DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
July 20, 2026

Administrator
THE ESTATES AT LYNNHURST LLC
471 LYNNHURST AVENUE WEST
SAINT PAUL, MN 55104

RE: CCN: 245394
Cycle Start Date: June 8, 2026

Dear Administrator:

On July 10, 2026, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

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

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 25, 2026

Administrator
The Estates at Lynnhurst LLC
471 LYNNHURST AVENUE WEST
SAINT PAUL, MN 55104

RE: CCN:245394
Cycle Start Date: June 9, 2026

Dear Administrator:

On June 9, 2026, 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:

Tina Larsen, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
St. Cloud District Office
4140 Thielman Lane
Saint Cloud, Minnesota 56301-4557
Email: Tina.Larsen@state.mn.us
Office: (320) 223-7374 Mobile: (320) 423-0619

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 September 9, 2026 (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 December 9, 2026 (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 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

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

DEPARTMENT OF HEALTH

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Electronically delivered

June 25, 2026

Administrator
The Estates at Lynnhurst LLC
471 LYNNHURST AVENUE WEST
SAINT PAUL, MN 55104

Re: Event ID: 2352F1-H1

Dear Administrator:

The above facility survey was completed on June 9, 2026 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,

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245394	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Lynnhurst LLC	**471 LYNNHURST AVENUE WEST , SAINT PAUL, Minnesota, 55104**

(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
F0000	INITIAL COMMENTS On 6/9/26, 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. The following complaint was reviewed: H53942747C (3032722) with a citation at F697. 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. 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.	F0000		07/02/2026
F0697 SS = D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is NOT MET as evidenced by: Based on interview and document review, the facility failed to assess pain, and failed to offer or attempt non-pharmacological pain interventions (interventions other than medications), prior to the administration of as-needed (PRN) pain medications for 3 of 4 residents (R1, R2, R4) reviewed for pain.	F0697	Immediate Corrective Action: Resident 1 Amy Swanson - discharged R2 – Lisa Clukey - pain assessments were completed and pain focus was added to the care plan for each of these residents R3 – Brett Asfled - pain assessments were completed and pain focus was added to the care plan for each of these residents Corrective Action as it applies to others: Preparation and general guidelines for medication administration policy was reviewed and no changes	07/02/2026

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F0697 SS = D	Continued from page 1 Findings include: R1's admission Minimum Data Set (MDS) dated 5/27/26, indicated no cognitive deficits. R1 had pain that frequently affected sleep, the ability to participate in therapy, and activities of daily living (ADLs). R2 received scheduled pain medication, PRN pain medication, and non-medication interventions for pain. R1's alteration in comfort care plan dated 5/29/26, instructed to provide non-medicinal forms of pain relief such as positioning, rest, massage, pain medication as ordered by medical doctor, and to document on effectiveness of pain medication. A pain evaluation/assessment was requested for R1; however, none was provided. R1's provider order dated 5/21/26, instructed oxycodone-acetaminophen (opioid/narcotic pain medication) 10-325 milligrams (mg) to be given every four hours as needed for severe pain. R1's June 2026 Medication Administration Record (MAR) indicated oxycodone-acetaminophen PRN was administered at the following times: -6/7/26 at 3:26 a.m., for a pain level of 7/10 (moderate pain) which was recorded as "E [effective for pain relief/reduction]." A corresponding progress note dated 6/7/26 identified the medication was administered, but lacked what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, or R1's pain location. -6/7/26 at 3:32 p.m., for a pain level of 8/10 (severe pain) which was recorded as "E." A corresponding progress note dated 6/7/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R1's pain location. -6/7/26 at 7:36 p.m., for a pain level of 6/10 (moderate pain) which was recorded as "E." A corresponding progress note dated 6/7/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication	F0697	Continued from page 1 were needed Pain Management protocol was reviewed and no changes were needed A full house audit was completed to identify all residents that prn pain meds and determine what nonpharmacological interventions may be helpful for their pain. That information was changed in their nonpharmacological intervention order and their care plan updated to reflect pain needs. Education: Licensed nurses have been educated regarding offering all nonpharmacologic al pain interventions prior to administering pain medications and documenting the location of the pain, as well as assessing the pain level. Date of Compliance: 7/2/26 Recurrence will be prevented by: Will Audit 5 residents that have prn pain medication weekly x 4 weeks to ensure nonpharmacological interventions were offered and location/Assessment of pain was documented when prn pain medication was administered. The results of these audits will be shared with the facility QAPI for input on the need to increase, decrease, or discontinue audits. Corrections will be monitored by: DON/designee	07/02/2026

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F0697 SS = D	Continued from page 2 administration, nor R1's pain location. -6/7/26 at 11:38 p.m., for a pain level of 6/10 which was recorded as "E." A corresponding progress note dated 6/7/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration nor R1's pain location. -6/8/26 at 6:22 a.m., for a pain level of 4/10 (mild pain) which was recorded as "I [ineffective]." A corresponding progress note dated 6/8/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R1's pain location. -6/8/26 at 2:39 p.m., for a pain level of 8/10. A corresponding progress note dated 6/8/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R1's pain location. During an interview on 6/10/2026 at 9:37 a.m., R1 stated she had pain in her back but sometimes the pain was in her legs. PRN oxycodone-acetaminophen helped her pain as well as repositioning and rest, which she did herself. R1 identified she set an alarm to track when she could next have pain medication. R2's quarterly MDS dated 4/21/26 indicated no cognitive deficits. R2's Pain Evaluation form dated 4/21/26 indicated R2 had mild pain that frequently affected sleep and the ability to participate in therapy. R2 was on a scheduled pain medication regimen and did not receive PRN pain medication nor non-medication interventions for pain. R2 was not experiencing pain at the time the form was completed. R2's comprehensive care plan dated 4/27/26, lacked a focus, goal, or interventions related to pain management and the associated sleep issues or ability to participate in therapy. R2's provider order dated 4/20/26, instructed Methocarbamol (muscle relaxant), 500 mg, to be	F0697		07/02/2026

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F0697 SS = D	Continued from page 3 given every six hours as needed for muscle pain. R2's June 2026 MAR indicated Methocarbamol PRN was administered at the following times: -6/2/26 at 9:03 p.m., which was recorded as "E [effective]." A corresponding progress note dated 6/2/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R2's pain level or pain location. -6/5/26 at 11:10 a.m., which was recorded as "E." A corresponding progress note dated 6/5/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R2's pain level or pain location. -6/8/26 at 1:23 p.m., which was recorded as "E." A corresponding progress note dated 6/8/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R2's pain level or pain location. During an interview on 6/9/2026 at 12:21 p.m., R2 stated she laid down to rest when she started to experience pain, which primarily was in her legs, as this helped to relieve it. If that did not work, she updated staff and requested a pain pill. She could not recall the name of this medication, but stated it relieved the pain R4's quarterly MDS dated 5/20/26, indicated moderately impaired cognition. R4 had received scheduled PRN pain medication and non-pharmaceutical pain interventions. P4's Pain Evaluation form dated 5/20/26, indicated R4 did not have pain in the five days prior to 5/20/26. R4 had mild pain that rarely or never interfered with sleep, therapy or day to day activities. R4's alteration in comfort due to generalized pain care plan focus, dated 2/23/26, included interventions, but not limited to, pain medication as ordered by medical doctor and to document the effectiveness of pain medication. R4's	F0697		07/02/2026

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F0697 SS = D	Continued from page 4 comprehensive care plan lacked indication of non-pharm interventions for pain. R4's provider order dated 5/7/26, instructed oxycodone-acetaminophen, 10 mg, to be given every four hours as needed for cancer-related pain. R4's June 2026 MAR indicated PRN oxycodone-acetaminophen was administered at the following times: -6/8/26 at 1:41 a.m., for a pain level of 6/10 which was recorded as "E." A corresponding progress note dated 6/8/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R4's pain location. -6/8/26 at 9:30 a.m., for a pain level of 6/10 which was recorded as "E." A corresponding progress note dated 6/8/26 identified the medication was administered for right rib pain but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration. -6/8/26 at 4:24 p.m., for a pain level of 8/10 which was recorded as "E." A corresponding progress note dated 6/8/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R4's pain location. -6/8/26 at 8:38 p.m., for a pain level of 8/10 which was recorded as "E." A corresponding progress note dated 6/8/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R4's pain location. -6/9/26 at 4:59 p.m., for a pain level of 8/10 (severe pain) which was recorded as "E." A corresponding progress note dated 6/9/26 identified the medication was administered but did not include what, if any, non-pharmacological interventions had been attempted or offered prior to the medication administration, nor R4's pain location. During an interview on 6/9/2026 at 4:30 p.m., R4 stated he had pain in his mouth, head and whole	F0697		07/02/2026

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F0697 SS = D	Continued from page 5 body. He did not know if there was anything that helped with his pain and he could not. recall staff ever offering something other than medication(s) for the pain. During an interview on 6/9/2026 at 2:07 p.m., licensed practical nurse (LPN)-A stated when a resident complained of pain, the nurse should ask the resident where their pain was and to rate their pain on a scale of 0 (no pain) to 10 (worst pain ever), and the nurse should offer non- pharmacological (non-pharm) interventions like food, fluids, repositioning and a quiet space. If the non-pharms are ineffective, the nurse should offer a PRN pain medication if available. LPN-A explained the nurse should document the non-pharms attempted and the effectiveness, pain scale, and pain location when administering a PRN pain medication. During an interview on 6/9/2026 at 3:39 p.m., LPN-B stated when a resident complained of pain the nurse should ask the resident where the pain was located, rate the pain on a scale of 0-10, and what helped with the pain. LPN-B identified most residents knew what worked to relieve their pain and what did not. LPN-B explained when the nurse clicked on a pain medication to document administration; the computer would prompt to document pain level and open a note where the nurse should indicate where the pain was located. Non-pharm interventions were documented once a shift with any interventions attempted that shift. There was nowhere to document if the non-pharm intervention was effective or not. On 6/9/2026 at 4:11 p.m., a message was left for the facility's nurse practitioner with no return phone call. During an interview on 6/9/2026 at 4:37 p.m., director of nursing (DON) stated when a resident had pain, the nurse should complete a pain assessment that included pain location and pain severity, should attempt non-pharm interventions prior to administering a PRN pain medication, and should document pain location, rating and non-pharms attempted with effectiveness in a nursing note with the PRN medication administration. DON confirmed pain location and non-pharms attempted were not documented with the PRN pain medication administration for R1, R2, and R4. DON stated non-pharms were documented in the TAR once per	F0697		07/02/2026

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F0697 SS = D	Continued from page 6 shift. DON stated pain location was important so the nurse could assess if the pain was in a new location. The Medication Administration policy, dated 4/2018, instructed when PRN medications are administered the following should be documented: a. Date and time of administration, dose, route of administration (if other than oral), and if applicable, the injection site. b. Complaints or symptoms for which the medication was given. c. Results achieved from giving the dose and the time results were noted. d. Signature or initials of person recording administration and signature or initials of person recording effects. The Pain Management Protocol dated 3/23/23, instructed nursing to evaluate for appropriate non-pharmacologic interventions to address the resident's pain.	F0697		07/02/2026

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The Estates at Lynnhurst LLC	**471 LYNNHURST AVENUE WEST , SAINT PAUL, Minnesota, 55104**

(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
20000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER 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. 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. 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. INITIAL COMMENTS: On 6/9/26, a complaint survey was conducted at your facility by a surveyor from the Minnesota Department of Health (MDH). Your facility was found IN compliance with MN State Licensure. The following complaint was reviewed: H53942747C (3032722). NO licensing orders were issued.	20000		07/02/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **06/09/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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20000	Continued from page 1 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.	20000		07/02/2026