

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

Citation Number: # 6873		Date: October 30, 3018		
Facility Name: Arbor Springs of West Des Moines		Survey Dates: October 8 – October 15, 2018		
Facility Address/City/State/Zip: 7957 EP True Parkway West Des Moines, IA 50266		MW/SS		
Rule or Code Section	Nature of Violation	Class  I	Fine Amount  \$ 3,750.00	Correction date Upon Receipt

<b>58.28(3)f</b>	<p><b>481—58.28(135C) Safety.</b> The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III)  <b>f.</b> Residents shall be protected against physical or environmental hazards to themselves. (I, II, III)</p> <p>Based on clinical record review, observation, staff interview, and facility record review, the facility failed to develop a systemic approach to lock exterior courtyard gates to ensure gates locked at all times for 1 of 3 residents reviewed for wandering/elopement (Resident #17). The facility reported a census of 48 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated 7/17/18 for Resident #17 identified a Brief Interview for Mental Status (BIMS) score of 3, indicating severe cognitive impairment. The MDS documented diagnoses that included Non-Alzheimer's dementia, anxiety disorder, depression, insomnia, and chronic pain. The MDS recorded no behavioral symptoms present during the 7 day assessment reference period. The resident displayed independence with bed mobility, transfers, walking in the room and corridor, and locomotion on the unit.</p> <p>The Plan of Care dated 7/26/18 identified the following:</p>			
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Facility Administrator

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	<p>a. Specific Behaviors - at times the resident may ask to be let off the neighborhood on 2-10 (p.m./afternoon shift). The resident may be exit seeking, or ask to go upstairs.</p> <p>b. Extra Things to Know - the resident had an elopement risk and his picture is on the elopement risk poster.</p> <p>d. Bed and Mobility Devices - the resident may be up overnight when exit seeking, pounding on exit doors 2-10/10-6 (evening and overnight shifts).</p> <p>e. Transfers and Ambulation - the resident is independent in transfers and ambulation; supervise with ambulation in the hallway; and on 9/1/18, 15 minute checks.</p> <p>The poster titled Residents at Risk for Elopement dated 7/6/18 included a picture of Resident #17 with his room number.</p> <p>The Elopement Risk Tool dated 7/26/18 identified Resident #17 as at risk for elopement.</p> <p>The Progress Notes dated 8/1/18 at 9:56 p.m. documented the resident as restless and anxious at 3:00 p.m. The note recorded the resident asked for his anxiety meds, as not exit seeking, and less agitated and more easily redirected than the day before on 2-10.</p> <p>The Progress Notes dated 8/2/18 at 7:32 p.m. documented the resident exhibited minor exit seeking</p>			
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	<p>behaviors in the early afternoon and he wandered on and off most of the evening.</p> <p>The Progress Notes dated 9/1/18 at 5:50 p.m. documented the CNA (Certified Nurse Aide) reported Resident #17 exited the courtyard gate when she assisted other residents to return from the courtyard. The resident returned immediately and safely from the parking lot. Staff notified the resident's daughter, the Administrator, and doctor via phone. At 7:00 p.m. staff documented checking on Resident #17 every 15 minutes and the resident appeared agitated and sought to exit the facility after talking to his brother on the phone. Resident #17 asked for his car keys so he could drive home. Staff attempted redirection unsuccessfully, turned the TV to the baseball game for distraction, and gave him a non-alcoholic beer.</p> <p>The Progress Notes dated 9/2/18 at 9:15 p.m. documented at 8:15 p.m. the resident requested to go out and find his bike to ride to his car; the resident wanted to see his mother and father. The nurse documented distracting him with stories of the heavy rains. The note documented at 8:50 p.m. the resident continued to request to go outside, staff offered a cup of water and a cookie, then the resident fell asleep in the chair.</p> <p>The facility identified a census of 9 residents on 9/1/18 who resided on the Maple neighborhood and indicated 5 of those residents as self mobile (Resident #26,</p>			
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	<p>Resident #13, Resident #3, Resident #27, and Resident #17).</p> <p>Review of the Shift Assignments dated 9/1/18 identified the following staff assigned to the Maple unit where Resident #17 resided:  Staff G, CNA and Staff F, CNA, for the 6 a.m. to the 2 p.m. shift  Staff D, CNA, and Staff E, CNA for the 2 p.m. to 10 p.m. shift.  Staff C, Registered Nurse (RN) for the 2 p.m. to 10 p.m. shift</p> <p>The undated, signed, written statement by Staff E contained a fax stamp of 10/1/18 at 1:45 p.m. Staff E wrote the following: Staff E pool staff assisted residents out of the dining room after dinner. Staff E's co-worker decided to open the patio door for residents that wanted to get some fresh air outdoors. Then Staff E's co-worker told her to watch the residents in the commons (TV) area while Staff D watched the residents outside on the patio. Resident #17 was one of the first residents to take advantage of the patio experience and the last time Staff E saw him at that particular time was after dinner with Staff D on the patio.</p> <p>The undated, unsigned, written statement by Staff D contained a fax stamp of 10/1/18 at 1:45 p.m. Staff D wrote the following: After dinner around 5:40 p.m. Staff D took Resident #3, Resident #17, and Resident #48</p>			
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	<p>outside into the courtyard. They were outside for only a few minutes when Resident #3 went back inside with Resident #17, Resident #48, and Staff D still outside. Staff D called to her partner to come help stand Resident #48 up so she could shake off crumbs from his clothing; Resident #17 stood right next to them. At that point, Resident #27 walked into the dining room and sat on the arm of the chair, which was wobbly. Staff D's partner couldn't get him to sit down properly so she assisted her in sitting him down. Staff D went back out, brought Resident #48 into the living room, right after that Staff D went out to her car. On Staff D's way out, Resident #26's daughter then walked Resident #17 back in. Staff D went out to her car around 5:50 p.m. Staff D believed Resident #17 got out while she assisted her partner with Resident #27 (it only took 2 minutes with Resident #27). Staff D thought Resident #17 got out through the courtyard gate because it was not locked. Usually the first thing Staff D did after getting report would be to always check iPods, iPad, and gate, and if they checked the courtyard cameras they would see her checking gates. When Staff D started her shift that day it was very hectic between Resident #37 and Resident #17 being anxious, Resident #48 having visitors, and having an agency aide. Staff D got distracted and didn't fill out her shift sheet which meant she didn't check the gate.</p> <p>Observation on 10/8/18 at 11:53 a.m. revealed Resident #17 stood up from a straight back chair independently and Staff A, CNA, redirected him from</p>			
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	<p>the doorways. At 12:24 p.m. Resident #17 wandered out of the dining room and informed staff he was looking for the outside. Staff T, Certified Medication Aide (CMA), redirected Resident #17 and told him they had his lunch ready first. Resident #17 could not exit the main neighborhood doors when he attempted to push on them as the doors were locked with the keypad code required to exit the neighborhood.</p> <p>Observation on 10/8/18 at 3:04 p.m. revealed Staff B, Licensed Practical Nurse (LPN), demonstrated how the Maple unit courtyard gate locked. Staff B reported the gate must be unlocked by a key and then they push the button for a latch to unhook to be able to open the door.</p> <p>Observation on 10/10/18 at 7:47 a.m. revealed Resident #17 attempted to get into the locked dining room. Resident # 17 asked Staff A to unlock the door, she did, and staff were present in the dining room with the patio doors locked. Resident #17 went straight to the table and sat down to drink.</p> <p>In an interview on 10/08/18 at 1:50 p.m., Staff C recalled working on 9/1/18 when Resident #17 eloped. Staff C stated after dinner Staff D had several residents out in the courtyard that day. Staff C reported Staff D turned to push one of the wheelchairs into the dining room and one of the other residents started to sit on the arm of a chair. Staff D turned to help that resident with the chair and when she stepped</p>			
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	<p>back through the door she didn't see Resident #17, so she thought she missed him coming back in. Staff C stated Staff D knew that Resident #17 went outside (to the courtyard). Staff C reported another CNA, Staff E, took other residents from the dining room to the commons area while she was in the nurses station. Staff C received notice that Resident #17 had been out of the facility when Staff D told her he had gotten out and she saw him coming back into Maple unit. Staff C completed an assessment and the resident had no injuries. Resident #17 stated he was looking for his car, this was a common theme for the resident and at night time he wanted to look for his car. Usually if Resident #17 wanted to go out, they went out with him to the courtyard, he would see no cars, and then go back inside. Staff C had never heard of any difficulty getting him back inside or of any other elopements. Staff C said the CNAs had keys for the gates, they are supposed to check at the beginning of each shift, and sign off the gate check on paper. Staff C said she did not talk to the family member who found Resident #17 outside the building and Staff D reported the family member as the daughter of a different resident who resided on Maple. Resident #17 did not seem upset and she thought he was only outside just a few minutes. It was a nice day with no inclement weather. Staff C called the Administrator to report immediately. Staff C thought the failure someone unlocked that gate at some point in time. Staff C stated Staff D reported the shift change chaotic that day and at shift change Staff D did not check the gate. The pool aide (CNA</p>			
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	<p>from temporary staffing agency) would not know, that it would be one of the facility's staff responsibility unless they had worked there a lot. Staff C had not met Staff E before so expected Staff D to check the gate. Staff D admitted to not checking the gate and felt really bad. Staff C said she immediately had all the units check their gates and do a head count as soon as she looked at Resident #17 and made sure he was okay.</p> <p>In an interview on 10/8/18 at 2:30 p.m. Staff F recalled she heard about the incident with Resident #17 when she got back to work the next day. Staff are supposed to check the gate when they get on the neighborhood and they had 30 minutes to complete it, so it's done on rounds. Staff F said the partner could also check. Staff F recalled being asked if they checked that morning and her partner (Staff G) said she checked the gate. Staff F responded you should check the gate by pushing on it then push a little button but you have to have the key to unlock it. If it's unlocked, you push down on the button to push open. Staff F stated she documented the checks on the shift change sheets with her initials. Staff F did not know how it got unlocked. Staff F stated the Education Director trained her by having her unlock and lock the gate. Staff F had never seen the gate unlocked unless by the mower but they announce that and she did not recall the lawn being mowed that day.</p> <p>On 10/9/18 at 12:36 p.m., Staff D recalled working the night Resident #17 eloped. Right after supper she took</p>			
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	<p>Residents #17, #48, and #3 outside while her partner, Staff E, worked inside in the commons area. Resident #3 walked back in and Staff D either wheeled Resident #48 back in or was getting ready to, she couldn't recall. Staff D stated Resident #27 tried to sit on the arm of a chair in the dining room and Staff G could not redirect him, so Staff D stepped in and got Resident #27 to sit down properly. Staff D reported the entire incident all happened within 5 minutes. Staff D said she informed her partner she was going to her car to grab something. Staff D said she then saw Resident #17 in the hallway walking with one of Resident #26's daughters. Staff D stated Resident #17 had left and been found in five minutes or less; she thought he slipped out about 5:50 p.m. to 5:55 p.m. Staff D said at 5:45 p.m. they got done with supper, about 5:50 p.m. she took the residents outside, and at 5:55 p.m. Resident #17 walking back in; he did not appear upset at all or dirty. Staff D stated she asked Resident #17 where he had been and he responded just right here; she did not think Resident #17 knew what he was doing. Staff D thought it was a nice day. She reported working for the facility for 8 months, hired February 2018, and she resigned the previous month. Staff D stated Resident #17 always was exit seeking to want to go home or go upstairs but he gave no signs before it happened; he did not say he wanted to leave. Staff D commented she did not get a chance to check the gate at 2:00 p.m. The unit was hectic, chaotic, they just got new resident (#48) and he tried to climb out of bed. There were 2 CNA's assigned to the unit and the</p>			
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	<p>Administrator present (at the beginning of the shift). Staff D got a quick report and she had Staff E with her who hadn't worked there before, so had to walk her through everything. Staff D stated she always checked the gate, it just happened that day she didn't. Staff D reported the morning shift signed the sheet as locked and the facility had no lawn care that day, so the gate had to be unlocked on the morning or overnight shift. Staff D did not see Resident #17 walk out and there would be no way he could get under the gate. Staff D confirmed the gate as unlocked when she went to check it after Resident #17 came back into the unit. Staff D thought people really were checking the gate, signing the sheet, and when she worked with her partner they always checked and signed. In a follow-up interview on 10/10/18 at 11:42 a.m., Staff D responded she did not know exactly when trained or who trained her on the gates but she knew she had received training. Staff D said after the incident she was trained to press the black button to check the lock.</p> <p>In an interview on 10/9/18 at 1:11 p.m. the Education Director stated the staff training reiterated not to check the gate by pulling on the door as they could pull with all their might and the door won't open due to the style of latch, but the door may still be unlocked. The Education Director stated the staff are also trained not to check with the key in the lock as it may inadvertently unlock. The facility's expectation of staff is to use the palm of their hand to push on the button style key lock and ensure the gate is locked.</p>			
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	<p>In an interview on 10/9/18 at 2:35 p.m. the Administrator and the Assistant Director of Nursing, (ADON) stated gates were to be checked by the facility CNA's at a minimum of 3 times a day, at the beginning of each shift. The ADON and the Administrator had reeducated staff on the proper way to check the gates, completed elopement drills, and department heads checked the gates daily at random times after the elopement. The ADON responded the staffing level as normal with 2 CNA's for the Maple unit. Staff planned Resident #17 to be supervised while outside but Staff D assisted Resident #27 from sitting on the edge of the chair as well as assisted her partner to keep Resident #27 from escalating with behaviors. The ADON felt staff chose the safety of one and turned back to the courtyard. The ADON stated there were no cues for Resident #17 to elope and it would not be normal for him to wander away from the group. Resident #17's usually went to all activities, ice cream socials, John Deere outings, and often stood outside his room located directly next to the dining room which leads to the patio. The ADON stated Resident #17 went out to the patio before and he walked independently without supervision or an assistance device. The ADON event occurred at approximately 5:50 p.m. and he was outside for approximately 5 minutes.</p> <p>In an interview on 10/9/18 at 3:20 p.m., Staff G stated she worked for the facility since the beginning of the year and only worked on the Maple unit. Staff G</p>			
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	<p>recalled she checked the gate and she stated she did not know that gate to ever open. Staff G stated the guy she worked with the day before, Staff H CNA, double checked the door with her and said they must check it every day when doing rounds. Staff G said the first thing she did was go to lock the door. She used the key to unlock, lock again and then jiggled to make sure not open. Staff G said it was the first time she ever had to check the gate as she had never taken anybody outside; she worked every other weekend and didn't like to go outside as a group because Resident #17 could sundown (get confused) quickly. Resident #17 would start asking for the keys to the car and when she heard him say that, she redirected him to have a beer to try to distract him. Staff G stated that day the resident acted very calm and she expressed surprise that he went outside. They checked that gate so she thought it impossible Resident #17 exited; someone had to let him out because the gate locked. Staff G reported she gave the keys to the permanent girl. Staff G stated she received training on gates by the Education Director who covered everything and got training after the elopement too. Staff G stated the Administrator came and had her sign a paper that it's their responsibility to check, they must shake the gate to make sure it locked, and check all your residents. Staff G stated the staff just needed to keep a close eye and be observant with Resident #17. In a follow-up interview on 10/10/18 at 11:31 a.m., Staff G clarified she put the key in the door how Staff H showed her and tested to make sure the gate fully locked. Staff G</p>			
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	<p>said after she locked it she took the key out, pushed on the button, and shook it a little bit to make 100% sure the gate door locked.</p> <p>In an interview on 10/10/18 at 10:03 a.m. the Administrator reported the first 6 days in staff orientation, staff are assigned a trainer who is another CNA who went through the trainer course. The Education Director stated Staff H is not a trainer. The Education Director responded she did not think the facility had a written procedure to check the gate but she would look at the education. The Education Director stated after the incident, they facility listed the gate check as a separate line on the CNA checklist and before this incident the trainer trained the CNA's. The Education Director met with the trainers yearly as a group and small informal meetings were conducted approximately every 6 months and they had no documentation of the meetings. The Education Director confirmed Staff D as trained by Staff I, CNA, on 2/27/18 for the task sheet, also known as CNA Nurse Communication Sheet on the checklist. The Education Director stated the other place the checklist would reflect training on gates would be the change of staff and rounds which Staff R, CNA, had signed training provided to Staff D and that Staff R also a trainer. The Education Director stated the hand written gate training written on Staff D's checklist was written the night before to highlight for the surveyor where the gate locking would have been covered. The Education Director stated now after the incident, the</p>			
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Facility Administrator

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	<p>locking the gate covered on days 1 and 2 of orientation. The Education Director stated if they found a problem, they would expect to activate their QA process and go back to retrain staff. Prior to the incident they relied on CNA's to initial on the task sheet. The Administrator said on 9/2/18 she spoke to both aides, (Staff G and Staff F) and neither put the key in the lock. The Administrator said numerous times she told them to push the button. The Administrator stated she worked on 6 to 2 shift (9/2/18) so she educated them. The Education Director stated she went out with Staff G, who said the Administrator had already retrained her, and asked her questions; she still wanted Staff G to show her how she checked the gate and she did not put the key in the lock at that time. The Administrator reported Staff G had been off on maternity leave for 3 months and returned 8/19/18, so 9/1/18 would have been Staff G's second weekend to work. The Education Director thought it doubtful Staff G retrained upon return from maternity leave. The Education Director stated she trained the trainers and before the incident there were variations in how staff checked the lock: some put the key in the lock and then jiggled the door and some hit the lock and wiggled the door.</p> <p>In a follow-up interview on 10/10/18 at 10:30 a.m. the Education Director said Staff H received training from Staff J, CNA (a trainer currently out of the country) and also by Staff U, CNA, who also was a trainer at that time. The Education Director stated she had a trainer</p>			
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	<p>meeting on 7/19/18 and changed the checklists/definitions to update. The Education Director changed staff rounds to refer to the checklist. The Education Director stated the Shift Checklists used for training the trainers and used as a reference for them to train the CNA's. The Education Director showed it listed to check the courtyard gates and the task sheet listed to check the lock itself. She retrained staff on 7/19/18 after she made changes to the format and had the trainers demonstrate locking the gate and checking the gate. The Education Director stated the trainers had access to the definitions of what to say like a tutorial for the trainers, not passed out to everyone. At 1:50 p.m., the Education Director stated she first learned of variations in how the staff checked the gate after the elopement when they expected each staff member to complete return demonstrations. With the current training they had staff do return demonstrations initially and after the incident. The Education Director said after the elopement when the staff showed her, some showed they pushed on the button with a hand and some locked and relocked it but as long as they knew how to lock and secure the door that's what she looked for.</p> <p>The Trainer Definitions prior to 7/19/18 for Change of Staff Report/Rounds documented the check should be done at the beginning of the shift and staff should refer to the checklist. The Shift Checklists/Staff Cleaning for Oncoming Shift included direction to check the courtyard gate for security and initial the check on the</p>			
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	<p>task sheet. For CNA/Nurse Communication Sheet ("Task Sheets"), the gates should be checked during report and rounds - check the lock itself to make sure it is locked.</p> <p>The Trainer Definitions updated on 7/19/18 for CNA/Nurse Communication Sheet documented Gate Check - Check the lock itself on the gate that it is locked and secure. Do not just wiggle the door. For Locking and Unlocking Courtyard Gates - Orienteer should demonstrate how to unlock/open gate in an emergency and lock/secure gate.</p> <p>Additional staff interviews revealed the following information:</p> <p>On 10/10/18 at 11:00 a.m., Staff K, CMA (certified medication aide) stated she checked the gates every shift and had been trained to push on the button. If not locked, it opens and you need to lock it by putting the key in the lock.</p> <p>On 10/10/18 at 11:02 a.m., Staff L, CNA, stated she was trained to push on the button and to push door too as it could be unlocked. About 2 months ago, she received training to push the button when she checked to gates.</p> <p>On 10/10/18 at 11:04 a.m., Staff M, CNA, stated she started work on 7/6/18 and the Education Director trained her to put the key in and shove the lock and</p>			
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	<p>door afterward.</p> <p>On 10/10/18 at 11:06 a.m., Staff N, CNA, stated she was trained to check the gates where they put the key in: push on it, push on the gate and its locked if the button will not go in. Staff N said she never put the key in to check if locked. Staff N started working August 2017 and received training on the first or second day. Staff N stated that sometimes the Education Director did assessments of them and once a month they got new people she trained because she worked as a trainer.</p> <p>In an interview on 10/10/18 at 11:08 a.m., Staff O, CNA, stated she worked for the facility since December 2017 and received locked gate training when she first started. She received more training 2 months prior due to some confusion on how to know if the gate locked or unlocked. Staff O said she was trained to push on the button and if the button pushes in, it's not locked. You should push and shake the door.</p> <p>In an interview on 10/10/18 at 11:10 a.m., Staff P, CNA, stated she worked for the facility since June 2018. Staff P stated she was trained on gate checks a couple times by the Education Director; first on the Dogwood neighborhood then a second time on the Cottonwood neighborhood. Staff P learned each shift to take the keys out to turn to the lock and to push it and see if the gate moved.</p>			
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	<p>A paper with a fax date of 10/1/18 as documented by the Administrator recorded:</p> <p>At approximately at 2:00 p.m. the Administrator spoke with Staff F, CNA, and Staff G, CNA, both CNA's worked Maple on the 6 to 2 shift on 9/1/18. Both aides stated that they checked their gate in the morning and that the gate was locked. Both aides reported that no one used the courtyard on their shift.</p> <p>The Administrator documented the following internal investigation:</p> <p>On 9/1/18 at approximately 6:15 p.m., Staff C, RN, called the Administrator and informed her that Resident #17 was out in the courtyard with a staff member and a couple of other residents. A resident in the dining area needed immediate assistance, she assisted that resident and came back out. She assisted the other two residents inside and under the impression the other resident walked himself back in. As she entered the common area a family member walked in with Resident #17. The CNA immediately checked the gate for proper function and made sure it locked. She also did head count on the neighborhood to ensure all residents were accounted for. The Administrator instructed Staff C to immediately start 15 minute checks on Resident #17 and to add him to their hot list for the next 7 days.</p>			
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	<p>On 9/2/18, the Administrator documented at approximately 10:00 a.m. she checked all gates to ensure they functioned properly and locked. All gates were locked. The Administrator started immediate education with nursing staff on expectations of when checks are to be done on the courtyard gates. The Administrator also created a log of random checks that would be done on courtyard gates by department heads.</p> <p>The lack of supervision and systematic gate checks resulted in Immediate Jeopardy for facility residents. The facility abated the Immediate Jeopardy situation on 10/10/18 by educating staff on a consistent system to check the gate lock and requiring return demonstration at the time of that training.</p> <p><b>Facility Response:</b></p>			
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