



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
February 19, 2025

Administrator  
The Villas At Bryn Mawr LLC  
275 Penn Avenue North  
Minneapolis, MN 55405

RE: CCN: 245203  
Cycle Start Date: January 14, 2025

Dear Administrator:

On February 4, 2025, we notified you a remedy was imposed. On February 14, 2025 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of February 14, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective April 14, 2025 did not go into effect. (42 CFR 488.417 (b))

In our letter of February 4, 2025, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from April 14, 2025 due to denial of payment for new admissions. Since your facility attained substantial compliance on February 14, 2025, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)



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January 22, 2025

Administrator  
The Villas At Bryn Mawr LLC  
275 Penn Avenue North  
Minneapolis, MN 55405

RE: CCN: 245203  
Cycle Start Date: January 14, 2025

Dear Administrator:

On January 14, 2025, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

#### **ELECTRONIC PLAN OF CORRECTION (ePoC)**

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);

- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

#### DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" and/or an "E" tag), i.e., the plan of correction should be directed to:

Terri Ament, Regional Operations Supervisor, Rapid Response  
Health Regulation Division  
Minnesota Department of Health  
Duluth Technology Village  
11 East Superior Street, Suite 290  
Duluth, Minnesota 55802-2007  
Email: [teresa.ament@state.mn.us](mailto:teresa.ament@state.mn.us)  
Office: (218) 302-6151 Mobile: (218) 766-2720

#### PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

#### VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

#### FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by April 14, 2025 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by July 14, 2025 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections

The Villas At Bryn Mawr LLC

January 22, 2025

Page 3

488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

#### INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

#### INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)



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January 22, 2025

Administrator  
The Villas At Bryn Mawr LLC  
275 Penn Avenue North  
Minneapolis, MN 55405

Re: Event ID: 4NON11

Dear Administrator:

The above facility survey was completed on January 14, 2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0970  
Phone: 651-201-4117  
Email: [Melissa.Poepping@state.mn.us](mailto:Melissa.Poepping@state.mn.us)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245203</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/14/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE VILLAS AT BRYN MAWR LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>275 PENN AVENUE NORTH</b> <b>MINNEAPOLIS, MN 55405</b>
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(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
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>On 1/13/25 and 1/14/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaint was reviewed: H52034351C (MN00109708) with a deficiency cited at F684.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F 000		
F 684 SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p>	F 684		2/3/25

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

TITLE

(X6) DATE

Electronically Signed

01/23/2025

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 684	<p>Continued From page 1</p> <p>Based on interview and document review, the facility failed to monitor 2 of 4 residents (R1, R4) following an unwitnessed fall.</p> <p>R1's admission Minimum Data Set (MDS) dated 12/14/24 indicated R1 had severe cognitive impairment with diagnoses which included stroke.</p> <p>R1's nursing note dated 1/4/25 indicated R1 fell and hit the right side of his forehead causing a bump. The note lacked size and description of the injury, and any indication of treatment.</p> <p>R1's electronic medical record (EMR) lacked documentation of monitoring of the injury and ongoing monitoring following the fall to include neuro checks and vital signs.</p> <p>R4's quarterly MDS dated 11/1/24 indicated R4 had intact cognition with diagnoses which included type 2 diabetes mellitus.</p> <p>R4's nursing note dated 1/6/25 indicated R4 was found laying on the floor next to his bed during morning rounds. The note lacked indication of any injury or treatment.</p> <p>R4's EMR lacked documentation of ongoing monitoring for injury and ongoing monitoring following the fall.</p> <p>On 1/13/25 at 2:20 p.m., licensed practical nurse (LPN)-A stated R1 had a bruise on his forehead from a fall. LPN-A confirmed the only documentation about the injury was in the initial fall note. LPN-A stated the documentation should have included definition of the injury including</p>	F 684	<p>Immediate Corrective Action: ¿¿ R1 has been discharged from the facility. R4 has had no falls since 1/6/25- completed assessment and has no injury from his fall</p> <p>Other Residents Identified: All residents who have a fall have the potential to be affected. All residents who have had a fall in the last 2 weeks have been assessed and determined no change since fall.</p> <p>¿ Process changes: ¿ Fall Prevention and Management Policy was reviewed and remains current. ¿</p> <p>Corrective Action as it applies to others: ¿¿ Education started for all nurses for fall follow-up (VS every shift for 24 hours, monitoring for 72 hours post fall, neuros for 24 hours) started and is ongoing- 1/24/25 Education completed with nursing management about fall follow-up and ensuring monitoring orders are entered and neurochecks are being completed. This is to be documented on the facility's morning meeting form.</p> <p>¿¿ Recurrence will be prevented by: ¿¿ Weekly audits completed for all residents who had a fall in the previous week x4 weeks The results of these audits will be shared with the facility QAPI committee for input on the need to increase, decrease, or discontinue the audits. ¿¿</p>	

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F 684	<p>Continued From page 2</p> <p>measurement, color, and skin temperature.</p> <p>On 1/14/25 at 11:15 a.m., registered nurse (RN)-A stated all injuries from a fall should be clearly documented to include location, size, color and if the skin was open. Neuro checks should be completed for all unwitnessed falls and all head strikes. Nurse's notes should be written every shift to include any new injuries or changes since the fall.</p> <p>On 1/14/25 at 2:29 p.m., regional nurse consultant (RN)-C stated neuro checks should be started for all unwitnessed falls even if the resident says they did not hit their head. The resident might be embarrassed and not want to tell the truth. Following a fall, a resident should be monitored for new/increased pain, injuries, and neuro checks. A nurse's note should be written every shift for 72 hours following the fall. RN-C confirmed there was a lack of monitoring following R1's fall on 1/4/25, and R4's fall on 1/6/25.</p> <p>On 1/14/25 at 4:08 p.m., nurse practitioner (NP) stated neuro checks, vital signs and general monitoring for injuries should be completed for all unwitnessed falls, and witnessed falls with head strike. Signs of a head injury include decreased mental status, nausea, vomiting, decrease in balance, and decrease in mobility.</p> <p>The facility Fall Prevention and Management policy dated 2/2024 instructed if a bump to the head is suspected or confirmed after a fall occurred, complete neuro checks and update the provider. Nursing should utilize the neuro flow sheet. Nursing staff will observe for delayed complications</p>	F 684	<p>??</p> <p>Corrections will be monitored by: ??</p> <p>DON/Designee</p>	

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F 684	Continued From page 3 of a fall for 72 hours after an observed or suspected fall and will document findings in the medical record.	F 684		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>01/14/2025</b>
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On 1/13/25 and 1/14/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure.</p>	2 000		
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Minnesota Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE

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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>The following complaint was reviewed: H52034351C(MN00109708). NO licensing orders were issued.</p> <p>Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.</p>	2 000		