

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  01/21/2015
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NAME OF PROVIDER OR SUPPLIER  HYDEN HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 21040 US HWY 421 SOUTH HYDEN, KY 41749
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS	F 000		
F 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review it was determined the facility failed to provide services in accordance with the written plan of care for one (1) of nineteen (19) sampled residents (Resident #4). According to the comprehensive care plan, facility staff was to provide diabetic nail care weekly for Resident #4. However, observation on 01/21/15 revealed the resident's toenails were long and unkempt.</p> <p>The findings include:</p> <p>Review of facility policy titled "Care Plan Policy Protocol," undated, revealed the facility shall develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. Further review of facility policy revealed the Kardex would also be utilized as a guide for Nurse Aides in providing care on a daily basis.</p>	F 282	<p>See attached MIS</p>	2/17/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melissa R. Sparks</i>	TITLE <i>Administrator</i>	(X6) DATE <i>2-17-15</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282	<p>Continued From page 1</p> <p>Review of Resident #4's medical record revealed the facility admitted Resident #4 on 05/29/14 with diagnoses that included Morbid Obesity, Status Post Cerebral Vascular Accident with Left Hemiparesis, Diabetes Mellitus, Bilateral Knee Replacement, Chronic Heart Failure, Carpal Tunnel, Deep Venous Thrombosis to Right Lower Extremity, and Large Hematoma to Left Mid Quadrant of Abdomen. Review of the most recent Minimum Data Set (MDS) Significant Change Assessment dated 10/31/14 revealed the facility assessed Resident #4 to have a Brief Interview for Mental Status (BIMS) score of 10 which indicated that Resident #4 had moderately impaired cognition. The MDS further revealed Resident #4 required the total assistance of one person for eating, dressing, personal hygiene, and bathing.</p> <p>Review of Resident #4's most recent comprehensive care plan dated 05/05/14 revealed Resident #4 had a condition of diabetes mellitus with an intervention for diabetic nail care every week.</p> <p>Review of Resident #4's most recent Treatment Administration Record (TAR) dated 01/01/15 revealed nail care had been performed for Resident #4 on 01/17/15.</p> <p>Observation of Resident #4 on 01/21/15 at 1:51 PM revealed Resident #4 to have long toenails on both feet that were in need of trimming. Further observation of Resident #4 revealed the left great toe to have a thick nail that was separated from the nail bed and hanging by the skin around the cuticle. Continued observation also revealed dried blood present under the separated nail.</p>	F 282	<p><i>See Attached MDS</i></p>	<p><i>2/17/15</i></p>

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F 282	<p>Continued From page 2</p> <p>Review of Resident #4's medical record revealed no evidence of an assessment of Resident #4's toenails.</p> <p>Interview with Registered Nurse (RN) #1 on 01/21/15 at 2:39 PM revealed she was working on 01/17/15 and was responsible for providing toenail care for Resident #4. Continued interview with RN #1 revealed she had attempted to provide toenail care for Resident #4 toward the end of her shift and Resident #4 refused toenail care. Further interview with RN #1 revealed she got busy and forgot to document that Resident #4 had refused toenail care. RN #1 stated that she should have gone back and circled where she had initialed on the TAR that the care had been performed to indicate that Resident #4 rejected care.</p> <p>Interview with the Clinical Coordinator on 01/21/15 at 1:30 PM revealed nurses were to provide nail care for diabetic residents. The Clinical Coordinator revealed she had not identified any concern with Resident #4's nail care.</p> <p>Interview with the facility Director of Nursing (DON) on 01/21/15 at 5:00 PM revealed she made random rounds on the floor to ensure that residents were being cared for properly. The DON said the facility Quality Assurance (QA) team also monitored to ensure residents were being cared for as indicated on their plan of care. Continued interview with the DON revealed the clinical supervisor also reviewed residents' TARs to ensure that care was provided. The DON stated nursing staff had been trained to circle their initials if care was refused and she would have expected the nurse to circle her initials</p>	F 282	<p><i>See Attached ms</i></p>	<p><i>2/17/15</i></p>

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OMB NO. 0938-0391

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F 282	Continued From page 3 when Resident #4 refused nail care. The DON stated she had not identified any problem with Resident #4's nail care.	F 282		
F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review it was determined the facility failed to ensure proper nail care was provided for one (1) of nineteen (19) sampled residents (Resident #4). According to the comprehensive care plan, Resident #4 was to receive diabetic nail care every week. However, observation on 01/21/15 revealed the resident's toenails were long and unkempt.</p> <p>The findings include:</p> <p>Review of facility policy titled "Giving Nail and Foot Care," undated, revealed all diabetics will have their nail care performed by nurses.</p> <p>Review of Resident #4's medical record revealed the facility admitted Resident #4 on 05/29/14 with diagnoses that included Morbid Obesity, Status Post Cerebral Vascular Accident with Left Hemiparesis, Diabetes Mellitus, Bilateral Knee Replacement, Chronic Heart Failure, Carpal Tunnel, Deep Venous Thrombosis to Right Lower</p>	F 312	<p><i>See Attached M/S</i></p>	<p><i>2/17/15</i></p>

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F 312	<p>Continued From page 4</p> <p>Extremity, and Large Hematoma to Left Mid Quadrant of Abdomen. Review of the most recent Minimum Data Set (MDS) Significant Change Assessment dated 10/31/14 revealed the facility assessed Resident #4 to have a Brief Interview for Mental Status (BIMS) score of 10 which indicated that Resident #4 had moderately impaired cognition. The MDS further revealed Resident #4 required the total assistance of one person for eating, dressing, personal hygiene, and bathing.</p> <p>Review of Resident #4's most recent comprehensive care plan dated 05/05/14 revealed Resident #4 had a diagnosis of diabetes mellitus with an intervention for diabetic nail care every week. Review of Resident #4's most recent Treatment Administration Record (TAR) dated 01/01/15 revealed nail care had been performed for Resident #4 on 01/17/15.</p> <p>Observation of Resident #4 on 01/21/15 at 1:51 PM revealed Resident #4 to have long toenails on both feet that were in need of trimming. Further observation of Resident #4 revealed the left great toe to have a thick nail that was separated from the nail bed and hanging by the skin around the cuticle. Continued observation also revealed dried blood present under the separated nail.</p> <p>Interview with Registered Nurse (RN) #1 on 01/21/15 at 2:39 PM revealed she was working on 01/17/15 and was responsible for providing toenail care for Resident #4. Continued interview with RN #1 revealed she had attempted to provide toenail care for Resident #4 toward the end of her shift and Resident #4 refused toenail care. Further interview with RN #1 revealed she got busy and forgot to document that Resident #4</p>	F 312	<p><i>See Attached MS</i></p>	<p><i>2/17/15</i></p>

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F 312	<p>Continued From page 5</p> <p>had refused toenail care. RN #1 stated that she should have gone back and circled where she had initialed on the TAR that the care had been performed to indicate that Resident #4 rejected care.</p> <p>Interview with the Clinical Coordinator on 01/21/15 at 1:30 PM revealed nurses were to provide nail care for diabetic residents. The Clinical Coordinator revealed she made rounds on residents every day and had not identified any concerns with Resident #4's nail care.</p> <p>Interview with the facility Director of Nursing (DON) on 01/21/15 at 5:00 PM revealed she made random rounds on the floor to ensure that residents were being cared for properly. The DON said the facility Quality Assurance (QA) team also monitored to ensure residents were being cared for as indicated on their plan of care. Continued interview with the DON revealed the clinical supervisor also reviewed residents' TARs to ensure that care was provided. The DON stated nursing staff had been trained to circle their initials if care was refused and she would have expected the nurse to circle her initials when Resident #4 refused nail care. The DON stated she had not identified any problem with Resident #4's nail care.</p>	F 312	<p><i>See attached mes</i></p>	<p><i>2/17/15</i></p>
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F 333 SS=D	<p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p>	F 333		
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F 333	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, and review of facility's policy, it was determined the facility failed to ensure one (1) of nineteen (19) sampled residents (Resident #11) was free of significant medication errors. Resident #11 was receiving Plavix (anti-coagulant) and Protonix (Proton Pump Inhibitor, PPI). The pharmacist recommended the resident's PPI medication be changed to another class of medications, called H2 Blockers, due to the possible decreased effectiveness of Plavix. The physician agreed and ordered Zantac to be administered daily. However, the facility continued to administer the Protonix on a daily basis from 09/27/14 through 01/21/15.</p> <p>The findings include:</p> <p>Review of the facility's policy titled "Protocol for Review of Medications," revision date July 2012, revealed the resident's physician will be consulted when recommendations are made and orders, if any, will be followed.</p> <p>A review of the medical record for Resident #11 revealed the pharmacist had made the recommendation to change the order for Protonix 40 mg (milligrams) by mouth daily to another class of medication called H2 Blockers. Further review of the pharmacy recommendation, dated 09/27/14, revealed the physician agreed to change the Protonix 40 mg by mouth daily to Zantac 75 mg by mouth daily. Review of a physician telephone order, dated 09/27/14, revealed the resident was to begin Zantac 75 mg by mouth once a day. However, the facility failed to discontinue the Protonix and no physician</p>	F 333	<p><i>See attached MS</i></p>	<p><i>2/17/15</i></p>
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F 333	<p>Continued From page 7</p> <p>order was written to discontinue the Protonix 40 mg by mouth daily. A review of the physician orders and Medication Administration Records (MARs) for September 2014 through January 2015 revealed the facility staff continued to administer Protonix 40 mg by mouth daily along with Zantac 75 mg by mouth daily to Resident #11.</p> <p>An interview with the Pharmacist on 01/21/15 at 9:40 AM revealed the resident should not have been receiving both Protonix and Zantac. According to the pharmacist, when the physician/nurse practitioner agreed with the recommendation, the Protonix should have been discontinued.</p> <p>An interview with the Advanced Registered Nurse Practitioner (ARNP) on 01/21/15 at 9:55 AM revealed the facility had contacted her regarding the pharmacy recommendation. The ARNP stated she had agreed with the recommendation and ordered the resident to received Zantac dally. Further interview also revealed the Protonix should have discontinued.</p> <p>An interview conducted with the Clinical Coordinator on 01/21/15, at 1:30 PM, revealed she was responsible for reviewing and monitoring medical records to ensura physician's orders and pharmacy recommendations had been transcribed accurately. The Clinical Coordinator stated she had not identified a concern with Resident #11's Protonix not being discontinued.</p> <p>An interview with the Director of Nursing (DON) on 01/21/15 at 4:30 PM revealed she was responsible to ensure pharmacy recommendations have been addressed. The</p>	F 333	<p><i>See Attached MS</i></p>	<p><i>2/17/15</i></p>

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F 333	Continued From page 8 DON stated the Protonix should have been discontinued.	F 333		
F 502 SS=D	483.75(j)(1) ADMINISTRATION  The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.	F 502		
<p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, it was determined the facility failed to provide laboratory services to meet the needs of one (1) of nineteen (19) sampled residents (Resident #3). Resident #3 had physician's orders for a CBC (laboratory test) to be drawn every month. However, review of the laboratory reports for Resident #3 revealed there had been no CBC drawn since 10/15/14, until it was identified on 01/19/15 (66 days or 2 months after the last CBC lab test).</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "General Lab Procedure Steps," undated, revealed the Clinical Coordinator was responsible to review all copies of laboratory requisitions and the laboratory calendar daily to ensure all laboratory tests which were ordered by the physicians had been completed and reported to the physician.</p> <p>Review of the medical record for Resident #3 revealed the facility admitted the resident on 08/15/14 with diagnoses that included Congestive Heart Failure, Chronic Obstructive Pulmonary</p>			<p><i>See Attached MS</i></p>	<p><i>2/17/15</i></p>

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F 502	<p>Continued From page 9 Disease, and Alzheimer's.</p> <p>Review of physician's orders for Resident #3 revealed a physician's order dated 08/15/14 for a CBC (laboratory test) to be drawn every month.</p> <p>Review of the laboratory reports on 01/19/15 for Resident #3 revealed a laboratory report for a CBC drawn on 10/15/14. However, there was no evidence a CBC had been completed since 10/15/14 (66 days or 2 months after the last CBC lab test).</p> <p>Observation of Resident #3 on 01/19/15 at 11:40 AM, revealed the resident was observed to be up in a wheelchair and his/her right ankle was observed to be slightly swollen.</p> <p>Interview conducted with Clinical Coordinator #1 on 01/21/15 at 5:25 PM, revealed she was responsible for ensuring all residents' laboratory tests were completed as ordered by the physician. The Clinical Coordinator stated she kept a calendar on which she documented all laboratory tests that had been ordered. The Clinical Coordinator stated she reviewed the calendar at the end of every month to ensure all laboratory tests had been completed. The Clinical Coordinator stated she just forgot to place Resident #3's CBC on the monthly calendar and it was missed.</p> <p>Interview conducted with the DON on 01/21/15 at 5:30 PM, revealed the Clinical Coordinator was responsible for monitoring to ensure all laboratory testing had been completed as ordered by the physician. The DON stated she had not identified any concerns with laboratory tests not being completed as ordered by the physician.</p>	F 502	<p><i>See Attached MS</i></p>	<p><i>2/17/15</i></p>
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			<i>See attached ms</i>	<u>2/17/15</u>
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## Hyden Health and Rehabilitation

## Plan of Correction

F 282

1. Resident #4 refused nail care again on 1/21/2015 and an appointment has been scheduled for a podiatry consult to receive nail care and services in accordance with the plan of care for this resident.
2. The Administrative Nursing team reviewed all care plans and made resident care rounds to ensure services are being provided (including diabetic nail care) as indicated per care plan for each resident.
3. Licensed Nursing Staff were in-serviced by the Director of Nursing on January 30, 2015 regarding diabetic nail care and services and services rendered in accordance with the plan of care.
4. A CQI designee will review the care plans and assess 5 residents weekly for one month to ensure that the plan of care is being followed appropriately. After one month, the review will be monthly for three months. Any deficient practice will be corrected immediately and reported to the CQI Committee for further follow up and review.
5. Date of Completion : February 12, 2015

*Melissa Sparks*  
*2-17-15*

## Hyden Health and Rehabilitation

### Plan of Correction

F 312

1. Resident #4 refused nail care again on 1/21/2015 and an appointment has been scheduled for a podiatry consult to receive nail care and services in accordance with the plan of care for this resident.
2. The administrative Nursing team has conducted thorough resident care rounds to ensure all ADL care is being provided for each resident as indicated by their plan of care.
3. The Director of Nursing conducted an In-service on January 30, 2015 regarding providing all ADL care for residents in accordance with their plan of care. Specifically, the in-service focused on the facility policy and procedure for providing diabetic nail care to residents.
4. A CQI designee will review 5 residents weekly for one month who are care planned as needing diabetic nail care to ensure that services are being provided. After one month, 5 residents will be reviewed monthly for three months. Any deficient practice will be corrected immediately and reported to the CQI committee for further follow up and review.
5. Date of Completion: February 12, 2015.

*Melissa Sparks*  
*2-17-15*

## Hyden Health and Rehabilitation

## Plan of Correction

F333

1. The Protonix medication was discontinued for resident #11 on 1/21/15 and the attending physician was made aware of the medication error.
2. Pharmaceutical review recommendations for all residents were reviewed by administrative nursing staff for the previous six months and no medication errors were noted.
3. An in-service was conducted on January 30, 2015 by the Director of Nursing with licensed nursing staff regarding pharmacy recommendations and the facility policy for protocol of medication reviews. The in-service specifically reviewed the importance of carrying out any recommended medications changes approved by the physician. The in-service addressed the following procedures to ensure that pharmaceutical recommendations were carried out appropriately. The pharmaceutical recommendations will be given to the Director of Nursing who will distribute to the clinical coordinators, who will ensure that nursing staff notify the physicians of the recommendations. The staff nurse will return a copy of any order obtained by the physician with the recommendation to the clinical coordinator who will check the record, including the MAR, to ensure that it was carried out.
4. A designee of the CQI committee will review 5 pharmacy recommendations per month to ensure that the physician has been notified of any recommendations and that physician's orders, if any are given, are being followed. The monthly review will be for three months. Any deficient practice will be corrected immediately and reported to the CQI committee for further follow up and review.
5. Date of Completion: February 12, 2015.

*Melissa Sparks*  
*2-17-15*

**Hyden Health and Rehabilitation****Plan of Correction****F502**

1. Resident # 3 received a physician's order for a redraw of a CBC on January 19, 2015.
2. Physician orders for labs were reviewed by administrative nursing staff to ensure that all ordered labs have been obtained.
3. An in-service was conducted on January 30, 2015 with licensed nursing staff by the Director of Nursing regarding physician's orders for laboratory orders and reconciliation of labs to ensure that they were obtained as ordered by the physician. The Director of Nursing in serviced clinical coordinators on verifying that daily labs are transcribed to the appropriate place to be carried out. Also they are checking the M.D. orders for lab orders each month and verifying that any ordered lab has been scheduled to be obtained timely.
4. A designee of the CQI committee will review laboratory orders for 5 residents on a weekly basis to ensure that all ordered labs are being obtained. This review will be weekly for one month and then monthly for three months. Any deficient practice will be corrected immediately and reported to the CQI committee for further follow up and review.
5. Date of Completion : February 12, 2015

*Melissa Sparks*  
*2-17-15*

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

PRINTED: 03/27/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185193</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/20/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HYDEN HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>21040 US HWY 421 SOUTH HYDEN, KY 41749</b>		
(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	
K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR §483.70 (a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1986</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: One story, Type V (000)</p> <p>SMOKE COMPARTMENTS: Four</p> <p>COMPLETE SUPERVISED AUTOMATIC FIRE ALARM SYSTEM</p> <p>FULLY SPRINKLERED, SUPERVISED (DRY SYSTEM)</p> <p>EMERGENCY POWER: Type II diesel generator</p> <p>A life safety code survey was initiated and concluded on 01/20/15, for compliance with Title 42, Code of Federal Regulations, §483.70 (a). The facility was found to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000			
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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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