

Department of Veterans Affairs - (Standards - Domiciliary)

SURVEY CLASS

Annual Survey

SURVEY YEAR

2011

COMPLETION DATE

3/31/2011

NAME OF FACILITY

NorfolkD

STREET ADDRESS

600 East Benjamin Ave.

CITY

Norfolk, NE 68702

STATE

NE

ZIP CODE

68702

SURVEYED BY (VHA Field Activity of Jurisdiction)

Catherine.Cummings_O'Brien_Donovan_mgDarlene.Ellis_Nor Debra.Gibbs-Allen_NorPatrick.Fleming_Nor Sherry.Stroede_fiscal

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED	VA FOLLOW UP	FINAL RATING
					COMPLETION DATE		DATE
159	1. Governance and Operation The facility is governed and managed effectively. A. The facility has a governing body or designated persons so functioning with full legal authority and responsibility for the operation of the facility.	(M) Met	Jerry Eisenhower Nebraska License (NHA) #1337 12-31-2012 Expiration				
160	B. Written administrative policies, procedures, and controls are established, implemented and reviewed at least annually to promote the orderly and efficient management of the facility.	(M) Met					
161	C. There are sufficient, knowledgeable administrative and clinical staff assigned to provide quality care within the domiciliary.	(M) Met					
162	D. Written personnel policies and procedures are established and implemented to facilitate sound patient care and personnel practices.	(M) Met					
163	E. The facility has an ongoing staff development program including orientation of new employees and in-service education related to the needs and care of domiciliary patients.	(M) Met					
164	F. There is evidence of input from all services to management by regular meetings and systematic review of the domiciliary program.	(M) Met					
165	2. Safety. The facility shall be structurally safe and maintained to protect the health and safety of patients, personnel and visitors. A. The facility has a current State Fire Marshall's certificate or documented evidence of compliance with life safety codes.	(M) Met					
166	B. The facility has a current report by a qualified VA Life Safety engineer or specialist that the facility is in compliance with the provisions of the Life Safety code currently in force, applicable to domiciliaries.	(M) Met					
167	C. There is evidence that reported life safety deficiencies have been or are being corrected.	(M) Met					

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED	VA FOLLOW UP	FINAL RATING
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168	D. The facility has available an emergency source of electrical power to provide essential service when normal electrical supply is interrupted.	(M) Met					
169	E. The buildings are accessible to and safe for persons with handicaps.	(M) Met					
170	F. The facility has a program for prevention and control of infection.	(M) Met					
171	G. Linens are handled, stored, processed and transported in such a manner as to maintain a clean environment and prevent infection.	(M) Met					
172	H. The facility has an ongoing program of integrated pest management	(M) Met					
173	I. Cleaning agents, maintenance supplies and pesticides are stored under safe and sanitary conditions.	(M) Met					
174	3. Physical Environment. The facility provides a functional, aesthetically pleasing, sanitary, and comfortable environment for patients, personnel, and visitors. A. The facility employs a supervisor of sanitation with sufficiently trained personnel to maintain a safe, clean and orderly environment.	(M) Met					
175	B. The buildings are maintained in a clean, attractive, and comfortable manner.	(M) Met					
176	C. Acceptable practices are employed for maintenance and repair of equipment, buildings, and grounds.	(M) Met					
177	4. Medical Care. There is a comprehensive ambulatory medical care program designed to meet the needs of domiciliary patients. A. The facility ensures the provision of professional medical services for the patients.	(M) Met					
178	B. Each patient has a primary physician responsible for the patient's medical care.	(M) Met					
179	C. Patients are classified according to domiciliary care required.	(M) Met					
180	D. A patient treatment plan is established and maintained for each domiciliary patient.	(M) Met					
181	E. Primary Care medical services are provided for domiciliary patients as needed.	(M) Met					
182	F. Each patient has a complete medical re-evaluation annually and as needed.	(M) Met					
183	G. There is provision made for preventive and maintenance dental and other health services.	(M) Met					
184	H. Transportation is available for patients needing medical, dental and other health services.	(M) Met					
185	I Domiciliary patients are admitted to an infirmary when necessary.	(M) Met					
186	J. There is a written agreement with one or more hospitals to accept a patient requiring hospitalization.	(M) Met					

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187	K. Domiciliary patients are admitted to nursing home care or hospital care if medically necessary. The facility maintains an organized nursing service with needs of the domiciliary patient; nursing personnel qualified to meet the nursing care	(M) Met					
188	5. Nursing Care. The facility maintains an organized nursing service with nursing personnel qualified to meet the nursing care needs of the domiciliary patient. A. A full-time qualified registered nurse is responsible for the nursing services provided the patients.	(M) Met					
189	B. Primary Care nursing services are provided for domiciliary patients.	(M) Met					
190	C. Nursing services rendered are documented in the patient's medical record.	(M) Met					
191	D. Nursing Service participants in the establishment and maintenance of a treatment plan for each domiciliary patient.	(M) Met					
192	E. The facility provides for 24 hour nursing services as required to meet the nursing care needs of the domiciliary patient.	(M) Met					
193	6. Rehabilitation. Rehabilitation services are provided as needed to improve and maintain maximum functioning of each domiciliary patient. A. The facility provides, or arranges for under a written agreement, rehabilitation services as needed by the patient.	(M) Met					
194	B. Rehabilitation services are provided under a written plan of care for each patient.	(M) Met					
195	C. Specialized rehabilitation therapy rendered, progress notes, and evaluation of the treatment plan are recorded in the patient's medical record. The facility provides professional social work services to identify and meet the social and emotional needs of patients.	(M) Met					
196	7. Social Services. The facility provides professional social work services to identify and meet the social and emotional needs of patients. A. A qualified social worker is on staff or the facility has a written agreement with a qualified social worker or recognized social agency for consultation on a regularly scheduled basis.	(M) Met					
197	B. A written psychosocial assessment is maintained in each patient's medical record.	(M) Met					
198	C. Results of social services rendered are documented in the patient's medical record.	(M) Met					

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					COMPLETION DATE	DATE
					VA FOLLOW UP	
199	D. The facility has an organized procedure for discharge and transfers. The facility provides a dietetic service that meets the daily nutritional needs of patients and ensures that special dietary needs are met.	(M) Met				
200	8. Dietetics. The facility provides a dietetic service that meets the daily nutritional needs of patients and ensures that special dietary needs are met. A. The dietetic service is under the direction of a qualified dietitian or a full-time dietetic service supervisor with consultation from a qualified dietitian.	(M) Met				
201	B. Menus, to extent medically possible, are planned in accordance with the Recommended Dietary Allowances (RDA) of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	(M) Met				
202	C. Special diets are available as needed.	(M) Met				
203	D. At least three or more regular meals are served daily, with not more than a 14- hour span between substantial evening meal and breakfast.	(M) Met				
204	E. Dietetic service personnel practice safe and sanitary food handling techniques.	(M) Met				
205	F. Dining areas are large enough to accommodate all domiciliary patients.	(M) Met				
206	G. The nutritional status of each patient is monitored on a regular basis.	(M) Met				
207	9. Patient Activities. An activities program is available to the domiciliary patients and designed to enhance each patient's sense of physical, psychological, and spiritual well being. A. A member of the facilities staff is designated as responsible for the patient activities program.	(M) Met				
208	B. Space, equipment, and supplies for the activities program are adequate for individual and/or group activities.	(M) Met				
209	C. There are regularly scheduled activities are provided for patients.	(M) Met				
210	D. Each patient's activity plan is part of the overall treatment plan.	(M) Met				
211	E. Religious services and spiritual activities are provided for patients.	(M) Met				
212	F. Domiciliary patients are encouraged to participate in supervised community activities.	(M) Met				
213	10. Pharmacy. Pharmaceutical services meet the needs of patients and are provided in accordance with ethical and professional practices and legal requirements. A. A registered pharmacist is responsible for pharmacy services.	(M) Met				

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214	B. A program is established for the safe procurement, control, and distribution of drugs.	(M) Met					
215	C. There is controlled access to all drugs and substances used for treatment.	(M) Met					
216	D. Patient on self-medication are instructed by qualified personnel on the proper use of drugs	(M) Met					
217	E. Provision is made for qualified nursing personnel to administer medication to patients who are not in a self-medication program.	(M) Met					
218	F. There is an established system for monitoring the outcome of drug therapy or treatment.	(M) Met					
219	11. Medical Records. The patient's health status is documented regularly in the medical record in accordance with the treatment plan. A. Medical records are completely legible and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.	(M) Met					
220	B. The facility safeguards medical record information against loss, destruction or unauthorized use.	(M) Met					
221	C. The medical record contains sufficient information to clearly identify the patient.	(M) Met					
222	12. Quality Assistance. The facility has an active quality assurance program in the domiciliary to ensure effective utilization and delivery of patient care services. A. A member of the facilities staff or facility committee is designated as responsible for coordinating the quality assurance program.	(M) Met					
223	B. The quality assurance program encompasses reviews of all services and programs provided for the domiciliary patients.	(M) Met					
224	C. The quality assurance program encompasses ongoing utilization review.	(M) Met					
225	D. The quality assurance program is reevaluated at least annually.	(M) Met					
226	13. Quality of Life. The domiciliary level of care fosters a quality of life conducive to self esteem, security, and personal growth. A. Patients are treated with respect and dignity.	(M) Met					
227	B. There is input to the domiciliary program through a patient advisory council.	(M) Met					
228	C. A homelike environment is provided.	(M) Met					
229	D. The facility has written policies and procedures concerning the rights and responsibilities of the domiciliary patient.	(M) Met					
230	E. Patients are oriented to the policies and procedures of the domiciliary on admission.	(M) Met					

NO.	STANDARD DESCRIPTION	RATING	EXPLANATORY STATEMENTS	STATE CORRECTIVE ACTION PLAN	STATE PROPOSED COMPLETION DATE	VA FOLLOW UP	FINAL RATING DATE
231	F. Patients may manage personal financial affairs or are given an accounting as required by state law, of financial transactions made on their behalf.	(M) Met					

Department of Veterans Affairs - (Standards - Domiciliary)

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2011

COMPLETION DATE

3/31/2011

NAME OF FACILITY

NorfolkD

STREET ADDRESS

600 East Benjamin Ave.

CITY

Norfolk, NE 68702

STATE

NE

ZIP CODE

68702

Catherine.Cummings_Nor

Colleen.Donovan_mgr

Darlene.Ellis_Nor

Debra.Gibbs-Allen_Nor

Patrick.Fleming_Nor

Sherry.Stroede_fiscal

STATE OF NEBRASKA – STATE FIRE MARSHAL

246 South 14th Street
Lincoln, NE 68508-1804

ORDER FORM

ORDER NUMBER..... 012005-11
DATE OF INSPECTION..... 1/13/2011
OWNER..... State of Nebraska
OCCUPANT..... Norfolk Veteran's Home
ADDRESS..... 600 E Benjamin Ave
CITY/TOWN..... Norfolk
COUNTY..... Madison
HOW OCCUPIED..... Existing Health Care

FEE CARD YES X NO REVISIT DATE

ORDER

All items from Order #121501-10 have been completed.

Facility is approved for occupancy at the time of this inspection.

If you have questions on this Order, contact the District B State Fire Marshal Office at 402.395.2164.
Or mail at: State Fire Marshal Office, District B Office , 438 West Market , Albion, NE , 68620-1241

*All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the Nebraska State Fire Marshal as mandated by Sections 81-502 to 81-541.01
It is the duty of the owner or person in charge of the above-named facility or location to immediately take measures to bring the facility into compliance with state regulations.*

ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE:

Any damage proximately caused by a failure to remedy the above listed deficiencies shall be deemed to be the sole responsibility of the owner or person in charge by virtue of this notification and order.

Witness my electronically typed name at Emerson, Nebraska, this day of January 20, 2011.

By: Mark K Graf
DEPUTY STATE FIRE MARSHAL

Phone Number: 402 369-4147
JK

STATE OF NEBRASKA – STATE FIRE MARSHAL

246 South 14th Street
Lincoln, NE 68508-1804

ORDER FORM

ORDER NUMBER..... 110305-10
DATE OF INSPECTION..... 11/1/10
OWNER..... State of Nebraska
OCCUPANT..... Norfolk Veteran's home
ADDRESS..... 600 E Benjamin Ave
CITY/TOWN..... Norfolk
COUNTY..... Madison
HOW OCCUPIED..... Existing Health Care

FEE CARD YES NO REVISIT DATE

ORDER

1.) Power tabs shall not be used in place of permanent wiring. Power tabs were located in several patient care areas including: Room G 104, Lobby area of Pod F-G by aquarium, all satellite nursing stations, room D 137, D 108, D 102, C 102, C 104, C 130, B 151, and B 128 (2 strips one operating a refrigerator). Also Rooms had multi plug adapters plugged into duplex outlets, including: C 106, C 147, and C 151.

In the Business office area, room A 1025 had two power tabs daisy chained together.

NFPA Standard: Flexible cords and cables shall not be used: as a substitute for the fixed wiring of a structure; run through holes in walls, ceilings or floors, doorways or windows; attached to building surfaces; or concealed behind building walls, ceilings, or floors. 1999 NFPA 70, article 400-8

UL Standard: Relocatable power taps are not intended for use in healthcare and patient use areas. UL 1363 User Guide for Relocatable Power Taps

Relocatable power taps are not permitted in areas of health care occupancies regularly occupied by patients. This includes general patient care areas and critical patient care areas.

General Care areas include patient bedrooms, examining rooms, treatment rooms, clinics and similar areas where it is intended that the patient will come in contact with ordinary appliances such as nurse call systems, electrical beds, examining lamps, telephones and entertainment devices such as radios, televisions and computers. This will also include common spaces such as corridors, lounges, dining rooms and similarly occupied spaces where electrical appliances noted above may be found.

Critical patient care areas are: intensive care units, coronary care units, angiography labs, cardiac catheterization labs, delivery rooms, operating rooms, post anesthesia recovery rooms and emergency rooms.

In areas not occupied by patients, properly listed portable power taps are permitted. This can include business offices and staff lounges and similar spaces. NSFM Interpretation 08-01.

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246 South 14th Street

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2.) The fire doors in the hallway from Administration to F-G lobby had conduit penetrations above the ceiling. All fire walls shall be sealed to prevent the passage of smoke.

NFPA Standard: Smoke barriers shall be continuous from an outside wall to an outside wall. Such barriers shall be continuous through all concealed spaces, such as those found above a ceiling, including interstitial spaces per NFPA 101, 8.3.2. When pipes, conduits, cables, wires, air ducts and similar building service equipment pass through smoke barriers, the space between the penetrating item and the smoke barrier shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier or protected by an approved device that is designed for the specific purpose per 2000 NFPA 101, 8.3.6.1

3.) All hallways shall be kept free of obstructions. Items not in use shall not be stored in hallways.

Lobby areas shall have a space eight feet wide of unrestricted travel. All pod areas had furniture in the hallways; several lift carts were in the hallways and not observed to be in use.

NFPA Standard: The width of means of egress shall be measured in the clear at the narrowest point of the exit component under consideration. Projections shall not exceed 3 ½ inches on each side. 2000 NFPA 101, 7.3.2

4.) Pod D the fire doors failed to latch as designed. All doors shall be maintained to operate in the manner they were designed. NFPA 1 10.4.1

NFPA Standard: Doors in corridor walls of sprinkled buildings shall be constructed to resist the passage of smoke and shall be provided with suitable means of keeping the doors closed. Doors in non-sprinkled buildings shall have doors constructed to resist the passage of smoke for at least twenty minutes and shall be provided with suitable means of keeping the doors closed. Doors should not be blocked open by furniture, doorstops, chocks, tiebacks, drop-down or plunger-type devices, or other devices that necessitate manual unlatching or releasing action. Friction latches or magnetic catches that release when the door is pushed or pulled are acceptable. Clearance between the bottom of the door and the floor covering shall not exceed 1 inch. 2000 NFPA 101, 19.3.6.3.1 and 19.3.6.3

5.) All sprinkler heads shall have a clear space of 18 inches below the sprinkler head. Room E 127 had storage too close (fixed on site), D 127 had storage too close.

NFPA Standard: Unacceptable obstructions to spray patterns shall be corrected. 1998 NFPA 25, 2-2.1.2

6.) All sprinkler heads shall be kept free of corrosion. Sprinkler heads (2) in the dishwashing area of the main kitchen had corrosion on them.

NFPA Standard: Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. 1998 NFPA 25, 2-2.1.1

NFPA Standard: Corrective maintenance includes, but is not limited to, replacing loaded, corroded, or painted sprinklers; replacing missing or loose pipe hangers; cleaning clogged fire pump impellers; replacing valve seats and gaskets; restoring heat in areas subject to freezing temperatures where water-filled piping is installed;

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and replacing worn or missing fire hose or nozzles. 1998 NFPA 25, 1-11.3

7.) All soiled linen or trash collection receptacles shall not exceed 32 gal (121 L) in capacity. Soiled linen containers in the shower area of Pod D had 33 gallon bags.

NFPA Standard: Soiled linen or trash collection receptacles shall not exceed 32 gal in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gal/ft². A capacity of 32 gal shall not exceed within any 64-ft² area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal shall be located in a room protected as a hazardous area when not attended. NFPA 101 19.7.5.5

8.) There shall be battery powered emergency task illumination for the generator transfer switch. The switch is located in the main electrical room with no battery powered lights.

NFPA Standard: Emergency battery light for task illumination at the generator set location shall be provided. 1999 NFPA 99, 3-4.2.2.2, 3-5.2.2.2 and 3-6.2.1

9.) All exits shall have a hard surfaced path to the public way. Only two exits have hard surfaced paths to the public way.

NFPA Standard: Exits shall terminate directly at a public way or an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way. 2000 NFPA 101, 7.7.1

10.) There shall be lighting of the paths to the public ways. This lighting shall be able to provide light for 1 ½ hours in the event of a power failure. There is only partial lighting to public way and the outside light is not powered by the generator or by battery.

NFPA Standard: Emergency lighting for means of egress shall be provided in accordance with Section 7.9 for the following: buildings or structures where required by the occupancy chapters, underground and windowless structures as required by Section 11.7, high-rise buildings as required by other sections of this Code, doors equipped with delayed egress locks, and stair shaft and vestibules of smoke proof enclosures. For the purposes of this requirement, exit access shall include designated stairs, aisles, corridors, ramps, escalators, and passageways leading to an exit and exit discharge shall include designated stairs, ramps, aisles, walkways, and escalators leading to a public way. 2000 NFPA 101, 7.9.1.1

NFPA Standard: Emergency illumination shall be provided for not less than 1 1/2 hours in the event of failure of normal lighting. Emergency lighting facilities shall be arranged to provide initial illumination that is not less than an average of 1 foot-candle. 2000 NFPA 101, 7.9.2.1

NFPA Standard: The emergency lighting system shall be arranged to provide the required illumination automatically in the event of the interruption of normal lighting, opening of a circuit breaker, or a manual act, including accidental opening of a switch controlling normal lighting facilities. 2000 NFPA 101, 7.9.2.2

11.) All exits shall have lighting where the failure of one bulb will place the exit in darkness. These lights shall be powered by emergency power in the event of a power failure to provide light for at least 1 ½ hours. All light fixtures by exits only had one bulb in them. Some exits had a secondary fixture that may provide light to the exit.

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STATE OF NEBRASKA – STATE FIRE MARSHAL

246 South 14th Street
Lincoln, NE 68508-1804

ORDER FORM

NFPA Standard: Required illumination shall be arranged so that the failure of any single bulb or unit does not result in less than .2 foot-candles of illumination in any designated area. 2000 NFPA 101, 7.8.1.4

12.) There shall be access for fire departments to all portions of the building. A fully sprinkled building shall have no portion of the exterior wall more than 450 feet as measure by an approved route around the exterior of the building. There is no access road to the rear of the building at this time.

NFPA Standard: Fire departments access roads shall be provided such that any portion of the facility or any portion of an exterior wall of the first story of the building is located more than 150 feet from the fire department access roads as measured by an approved route around the exterior of the building or facility.

NFPA 118.2.2.3.1

NFPA Standard: When buildings are protected with an approved automatic fire sprinkler system that is installed in accordance with NFPA 13, NFPA 13D, or NFPA 13R, the distance shall be permitted to be increased to 450 feet. NFPA 118.2.2.3.2

13.) No candles shall be allowed in any part of a health care facility. A candle with a burnt wick was found in room A1134.

Official Interpretation: Candle burning will NOT be allowed in health care, residential board and care, assisted living, day care center, home day care, hotel, motel and dormitories, rooming and lodging, education, business, mercantile, industrial, detention or storage occupancies unless specifically approved by the authority having jurisdiction. NSFM Interpretation 03-03

If you have questions on this Order, contact the District B State Fire Marshal Office at 402.395.2164.
Or mail at: State Fire Marshal Office, District B Office , 438 West Market , Albion, NE , 68620-1241

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It is the duty of the owner or person in charge of the above-named facility or location to immediately take measures to bring the facility into compliance with state regulations.

ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE:

A WRITTEN PLAN OF CORRECTION MUST BE SUBMITTED TO THE STATE FIRE MARSHAL'S OFFICE IN LINCOLN WITH TEN (10) DAYS OF RECEIPT OF THIS ORDER OF DEFICIENCIES. PLAN OF CORRECTION IS SUJECT TO APPROVAL BY THE STATE FIRE MARSHAL'S OFFICE.

Any damage proximately caused by a failure to remedy the above listed deficiencies shall be deemed to be the sole responsibility of the owner or person in charge by virtue of this notification and order.

Witness my electronically typed name at Emerson, Nebraska, this day of November 3, 2010.

By:

Mark K Graf

Phone Number: 402 369-4147

DEPUTY STATE FIRE MARSHAL



Corrections Order

NEBRASKA STATE FIRE MARSHAL

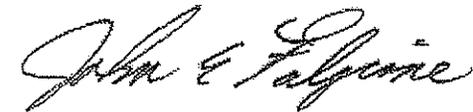
OCCUPANCY PERMIT

Certificate Number: 400508

Name of Facility: **Norfolk Veteran's Home**
Type of Facility: **Nursing Home**
Location: **600 E Benjamin Ave , Norfolk**
Maximum Occupancy: **159 BEDS**
Date Issued: **11/1/2010**

Inspected By: **8704 Mark Graf**
Deputy State Fire Marshal

Approved By:



State Fire Marshal



POST IN PROMINENT PLACE



Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.