

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155658	X(2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X(3) DATE SURVEY COMPLETED 05/23/2011
NAME OF PROVIDER OR SUPPLIER WESLEY MANOR INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1555 N MAIN ST FRANKFORT, IN46041		
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: May 17, 18, 19, 20, and 23, 2011</p> <p>Facility number : 001152 Provider number: 155658 AIM number: 200221050</p> <p>Survey team: Toni Maley, BSW, TC Tammy Alley, RN Donna Smith, RN Kim Davis, RN (5/19/11, 5/20/11) Vickie Bickle, RN (5/19/11)</p> <p>Census bed type: SNF/NF: 87 Residential: 126 Total: 213</p> <p>Census payor type: Medicare: 11 Medicaid: 37 Other: 165 Total: 213</p> <p>Sample:18 Supplemental sample: 8 Residential sample: 9</p>	F0000	<p>F 000 Submission of this plan of correction shall not constitute or be construed as an admission that Wesley Manor, Inc. provides anything other than a high quality of care to its residents. Wesley Manor considers itself to be a partner with the Indiana State Department of Health and other entities in an ongoing effort to continually improve the services provided in long term care facilities. We believe that any feedback provided to us regarding potential needs to improve our services should be taken very seriously, and we are committed to using our resources to make any needed improvements necessary to achieve better outcomes for residents.</p> <p>As required, the facility submits the following plan of correction:</p>		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0176 SS=D	<p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2 .</p> <p>Quality review completed 5-25-11</p> <p>Cathy Emswiller RN</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>Based on observation, interviews, and record review, the facility failed to ensure a resident was assessed concerning self-administration of respiratory medications for 1 of 3 residents observed receiving respiratory medications in a sample of 17. (Resident #29)</p> <p>Findings include:</p> <p>1. The "SELF-ADMINISTRATION OF MEDICATIONS" policy was provided by the Director of Nursing on 5/20/11 at 11:55 a.m. This current policy indicated the following:</p> <p>"Policy Residents who desire to self-administer medications are permitted to do so if the facility's interdisciplinary team has determined that the practice would be safe for the resident and other residents of the facility.</p> <p>Procedures ...B....If the resident desires to self-administer medications, an assessment is conducted by the interdisciplinary team of the resident's cognitive,</p>	F0176	<p>F 176</p> <p>This tag was cited due to 1 resident not having an assessment for self administration of 2 inhaled medications.</p> <p>When this was brought to the facility's attention, facility staff stopped allowing resident #29 to self administer the medications until and appropriate assessment could be performed.</p> <p>In order to correct this problem. The facility revised the policy and assessment for self-administration of medications (Attachment A). Licensed nurses will receive in-service education regarding the changes to the assessment and procedures for completing the assessment.</p> <p>Resident #29 has be assessed for self-administration using the new assessment form (Attachment B), and her plan of care has been</p>	06/22/2011	

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	<p>physical, and visual ability to carry out this responsibility, during the care planning process....."</p> <p>2. On 5/18/11 at 12:40 p.m., medication pass was observed. As LPN #2 prepared Resident #29's nasal medications, she indicated the resident did the medications herself. The medications were Normal Saline 0.65% instill 2 sprays in each nostril 3 times a day for nasal dryness and Ventolin Inhaler inhale 2 puffs 4 times a day. Upon entering the room, LPN #2 handed the resident her Nasal Spray as she self administered 2 puffs in each nostril. Next, the resident took the Ventolin inhaler and self administered 1 puff and within less than 30 seconds self-administered the second puff and handed the medications back to LPN #2.</p> <p>On 5/19/11 at 2:14 p.m. during an interview, LPN #2 indicated Resident #29 did not have an assessment to self-administer her medications.</p> <p>3. Resident #29's record was reviewed on 5/19/11 at 1:25 p.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD).</p> <p>The physician's order, dated 3/31/11, was Sodium Chloride 0.65% nasal spray instill 2 sprays in each nostril 3 times a day for nasal dryness. The physician's order, dated 3/31/11, was Ventolin inhale 2 puffs by mouth 4 times a day. No information was indicated for a physician's order concerning self-medication administration.</p> <p>The record lacked any evidence the facility had completed or documented an assessment to determine if the resident could safely and accurately administer their own medications.</p>		<p>updated to reflect the aspects of self-administration that she will be performing. She will be reassessed quarterly or with any significant change in condition corresponding with her MDS schedule.</p> <p>The facility will identify and assess any other residents who wish to self-administer medications and proceed according to team recommendations and physician's orders.</p> <p>The facility will audit for completion of assessments and adherence to the facility's policy quarterly for one year in order to make certain that this system is being consistently followed.</p> <p>All corrections will be completed by June 22, 2011.</p>				

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F0223 SS=D	<p>3.1-11(a)</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on record review and interview, the facility failed to prevent verbal and physical abuse from occurring for 1 of 11 residents reviewed for verbal abuse in a sample of 18 (Resident # 58) and for 2 of 2 residents reviewed for verbal abuse in a supplemental sample of 8. (Resident # 302, # 303)</p> <p>Findings include:</p> <p>1. A policy titled "Abuse" was provided by the Administrator on 5/20/11 at 11:45 a.m. and deemed as current. The policy indicated: "Policy: It shall be the policy of Wesley Manor, Inc. that all attempts will be made to assure that residents in this facility remain free from verbal, physical,...B. Verbal Abuse The use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. (Examples:</p>	F0223	<p>F 223</p> <p>- This tag was cited due to the Department's review of an incident reported by the facility, to the Department, in accordance with State regulations. It should be noted that the facility, in compliance with regulations, and more importantly, in its desire to protect residents from abuse, neglect, and rights violations, investigated an allegation that a staff member had violated the rights of residents. In pursuit of our desire to protect the residents, the facility: Suspended the staff member pending the outcome of the investigation Assessed the residents for any negative impact from the staff member's behavior Fully investigated the incident Reported the incident to the Indiana State Department of Health Terminated the staff member Encouraged the CNA students to continue to report any other potential rights violations immediately.</p> <p>Surveyors expressed to the Administrator that this tag was</p>	06/22/2011	

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	<p>threats of harm, saying things to frighten a resident...."</p> <p>2. A reportable occurrence dated 4/13/11 was provided by the Administrator on 5/17/11 at 3:55 p.m. The occurrence indicated CNA student # 6 reported to the administrator on 4/12/11 that while working with CNA # 8 on the memory care unit on 4/11/11 on the evening shift between 5:30 p.m., and 8:30 p.m., CNA # 8 stated to Resident # 302 while trying to take the resident to the bathroom "you better move or I will cut your toes off. Also during this interaction, CNA # 8 blew into the resident's eye when the resident held her eye open and stated she wanted to see the CNA better. CNA student # 6 also indicated that while CNA # 8 entered Resident # 58's room she stated "Are you ready for this mess? There's s--t everywhere. I don't know why her son keeps her alive. Does he think she's gonna live forever." CNA student # 6 also indicated while CNA # 8 was providing care to Resident # 303, an unidentified dietary worker entered the room and CNA # 8 was cursing in front of the resident.</p> <p>CNA student # 7 indicated that on 4/11/11 while providing care for Resident # 302 with CNA # 8, CNA # 8 left Resident # 302 in the easy stand lift for 4 minutes</p>		<p>required to be cited even though the facility reacted appropriately. Self reported occurrences are required, by the Centers for Medicare & Medicaid Services, to be cited because the incident occurred, but would be cited at a lower scope and severity if the facility followed policies and regulations.</p> <p>The facility provides training to all staff regarding the identification, prevention, reaction to, and reporting of, abuse, neglect, and any other violations of residents' civil rights. This is done upon hire, and at least yearly thereafter.</p> <p>The facility will supplement this training with specific in-service education regarding informal banter with residents, and how perceived receptive communication deficits may be more perceived vs. real. All staff are to assume that aphasic residents understand all environmental stimuli (speech, tone, facial expression, etc...)</p> <p>Correction will be completed by June 22, 2011.</p>				

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	<p>and the resident complained of pain. CNA student # 7 also indicated she witnessed CNA # 8 blew into the resident's eye after the resident stated her eye hurts.</p> <p>An investigation was initiated when the administrator was made aware on 4/12/11. At that time CNA # 8 was suspended pending the results of the investigation. The above residents reside on the memory care unit and were interviewed and were unable to recall any of the events above. CNA # 8 was only scheduled to work until 8 p.m. and she left the building at that time on 4/11/11 and did not return to work. During an interview with CNA # 8 by the Administrator on 4/12/11 she denied having done any of the things listed above. The CNA indicated she did not know the CNA students outside of work and had not previously worked with them.</p> <p>The conclusion of the investigation indicated the Administrator felt the CNA students had no motivation to make up the stories and CNA # 8 was terminated.</p> <p>3.1-27(b)</p>				

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F0226 SS=C	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to ensure the facility's abuse policy and procedure included the direction to notify the Administrator immediately upon receipt of an abuse allegation. This deficiency had the potential to impact 87 of 87 facility residents.</p> <p>Findings include:</p> <p>A policy titled "Abuse" was provided by the Administrator on 5/17/11 at 10:50 a.m., and deemed as current. The policy indicated the House Supervisor would be notified immediately of any alleged violations and the Administrator would co-ordinate all investigations.</p> <p>On 5/20/11 at 11:45 a.m., during interview, the Administrator indicated it was the facility practice to report to him immediately but it had not been written in the policy to indicated he should be notified immediately.</p> <p>3.1-28(a)</p>	F0226	<p>F 226</p> <p>- This tag was cited due to the facility's policy not including the directive to notify the Administrator immediately of any allegation of abuse and/or neglect. Although it has always been the facility's practice to report any and all allegations to the Administrator immediately, and instruction during orientation and in-service training has always directed staff in this manner, the policy stated to report allegations to the "supervisor".</p> <p>In order to correct this problem, the facility has revised its abuse policy to instruct all individuals to report suspected abuse to the Administrator immediately (Attachment C).</p> <p>Instructions for families/visitors (included in the policy document), will be posted on each unit with other required postings. It will instruct families and visitors regarding where/how to file a complaint or allegation. Additionally, families receive a notice regarding resident's rights annually which provides information on how to contact facility administration for any complaints or concerns.</p>	06/22/2011	

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F0248 SS=E	<p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview and record review, the facility failed to provided weekend activities to meet the needs of cognitively impaired residents who were unable to self initiate activities for 3 of 5 cognitively impaired residents reviewed for activities in a sample of 18. (Residents #61, #64 and #51). Of the facilities 87 residents, this deficient practice has the potential to impact the 60 cognitively impaired residents.</p> <p>Findings Includes:</p> <p>1.) A review of 5/17/11, facility completed "Resident Census and Conditions of Residents", indicated of the facilities 87 residents who resided in the licensed health care area of the facility 60 residents had a diagnoses of "Dementia: multi-infarct, senile, Alzheimer's type. or other than Alzheimer's type."</p>	F0248	<p>Facility staff will receive reminders of the facility's abuse policy during an in-service.</p> <p>Corrections will be completed by June 22, 2011.</p> <p>F248 This tag was cited due to surveyors' findings that there were differing levels of activities on weekends as compared to during the week and that weekend activities were necessary for interventions related to mood/behavior related problems. This problem will be corrected for residents # 64, 61, and 51 and any other residents potentially impacted by this problem by: The facility will add an additional 8 hours of staffing to both Saturday and Sunday in order to facilitate additional programming. The facility will schedule additional group activities for Saturdays and Sundays. The facility will make sure that both Activities and Nursing staff on weekends are documenting all participation in activities, with emphasis on those who have activity related interventions listed in their plan of care to address mood and/or behavioral issues. Cognitively impaired residents</p>	06/22/2011	

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	<p>2.) Review of the facility activities calendars for March, April, and May 2011, which were provided by the Activity Director on 5/19/11 at 10:30 a.m., indicated the following:</p> <p>a.) 13 of 13 Saturdays reviewed 2 group activities were scheduled. For 12 of 13 Saturday the 2 group activities were 1:30 p.m. Bingo and 7:00 p.m. "Lawrence Welk TV." During a 5/19/11, 1:35 p.m., interview the Activity Director indicated "Lawrence Welk" was ensuring the lounge television was tuned to the "Lawrence Welk" television program.</p> <p>b.) 13 of 13 Saturdays 1 individualized, personal activity was scheduled, "Visits" or "Visit/Snacks" both with no time listed. During a 5/19/11, 1:35 p.m., interview the Activity Director indicated "Visits or Visit/Snacks" was the activity department stopping in to see the resident and chatting with them and providing a snack when indicated and/or if dietary restrictions allowed.</p> <p>c.) 12 of 13 Sundays had one scheduled group activity "Church Service TV #2." During a 5/19/11, 1:35 p.m., interview the Activity Director "Church Service TV #2" was a church services which was offered in the facility and a resident was either</p>		<p>and/or residents for whom activity related redirections are necessary will have specifically identified activities that can be easily offered and/or facilitated by all staff, not just Activity Department staff.</p> <p>Each month, residents who are identified by the facility's Risk Management Team as being at-risk psychosocially, will have their participation logs audited to determine if the facility's program is providing adequate levels of activities 7 days per week in order to evaluate weekend participation as compared to weekday participation. Audits will be conducted by the Activities Director on a monthly basis for a period of at least one year. After 1 year, the Quality Assurance Committee will determine if a reduction in the frequency of audits is warranted based on a pattern of compliance. (See Attachment D) Activities Department staff will be provided additional in-service training to assist in planning and implementing strategies to efficiently deliver services to a broader number of residents. Additionally, they will receive training on strategies for residents with behavioral and cognitive concerns.</p>		

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	<p>taken to the chapel were the church service was held or they watched the service in the lounge or their rooms on television.</p> <p>d.) For 13 of 13 Sundays had one individual/personalized activity "Strolls & Visits." During a 5/19/11, 1:35 p.m., interview the Activity Director indicated "Strolls & Visits" could be offered by an activity department staff member or a visitor. The activity was visiting and talking to the resident and going for a wheelchair ride or walk as indicated and/or as desired.</p> <p>3.) During a 5/18/11, 10:10 a.m., Resident Group Interview, with residents who were identified as interviewable by the Administrator on 5/17/11 at 2:20 p.m., (Residents #50, #1, #38, #89, #3, #17, #77) the following confidential statements regarding weekend activities were made:</p> <p>a.) Weekends were boring. b.) Sunday they offered church but no other structured activities were offered. c.) If you could not self initiate activities you would have nothing to do on the weekends. d.) We have been able to self initiate activities and find things to do like read and knit. The problem has impacted those</p>						

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	<p>residents who can't do activities by themselves.</p> <p>4.) Resident #64's record was reviewed on 5/17/11 at 11:35 p.m.</p> <p>Resident #64's current diagnoses included, but were not limited to, dementia, unspecified cerebral artery occlusion with cerebral-infarct and anxiety. Resident #64 resided on a secured dementia unit.</p> <p>Resident #64 had a 3/21/11, current, quarterly, Minimum Data Set (M.D.S.) assessment which indicated the resident was cognitively impaired and usually understood others and was severely cognitively impaired and rarely or never made decisions.</p> <p>Resident #64 had a 8/16/10, most current, full, significant change, M.D.S. assessment which indicated the resident was awake mornings, afternoons and evenings and enjoyed games, exercise/sports, music, reading/writing, religious activities, walks/wheelchair rides, watching television and talking/conversation and required staff assistance for mobility in her wheelchair.</p> <p>Resident #64 had a current 4/27/11, care plan problem regarding the risk for signs and symptoms of depression. An</p>				

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	<p>approach to this problem was "Invite, assist, provide and involve in act [activities] of interest such as folding clothing, exercise, in the kitchen, nail care, sewing, bingo, word games."</p> <p>Resident #64 had a current 4/27/11, care plan problem regarding intermittent confusion related to the progression of Dementia. An approach to this problem was "Engage in structured activities."</p> <p>Resident #64 had a most current 5/7/11, activity assessment which indicated the resident considered it very important to have reading materials, listen to music of her choosing, keep up with the news, do her favorite activities, go outside in good weather and participate in religious activities.</p> <p>A review of Resident #64 activity record for March, April and May 1-19, 2011 indicated the following:</p> <p>a.) Weekdays (Monday through Friday) the resident attended an average of 2 to 3 activities daily.</p> <p>b.) Weekends (Saturday and Sunday) for 5 of 10 Sundays reviewed the resident attended 1 activity. For 5 of 10 Sundays reviewed the resident attended zero activities. For 5 of 10 Saturdays</p>				

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	<p>reviewed the resident attended zero activities. The documentation indicated the resident never refused to attend activities on the weekend.</p> <p>Of the activities identified to treat Resident #64's symptoms of depression, "Invite, assist, provide and involve in act [activities] of interest such as folding clothing, exercise, in the kitchen, nail care, sewing, bingo, word games", only bingo is offered during the weekend (Saturday afternoons).</p> <p>5.) Resident #61's record was reviewed on 5/17/11 at 11:40 a.m.</p> <p>Resident #61's current diagnoses included, but were not limited to, dementia, depression and anxiety. Resident #61 resided on a secured dementia unit.</p> <p>Resident #61 had a 2/17/11, current, quarterly, Minimum Data Set (M.D.S.) assessment which indicated the resident was severely cognitively impaired and usually understood others. The resident record a wheelchair and staff assistance for purposeful mobility.</p> <p>Resident #61 had a, 6/3/10, a most current full, annual, M.D.S. assessment which indicated the resident was awake mornings, afternoons, and evenings and</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		<input checked="" type="checkbox"/> (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155658		<input checked="" type="checkbox"/> (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		<input checked="" type="checkbox"/> (X3) DATE SURVEY COMPLETED 05/23/2011	
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	<p>enjoyed games, crafts, exercise, music, reading/writing, religious activities, shopping, walks/wheeling, television, talking/conversation and helping others .</p> <p>Resident #61 had a current 2/23/11, care plan problem regarding the need for activities in order to redirect the resident from stressful thoughts. An approach to this problem was to offer activities as an alternative to dwelling on unpleasant thoughts.</p> <p>Resident #61 had a current 2/23/11 care plan problem regarding making self deprecating statements. An approach to this problem was "Encourage and invite to activities of her choosing such as, bingo, crafts, cooking, word games, exercise, parties, van rides, strolls off unit."</p> <p>Resident #61 had a current 2/23/11 care plan problem regarding intermittent confusion. An approach to this problem was "engage in structured activities..."</p> <p>Resident #61 had a current 2/23/11, care plan problem regarding depression. An approach to this problem was "Encourage and invite to activities such as exercise, cooking, van rides, strolls off unit, word games, bingo, crafts, and social programs."</p>						

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	<p>Resident #61 had a 2/16/11, most current activity assessment which indicated which indicated it was very important to the resident have reading materials, be around animals/pets, keep up with the news, do things with groups of people, and do her favorite activities.</p> <p>A review of Resident #61 activity record for March, April and May 1-19, 2011 indicated the following:</p> <p>a.) Weekdays (Monday through Friday) the resident attended an average of 3 to 5 activities daily.</p> <p>b.) Weekends (Saturday and Sunday) the resident attended 7 of 11 Sundays Resident #61 attended zero activities. The documentation did not indicate Resident #61 refused to attend Sunday activities.</p> <p>Of the activities identified to treat Resident #61's self deprecating behaviors; "Encourage and invite to activities of her choosing such as, bingo, crafts, cooking, word games, exercise, parties, van rides, strolls off unit" and depression; "Encourage and invite to activities such as exercise, cooking, van rides, strolls off unit, word games, bingo, crafts, and social programs", bingo and strolls were the only activities offered on the weekend.</p>				

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	<p>Of the 13 Sundays when strolls were offered (an activity to treat the resident's depression), Resident #61 was documented as being offered strolls only one Sunday (3/13/11).</p> <p>6.) Resident #51's record was reviewed on 5/17/11, 11:42 a.m.</p> <p>Resident #51's current diagnoses included, but were not limited to, dementia and depression. Resident #51 resided on a secured dementia unit.</p> <p>Resident #51 had a current 3/15/11, quarterly, Minimum Data Set (M.D.S.) assessment which indicated the resident was severely cognitively impaired and sometimes understood others.</p> <p>Resident #51 had a most current, 7/5/10, full, annual, M.D.S. assessment which indicated the resident was awake mornings, afternoons and evenings and enjoyed games, crafts, exercise, music, reading/writing, religious activities, trips, walking, television and talking/conversing.</p> <p>Resident #51 had a current 3/16/11, care plan problem regarding the need to participate in social interaction for increased mobility and due to a verbal deficit. An approach to this problem was</p>				

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	<p>"offer daily grp [group] act [activities] on/off unit."</p> <p>Resident #51 had a current 3/17/11, care plan problem regarding anger with peers. An approach to this problem was "Encourage her to join in an activity such as exercise, in the kitchen, word games, bingo, movie or church service.</p> <p>Resident #51 had a most current 5/11/11, activity assessment which indicated the staff had noted the resident enjoyed listening to music, being around animals, doing things in groups of people and spending time outdoors.</p> <p>A review of Resident #51 activity record for March, April and May 1-19, 2011 indicated the following:</p> <p>a.) Weekdays (Monday through Friday) the resident attended an average of 2 to 4 activities daily.</p> <p>b.) Weekends (Saturday and Sunday) the resident attended zero activities for 8 of 11 Sundays reviewed and zero activities for 6 of 11 Saturdays reviewed. The documentation indicated Resident #51 had not refused to attend any weekend activities.</p> <p>Religious activities were identified as a</p>				

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F0322 SS=D	<p>means to address Resident #51's anger with peers. Documentation indicated Resident #51 was not offered the opportunity to attend church or watch televised church services for 11 of 11 Sundays reviewed. Bingo was identified as a means to address Resident #51's anger towards peers. Documentation indicated Resident #51 was only offered the opportunity to attend bingo 5 of 11 Saturdays reviewed.</p> <p>7.) During a 5/19/11, 1:35 p.m., interview the Activity Director indicated the facility did not employ as many activity workers on the weekend as through the week.</p> <p>3.1-33(a)</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a gastrostomy tube (G-tube) care included an attempt to flushed the G-tube utilizing gravity and the residual amount obtained was returned to the stomach for 1 of 1</p>	F0322	<p>F 322 _This tag was cited due to a g-tube being flushed via push method rather than gravity. Resident #74 has had no ill effects from this occurrence and LPN #10 has been reminded of the facility's procedure to use the gravity method to flush a g-tube.</p>	06/22/2011	

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	<p>LPN observed and for 1 of 1 resident with a G-tube in a sample of 17. (LPN #10; Resident #74)</p> <p>Findings include:</p> <p>1. The "Gastrostomy Feeding - (Infusion Pump Method)" policy was provided by the Administrator on 5/20/11 at 1:05 p.m. This current policy indicated the following:</p> <p>"...Procedure: ...17. If there is no excess residual, return gastric contents into the stomach and flush tube first with 30 cc (cubic centimeters) of tap water,...."</p> <p>2. On 5/18/11 at 9:00 a.m., Resident #74's gastrostomy tube (G-tube) care was observed. After disconnecting the continuous tube feeding and checking placement, LPN #10 proceeded to flush the G-tube. With the measured amount of tap water in the Aspeto syringe, LPN #10 pushed the water into the tube without using gravity. After giving the resident his oral medications with water, she proceeded to check for residual resulting in 20 cc of milky, white thin fluid, which was then discarded as the G-tube feeding was resumed.</p> <p>On 5/20/11 at 1:25 p.m. during an</p>		<p>Resident #74's order from g-tube flushing has been clarified to include, "via gravity flow" In order to prevent further occurrences of this, the facility will provide in-service education to all nurses to remind them of the appropriate procedures for flushing a g-tube. The facility has updated its policies regarding tube feedings (See Attachment E). Additionally, when orders are written for flushing g-tubes, the order will specify, "via gravity flow." Along with periodic observations of staff who administer medications, nursing supervisors will observe nurses while administering a g-tube feeding to assess their proficiency (See Attachment F). This will be done monthly on all shifts when we have a resident with orders for gastrostomy feeding. These audits will be ongoing in order to assess proficiency each time the facility serves someone with a tube feeding since it is rare to have someone in the facility who receives these services. All corrections for this tag will be completed by 6/22/11.</p>		

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F0332 SS=D	<p>interview, the Director of Nursing indicated the G-tube should be flushed by gravity and not pushed in by the syringe.</p> <p>Resident #74's record was reviewed on 5/17/11 at 2:45 p.m. The resident's diagnoses included, but were not limited to, Non-Hodgkin's Lymphoma, Malnutrition, and debility.</p> <p>The physician's order, dated 5/11/11, was Osmolite 1.2 at 80 milliliters per hour per G-tube.</p> <p>The physician's order, dated 5/11/11, was check placement of G-tube and check for residual every 8 hours, flush G-tube with 30 cc of water after checking for residual.</p> <p>3.1-44(a)(2)</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater. Based on record reviews, observations, and interview, the facility failed to ensure it was free of a medication error rate of 5% or greater for 3 of 40 opportunities during 2 of 8 nursing staff (QMA #1; QMA #9) observed during medication pass and for 2 of 19 resident's observed during medication pass (Resident #79 and</p>	F0332	<p>F 332 _This tag was cited due to 1 QMA administering a medication later than ordered, and another QMA administering a nasal spray without closing the opposite nostril. QMA's #1 and #9 have received re-instruction regarding these observed problems. Residents # 59 and #79 have had no ill effects from these</p>	06/22/2011	

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	<p>Resident #59). The medication error rate was 7.5%.</p> <p>Findings include:</p> <p>1. The "Medication: Administration of Medications" policy was provided by the Administrator on 5/18/11 at 2:10 p.m. This current policy indicated the following:</p> <p>"...Important Points: ...3. Medications are to be given within one hour of ordered time, except those ordered specifically, such as before, after, or with the meal....."</p> <p>The "NASAL INHALER, SPRAY, AND PUMP ADMINISTRATION" policy was provided by the Director of Nursing (DON) on 5/20/11 at 11:55 a.m. This current policy indicated the following:</p> <p>"Purpose To administer nasal medications in a safe and accurate manner.</p> <p>...Procedures</p> <p>...E. Administer medication to resident or help resident to do so if capable, following directions shown below. ...2) Instruct resident keep head upright and slightly tilted forward.</p>		<p>occurrences. During in-service training, QMA's and licensed nurses will receive education to remind them of the facility's policies for administering medications within the 1-hour time frame before and after the scheduled dose. Additionally, they will be reminded of the specific procedures for nasal sprays. Monthly, the facility's nursing supervisors on all will observe at least 3 staff (each on a different shift) administering medications to assess for proficiency (See Attachment G). These audits will continue indefinitely. Additionally, the facility will continue to track medication error rates and evaluate for trending. Trending will continue to be monitored indefinitely in order to measure success of the facility's program and to determine whether systemic changes are necessary in order to reduce medication error rates. (See Attachment H).</p>		

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	<p>3) Use finger of other hand to close the nostril that is not receiving medication by gently pressing the side of the nostril.</p> <p>4) Keep the bottle upright and insert the spray tip into the nostril [not more than 1/4 inch]. Point the tip to the back and outer side of the nose.</p> <p>5) Spray firmly and quickly while the resident breathes in through their nose and out through their mouth.</p> <p>6) After removing the spray bottle from the nostril, have the resident tilt their head back for several seconds to aid penetration of the drug.</p> <p>...F. Rinse the pump, spray or inhaler tip with hot water keeping the tip pointed downward to prevent water from getting into the container....."</p> <p>2. On 5/17/11 from 4:15 p.m. to 4:40 p.m., medication pass was observed. QMA #1 was observed to prepare Resident #79's medications. These medication included, but were not limited to, Ropinirole 0.5 mg (Requip) (antiparkinson) 1 tablet, and Stalevo 100 mg (treatment of Parkinson's disease) 1 tablet. These medications were observed given at 4:20 p.m.</p> <p>On 5/19/11 at 2:55 p.m. during an interview, QMA #1 indicated medications should be in a time period of 1 hour before or 1 hour after the scheduled</p>				

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	<p>medication time.</p> <p>Resident #79's record was reviewed on 5/19/11 at 2:50 p.m. The resident's diagnoses included, but were not limited to, severe Parkinson's disease.</p> <p>The physician's orders, dated 8/30/10, were Ropinirole 0.5 mg 1 tablet 3 times a day and Stalevo 100 mg 1 tablet 3 times a day.</p> <p>The "Routine Meds" for 5/2011 medication administration indicated Ropinriole and Stalevo were both scheduled at 9:00 a.m., 3:00 p.m., and 9:00 p.m.</p> <p>3. On 5/18/11 at 8:20 a.m., medication pass was observed. After QMA #9 was observed to prepare and give Resident #59 her oral medications, she returned to the medication cart to check which side of the nostril to give the medication, Calcitonin-Salmon (1 spray in 1 nostril daily; alternate nostrils) (Calcium supplement). Upon returning to the resident, QMA #9 was observed to ask the resident if she was ready. When the resident indicated she was, the inhaler tip was placed in the right nostril and sprayed 1 time with no closure of the left nostril observed. Then, QMA #9 told the resident to take a deep breathe. She then indicated she would wipe off the nasal applicator with a tissue before putting it away. At this same time during an interview, QMA #9 indicated one should tell the resident you were going to give the medication and also tell them the medication may burn.</p>				

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	<p>On 5/23/11 at 9:15 a.m. during an interview, the DON indicated when giving a nasal medication, the opposite nostril should be closed as the inhalation was given in the other nostril.</p> <p>Resident #59's record was reviewed on 5/23/11 at 9:20 a.m. The resident's diagnoses included, but were not limited to, osteoarthritis, history of L1 (lumbar 1) compression fraction, and osteoporosis with compression fracture.</p> <p>The physician's orders, originally dated 9/04/2008, was Calcitonin spray (Miacalcin) give 1 spray in 1 nostril daily - alternate nostrils.</p> <p>3.1-48(c)(1)</p>				

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F0441 SS=F	<p>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.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>A. Based on record review and interview, the facility failed to implement an infection control program which included tracking, trending, and follow-up concerning any infectious patterns. This</p>	F0441	F 441 This tag was cited due to: Recent data related to infections not being compiled for trending. 2 nurses not washing their hands after removing gloves 5 staff washing their hands for	06/22/2011	

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	<p>deficient practice had the potential to impact 87 of 87 residents.</p> <p>B. Based on observations, interviews, and record reviews, the facility failed to ensure infection control practices were followed in a manner to prevent the potential for the spread of infections and diseases concerning medication pass for 5 of 8 nursing staff (QMA #1 and QMA #9; LPN #2, LPN #10, and LPN #11) observed for 7 of 19 residents (Resident #'s 6, 47, 49, 59, 74, 75, and 77) observed, assisting with meals for 3 of 9 staff (CNA #4; LPN #3 and LPN #2) observed for Dining Room 1 of 5 dining rooms (First floor assistant dining room - Resident #25 and Resident #9) observed, personal care for 1 of 4 CNA's (CNA #5) observed for 1 of 3 residents (Resident #6) observed during personal care, and concerning isolation precautions followed by the family for 1 of 1 resident (Resident #74) observed in contact isolation.</p> <p>Findings include:</p> <p>A. On 5/20/11 at 11 a.m., the Director of Nursing provided her infection control information for January-April 2011. The information only included a list of residents by unit who were on an antibiotic and what the antibiotic was being used to treat. The information lacked tracking, trending or any follow-up for the residents/units where infections were present.</p>		<p>less than 15 seconds A nurse not using a paper towel to turn the water off during hand washing A nurse splitting a pill with her hands A CNA not removing her gloves to complete care after assisting with toileting-related hygiene 1 staff administering a pill after it was dropped on a resident's seat. Education regarding isolation precautions not documented for the spouse of 1 resident Linens on the floor in the room of a resident on isolation precautions. QMA #9, QMA #1, LPN #2, LPN #10, & LPN #11 have all received personal reinstruction regarding observations made during the audit of their medication passes. CNA #4, LPN #2, & LPN #3 have received personal reinstruction regarding observations made during mealtimes. CNA #5 has received personal reinstruction regarding observations made during personal care of a resident in contact isolation. The D.O.N. has developed a new instrument for identifying infection trends by Unit (See Attachment I) This tool will be continually updated throughout the month to monitor infections by unit in order to identify when infections arise to level of concern. It will also assist the facility in monitoring the effectiveness of the infection control program over time. This</p>		

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	<p>On 5/20/11 at 12:15 p.m. during an interview, the Director of Nursing indicated she had not compiled the information together for possible patterns and/or trends. She also indicated if the information resulted in a 10% trend, she would be checking for the need of inservicing and so forth.</p> <p>The infection control information provided did not allow for any trending for percents or follow-up inservicing.</p> <p>B. 1. The "INFECTION CONTROL: HAND HYGIENE" policy was provided by the Administrator on 5/18/11 at 2:10 p.m. This current policy indicated the following:</p> <p>"Purpose: To improve hand hygiene practices, to define when hand washing is to be used, to define situations in which alcohol gel is to be used, and to remove dirt, organic material and transient microorganisms from the hands.</p> <p>...Standard:</p> <p>1. Hands will be washed with running water and antimicrobial soap whenever there is visible soiling. (These materials include, but are not limited to , feces, blood, or other body fluids.)</p> <p>...c. Before and after donning gloves</p> <p>...2. In addition, the following are examples in which the facility recommends soap and water:</p> <p>...b. Before handling food and feeding a resident</p> <p>...Procedure:</p> <p>Hand washing</p> <p>...5. Vigorously rub hands together to create friction for at least 15 seconds.</p> <p>6. Rinse hands thoroughly holding under running water with fingertips down.</p> <p>7. Dry hands then use another paper towel to turn</p>		<p>tool will be used indefinitely to continually monitor the facility's progress with respect to infection control practices. All staff will receive in-service education regarding the facility's policies regarding glove use, hand washing, linen handling, meal time infection control practices, and contact isolation. (See Attachment(s) J) All nurses and QMA's will receive in-service instruction regarding infection control practices during medication administration. All nurses will receive instruction on the need to document education of residents and families, especially with regard to isolation precautions. Infection control practices will be audited monthly during observations by members of the QA Committee. Monitoring will occur on all shifts and audits will be performed by the Nursing Supervisors on each shift. Audits will continue indefinitely as a means of measuring staff performance and needs for additional education/training. (See Attachment K) All corrections for this tag will be completed by 6/22/11.</p>		

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	<p>off faucets....."</p> <p>The "INFECTION CONTROL: GLOVE USE" policy was provided by the Administrator on 5/18/11 at 2:10 p.m. This current policy indicated the following:</p> <p>"To establish tasks, procedures and required use of sterile and non-sterile gloves by nursing personnel</p> <p>...Procedure: ...Hands shall be thoroughly washed immediately after gloves are removed....."</p> <p>The "MEDICATION ADMINISTRATION-GENERAL GUIDELINES" was provided by the Director of Nursing on 5/20/11 at 11:55 a.m. This current policy indicated the following:</p> <p>"Policy Medications are administered as prescribed in accordance with good nursing principles and practices...</p> <p>Procedures A. Preparation ...4) If breaking tablets is necessary to administer the proper dose, hands are washed with soap and water or alcohol gel prior to handling tablets and the following guidelines are followed: a. A tablet-splitter is used to avoid contact with the tablet,...."</p> <p>B. 2. On 5/17/11 at 11:30 a.m., Resident #47's glucometer (blood sugar) check was observed. After completing the accucheck, LPN #10 returned the supplies to her cart, and then, she removed her gloves. No handwashing and/or handgel use was observed as she prepared Resident #47's insulin</p>				

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	<p>medication.</p> <p>B. 3. On 5/17/11 from 11:45 a.m. to 12:05 p.m., lunch meal was observed. After CNA #4 delivered a resident's hall tray, she was observed to handwash for less than 15 seconds. During this same observation, LPN #3 was observed to pick up Resident #9's empty medication cup and empty drink from the table. Next, LPN #3 was observed to handwash for less than 10 seconds, returned to the dining room, and began to assist residents with their lunch. At this same time during an interview, CNA #4 indicated one should handwash for 20 seconds.</p> <p>B. 4. On 5/17/11 from 12:14 p.m. to 12:38 p.m., the second dining room lunch was observed. As lunch trays were being passed, LPN #2 was observed to pick up a soiled napkin from the floor. Next, she obtained a paper towel from the cabinet, wet it, and gave it to Resident #25, who was observed to use it on her mouth. LPN #2 was observed to handwash for less than 15 seconds, turn the water off with her wet hand, and then dried her hands. After calling the dietary department with a diet change, LPN #2 again was observed to handwash for less than 10 seconds, turn the water off with her wet hands, and then dried her hands. She the returned to the dining room and completed a resident's blood pressure in preparation for her medication pass.</p> <p>On 5/18/11 at 8:05 a.m. during an interview, LPN #2 indicated one should handwash for 15 seconds, rinse, and then, dry one's hands followed with using the same paper towel to turn the water off. She also indicated hands should be washed between residents.</p> <p>B. 5. On 5/17/11 from 12:20 p.m. to 12:43 p.m.,</p>						

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	<p>medication pass was observed. Resident #77's medications included, but were not limited to, Lisinopril 5 milligrams (mg) (hypertension). As LPN #2 was preparing Resident 77's medication, she was observed to pick up the Lisinopril tablet with her hands, and then, split the tablet in half. LPN #2 indicated the physician order was to give Lisinopril 2.5 mg (1/2 of the tablet). Handgel was observed used after the resident's medications had been given.</p> <p>Next, LPN #2 prepared and administered Resident #6's medication. The medication was Promethegan 12.5 mg (nausea) 1 rectal suppository. After administering the medication rectally, LPN #2 removed her gloves, pulled the resident's pant up, took her shoes off, repositioned her in her bed, removed her eyeglasses, positioned the call light and bedside table before she was observed to handwash.</p> <p>On 5/20/11 at 1:25 p.m. during an interview, the Director of Nursing indicated pill splitters had recently been purchased for each medication cart to avoid the use of one's hands to cut a pill in half.</p> <p>B. 6. On 5/17/11 from 4:15 p.m. to 4:25 p.m., medication pass was observed. After QMA #1 had prepared and administered Resident #75, she was observed to wipe off his wet chin. No handwashing/handgel use was observed. Next, QMA #1 prepared and administered Resident #79's medications before handgel use was observed.</p> <p>B. 7. On 5/17/11 from 5:00 p.m. to 5:25 p.m., Resident #6's personal care was observed. After cleansing the resident rectally 3 times with wipes, CNA #5 with the same gloved hands pulled the resident's pants up, removed her hand from the toilet's handrail, and then, assisted her back into</p>				

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	<p>her wheelchair. After removing her gloves, CNA #5 was observed to handwash for 10 seconds.</p> <p>B. 8. On 5/18/11 at 8:20 a.m., medication pass was observed. After QMA #9 was observed to prepare and give Resident #59 her oral medications, she returned to the medication cart to check which side of the nostril to give the medication, Calcitonin-Salmon (1 spray in 1 nostril daily; alternate nostrils) (Calcium supplement). Upon returning to the resident, QMA #9 was observed to handwash for less than 10 seconds. After donning a pair of gloves, she administered the nasal spray, removed her gloves, and handwashed for 10 seconds.</p> <p>B. 9. On 5/18/11 at 9:00 a.m., Resident #74's gastrostomy tube (G-tube) care and medication administration were observed. After disconnecting the continuous tube feeding and checking placement, LPN #10 with gloved hands completed the G-tube flush. Next, Resident #74 requested assistance with his oral medications. LPN #10 removed her gloves, handwashed for less than 10 seconds and donned a new pair of gloves. LPN #10 then proceeded to give the resident his oral medications 1 at a time with her gloved hands. Next, she proceeded to check the resident's G-tube residual and reconnected the G-tube to the continuous G-tube feeding and completed care.</p> <p>B. 10. On 5/18/11 from 4:05 p.m. to 4:50 p.m., medication pass was observed. LPN #11 was observed to prepare and give Resident #49's her oral medications. As Resident #49 was taking her medications, 1 pill was observed to drop down in the resident's wheelchair seat. LPN #11 picked up the pill from the resident's wheelchair seat with her hands, gave it to the resident, who took the dropped pill.</p>				

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	<p>B. 11. On 5/18/11 at 1:45 p.m., Resident #74's wife was observed to be leaving Resident #74's contact isolation room. She was observed to remove and dispose of her isolation gown and gloves with no handwashing or handgel use observed as she exited the room as LPN #10 entered to administer the resident's intravenous medication. At this same time, a black blanket was folded up below the window on the floor with an uncovered pillow and a rolled up pillow case on top of it. A Hoyer lift sling was also observed on the floor next to a chair. At this same time during an interview, Resident #74 indicated the black blanket on the floor was his and had used it earlier, but he did not need it presently. He also indicated when his wife was present, she would help him with his strengthening exercises, which included holding his legs up during the exercising.</p> <p>On 5/19/11 at 10:45 a.m. during an interview, LPN #10 indicated she had discussed and explained contact isolation with Resident #74's wife. She indicated she had not documented this information. She also indicated she did not notice Resident #74's wife not hand washing before she left the resident's room yesterday.</p> <p>On 5/23/11 at 9:15 a.m. during an interview, the DON indicated the family should be instructed concerning the type of isolation, for example, contact isolation and should be documented in the nurse's notes. She indicated Resident #74's C-diff was not colonized to her knowledge.</p> <p>Resident #74's record was reviewed on 5/17/11 at 2:45 p.m. The resident's diagnoses included, but were not limited to, C-diff (Clostridium Difficile) colitis and MRSA (Methicillin Resistant Staphylococcus Aurous) bacteremia.</p>						

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	<p>The physician order, dated 5/11/11, was contact precautions.</p> <p>The "Contact Precautions" policy, located in the resident's record, indicated the following:</p> <p>"Purpose: To minimize exposure to potentially infectious materials via direct contact.</p> <p>...Procedure: ...Gloves and Hand Washing ...2. Wear gloves whenever touching the resident's intact skin or surfaces and articles in close proximity to the resident... 4. Remove gloves before leaving resident's room and wash hands immediately. ...Gowns ...2. Remove gown and observe hand hygiene before leaving the patient care environment.... ...Contact Isolation Contact Isolation should be implemented for the following: * Multi-drug Resistant Organisms (MRSA, VRE [Vancomycin Resistant Enterococcus] ...* C. Difficile...."</p> <p>The "Infection Control: Linen Handling" policy was provided by the Administrator on 5/20/11 at 12:20 p.m. This current policy indicated the following:</p> <p>"...Every effort will be made to ensure that soiled linens or clothing does not come into contact with uniforms, furniture, or other area deemed clean. Soiled linens shall not be placed on the floor...."</p> <p>3.1-18(l) 3.1-19(g)</p>						

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

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