STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155076	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER- BROOKVIEW	7145 E 21ST ST INDIANAPOLIS, IN 46219

(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
F000000	This visit was for the Investigation of Complaint IN00153898. Complaint IN00153898 - Substantiated. Federal and state deficiencies related to the allegations are cited at F276 and F281. Unrelated deficiency is cited. Survey dates: August 14 & 18, 2014 Facility number: 000031 Provider number: 155076 AIM number: 100266150 Survey team: Penny Marlatt, RN Census bed type: SNF/NF: 107 Total: 107 Census payor type: Medicare: 6 Medicaid: 81 Other: 20 Total: 107 Sample: 6 These deficiencies reflect state findings cited in accordance with 410 IAC	F000000		

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	16.2-3.1. Quality review completed on August 19, 2014 by Cheryl Fielden, RN.			
F000276 SS=E	483.20(c) QUARTERLY ASSESSMENT AT LEAST EVERY 3 MONTHS A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months. Based on interview and record review, the facility failed to ensure quarterly assessments conducted for the Minimum Data Set (MDS) Assessments included a comprehensive nursing assessment for 2 of 6 residents reviewed for assessments in a sample of 6. This deficient practice has the potential to yield inaccurate information regarding each resident's functional and cognitive status which in turn could result in inappropriate care provision for each resident. (Resident #A and Resident #B) Findings include: 1. Resident #A's clinical record was reviewed on 8-14-14 at 3:05 p.m. His diagnoses included, but were not limited to, bilateral leg amputations in the 1970's, depression, anxiety, adult failure to thrive, neurogenic bladder and general	F000276	**F-0276 POC** It is the practice of this facility that a resident must be assessed using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months. **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice are as follows**: Quarterly Assessments were completed for Residents #A and #B on 8-14-14. **How other residents having the potential to be affected by the same deficient practice identified and the corrective actions will be taken are as follows**: All residents have the potential to be affected by the deficient	09/17/2014

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	muscle weakness. Review of Resident #A's MDS Assessments indicated an annual MDS Assessment was conducted on 2-24-14 and a quarterly MDS Assessment was conducted on 5-27-14. Review of the comprehensive nursing assessments indicated one was conducted on 2-24-14 and no further were conducted until 8-14-14. 2. Resident #B's clinical record was reviewed on 8-15-14 at 11:05 a.m. Her diagnoses included, but were not limited to, left frontal and basal ganglia infarct, CVA (cerebrovascular accident or stroke) with right-sided hemiplegia, coronary artery disease, cardiomyopathy, diabetes, dysphagia (difficulty in swallowing), hypertension and CHF (congestive heart failure). Review of Resident #B's MDS Assessments indicated an admission MDS Assessment was conducted on 3-21-14 and a quarterly MDS Assessment was conducted on 5-28-14. Review of the comprehensive nursing assessments indicated one was conducted upon admission on 3-21-14 and no further were conducted until 8-14-14. In interview with the Director of Nursing		practice. There were no adverse outcomes related to the deficient practice. Facility audit of all charts regarding Quarterly Assessments was completed on 8-14-14. All residents with updated Quarterly Assessments completed on 8-14-14. **What measures will be put into place and the systemic changes will be made to ensure deficient practice does not recur are as follows:** MDS Coordinator will compile Quarterly Assessment packets corresponding with MDS assessment window monthly with date to be completed and distribute to appropriate Unit Manager. Unit Manager will assign Quarterly Assessment packets to Charge Nurses to complete. Unit Manager will ensure that packet is completed on time and filed in chart according to assessment list. Licensed nursing staff in-service on Brookview Quarterly Assessment Policy completed by 9-17-14. Licensed nursing staff will be cognizant of their role in completion of assessments within the required time frame by 9-17-14. **How the corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:**	

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	Services (DNS) on 8-14-14 at 4:25 p.m., she indicated, "This week, we were made aware by the MDS Coordinator's assistant that the previous MDS Coordinator had told her that some of the quarterly [nursing] assessments had not been completed...She [the former MDS Coordinator] had not mentioned anything to me about any problems she was encountering with the MDS assessments, only to her fellow MDS staff member. It makes me feel very bad, as a DNS, that she would not feel comfortable to come to me to let me know there were problems. Typically, the MDS staff are responsible to make sure the nursing staff get the assessments packets when the resident is in their window [time frame for MDS Assessments to be completed]. We were only notified by the assistant MDS Coordinator yesterday about the situation with [name of former MDS Coordinator] and the assessments. We were hoping that if she did call state [Indiana Department Health, Long Term Care Division], that it would be a week or so before you came in. Well, here you show up this morning. We began working last night on auditing the charts to see what needed done and have begun with updating the assessments." In an interview with the Executive Director (ED) on 8-15-14 at 9:05 a.m., he		Director of Nursing Services will review the list of residents with assessments due on a monthly basis and double-check to ensure all assessments are updated and appropriately filed x 6 months. Findings will be presented to the monthly Quality Assurance/Performance Improvement Committee for further review and recommendations x 6 months. **By what date the systemic changes will be completed is as follows:** 9-17-14 **We are requesting desk review paper compliance to this deficient practice.**	

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	indicated, "The nurses completed their audits last evening and I believe caught up all the assessments. I believe there were about 50 that needed done." The facility census on 8-14-14 was indicated to be 107. The ED indicated the former MDS Coordinator had been suspended on 8-6-14 related to work performance issues unrelated to the assessments not being conducted. He indicated this former employee transferred to a sister corporate facility. In an interview with the Assistant MDS Coordinator on 8-14-14 at 4:45 p.m., she indicated, "I was not aware specifically that the quarterly nursing assessments had not been done." She indicated, "I typically don't even look at the paper nursing assessments for information...We normally get the needed information for the RAI ' s (Resident Assessment Instrument] from the electronic records from the nursing progress notes, or other disciplines and from the doctor's progress notes. The CNA's chart their care on the Kiosks. The quarterly nursing assessment is done as a paper document, not on the computer." In an interview with the DNS on 8-18-14 at 12:40 p.m., she indicated the facility			

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	does not have a specific policy related to whom is suppose to do what as far as the MDS Assessments are related. She indicated, "It's more of an understanding." She indicated it is implied, based upon one's job title and job description. She indicated she verified this information with the corporate staff. The policy I gave you the other day was to help spell out what needed done by whom. In an interview with the DNS on 8-15-14 at 9:08 a.m., she indicated she had written a policy the previous night in response to concerns with nursing assessments not being conducted in a timely manner. This policy was entitled, "Brookview Quarterly Assessment Policy." It indicated, "MDS Coordinator will be responsible for creating a monthly list of residents in assessment window including Assessment Packet and date to be completed. MDS Coordinator will give Assessment Packet with date due to appropriate Unit Manager. Unit Manager will be responsible for assigning Assessment Packets to Charge Nurses. Charge Nurse will be given a due date for completion. UM [Unit Manager} will audit and review quarterly assessments on weekly basis to ensure timely and accurate completion. DNS will review all residents on a monthly basis using list			

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	of Resident in Assessment Window provided by MDS Coordinator on the last day of the month." This Federal tag relates to Complaint IN00153898. 3.1-31(d)(3)			
F000281 SS=E	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. Based on interview and record review, the facility failed to ensure a Registered Nurse acted in a professional manner and completed assigned resident-related tasks related to assessments in a timely fashion. This deficient practice has the potential to negatively impact the care and services received by all residents of the facility. (Former MDS [Minimum	F000281	**F-0281 POC** It is the practice of this facility that the services provided or arranged by the facility must meet professional standards of quality. **What corrective actions will be accomplished for those residents found to have been affected by the deficient**	09/17/2014

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	Data Set Assessment] Coordinator) Findings include: In interview with the Director of Nursing Services (DNS) on 8-14-14 at 4:25 p.m., she indicated, "This week, we were made aware by the MDS Coordinator's assistant that the previous MDS Coordinator had told her that some of the quarterly [nursing] assessments had not been completed...She [the former MDS Coordinator] had not mentioned anything to me about any problems she was encountering with the MDS assessments, only to her fellow MDS staff member. It makes me feel very bad, as a DNS, that she would not feel comfortable to come to me to let me know there were problems. Typically, the MDS staff are responsible to make sure the nursing staff get the assessments packets when the resident is in their window [time frame for MDS assessments to be completed]. We were only notified by the assistant MDS Coordinator yesterday about the situation with [name of former MDS Coordinator] and the assessments. We were hoping that if she did call state [Indiana Department Health, Long Term Care Division], that it would be a week or so before you came in. Well, here you show up this morning. We began working last night on auditing the charts		**practice are as follows**: Quarterly Assessments were completed for Residents #A and #B on 8-14-14. MDS Coordinator (Registered Nurse employee) no longer is employed at this facility. **How other residents having the potential to be affected by the same deficient practice identified and the corrective actions will be taken are as follows**: All residents have the potential to be affected by the deficient practice. There were no adverse outcomes related to the deficient practice. Facility audit of all charts regarding Quarterly Assessments was completed on 8-14-14. All residents with updated Quarterly Assessments completed on 8-14-14. MDS Coordinator (Registered Nurse employee) no longer is employed at this facility. **What measures will be put into place and the systemic changes will be made to ensure deficient practice does not recur are as follows:** Staff in-service in regards to informing chain of command and bringing forth observations regarding lack of updated paperwork or incomplete processes that could potentially lead to out-dated or missing patient information completed by 9-5-14. Licensed nursing staff in-service on the Code of Ethics	

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	to see what needed done and have begun with updating the assessments." In an interview with the Executive Director (ED) on 8-15-14 at 9:05 a.m., he indicated, "The nurses completed their audits last evening and I believe caught up all the assessments. I believe there were about 50 that needed done." The facility census on 8-14-14 was indicated to be 107. The ED indicated the former MDS Coordinator had been suspended on 8-6-14 related to work performance issues unrelated to the assessments not being conducted. He indicated this former employee transferred to a sister corporate facility. In an interview with the DNS on 8-18-14 at 12:40 p.m., she indicated the facility does not have a specific policy related to whom is suppose to do what as far as the MDS assessments are related. She indicated, "It's more of an understanding." She indicated it is implied, based upon one's job title and job description. She indicated she verified this information with the corporate staff. She indicated, "The policy I gave you the other day was to help spell out what needed done by whom."		for Nurses, Code Standard 1.5 completed by 9-17-14. MDS Coordinator will compile Quarterly Assessment packets corresponding with MDS assessment window monthly with date to be completed and distribute to appropriate Unit Manager. Unit Manager will assign Quarterly Assessment packets to Charge Nurses to complete. Unit Manager will ensure that packet is completed on time and filed in chart according to assessment list. Licensed nursing staff in-service on Brookview Quarterly Assessment Policy completed by 9-17-14. Licensed nursing staff will be cognizant of their role in completion of assessments within the required time frame by 9-17-14. **How the corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:** Director of Nursing Services will review the list of residents with assessments due on a monthly basis and double-check to ensure all assessments are updated and appropriately filed x 6 months. Findings will be presented to the monthly Quality Assurance/Performance Improvement Committee for further review and recommendations x 6 months.	

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	In an interview with the DNS on 8-15-14 at 9:08 a.m., she indicated she had written a policy the previous night in response to concerns with nursing assessments not being conducted in a timely manner. This policy was entitled, "Brookview Quarterly Assessment Policy." It indicated, "MDS Coordinator will be responsible for creating a monthly list of residents in assessment window including Assessment Packet and date to be completed. MDS Coordinator will give Assessment Packet with date due to appropriate Unit Manager. Unit Manager will be responsible for assigning Assessment Packets to Charge Nurses. Charge Nurse will be given a due date for completion. UM [Unit Manager} will audit and review quarterly assessments on weekly basis to ensure timely and accurate completion. DNS will review all residents on a monthly basis using list of Resident in Assessment Window provided by MDS Coordinator on the last day of the month." In review of the former MDS Coordinator's employee file, it indicated she had been employed by the corporation since December, 2006. She had held several positions within the corporation, including several positions related to MDS Assessments since 2011		ED/DNS/ADNS will interview staff on varying shifts weekly x 6 months to ensure they are aware of their chain of command and appropriate manner in which to voice concerns. **By what date the systemic changes will be completed is as follows:** 9-17-14 **We are requesting desk review paper compliance to this deficient practice.**	

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	or prior. In an "Employee Memorandum," dated 8-6-14, it indicated the former MDS Coordinator had violated a corporate rule violation related to "Making malicious statements about a supervisor." In interview with the DNS on 8-18-14 at 3:00 p.m., she indicated, "In the written counseling (from 8-6-14), what I was referring to has to do with Medicare charting. I have been at 4 different [facilities of this corporation] and each one uses the same format for helping to identify what items need to be charted on in relationship to Medicare reimbursement. For example, if a person would come in after a knee replacement and has pneumonia, it helps to identify what areas to document on for that person in regards to their Medicare status. [Name of former MDS Coordinator] was suppose to have been working on getting this caught up and current. When I asked her to do this, she told me she would. I did not follow up with her for 2 months. When I did, she told me that she was working on it, but when she told me this, I was looking at the " Medicare Book " and it had not been caught up. Then she told me the book wasn't working. She came up with an alternative, then didn't use it, and was suppose to be going back to the			

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	'Medicare Book'. " A written statement was included in the counseling information for the former MDS Coordinator from the DNS. It indicated on 7-30-14 she had been made aware by the corporate office regarding Medicare documentation. She indicated the facility's "Medicare Book" had not been updated since the first of June, 2014. She indicated she had instructed the former MDS Coordinator to ensure the "Medicare Book" was updated around the first week in June, 2014. She indicated the former MDS Coordinator was in agreement with this request at that time. She indicated she texted the former MDS Coordinator at this time and stated the "Medicare Book" was not updated. She indicated the former MDS Coordinator responded the information had been updated, "but they work." The DNS indicated, via text, she was looking at one of the books and it did not include any of the new resident admissions. On 7-31-14, it indicated the DNS and ED spoke with the former MDS Coordinator regarding the updating of the "Medicare Book." She indicated the employee responded, "I'm not going to do it. It doesn't work." It indicated on 8-6-14, after a Medicare meeting, the former MDS Coordinator "left the meeting and went to the nurse's station and told two			

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	nurses that I had stated 'all the nurses were idiots.' " She indicated this statement was never made. She indicated those present at the meeting included the ED, the Assistant Director of Nursing Services and the Business Office Manager. A written statement was included in the employee counseling information from one of the two nurses who indicated the former MDS Coordinator had stated to her and a fellow nurse the former MDS Coordinator had indicated the DNS had called all of the nurses "idiots" in a meeting on 8-6-14. In review of the job description for "RN Assessment Coordinator," it indicated, "Assists in the development of a comprehensive resident assessment and care plan...Facilitates the involvement of appropriate health professionals needed to improve or maintain the resident's functional abilities at the highest practible level...Participates in the Medicare Part A in house review on a monthly basis...Understands, complies with and promotes all rules and regulations regarding resident's rights; promotes positive relationships with residents, visitors and regulators. Demonstrates professionalism with communication style and dress...Able to			

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	relate positively, favorably and cooperatively with others, including associates, residents, family members, and personnel of outside agencies and organizations." This job description was signed by the former MDS Coordinator on 6-15-11. In review of a job description for "Interim Director of Nursing Services," it indicated, "Concern based on previous behavior: Interim DNS will relate professionally, positively, cooperatively with all members of the Leadership Team, the Nursing Leadership Team, and facility staff at all levels at all times. Interim DNS will foster effective and functional teams, and contribute to employee engagement. This job description was signed by the former MDS Coordinator on 1-17-14. In interview with the ED on 8-18-14 at 12:40 p.m., he indicated the former MDS Coordinator was the facility's Interim DNS from Jan 17th to Feb 25th, 2014. He indicated he was asked to include an addition to the Interim DNS job description about " playing nice with others, " because there apparently had been some concerns in the past about that. Review of the American Nursing			

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	Association's, "Code of Ethics for Nurses," (November, 2010) was reviewed on 8-19-14 on the American Nursing Association's website (nursingworld.org). Code Standard 1.5, "Relationships with Colleagues and Others," indicated, "The principle of respect for persons extends to all individuals with whom the nurse interacts. The nurse maintains compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals, to integrity-preserving compromise, and to resolving conflict. Nurses function in many roles, including direct care provider, administrator, educator, researcher, and consultant. In each of these roles, the nurse treats colleagues, employees, assistants, and students with respect and compassion. This standard of conduct precludes any and all prejudicial actions, any form of harassment or threatening behavior, or disregard to for the effect of one's actions on others. The nurse values the distinctive contribution of individuals or groups and collaborates to meet the shared goal of providing quality health services." This Federal tag relates to Complaint IN00153898. 3.1-35(g)(1)			

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F000441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.			

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	(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation and interview, the facility failed to ensure urinary catheter bags and/or tubing does not come into contact with the floor for 2 of 3 residents reviewed for urinary catheters in a sample of 6. Residents #A and #D) Findings include: 1. Resident #A's clinical record was reviewed on 8-14-14 at 3:05 p.m. His diagnoses included, but were not limited to, bilateral leg amputations in the 1970's, depression, anxiety, adult failure to thrive, neurogenic bladder with urinary catheter and general muscle weakness. During the initial tour with the Director of Nursing Services (DNS) on 8-14-14 at 10:25 a.m., Resident #A was observed to be in his wheelchair between his room and the nurse's station. His urinary catheter bag and tubing were observed to be dragging on the floor under his wheelchair. The resident was re-directed to his room by facility staff at this time. He was observed to emerge from his room shortly thereafter with the urinary catheter bag and tubing off of the floor. In an interview with the DNS on 8-18-14	F000441	**F-0441 POC** It is the practice of this facility to establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. **What corrective actions will be accomplished for those residents found to have been affected by the deficient practice are as follows:** Resident #A and Resident #D urinary catheter bags and tubing were secured off the floor on 8-14-14 after observation. **How other residents having the potential to be affected by the same deficient practice identified and the corrective actions will be taken are as follows**: All residents with urinary catheter bags and tubing have the potential to be affected. There were no adverse outcomes related to the deficient practice. Facility audit of all residents with urinary catheters was completed on 8-14-14. Dignity bags to contain urinary catheter bags and tubing were provided and secured to all assistive devices on 8-14-14. **What measures will be put into place and the systemic changes will be made**	09/17/2014

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	at 3:00 p.m., she indicated she had observed the same. 2. Resident #D's clinical record was reviewed on 8-15-14 at 1:30 p.m. His diagnoses included, but were not limited to, Down's Syndrome, early onset Alzheimer's disease, spinal cord injury and neurogenic bladder with urinary catheter. During the initial tour with the DNS on 8-14-14 between 9:55 a.m. and 11:05 a.m., Resident #D was observed to be in his wheelchair in the hallway near his room. His urinary catheter tubing was observed to be in contact with the floor. On 8-14-14 at 1:35 p.m., Resident #D was observed in his wheelchair near the nurse's station. His urinary catheter tubing was observed to be in contact with the floor. In an interview with the DNS on 8-18-14 at 3:00 p.m., she indicated it was very difficult to ensure Resident #D's catheter tubing remained off of the floor due to the resident requiring the use of a pediatric-sized wheelchair and because he routinely moves around and slides down in his wheelchair. 3.1-18(a)		**to ensure deficient practice does not recur are as follows:** Nursing staff in-service on urinary catheter care and ensuring catheter bag and tubing is secure in dignity bag completed by 9-17-14. All residents who admit with a urinary catheter will be given a dignity bag upon arrival. **How the corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:** DNS/ADNS/UM will observe those residents with urinary catheters to ensure bag and tubing are secured in dignity bag 3x a week x 4 weeks, 2x a week x 4 weeks, 1x a week x 4 weeks, then monthly x 3 months. Findings will be presented to the monthly Quality Assurance/Performance Improvement Committee for further review and recommendations x 6 months **By what date the systemic changes will be completed is as follows:** 9-17-14 **We are requesting desk review paper compliance to this deficient practice.**	

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