

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Eau Claire

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Eau Claire County.

The report is a PDF (Adobe Acrobat) document and includes a total of 19.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING ALTOONA I (0016157)

Address: 887 BRIAR LANE, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 6/20/2016 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0138709 **End Date:** 10/28/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QBSA11 Served 2/16/2022

Deficiencies Cited
83.36(1)(a)

Subject Area
ADEQUATE STAFF TO MEET RESIDENT NEEDS

Compliance
Verified

Corrected

Survey ID: 0137057 **End Date:** 8/11/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3GB711 Served 8/23/2021

Deficiencies Cited
83.12(4)(b)

Subject Area
REPORTING WHEN LAW ENFORCEMENT IS
CALLED

Compliance
Verified
10/7/21

Corrected

Survey ID: 0136714 **End Date:** 6/9/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136033 **End Date:** 3/26/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SUG611 Served 4/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/9/21	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/9/21	Yes
83.23	EMPLOYEE SUPERVISION	6/9/21	Yes
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	6/9/21	Yes
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	6/9/21	Yes
83.45(3)	TOXIC SUBSTANCES	6/9/21	Yes

Survey ID: 0135718 **End Date:** 2/9/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2R0011 Served 3/4/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/9/21	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/9/21	Yes
83.35(2)	TEMPORARY SERVICE PLAN	6/9/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/9/21	Yes
83.38(1)(g)	HEALTH MONITORING	6/9/21	Yes

Survey ID: 0135056 **End Date:** 10/27/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CARE PARTNERS ASSISTED LIVING ALTOONA I--0016157)

Date: 2/16/2022 **SOD #**QBSA11 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.36(1)(a)

Date: 4/19/2021 **SOD #**SUG611 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)
FORFEITURE---83.23
FORFEITURE---83.23(3)(i)

Date: 3/4/2021 **SOD #**2R0011 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(2)
FORFEITURE---83.38(1)(g)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CARE PARTNERS ASSISTED LIVING ALTOONA I--0016157)

Date Complaint Received: 8/30/2021

Date Investigation Completed: 10/28/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

QBSA11

Date Complaint Received: 7/30/2021

Date Investigation Completed: 8/11/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

3GB711

Date Complaint Received: 3/22/2021

Date Investigation Completed: 3/26/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 3/4/2021

Date Investigation Completed: 3/26/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

SUG611

Date Complaint Received: 2/16/2021

Date Investigation Completed: 3/26/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
STAFF TRAINING AND PROFICIENCY
STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SUG611
SUG611
SUG611

Date Complaint Received: 2/9/2021

Date Investigation Completed: 3/26/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 1/11/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 2/9/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	2R0011

Date Complaint Received: 12/15/2020

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 2/9/2021

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	

Date Complaint Received: 11/3/2020

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 2/9/2021

<u>Result</u>	<u>SOD #</u>
SUBSTANTIATED	2R0011
NOT SUBSTANTIATED	

Date Complaint Received: 9/6/2020

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 10/27/2020

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CARE PARTNERS ASSISTED LIVING ALTOONA II (0016158)

Address: 893 BRIAR LANE, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 6/20/2016 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0139847 **End Date:** 3/31/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R5P512 Served 6/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.09(1)(e)	TREATMENT		
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN		
83.39(3)	HAND WASHING		

Survey ID: 0137674 **End Date:** 11/1/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R5P511 Served 11/5/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.36(1)(a)	ADEQUATE STAFF TO MEET RESIDENT NEEDS	3/31/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0136388 **End Date:** 5/26/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135810 **End Date:** 3/4/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #L0EQ11 Served 3/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	5/26/21	Yes
83.32(3)(b)	RIGHTS OF RESIDENTS: CONFIDENTIALITY	5/26/21	Yes
83.45(3)	TOXIC SUBSTANCES	5/26/21	Yes

Survey ID: 0135773 **End Date:** 2/12/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XEV811 Served 3/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(i)	RIGHTS OF RESIDENTS: PROMPT AND ADEQUATE TREATMENT	5/26/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	5/26/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135059 End Date: 10/29/2020 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #T94M11 Served 11/3/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	12/18/20	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	12/28/20	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (CARE PARTNERS ASSISTED LIVING ALTOONA II--0016158)

Date: 6/14/2022 **SOD #**R5P512 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.35(3)(a)
FORFEITURE---83.39(3)

Date: 11/5/2021 **SOD #**R5P511 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 3/17/2021 **SOD #**L0EQ11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.20(2)(a-d)

Date: 3/12/2021 **SOD #**XEV811 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(i)
FORFEITURE---83.35(3)(a)

Date: 11/3/2020 **SOD #**T94M11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CARE PARTNERS ASSISTED LIVING ALTOONA II--0016158)

Date Complaint Received: 2/18/2022

Date Investigation Completed: 3/31/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
SUBSTANTIATED

R5P512

Date Complaint Received: 8/30/2021

Date Investigation Completed: 11/1/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

R5P511

Date Complaint Received: 2/9/2021

Date Investigation Completed: 3/4/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 1/5/2021

Date Investigation Completed: 2/12/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XEV811

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CLASSIC AT HILLCREST GREENS MEMORY CARE (THE) (0015613)

Address: 2455 SAWGRASS PLACE, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 7/1/2015 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0138043 **End Date:** 12/10/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #V8K011 Served 12/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
83.13(2)(a)	REQUIRED RECORDS RETAINED 2 YEARS	2/5/21	
83.26(2)	ORIENTATION, CONTINUING EDUCATION DOCUMENTED	2/5/21	

Complaint History (CLASSIC AT HILLCREST GREENS MEMORY CARE (THE)--0015613)

Date Complaint Received: 10/18/2021

Date Investigation Completed: 12/10/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GRACE EDGEWOOD (510138)

Address: 2512 SPOONER AVE, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 8/14/1986 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: MORNING VIEW II (510164)

Address: 440 SUNDAY DRIVE, ALTOONA, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 6/9/1989 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

No survey activity during the period 5/15/20 to 5/15/23

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: Prairie Pointe Assisted Living and Memory Care (0018831)

Address: 286 N Willson Dr, Altoona, WI 54720

License Status: REGULAR

Licensed/Certified/Registered 12/3/2022 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0141485 **End Date:** 12/2/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Prairie Pointe Assisted Living and Memory Care--0018831)

Date Complaint Received: 3/20/2023

Date Investigation Completed: 6/13/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SILVERLEAF OF AUGUSTA (0015922)

Address: 909 BRIDGE CREEK LN, AUGUSTA, WI 54722

License Status: REGULAR

Licensed/Certified/Registered 3/1/2017 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0139533 **End Date:** 5/11/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138479 **End Date:** 10/1/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0LDU11 Served 1/26/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	5/11/22	Yes
83.25	CONTINUING EDUCATION	5/11/22	Yes
83.26(1)	DOCUMENTATION OF REQUIRED EMPLOYEE TRAINING	5/11/22	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	5/11/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (SILVERLEAF OF AUGUSTA--0015922)

Date: 1/26/2022 **SOD #**0LDU11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.25

Complaint History (SILVERLEAF OF AUGUSTA--0015922)

Date Complaint Received: 9/3/2021 **Date Investigation Completed:** 10/1/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: OAK VIEW II (510040)

Address: S10580 CO HWY B PO BOX 115, ELEVA, WI 54738

License Status: REGULAR

Licensed/Certified/Registered 11/8/1984 12:00:00AM

Regional Office: NORTHWESTERN REGION (EAU CLAIRE), (715) 836-4790

Survey History

Survey ID: 0139945 **End Date:** 6/20/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138993 **End Date:** 3/4/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IYY811 Served 3/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	6/20/22	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	6/20/22	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	6/20/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	6/20/22	Yes
83.41(3)(b)	FOOD SAFETY	6/20/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/20/22	Yes
83.47(3)	FIRE INSPECTION	6/20/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (OAK VIEW II--510040)

Date: 3/17/2022 **SOD #**IYY811 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (OAK VIEW II--510040)

Date Complaint Received: 1/7/2022

Date Investigation Completed: 3/4/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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