Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968599	A. BUILDING: _____ B. WING _____	09/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLSPRINGS RESIDENCE	700 E WELCH RD APOPKA, FL 32712

(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) COMPLETE DATE
A 000	Initial Comments A complaint investigation #2023003999 was conducted at Wellsprings Residence on . . . . The facility had deficiencies at the time of the survey.	A 000		
A 004 SS=D	59A-36.004 FAC Licensure - Requirements 59A-36.004 License Requirements. (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 59A-36.005, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property"	A 004		

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A 004	Continued From page 1 means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Chapters 408, Part II, 429, Part I, F.S. and rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Chapter 408, part II, and Section 429.14, F.S., and rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on observations, review of the facility's resident census and interview, the facility increased its resident capacity without first obtaining prior approval from the Agency Central Office. Findings: Review of the facility's license revealed its licensed for a capacity of 15. Review of the resident census on _____ at 10:52 am revealed there were 16 residents listed.	A 004		

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A 004	Continued From page 2 Observations revealed there were 16 residents living in the facility at the time of the survey. During an interview on at 11:20 am, the administrator/owner confirmed the census was 16 residents then said she thought her licensed capacity was 17. She said some of the residents were independent veterans and were there under her "veteran's license". Class III	A 004		
A 036	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or hygiene may include the use of -based rubs, handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an exposure to transmissible agents in , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use	A 036		

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A 036	Continued From page 3 according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by:	A 036		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper	A 052		

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A 052	Continued From page 4 storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a [illegible], including removing the cap of a [illegible], opening the unit dose of [illegible] solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the [illegible]. (4) Assistance with self-administration of medication does not include: (a) Mixing, [illegible], converting, or [illegible] medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a [illegible] of the body. (d) Administration of [illegible] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [illegible], or [illegible] preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or	A 052		

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A 052	Continued From page 5 discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from	A 052		

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A 052	Continued From page 6 facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations and interview, the facility failed to ensure the nurse who prepared medications for administration and who assisted 5 of 5 sampled residents with medications performed hygiene and did not handle medications barehanded (#2, #4, #5, #7, #8).	A 052		

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A 052	Continued From page 7 Findings: Observations made during medication passes on revealed the following: At 9:55 am, the administrator, who was a licensed nurse, prepared resident #2's medications by first popping them into her bare before placing them into a cup. At 10:10 am, the administrator used the same technique to prepare resident #4's medications. At 10:16 am, the administrator used the same technique to prepare resident #8's medications. At 10:20 am, the administrator used the same technique to prepare resident #7's medications. At 10:34 am, the administrator used the same technique to prepare resident #5's medications. In addition, the administrator did not perform hygiene at any time during the observations. Review of the facility's undated control and medication policies revealed they did not include a hygiene program and hygiene practices when assisting residents with medications. During an interview on at 4:20 pm, the administrator said she expected the med techs to wear gloves and perform hygiene when assisting with medications. When asked by the surveyor why she didn't herself, she replied "they were pills, they were not liquid. I washed my before starting and after I was done". Class III	A 052		

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A 170 SS=D	429.24(3)a Resident Refund Policy ....The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18. This Statute or Rule is not met as evidenced by: Based on facility's documentation, resident record review and interview, the facility failed to honor the refund policy by providing the responsible party the unused portion of payment beyond the termination date as indicated in the contract agreement specifying a 14 days advance written notice is given if the facility intends to make a claim against a refund due to 1 of 1 sampled residents (#1) as required. Findings: Resident #1's record review revealed an admission date of . Resident #1 in the hospital on . The last 1823 Health Assessment dated listed medical history of , Hypernatremia, Atril Fibrullation, and , . She needed assistance with all activities of daily living (ADLs) and needed assistance with self-administration of medications. Resident #1 was admitted on Hospice on . The contract agreement dated	A 170		

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A 170	Continued From page 9 documented that resident #1's monthly rate was $4335.00. A new increased rate letter for higher level of care was issued on … of the new monthly rate $5445.00 to begin on . On , the daughter applied for Medicaid assistance to pay for a portion of the monthly rate to the facility. In the meantime, resident #1 paid the full contract agreement amount until the Medicaid approval. On , the Medicaid assistance was approved effective …. A document dated … showed that Medicaid reimbursed the facility for resident #1 in the amounts of *$1400.00 for , *$1575.00 for … and; *$1575.00 for . The Medicaid reimbursement payment to the facility always run a month or two behind. Resident #1 , , ( ) on , therefore only $945.00 should have been paid to the facility for 18 days x $52.50 daily rate and remaining amount of $630.00 should be returned to Medicaid. On , the facility direct deposited the legal representative (daughter) an incomplete refund check #797526035 amount of $2800.00. The correct should be $3920 (correct amount)-$2800=$1120.00 remaining balance refund due to resident #1 by . Therefore, the refund amount was timely. The facility already refunded amount $2800.00 subtracted from the $3920.00= $1120.00	A 170		

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A 170	Continued From page 10 outstanding refund balance due to resident #1 and/or legal representative. There was no documented evidence that outstanding refund amount $1120.00 was returned to resident #1's legal representative (daughter) as required by (30 days after contract agreement has terminated). On . . . . . at 4:30 PM, an interview with the Administrator and Owner stated that they were waiting for the Medicaid reimbursement payment before refunding any amount to resident #1 and/or legal representative. The Administrator and Owner, both did not agree, and did not understood the finding, additionally stating there was an error by the Medicaid office inputting their (facility's) Medicaid provider number incorrectly in the system. It was further explained that all findings are subject to administrative review and if there is any changes to the deficiency they would contacted. (Photographic Evidence Obtained) Class III	A 170		

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A 000	Initial Comments AMENDED Tag A0170 DELETED A complaint investigation #2023003999 was conducted at Wellsprings Residence on . . . . . . The facility had deficiencies at the time of the survey.	A 000		
A 004 SS=D	59A-36.004 FAC Licensure - Requirements 59A-36.004 License Requirements. (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 59A-36.005, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings	A 004		

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A 004	Continued From page 1 included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Chapters 408, Part II, 429, Part I, F.S. and rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Chapter 408, part II, and Section 429.14, F.S., and rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on observations, review of the facility's resident census and interview, the facility increased its resident capacity without first obtaining prior approval from the Agency Central Office. Findings: Review of the facility's license revealed its licensed for a capacity of 15.	A 004		

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A 004	Continued From page 2 Review of the resident census on [illegible] at 10:52 am revealed there were 16 residents listed. Observations revealed there were 16 residents living in the facility at the time of the survey. During an interview on [illegible] at 11:20 am, the administrator/owner confirmed the census was 16 residents then said she thought her licensed capacity was 17. She said some of the residents were independent veterans and were there under her "veteran's license". Class III	A 004		
A 036	59A-36.007(10) [illegible] CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of [illegible]. (a) The facility must implement a [illegible] hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to [illegible] materials or [illegible] hygiene may include the use of [illegible]-based rubs, [illegible], handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an [illegible] exposure to transmissible [illegible] agents in [illegible], nonintact skin, and mucuous [illegible] during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, [illegible] protection, or a shield. (c) The facility must clean and [illegible] reusable medical equipment and communal assistive	A 036		

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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) COMPLETE DATE
A 036	Continued From page 3 devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by:	A 036		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her .	A 052		

Agency for Health Care Administration

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	AL11968599	A. BUILDING: _____ B. WING _____	09/06/2023

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A 052	Continued From page 4 (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of	A 052		

Agency for Health Care Administration

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A 052	Continued From page 5 dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.	A 052		

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A 052	Continued From page 6 (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations and interview, the facility failed to ensure the nurse who prepared medications for administration and who assisted 5 of 5 sampled residents with medications performed hygiene and did not handle	A 052		

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A 052	Continued From page 7 medications barehanded (#2, #4, #5, #7, #8). Findings: Observations made during medication passes on revealed the following: At 9:55 am, the administrator, who was a licensed nurse, prepared resident #2's medications by first popping them into her bare before placing them into a cup. At 10:10 am, the administrator used the same technique to prepare resident #4's medications. At 10:16 am, the administrator used the same technique to prepare resident #8's medications. At 10:20 am, the administrator used the same technique to prepare resident #7's medications. At 10:34 am, the administrator used the same technique to prepare resident #5's medications. In addition, the administrator did not perform hygiene at any time during the observations. Review of the facility's undated control and medication policies revealed they did not include a hygiene program and hygiene practices when assisting residents with medications. During an interview on at 4:20 pm, the administrator said she expected the med techs to wear gloves and perform hygiene when assisting with medications. When asked by the surveyor why she didn't herself, she replied "they were pills, they were not liquid. I washed my before starting and after I was done".	A 052		

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A 052	Continued From page 8 Class III	A 052		