

Department of Human Services
Bureau of Human Service Licensing

September 9, 2022

[REDACTED]
SENIOR CARE ON MARKET ST LLC
914 WEST MARKET STREET
YORK, PA, 17401

RE: AUTUMN HOUSE OF YORK
914 WEST MARKET STREET
YORK, PA, 17401
LICENSE/COC#: 33235

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/15/2021, 09/16/2021, 09/17/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *AUTUMN HOUSE OF YORK* License #: *33235* License Expiration: *11/30/2022*
Address: *914 WEST MARKET STREET, YORK, PA 17401*
County: *YORK* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *SENIOR CARE ON MARKET ST LLC*
Address: *914 WEST MARKET STREET, YORK, PA, 17401*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/27/2000* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *76* Total Daily Staff: *211* Waking Staff: *158*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *09/17/2021*

Inspection Dates and Department Representative

09/15/2021 - On-Site: [REDACTED]
09/16/2021 - On-Site: [REDACTED]
09/17/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *132* Residents Served: *97*

Secured Dementia Care Unit

In Home: *Yes* Area: *Laurel Court* Capacity: *20* Residents Served: *18*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *97*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *38* Have Physical Disability: *2*

Inspections / Reviews

09/15/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/20/2021*

Inspections / Reviews (*continued*)

08/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/01/2022*

09/01/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/09/2022*

09/09/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 8/29/21 from 3 AM to 7 AM, there was only one person on duty who is certified in CPR/First Aid, and there were more than 50 but less than 100 residents in the building.

On 9/6/21 from 11 PM to 3 AM, there was only one person on duty who is certified in CPR/First Aid, and there were more than 50 but less than 100 residents in the building.

Plan of Correction

Directed

Resident Administrative Coordinator became certified as a First Aid/ CPR Instructor to train employees. Employee audit completed by DOW and HR Director.

(Directed)

By 9/14/22, the administrator shall begin reviewing schedules for the upcoming week to ensure that there are enough staff scheduled to work who have current first aid and CPR training. Copies of the staff schedules and the reviews will be documented and kept by the home for at least 3 months. 8/29/22

Completion Date: 09/14/2022

Document Submission

Implemented

Resident Administrative Coordinator became certified as a First Aid/ CPR Instructor to train employees. Employee audit completed by DOW and HR Director.

(Directed)

By 9/14/22, the administrator shall begin reviewing schedules for the upcoming week to ensure that there are enough staff scheduled to work who have current first aid and CPR training. Copies of the staff schedules and the reviews will be documented and kept by the home for at least 3 months. 8/29/22

All steps completed

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone in the third-floor lounge, which has an outside line, did not have the required emergency numbers posted on or near the telephone.

91 - Telephone Numbers (continued)

Resident # 3's room has a telephone with outside line access, but has no emergency service numbers on or near the phone.

The telephone in the second floor lounge does not have the DHS Personal Care Home Complaint hotline number.

Plan of Correction**Directed**

New emergency telephone lists placed by all phones with outside line access.

(Directed)

As of 9/1/22, emergency service numbers have been placed at the phones mentioned in the violation. Ongoing, the administrator shall create and implement the use of a worksheet to document checking all telephones to ensure that the emergency service numbers are posted. These checks shall occur monthly beginning by 9/14/22. Copies of the worksheet shall be kept for at least 3 months. ■■■, 8/29/22

Completion Date: 09/14/2022

Document Submission**Implemented**

New emergency telephone lists placed by all phones with outside line access.

(Directed)

As of 9/1/22, emergency service numbers have been placed at the phones mentioned in the violation. Ongoing, the administrator shall create and implement the use of a worksheet to document checking all telephones to ensure that the emergency service numbers are posted. These checks shall occur monthly beginning by 9/14/22. Copies of the worksheet shall be kept for at least 3 months. ■■■, 8/29/22

All steps completed LO

183b - Meds and Syringes Locked**1. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On ■■■, a ■■■ on it was found on the nightstand of Resident #2's unlocked bedroom. There was also an ■■■ de ■■■, both with prescription labels.

■■■ with prescription labels were on the nightstand in Resident #9's unlocked bedroom.

Plan of Correction**Directed**

All resident rooms were checked for medications.

Residents families were contacted regarding rules and regulations pertaining to medications in residents rooms.

Physicians for residents were contacted to obtain self administered orders for appropriate residents

(Directed)

183b - Meds and Syringes Locked (continued)

By 9/14/22, the administrator shall have all areas of the home checked for unsecure medications. If a resident has medication in their possession, the home shall ensure that they are assessed to self-administer and shall obtain a written prescriber order indicating as much. The resident shall be educated on the proper storage of medications which they self-administer.

Ongoing, the administrator shall, by 9/14/22, create and implement the use of a worksheet that will be completed by designated staff to document checking of all areas of the home, including resident bedrooms, for unsecure medications. The checking will occur weekly for at least 3 months and all worksheets will be reviewed and kept by the administrator. ■■■, 8/29/22

Completion Date: 09/14/2022

Document Submission**Implemented**

All resident rooms were checked for medications.

Residents families were contacted regarding rules and regulations pertaining to medications in residents rooms.

Physicians for residents were contacted to obtain self administered orders for appropriate residents

(Directed)

By 9/14/22, the administrator shall have all areas of the home checked for unsecure medications. If a resident has medication in their possession, the home shall ensure that they are assessed to self-administer and shall obtain a written prescriber order indicating as much. The resident shall be educated on the proper storage of medications which they self-administer.

Ongoing, the administrator shall, by 9/14/22, create and implement the use of a worksheet that will be completed by designated staff to document checking of all areas of the home, including resident bedrooms, for unsecure medications. The checking will occur weekly for at least 3 months and all worksheets will be reviewed and kept by the administrator. ■■■, 8/29/22

Has been implemented ■■■

183e - Storing Medications**1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On ■■■ a ■■■ was found under the Medication Cart in the 200 Hall.

On ■■■ was found loose in the third drawer in the Medication Cart in Laurel Woods, the secured dementia care unit (SCDU).

On ■■■ identified as ■■■ was found loose in the second drawer of the Medication Cart in the 300 Hall.

183e - Storing Medications (continued)

Plan of Correction**Directed**

Second shift charge med tech was trained on how to perform and document routine med cart audits.

(Directed)

By 9/14/22, the administrator shall create and implement the use of a weekly cart audit worksheet. The worksheets will include the name of the person performing the cart audit and what discrepancies, if any, are found and what follow-up occurred. The audits will occur for at least 3 months. ■ 8/29/22

Completion Date: 09/14/2022

Document Submission**Implemented**

Second shift charge med tech was trained on how to perform and document routine med cart audits.

(Directed)

By 9/14/22, the administrator shall create and implement the use of a weekly cart audit worksheet. The worksheets will include the name of the person performing the cart audit and what discrepancies, if any, are found and what follow-up occurred. The audits will occur for at least 3 months. ■ 8/29/22

Has been implemented ■

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On ■ Resident #8 had a bottle of ■ and an expiration date of ■ on the nightstand in the resident's bedroom. There was also a ■ with an expiration date of ■

Approximately ■ prescribed for Resident #5, were being stored in the Medication Cart. This medication was discontinued on ■

Plan of Correction**Directed**

Second shift charge med tech was trained on how to perform and document routine cart audits. Pharmacy will audit all medication carts twice a year.

(Directed)

By 9/14/22, the administrator shall create and implement the use of a weekly cart audit worksheet. The worksheets will include the name of the person performing the cart audit and what discrepancies, if any, are found and what follow-up occurred. The audits will occur for at least 3 months. ■ 8/29/22

Completion Date: 09/14/2022

183f - Discontinued Medications (continued)

Document Submission

Implemented

Second shift charge med tech was trained on how to perform and document routine cart audits. Pharmacy will audit all medication carts twice a year.

(Directed)

By 9/14/22, the administrator shall create and implement the use of a weekly cart audit worksheet. The worksheets will include the name of the person performing the cart audit and what discrepancies, if any, are found and what follow-up occurred. The audits will occur for at least 3 months. [redacted], 8/29/22

Has been implemented [redacted]

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 1. The resident's name.
- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

During a review of the Medication Cart in the secured dementia care unit (SDCU), an unlabeled, open and partially used bottle of [redacted] was found in the bottom drawer.

There was also an unlabeled bottle of [redacted] found in 2nd drawer.

Plan of Correction

Directed

Routine audit of medication carts will be performed by trained med tech. Re-education of proper storage of medication and what is required to be placed in medication cart

(Directed)

By 9/14/22, the administrator shall create and implement the use of a weekly cart audit worksheet. The worksheet will include the name of the person performing the cart audit and what discrepancies are found, if any, and follow-up occurred. The audits will occur for at least 3 months. [redacted] 8/29/22

Completion Date: 09/14/2022

Document Submission

Implemented

Routine audit of medication carts will be performed by trained med tech. Re-education of proper storage of medication and what is required to be placed in medication cart

(Directed)

By 9/14/22, the administrator shall create and implement the use of a weekly cart audit worksheet. The worksheet will include the name of the person performing the cart audit and what discrepancies are found, if any, and

184a - Labeling OTC/CAM (continued)

follow-up occurred. The audits will occur for at least 3 months. ■■■, 8/29/22

Has been implemented ■■■

185a - Implement Storage Procedures**1. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #6 is prescribed ■■■ as needed. None of the PRN medications were found in the Medication Cart, as they were not available in the home.

Plan of Correction**Directed**

Resident families were sent a letter informing them that unavailable medications would be ordered from the partnering pharmacy

(Directed)

By 9/14/22, the administrator shall audit all medication records to ensure that prescribed medications are available to be given. The administrator shall create and implement the use of a weekly medication audit worksheet to ensure that prescribed medications are available to be administered. The audits shall occur for at least 3 months. Copies of the completed audits shall include the name of the staff person who completes the audit as well as any follow-up required due to discrepancies. The home shall retain copies of the completed worksheets. ■■■, 8/29/22

Completion Date: 09/14/2022

Document Submission**Implemented**

Resident families were sent a letter informing them that unavailable medications would be ordered from the partnering pharmacy

(Directed)

By 9/14/22, the administrator shall audit all medication records to ensure that prescribed medications are available to be given. The administrator shall create and implement the use of a weekly medication audit worksheet to ensure that prescribed medications are available to be administered. The audits shall occur for at least 3 months. Copies of the completed audits shall include the name of the staff person who completes the audit as well as any follow-up required due to discrepancies. The home shall retain copies of the completed worksheets. ■■■, 8/29/22

Has been implemented LO

187a - Medication Record**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

14. Name and initials of the staff person administering the medication.

187a - Medication Record (continued)

Description of Violation

Resident #10 is prescribed [REDACTED]. However, the resident's [REDACTED] medication administration record (MAR) for the [REDACTED] does not include the initials of the staff person who administered the dose.

Resident # 2 is prescribed [REDACTED]. However the resident's [REDACTED] MAR for the [REDACTED] dose does not include the initials of the staff person who administered the dose.

Resident #1's MAR for the [REDACTED] and the [REDACTED] does not include the initials of the staff person who administered the dose.

Plan of Correction**Directed**

Nursing staff was re educated at monthly nurses meeting on the polices and procedures for proper documentation.

(Directed)

By 9/14/22, the administrator shall reeducate all medication-trained staff on documenting administration of medications. The reeducation shall include the name of the staff and when the training occurred.

Ongoing, the administrator shall create and implement a weekly worksheet that documents checking of the medication administration records for blank spots. The use of the worksheet will occur for at least 3 months. [REDACTED]
8/29/22

Completion Date: 09/14/2022

Document Submission**Implemented**

Nursing staff was re educated at monthly nurses meeting on the polices and procedures for proper documentation.

(Directed)

By 9/14/22, the administrator shall reeducate all medication-trained staff on documenting administration of medications. The reeducation shall include the name of the staff and when the training occurred.

Ongoing, the administrator shall create and implement a weekly worksheet that documents checking of the medication administration records for blank spots. The use of the worksheet will occur for at least 3 [REDACTED]
8/29/22

Has been implemented LO

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

The MAR for Resident # 4 indicates that [REDACTED] was applied to [REDACTED]

[REDACTED] Resident #4 was not in the home at that specific date and time.

187b - Date/Time of Medication Admin. (continued)

Plan of Correction**Directed**

Responsible staff was re educated on policy and procedures for proper documentation

(Directed)

By 9/14/22, the administrator shall reeducate all medication-trained staff on documenting administration of medications. The reeducation shall include the name of the staff and when the training occurred.

Ongoing, the administrator shall create and implement a weekly worksheet that documents checking of the medication administration records for blank spots. The use of the worksheet will occur for at least 3 months. [REDACTED]
8/29/22

Completion Date: 09/14/2022

Document Submission**Implemented**

Responsible staff was re educated on policy and procedures for proper documentation

(Directed)

By 9/14/22, the administrator shall reeducate all medication-trained staff on documenting administration of medications. The reeducation shall include the name of the staff and when the training occurred.

Ongoing, the administrator shall create and implement a weekly worksheet that documents checking of the medication administration records for blank spots. The use of the worksheet will occur for at least 3 months. [REDACTED]
8/29/22

Has been implemented [REDACTED]

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4's preadmission screening form, [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

Resident #11's preadmission screening form, dated [REDACTED], does not include the resident's required ADL/IADL needs nor indicate the resident's medical, psychological and behavioral diagnoses.

Plan of Correction**Directed**

Admission staff was reeducated on importance of proper documentation for pre admission screening. All admission paperwork will be checked twice before being placed in the chart Documents in question were corrected immediately.

(Directed)

Finding was corrected on 9/17/2021. An audit of all files was completed on 9/20/21, 9/21/2021, and 9/22/2021.

224a - Preadmission Screen Form (continued)

Admission and PCHA will double check DHS charts, including screening tools, when residents are admitted into our community. ■ 8/29/22

Completion Date: 09/14/2022

Document Submission**Implemented**

Admission staff was reeducated on importance of proper documentation for pre admission screening.

All admission paperwork will be checked twice before being placed in the chart Documents in question were corrected immediately.

(Directed)

Finding was corrected on 9/17/2021. An audit of all files was completed on 9/20/21, 9/21/2021, and 9/22/2021.

Admission and PCHA will double check DHS charts, including screening tools, when residents are admitted into our community. ■ 8/29/22

Has been implemented ■

225c - Additional Assessment**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #10's most current assessment was completed on ■ However, the resident's previous assessment was completed on ■

Directed

Assistant Director of Wellness audited resident records to ensure all assessments and support plans were completed in a timely manner.

(Directed)

On 11/1/2021 an audit of all resident files was completed by the Assistant Director of Wellness (ADOW) to ensure all the resident assessment and support plans (RASPs) were current. Ongoing, the ADOW consults a monthly binder to see which residents should be reassessed to ensure that support plans are completed within regulatory timeframes.

■ 8/29/22

Completion Date: 09/14/2022

Document Submission**Implemented**

Assistant Director of Wellness audited resident records to ensure all assessments and support plans were completed in a timely manner.

(Directed)

On 11/1/2021 an audit of all resident files was completed by the Assistant Director of Wellness (ADOW) to ensure all the resident assessment and support plans (RASPs) were current. Ongoing, the ADOW consults a monthly binder to see which residents should be reassessed to ensure that support plans are completed within regulatory timeframes.

■, 8/29/22

Has been implemented ■

254a - Records Discharge/Active

1. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 9/15/21, the 1000 hallway medication station had confidential information which was unlocked and accessible. There was a locking door which was ajar and the area underneath had a white binder containing care instructions for various residents.

In the 100 Hallway, there is a shelf above the Medication Cart which had a bin containing an empty envelope with a prescription label for Resident #2's [redacted] This envelope was in an area that was unlocked, unattended, and accessible.

Plan of Correction

Directed

Monthly all staff meeting was held re educating staff on proper handling of resident information

(Directed)

All staff were reeducated on handling and storage procedures for resident information. The education was provided on 9/23/2021 by [redacted] PCHA and Lead Med Techs will do daily walk-through to ensure residents' personal information is kept confidential. These daily walk-throughs will be documented on the change-of-shift reports. [redacted] 8/29/22

Completion Date: 09/14/2022

Document Submission

Implemented

Monthly all staff meeting was held re educating staff on proper handling of resident information

(Directed)

All staff were reeducated on handling and storage procedures for resident information. The education was provided on 9/23/2021 by [redacted] PCHA and Lead Med Techs will do daily walk-through to ensure residents' personal information is kept confidential. These daily walk-throughs will be documented on the change-of-shift reports. [redacted] 8/29/22

Has been implemented [redacted]

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #12 is prescribed [redacted] [redacted] not available in the home.

Resident #4 is prescribed [redacted] [redacted] However, the Atorvastatin medication was not administered to Resident #4 from [redacted] because the medication was not

187d - Follow Prescriber's Orders (continued)

available in the home. The [REDACTED] was not administered from 9 [REDACTED] the medication was not available in the home.

Resident #5 is prescribed [REDACTED]. However, this medication was not administered to Resident #5 [REDACTED] because the medication was not available in the home.

Resident #7 is prescribed [REDACTED] From [REDACTED] the medication was not administered as it was not available in the home.

Resident #6 is prescribed Acetam [REDACTED] From [REDACTED] the medication was not administered to the resident as it not available in the home.

Repeated Violation - 12/19/19, et al

Plan of Correction**Directed**

Resident families were sent a letter informing them that unavailable medications would be ordered from the partnering pharmacy. It also explained of the facilities protocol on medications to be accessible to residents.

(Directed)

By 9/14/22, the administrator shall audit all medication records to ensure that prescribed medications are available to be given. The administrator shall create and implement the use of a weekly medication audit worksheet to ensure that prescribed medications are available to be administered. The audits shall occur for at least 3 months. Copies of the completed audits shall include the name of the staff person who completes the audit as well as any follow-up required due to discrepancies. The home shall retain copies of the completed worksheets. [REDACTED] 8/29/22

Completion Date: 09/14/2022

Document Submission**Implemented**

Resident families were sent a letter informing them that unavailable medications would be ordered from the partnering pharmacy. It also explained of the facilities protocol on medications to be accessible to residents.

(Directed)

By 9/14/22, the administrator shall audit all medication records to ensure that prescribed medications are available to be given. The administrator shall create and implement the use of a weekly medication audit worksheet to ensure that prescribed medications are available to be administered. The audits shall occur for at least 3 months. Copies of the completed audits shall include the name of the staff person who completes the audit as well as any follow-up required due to discrepancies. The home shall retain copies of the completed worksheets. [REDACTED] 8/29/22

Has been implemented LO

227d - Support Plan Medical/Dental**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

227d - Support Plan Medical/Dental (*continued*)**Description of Violation**

Resident #3 and Resident #7 both have [REDACTED] in their rooms. However, neither of their support plans address each resident's need for [REDACTED] or the safe use of the [REDACTED]

Repeated Violation - 12/19/19, et al

Plan of Correction**Directed**

Resident Administrative Coordinator and Assistant Director of Wellness went room to room to ensure all residents with [REDACTED] were accounted for and properly documented in the support plan.

(Directed)

On 9/22/21 an audit of all rooms was conducted by the Administrative Coordinator and the Assistant Director of Wellness. Any residents who had [REDACTED] were noted and the use of the devices was added to the their support plan. Moving forward, the ADOW will inspect all resident bedrooms monthly to identify [REDACTED] e [REDACTED], determine the necessity of it, and to document its use on the residents' support plan. [REDACTED], 8/29/22

Completion Date: 09/14/2022

Document Submission**Implemented**

Resident Administrative Coordinator and Assistant Director of Wellness went room to room to ensure all residents with assistive devices were accounted for and properly documented in the support plan.

(Directed)

On 9/22/21 an audit of all rooms was conducted by the Administrative Coordinator and the Assistant Director of Wellness. Any residents who had [REDACTED] were noted and the use of the devices was added to the their support plan. Moving forward, the ADOW will inspect all resident bedrooms monthly to identify new [REDACTED] [REDACTED], determine the necessity of it, and to document its use on the residents' support plan. [REDACTED], 8/29/22

Has been implemented [REDACTED]