive (occurs when an adult has a loss of appetite, eats and drinks less than usual, loses weight, and is less active than normal).</p> <p>During a review of Resident 4 ' s MDS dated 6/17/2024, the MDS indicated, Resident 4 had the ability to express ideas, wants and thoughts and the ability to understand others.</p> <p>During an interview on 7/18/2024 at 1:34 pm with Resident 1, Resident 1 stated she received vegetables from the kitchen that were over cooked, salty, and greasy. Resident 1 stated she asked for other vegetables and was told the vegetables are frozen and it would be a minute to prepare. Resident 1 stated she did not receive the vegetables. Resident 1 stated the food was cold or she just does not get food at all. Resident 1 stated food trays were just sitting in the warmers and receives food at room temperature. Resident 1 stated today she requested squash, mash potatoes and received food that looked pureed. Resident 1 stated she was not provided</p> | F 804 | | | |

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| F 804 | <p>Continued From page 9</p> <p>with snacks in the evening. Resident 1 stated one day she got carrots which was one of her food dislikes. Resident 1 stated she will ask for all fruit sometimes for meals and does not get it.</p> <p>During a review of Resident 1 ' s Grievance/Complaint Resolution Report, dated 6/21/2024, the Grievance/Complaint Resolution Report indicated, Resident 1 complained about not receiving her food tray on time and not receiving an evening snack on time.</p> <p>During an observation on 7/20/2024 at 8:32 am, in Resident 1 ' s room, on the breakfast tray was an uneaten burnt pancake.</p> <p>During an interview on 7/20/2024 at 11:27 am with Cook (Cook) 1, Cook 1 stated over or under cooked food should not be served to the residents. Cook 1 stated over cooked food will change the texture of the food. Cook 1 stated burnt food should not be served to residents if the food is burnt, it will change the presentation and taste.</p> <p>During an interview on 7/20/2024 at 12:57 pm with Certified Nursing Assistant (CNA) 1, CNA 1 stated sometimes residents do not get their food trays because they get misplaced or not delivered to their room and when the residents complain residents will get the food trays in a later time.</p> <p>During an interview on 7/20/2024 at 1:26 pm, with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 1 had complained about the food being brought to her late and cold. LVN 1 stated Resident 1 will send the meal back to the kitchen three to four times until she gets a meal that was acceptable for her.</p> | F 804 | | | |

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PRINTED: 07/31/2024
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055559 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 07/21/2024 |
| NAME OF PROVIDER OR SUPPLIER BAY CREST CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3750 GARNET STREET TORRANCE, CA 90503 | | |
| (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 | |
| F 804 | <p>Continued From page 10</p> <p>During an interview with Resident 2 on 7/21/2024 at 9:00 am, with Resident 2, Resident 2 stated food had been late and cold. Resident 2 stated the kitchen always serves chicken and broccoli and its repetitive. Resident 2 stated she always gets food she does not like and does not get the food she likes. Resident 2 stated she gets food brought into the facility from a family member because she does not like or eat the food at the facility.</p> <p>During an interview on 7/21/2024 at 9:35 am with Resident 3, Resident 3 stated the food was "nasty and lukewarm temperature."</p> <p>During an interview on 7/21/2024 at 9:40 am with Resident 4, Resident 4 stated sometimes the food was cold. Resident 4 stated the eggs were served cold on 7/21/2024 morning and sometimes the food was sitting in the warmers and served residents late.</p> <p>During an interview on 7/21/2024 at 12:07 pm with LVN 2, LVN 2 stated she received complaints from the residents about their food being cold. LVN 2 stated he will reheat the food in the microwave if the residents complain about the food being cold.</p> <p>During an interview on 7/21/2024 at 2:18 pm with Registered Nurse Supervisor (RNS) 2, RNS 2 stated Resident 1 prefers vegetables and sometimes the kitchen runs out of vegetables. RNS 2 stated the kitchen was not able to accommodate her preferences. RNS 2 stated Resident 1 had complained of not receiving meals on time. RNS 2 stated if food preferences were not honored residents will become depressed and hungry.</p> | F 804 | | | |

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| F 804 | <p>Continued From page 11</p> <p>During an interview on 7/22/2024 at 2:22 pm with Dietary Supervisor (DS), DS stated she tries to accommodate Resident 1 ' s preferences but the kitchen does not always have the food she likes. DS stated it is not acceptable to serve food that is burnt or cold we cannot serve food like that to the residents.</p> <p>During a review of Resident 1 ' s" Care Plan", date initiated on 4/15/2021 and revised on 3/12/2024, the Care Plan indicated, Resident 1 was at a nutritional risk related to multiple food preferences due to history of particular meal choices, asking for extra desserts, gravy, entrée at certain times and changing menu choices at the last minute. The Care Plan indicated to honor food preferences within the kitchen's always available cycle menu and substitution menu. Monitor intake at all meals, offer alternate choices as needed, alert dietitian and physician to any decline in intake. Offer house snacks twice a day in between meals as ordered. Offer alternate food choices if less than 50 percent consumed at mealtime.</p> <p>During a review of the facility ' s policy and procedure (P&P), titled "Food: Quality and Palatability", date revised 9/2017, the P&P indicated, "Food will be prepared by methods that conserve nutritive value, flavor, and appearance. Food will be palatable, attractive, and served at a safe and appetizing temperature. The Cook(s) prepares food in accordance with the recipes, and season for region and/or ethnic preference, as appropriate. Cook(s) use proper cooking techniques to ensure color and flavor retention."</p> <p>During a review of the facility ' s policy and</p> | F 804 | | | |

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| F 804 | Continued From page 12 procedure (P&P), titled "Dining and Food Preferences", date revised 9/2017, the P&P indicated The Dining Service Director, RDN (Registered Dietician/Nutritionist) or other clinically qualified nutrition professional, or designee, will enter information pertinent to the individual meal plan into the plan of care. The individual tray assembly ticket will identify all food items appropriate for the resident/patient based on diet order, allergies, & intolerances and preferences. Upon meal service, any resident/patient with expressed or observed refusal of food and/or beverages will be offered an alternate selection of comparable nutrition value. The alternate meal and/or beverage selection will be provided in a timely manner." | F 804 | | | |