GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF THE INSPECTOR GENERAL

THE DISTRICT OF COLUMBIA OFFICE ON AGING: HATTIE HOLMES SENIOR WELLNESS CENTER

REPORT OF INSPECTION

July 2014

BLANCHE L. BRUCE

INTERIM INSPECTOR GENERAL

OIG No. 14-I-0060BY **JULY 2014**

Inspections and Evaluations Division

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The Inspections and Evaluations (I&E) Division of the Office of the Inspector General is dedicated to providing District of Columbia (D.C.) government decision makers with objective, thorough, and timely evaluations and recommendations that will assist them in achieving efficiency, effectiveness and economy in operations and programs. I&E's goals are to help ensure compliance with applicable laws, regulations, and policies, identify accountability, recognize excellence, and promote continuous improvement in the delivery of services to D.C. residents and others who have a vested interest in the success of the city.

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General

July 15, 2014

John M. Thompson, Ph.D.
Executive Director
D.C. Office on Aging
500 K Street, N.E.
Washington, D.C. 20002

Ruth Pagani
Executive Director
Vida Senior Centers
1842 Calvert Street, N.W.
Washington, D.C. 20009

Brian J. Hanlon
Director
Department of General Services
2000 14th Street, NW, 8th Floor,
Washington, D.C. 20009

Dear Dr. Thompson, Ms. Pagani, and Mr. Hanlon:

This report is part of an ongoing inspection of the D.C. Office on Aging (DCOA) and the services and conditions at all of the District's senior wellness centers funded by DCOA grants. DCOA established senior wellness centers that provide health and wellness programs to D.C. senior residents 60 years of age and older in six of the District's eight wards.[1] This report covers the Office of the Inspector General's (OIG) observations during fieldwork conducted October 2012[2] through January 2014 at the Hattie Holmes Senior Wellness Center (Center) in Ward 4 at 324 Kennedy Street, N.W., Washington, D.C. 20011.

[1] The District's first senior wellness center opened in 1985. Wards 2 and 3 do not have senior wellness centers, and DCOA has proposed constructing centers in these wards.
[2] The OIG inspection team began fieldwork, but then suspended the project due to higher priority projects.

In September 2012, DCOA awarded Vida Senior Centers (Vida) a grant for $272,906 to operate the Center during fiscal year (FY) 2013.[3] The Center is open Monday through Friday from 8:00 a.m. to 4:30 p.m. and offers programs that promote exercise, sound nutrition, and general wellness. Seniors must register to join the Center and participate in its activities. As of September 2013, 1,811 seniors were registered members and average daily attendance was 100. The Center has exercise equipment and offers fitness classes such as chair aerobics, tai chi, Zumba, and Pilates. The Center also provides classes and individual counseling on nutrition, blood pressure screenings, arts and crafts, and social activities such as cards and billiards. Center employees include a full-time director, a full-time fitness coordinator, a full-time administrative assistant, a part-time nutritionist, and a part-time clerical assistant. Terrific, Inc., a DCOA grantee, manages a daily lunch program at the Center, and Seabury Resources for Aging, a DCOA contractor, provides transportation for members to and from the Center and takes them on outings such as trips to museums, grocery stores, and farmers markets.

Photographs of the Center

Main Lobby

Courtyard with Fountain

Fitness Room

Multipurpose Room

[3] The Center opened in 2007. It was previously managed by Barney Neighborhood House.

Kitchenette in Multipurpose Room	Restroom and Locker Room
Game Room	Computer Room
Quilts from the Center's Quilting Group	Garden

Background and Objectives

DCOA develops and carries out a comprehensive and coordinated system of health, social services, education, and employment for District residents who are 60 years of age and

older. DCOA's mission is to coordinate and connect seniors, persons with disabilities, and family caregivers with service and support options that promote healthy and independent living in the community.[4] The senior wellness centers provide services that focus on health promotion and disease prevention. Programs include health education, nutrition education, support groups, creative arts, and intergenerational programs. Senior wellness centers provide health care services (e.g., health screenings and disease prevention seminars) to help seniors residing in the community maintain independence and avoid premature institutionalization.[5]

The OIG inspection team's (team) primary objectives are to assess: 1) safety, security, cleanliness, maintenance, and preparedness for medical emergencies at each wellness center; 2) whether each wellness center efficiently and effectively serves its target population; and 3) DCOA's oversight of each wellness center. The OIG will issue separate reports like this one on each senior wellness center.

Scope and Methodology

This inspection report focuses on the Center's services, facility conditions, compliance with grant requirements, and DCOA's oversight during FY 2013. The team conducted on-site observations; reviewed Vida personnel files, Center members' files, and grant documentation; and conducted 42 interviews with DCOA employees, Vida personnel, and Center members. OIG inspections comply with standards established by the Council of the Inspectors General on Integrity and Efficiency and pay particular attention to the quality of internal control.[6] This report presents 19 recommendations to improve facility conditions, strengthen internal controls regarding safety issues, increase outreach, and increase DCOA's capacity to provide adequate grant monitoring. The OIG encourages the Executive Director (ED)/DCOA to determine whether other senior wellness centers have similar issues to those described in this report.

The OIG issued a draft of this report to DCOA for comment on June 10, 2014. During their review of the draft report, inspected agencies are given the opportunity to submit any documentation or other evidence to the OIG showing that a problem or issue identified in a finding and recommendation has been resolved or addressed. When such evidence is accepted, the OIG considers that finding and recommendation closed with no further action planned.

Note: The OIG does not correct an agency's grammatical or spelling errors, but does format an agency's responses in order to maintain readability of OIG reports. Such formatting is limited to font size, type, and color, with the following exception: if an agency bolds or underlines text within its response, the OIG preserves these elements of format.

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[4] Http://dcoa.dc.gov/page/about-us-dcoa (last visited Jan. 23, 2014).
[5] Http://dcoa.dc.gov/service/senior-wellness-centers (last visited Mar. 12, 2014).
[6] "Internal control" is synonymous with "management control" and is defined by the Government Accountability Office (GAO) as comprising "the plans, methods, and procedures used to meet missions, goals, and objectives and, in doing so, supports performance-based management. Internal control also serves as the first line of defense in safeguarding assets and preventing and detecting errors and fraud." STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, Introduction at 4 (Nov. 1999).

OBJECTIVES, FINDINGS, AND RECOMMENDATIONS

Objective One: Is the Center safe, secure, clean, well-maintained, and prepared for medical emergencies?

The Center is located in a District-owned facility, and the Department of General Services (DGS) has been responsible for maintenance since October 1, 2012. A DGS contractor provides daily cleaning services, and the Center was clean and orderly during the team's October 2012, and November and December 2013 visits. As described in Finding 1 below, however, the building has repair and maintenance issues, including persistent roof leaks, which DGS has not adequately addressed.

The team interviewed Center members to obtain feedback regarding safety and interviewed employees to assess preparedness for medical emergencies. Seniors reported that they feel safe in the Center, but many indicated that the community around the Center is not safe, particularly in the evening. The team noted that Center employees received training in cardiopulmonary resuscitation (CPR) and using an automated external defibrillator (AED). However, the Center's AED has not been inspected or serviced, as described in finding 2 below.

1. DGS has not resolved numerous interior and exterior building defects.

Criteria:[7] According to the National Council on Aging and the National Institute of Senior Centers, senior center facilities should provide for the health, safety, and comfort of participants and staff.[8] DGS is responsible for maintaining all District government owned and occupied buildings. D.C. Code § 10-551.01(b)(4) (2001) states that DGS is responsible for providing: "engineering services, custodial services, security services, energy conservation, utilities management, maintenance, inspection and planning, and repairs and non-structural improvements."

Condition:[9] The team conducted observations of interior and exterior building conditions in January 2013 and November 2013.[10] The team developed structured checklists to use during these observations and photographed observed problems. DGS mitigated the following areas of concern, which were documented during a January 2013 visit, before the team's second observation in November 2013:

1) gaps in the ceiling panels at the interior front entrance of the building;

[7] "Criteria" are the rules that govern the activities evaluated by the team. Examples of criteria include internal policies and procedures, District and/or federal regulations and laws, and best practices.
[8] NATIONAL COUNCIL ON AGING AND THE NATIONAL INSTITUTE OF SENIOR CENTERS, NCOA/NISC SELF-ASSESSMENT AND ACCREDITATION MANUAL, "FACILITIES AND OPERATIONS" 1 (undated).
[9] The "condition" is the problem, issue, or status of the activity the team evaluates.
[10] OIG team members are not licensed or trained in engineering or building inspections; therefore, the team's purpose was to identify any obvious, empirical conditions that could threaten the safety and comfort of Center members, or effectiveness of Center operations.

2) missing sink tiles and unsecured backsplash tiles in the women's and men's bathrooms; and
3) broken traffic mirrors situated on both sides of the opening to the rear parking lot. Although DGS had replaced these mirrors, vandals had broken them again by the time of the November 2013 inspection.[11]

The team also learned that the Center's oven caught fire in June 2013 and was inoperative until DCOA replaced it in February 2014. In the interim, food service employees used gel-fueled warming dishes to heat lunches served daily at the Center.

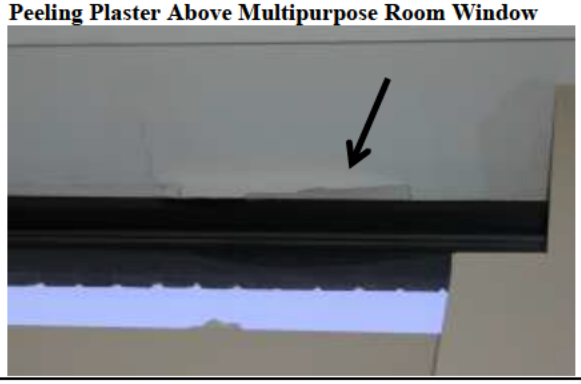
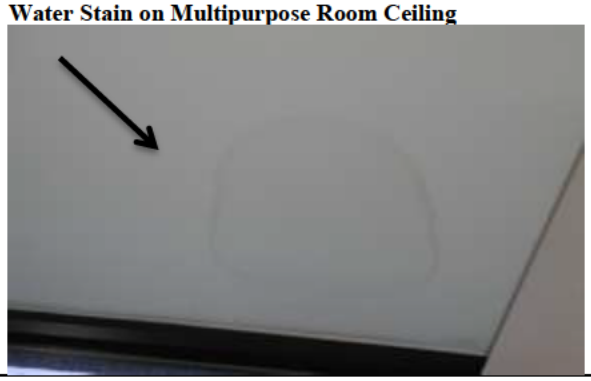
Many interior and exterior building defects were not resolved during the period between the team's two observations. (See Table 1 on the following page for a list of new and ongoing deficiencies the team identified during its November 2013 facility inspection.) For instance, the front and rear entrances are not wheelchair-accessible due to the lack of automatic door openers, and the parking lot gate can only be opened manually by the Center's security guard because it is too difficult for Center staff members to move it without risk of injury. In addition, the building lacks easily visible signage outside identifying it as a senior wellness center. "Hattie Holmes Senior Wellness Center" is printed on small sheets of paper inside two display cases containing information about the Center, but the words cannot be easily seen or read from the sidewalk or street.[12]

According to interviewees and documentation of repair requests, problems with the Center's roof and heating ventilation and air conditioning (HVAC) system have persisted for several years. The roof reportedly started leaking in 2008, shortly after the building was renovated in 2007. The leaks damaged ceiling tiles and paint, and the most recent leak occurred in November 2013. The Center also is plagued by uneven heating and cooling, which affects various rooms and offices. Consequently, Center employees use space heaters in the winter and fans in the summer to adjust room temperatures. During the team's November 2013 inspection, the quilting room was particularly cold. Although DGS has repaired the HVAC system, roof, and related interior water damage several times, the problems recur. Interviewees confirmed that DGS is slow to respond to many repair and maintenance requests.

[11] The Center suffered multiple episodes of vandalism to the parking lot, building exterior, and vehicles in May and June 2013, which stopped after the Metropolitan Police Department arrested the suspected vandals and the Center received a security guard.

[12] In 2007, the D.C. Council passed legislation designating the building as the Hattie Holmes Senior Wellness Center, but exterior signage does not identify the building as such. The name Kennedy appears on the building's façade because the Kennedy Theater originally occupied this building. A Center staff member reported that he/she had notified DCOA of the need for a sign for the Center, but had not received one.

Table 1: Unresolved Facility Issues at the Center

Water Damage Due to Recurring Roof Leaks	
Buckled Plaster on Exit Door	**Peeling Plaster Above Multipurpose Room Window** 
Rust Spots Above Game Room Blinds	**Rust Spots Above Quilting Room Blinds**
Water Spots on Quilting Room Ceiling	**Water Stain on Multipurpose Room Ceiling** 

Gaps in Mortar, Grouting, and Caulking

Gaps in Window Seal and Ledge

Gaps in Mortar Above Rear Door

Non-Grouted Shower Drain in Men's Bathroom

Hole by Sprinkler in Hall Closet

Wall Crack Near Light Switch in Multipurpose Room

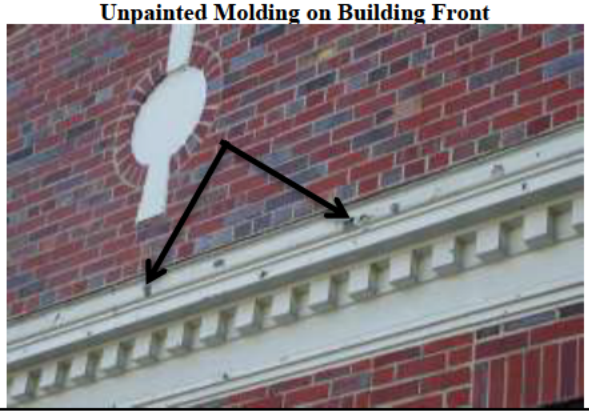
Hole by Sprinkler in Multipurpose Room

Exposed Security Alarm Feed on Multipurpose Room Wall

Indentations in Fitness Room Wall

Peeling Exterior Paint

Unpainted Molding on Building Front

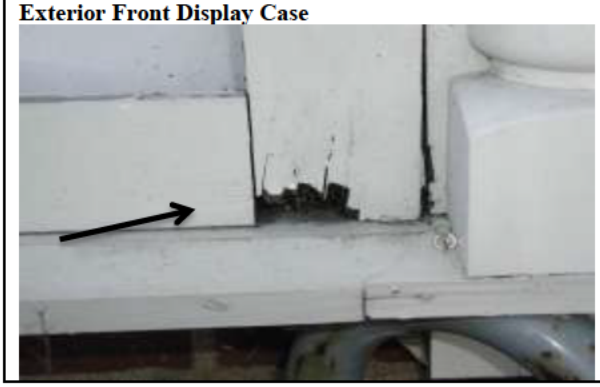


Parking Lot Issues

Loose Parking Stop in Lower Lot

Broken Parking Lot Mirror

Rusty Gate Bars in Lower Parking Lot

Inadequate Signage	
Exterior Front Display Case	**Front Exterior of Center**
	

Exterior Damage
Damaged Header on Front Exterior

Cause:[13] DGS managers and senior officials provided a variety of possible reasons for delays in completing repairs requested by the Center. One interviewee stated that DGS aims to complete repairs within 48 hours of receiving a request, but delays occur due to staffing issues and the need to obtain materials. One DGS manager stated that he/she prioritizes a repair request depending on its urgency. Another DGS manager stated that he/she was unaware of concerns regarding delays, recurring conditions, and uncorrected defects. DGS managers stated that they were not aware of leaks in the Center's roof, thought that the parking lot gate issues had been resolved, and were not aware of HVAC issues. However, the team reviewed many emails sent from DCOA staff members to DGS managers regarding the persistent problems. A DCOA senior official stated the agency requires capital funding[14] to replace the Center's roof and that DGS has taken a "band-aid" approach to roof repairs until funding is available.

[13] The "cause" is the action or inaction that brought about the condition the team evaluates.
[14] A capital budget includes infrastructure needs such as construction, major renovations (e.g., roof and HVAC replacement), and major equipment purchases. The District's FY 2014-2019 capital budget does not provide DCOA with funds for renovations or new construction. In contrast, the operating budget funds the District's daily operations and includes categories such as employee pay and benefits.

According to a July 2013 facilities and cost assessment report on DCOA buildings, DGS found that the Center's roof is in good condition except for a few missing shingles; the report did not include a cost estimate to repair or replace the roof. The team requested that DCOA and DGS explain why the agencies did not identify the need for roof repairs and amend funding estimates, but neither agency responded.

Effect:[15] Incomplete repairs and maintenance may create unhealthy and unsafe conditions for Center employees, members, and visitors and lead to more costly repairs and defects should they persist. Building defects do not contribute to an inviting atmosphere. Further, the Center is not readily identifiable to the public as a senior center due to its lack of visible signage. The cited conditions may impact the Center's ability to attract and retain members.

Accountability:[16] DCOA managers are responsible for ensuring that maintenance issues are communicated to DGS. DGS managers are responsible for ensuring that repairs and maintenance of the Center are completed timely and correctly.

Recommendations:

1) That the Executive Director of DCOA (ED/DCOA) coordinate with the Director of DGS (D/DGS) to ensure that DGS has accurately assessed the Center's repair and maintenance needs, including long-term roof repair and replacement options, and the repair and maintenance needs of other senior wellness centers.

Agree _____**X**_____ Disagree _____

2) That the D/DGS ensure creation of a plan of action and a schedule for correcting the Center's facility defects.

Agree _____**X**_____ Disagree _____

3) That the ED/DCOA ensure that the Center has prominently placed readily visible signs identifying it as a DCOA senior center.

Agree _____**X**_____ Disagree _____

4) That the ED/DCOA seek funding for necessary capital improvements for all senior wellness centers.

Agree _____**X**_____ Disagree _____

[15] The "effect" is the impact of the condition the team evaluates.
[16] "Accountability" is a description of who is responsible for the condition evaluated.

DCOA's July 2014 Response, as Received:

DCOA will continue to coordinate with DGS to provide necessary repairs to DCOA senior wellness centers, and to provide visible signage at DCOA senior wellness centers that properly identify these facilities as such. It should be noted that DCOA does not have approved funding for capital improvements for DCOA senior wellness centers in FY 2014 and FY 2015. However, DCOA will advocate for such funding in FY 2016 and future years.

2. **The Center has an Automated External Defibrillator (AED) that has not been inspected or serviced. Consequently, the AED might not function properly in a medical emergency.**

Criteria: An AED is a medical device that analyzes the heart's rhythm and delivers an electrical shock during cardiac arrest to help the heart re-establish an effective rhythm.[17] The Center has a Philips HeartStart FRx AED available in case a member experiences cardiac arrest. The manufacturer's website recommends "performing a monthly visual inspection of the defibrillator, supplies, accessories and spares to ensure that there is no obvious physical damage and that those components with an expiration data [sic] (e.g. pads, batteries) have not expired."[18]

Condition: An interviewee reported that the Center's AED has not been inspected or serviced since it was installed in 2010. Following the team's inquiries in March 2014, a Center staff member reported that he/she requested that the Fire and Emergency Medical Services Department inspect the AED.

Cause: An interviewee reported that a former DCOA manager stated in 2013 that DCOA planned to ensure that all AEDs at senior wellness centers were regularly inspected or serviced, but this has not occurred. This interviewee stated that he/she was not aware of any steps that DCOA had taken regarding this issue since the manager left DCOA in December 2013. Another interviewee stated that he/she was not aware of a DCOA policy or procedure regarding AEDs at the senior wellness centers.

Effect: The defibrillator may not function properly during a medical emergency.

Accountability: DCOA managers are responsible for ensuring that senior wellness centers have AEDs that are properly maintained.

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[17] Http://www redcross.org/prepare/location/workplace/easy-as-aed (last visited Apr. 3, 2014).
[18] Http://www medical.philips.com/au_en/products/resuscitation/products/aeds/faqs.wpd (last visited May 30, 2014).

Recommendation:

That the ED/DCOA develop and implement a written policy to ensure that all senior wellness centers have AEDs and that they are inspected and serviced according to manufacturers' guidelines.

Agree _____**X**_____ Disagree _____

DCOA's July 2014 Response, as Received:

DCOA will develop and implement a written policy to ensure that all senior wellness centers have AEDs and that they are inspected and serviced according to manufacturers' guidelines. The projected completion date for this activity is 9/30/2014.

Objective Two: Does the Center efficiently and effectively serve its target population?

The team found that the Center is serving its members well through a variety of programs to enhance wellness and fitness. Interview responses from 17 Center members, including 3 Hattie Holmes Advisory Board members who advocate on behalf of Center members, indicate that they are pleased with the Center's services. Members stated that the Center has helped improve their health and they enjoy the fitness, nutrition, and other activities such as the book club. Members interviewed described the Center's staff as helpful, knowledgeable, and caring. In March 2014, an interviewee reported that members were satisfied with the lunch program at the Center managed by Terrific, Inc.

The team found that although the Center is serving many seniors, it may be able to expand its services to further meet members' and community needs. According to 2010 census data, Ward 4 has 16,049 seniors and is the ward with the second-highest number of seniors.[19] The Center had 1,811 registered members as of September 2013 and gained 265 new members during FY 2013.

The Center reported exceeding its FY 2013 objectives, such as increasing new membership by 17% over the year compared to a goal of 10%. The Center reported meeting its goal of a 10% increase in the number of members participating in specific health promotion activities. The average number of exercise participants per month increased by 20% in FY 2013.

Although the Center significantly exceeded the units of service[20] called for in its FY 2013 grant award, the number of units provided represented a 14% decrease from the prior fiscal

[19] DISTRICT OF COLUMBIA OFFICE ON AGING, SENIOR NEEDS ASSESSMENT INITIAL DATA COLLECTION: FINAL REPORT, 8 (Sept. 5, 2012).
[20] A unit of service consists of one senior attending the Center for 1 hour.

year.[21] An interviewee attributed this decrease to more participation by employed members aged 60 to 64 who tend to not stay long at the Center; however, the team could not verify this.

The team did find that the Center does not ensure that members who exercise have up-to-date medical clearance forms, and barriers—such as limited hours of operation and insufficient space designated for exercise—constrain the Center's ability meet seniors' needs. The team also notes that other senior centers they visited in the area appear to make more extensive use of volunteers than the Center; for example, the Congress Heights Senior Wellness Center uses a volunteer to staff its front desk. Additionally, other senior centers host many programs offered by private organizations, such as presentations by the American Heart Association and screenings by the DC Falls Free Coalition to assess members' risk of falling. Using volunteers and programs provided by such organizations at no charge may allow a senior center to expand its services without requiring additional funds.

3. Center staff members allow seniors with outdated medical clearances to exercise even though their physicians may have imposed limits on such activities. This puts such seniors at risk of injury or illness.

Criteria: During new member registration, each senior receives a medical clearance form to be completed by his/her physician and returned to the Center prior to exercise. This form notes any medical conditions or restrictions on the senior's ability to exercise. The Center requires that members update these forms every 2 years[22] and when members return to the Center following an absence due to medical reasons.

Condition: The team's file review showed that several seniors were exercising without up-to-date medical clearance forms. The team reviewed the files of 19 seniors who had signed in to use the fitness room on the morning of November 20, 2013. All 19 had medical clearance forms on file, but 5 seniors had forms that were more than 2 years old. The team could not determine whether seniors who had been on medical leave submitted updated forms because Center employees do not document medical absences in members' files.

Cause: The Center's internal controls for ensuring that medical clearance forms are up-to-date are weak. Neither the Center nor DCOA has a written policy detailing when seniors must submit updated medical clearance forms, and the Center lacks a systematic process for documenting receipt of updated forms. The Center uses a Microsoft Excel spreadsheet to record whether members initially submitted medical clearance forms following registration; however, this spreadsheet does not note the dates when members submit updated forms. An interviewee reported that approximately 1-2 times a month he/she manually checks the files of members who signed into the fitness room on a given day to determine whether they have up-to-date medical clearance forms, and then instructs members without such forms to refrain from exercise until

[21] In FY 2012, the Center provided 94,010 units of service and 80,178 units in FY 2013.
[22] A Center staff member stated the requirement to update medical forms every 2 years was not in writing and was a verbal instruction from a DCOA senior official.

they return completed forms. However, the Center employee did not document the dates of these reviews. This interviewee reported that Center employees do not allow members to exercise if employees know they have out-of-date forms, but the team is concerned that this unwritten policy is difficult to enforce given inadequate record-keeping. Although an interviewee explained that members usually inform Center staff members when they are absent due to medical reasons, and Center staff members then request updated medical clearance forms, the Center does not have a written policy or procedure regarding this practice. The Center hired a part-time employee who contacts members when clearance forms are missing or outdated, but these issues may persist until record-keeping internal controls are strengthened and formalized.

Effect: The team is concerned that Center staff members may be unaware of members' current exercise restrictions if they have not submitted current medical clearance forms. Submitting updated forms helps fitness instructors properly monitor and assist members. The team is also concerned that updating forms every 2 years may not be frequent enough to ensure that the Center is aware of members' current exercise restrictions.

Accountability: DCOA is responsible for ensuring that grantees have policies and adequate review processes for medical clearance forms.

Recommendations:

1) That the ED/DCOA ensure that the Center implements written policies and procedures for routinely documenting and monitoring members' compliance with medical clearance requirements.

Agree _____**X**_____ Disagree _____

2) That the ED/DCOA ensure that the Center implements a notification system to alert staff of medical clearance authorization forms that expired or are pending expiration.

Agree _____**X**_____ Disagree _____

3) That the ED/DCOA ensure that the Center has a written policy posted that prohibits members from exercising if they do not have updated medical clearance forms.

Agree _____**X**_____ Disagree _____

DCOA's July 2014 Response, as Received:

DCOA agrees with these recommendations and will establish appropriate policies to implement them. The projected completion date for this activity is 9/30/2014.

DCOA is also encouraged by OIG's conclusion that, on the basis of interviews[23] *conducted with seniors at the Hattie Holmes Senior Wellness Center, the Hattie Holmes Senior Wellness Center is effectively serving seniors with current DCOA program offerings. DCOA strives continuously to improve programs and services offered to seniors in the District of Columbia.*

4. Limited usable space, hours of operation, community outreach, and language access affect the Center's ability to expand services to meet members' needs.

The team found several operational deficiencies that limit the center's ability to register more members and expand community participation in its services. The team identified areas for improvement that may allow the Center to better serve seniors.

Limited Useable Space and Exercise Equipment: The Center's layout limits its utility, particularly for exercise. It only has one room for exercise that houses both fitness classes and exercise equipment. As noted in a DCOA report, "This layout is not conducive to individual self-guided exercise without having to be interrupted by an aerobics class."[24] Seniors and Center staff members stated that the fitness room is unable to accommodate all seniors who wish to participate in fitness classes. The Center has split its most popular class, chair aerobics, into two 30-minute sessions on Mondays and Wednesdays to accommodate more participants rather than the hour-long sessions previously offered. Although the Center offers a 45 minute-long session of chair aerobics on Fridays in its large multi-purpose room, an interviewee explained that it does not offer other fitness classes in this room due to scheduling conflicts.

Interviewees also stated that the Center has to restrict members' time on exercise equipment due to limited equipment. A Center staff member cited the need for additional fitness equipment, including more treadmills, another exercise bicycle, and a strength training station to work core and stomach muscles. While an interviewee stated that the Center should have more exercise equipment, the current layout is unable to accommodate additional equipment. A Center staff member noted that additional fitness equipment may increase the Center's appeal to men, who prefer to exercise individually rather than in classes, and are currently a small part of the Center's membership.

A Center staff member noted that the Center contains more offices than needed and too few large rooms for senior activities. He/she also stated that the current computer room is too small to accommodate additional computers to meet the demand for computer classes but that the Center's larger massage room could accommodate the demand. This staff member identified funding as the primary barrier to reconfiguring the Center's layout. He/she also stated that the

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[23] OIG Comment: **The team issued a survey to Center members to evaluate their satisfaction with the Center's services and did not conduct interviews.**

[24] DISTRICT OF COLUMBIA OFFICE ON AGING, MODERNIZATION OF THE DISTRICT'S SENIOR WELLNESS CENTERS, 4 (Jan. 20, 2014).

Center would need an additional employee to supervise seniors using exercise equipment in a separate room to satisfy insurance requirements.

In addition, interviewees stated that the existing fitness equipment is outdated and the displays are not user-friendly. According to a DCOA official, overall maintenance and replacement of equipment (such as fitness equipment) was DCOA's responsibility, but DCOA does not have funds budgeted for these needs.

Limited Hours and Community Outreach. A January 2014 DCOA report stated that senior wellness centers' current hours of operation do not allow many "baby boomers" and other working seniors to participate in the Centers' free health and wellness programs.[25] The Center's current hours of operation are 8:00 a.m. to 4:30 p.m., Monday through Friday. While current Center members stated that they were satisfied with the Center's hours, existing hours of operation do not accommodate working seniors' schedules, and may therefore deter them from becoming members. According to an interviewee, while the Center extended hours one evening per week in previous summers, it did not do so in 2013 due to a lack of interest from current members because of safety concerns related to significant vandalism to the Center in May and June 2013.[26] The DCOA report recommended expanding senior wellness centers' hours of operation to 6:30 a.m. – 8:00 p.m. Monday through Friday and 10:00 a.m. – 3:00 p.m. on Saturday.[27]

A Center employee stated that limited funding and personnel impact the Center's ability to increase its hours; however, conducting an analysis of when seniors use the Center may help determine whether to modify its hours of operation while maintaining the same total number of operating hours.

This interviewee said that outreach to increase membership may not be sensible if the Center is at capacity and added that changing its hours may help to accommodate increased interest in the Center. However, the team notes that outreach to increase membership may be warranted given that the total units of service provided declined between FY 2012 and FY 2013, which may indicate that the Center has the capacity to provide more units of service than it did in FY 2013.

Limited Language Access. DCOA has not ensured grantee compliance with the District's language access requirements, which may impact the Center's ability to attract and retain non-English speaking members. DCOA's Grants Policy Manual notes that persons with limited English proficiency must have meaningful opportunities to participate in federally funded programs.[28] The D.C. Office of Human Rights (OHR) manages the District's Language Access Program, and District agencies have language identification signs that state in 20 different

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[25] *See* DISTRICT OF COLUMBIA OFFICE ON AGING, MODERNIZATION OF THE DISTRICT'S SENIOR WELLNESS CENTERS, 3 (Jan. 20, 2014).
[26] A Center staff member reported that the Center stayed open until 6:30 p m. as a cooling center during heat emergencies in 2013.
[27] *See id.* at 6.
[28] *See* DISTRICT OF COLUMBIA OFFICE ON AGING, GRANTS POLICY MANUAL, 72 (Dec. 2006).

languages that Language Line over-the-telephone interpretation services are available and that customers requiring assistance should point to their language. A DCOA employee noted that senior wellness Center employees can access the Language Line via DCOA's Aging and Disability Resource Center.

During site observations and interviews, the team noted that the Center did not: 1) have a sign announcing the availability of interpretation services; 2) have materials for seniors in languages in addition to English; or 3) use the Language Line for interpretation services. An interviewee noted that when Spanish-speakers who have difficulty with English come to the Center, a staff member requests interpretation assistance from an employee of a nearby daycare facility or one of the Center's cleaning service employees. According to this interviewee, the Center does not use the District's Language Line for interpretation services because seniors prefer assistance from an in-person interpreter. Another interviewee stated that although language barriers are not an issue with the Center's current population, people with limited English proficiency who visit an English-speaking center are less likely to return because the communication barrier is frustrating.

Recommendations:

1) That the ED/DCOA ensure that DCOA works with the Center and DGS to evaluate and implement possible solutions to better use its space, such as scheduling additional fitness classes in the multipurpose room and establishing a separate room for fitness equipment.

Agree _____**X**_____ Disagree _____

2) That the ED/DCOA attempt to obtain funding for additional and updated fitness equipment and maintenance as needed.

Agree _____**X**_____ Disagree _____

3) That the ED/DCOA assess the Center's ability to accommodate increased participation and consider whether DCOA and the Center should increase outreach and improve community awareness of the Center.

Agree _____**X**_____ Disagree _____

4) That the ED/DCOA work with the Center to determine whether and how the Center's hours of operation should be modified to accommodate working seniors.

Agree _____**X**_____ Disagree _____

5) That the ED/DCOA consult with OHR to ensure compliance with the District's language access requirements.

Agree _____**X**_____ Disagree _____

DCOA's July 2014 Response, as Received:

DCOA periodically communicates with all wellness centers to understand the problems and challenges of these facilities. DCOA attempts to address these issues as quickly as possible and also, where appropriate, collaborates with other D.C. Government agencies to identify solutions to identified concerns. With respect to current space limitations at the Hattie Holmes Senior Wellness Center, this is a funding issue that may take some time to resolve in light of current budget constraints. DCOA will collaborate with DGS to evaluate current and future space needs of this facility, and will look at the options it has to resolve this challenge, which may include re-evaluating the current layout to maximize the use of this facility's space, in addition to resolving the building maintenance issues raised in this report. The purchase of additional fitness equipment and upgrading the existing equipment will also be determined on the basis of the availability of additional funding and space.

With regard to the need for additional hours of operation at the Hattie Holmes Senior Wellness Center, including evening hours and weekends, commencing in FY 2015, DCOA will apply additional funding for DCOA senior wellness centers, including the Hattie Holmes Senior Wellness Center, in order to increase hours of operation during weekdays and to also provide services on Saturdays.

Finally, DCOA will transmit a circular reminding all wellness centers to comply with the District Language Access requirements which is crucial to serving persons with language barriers.

Objective Three: Does DCOA provide sufficient oversight of the wellness center?

DCOA's grant monitors are responsible for reviewing monthly reports from grantees, conducting site visits, and maintaining contact with grantees to assess performance in meeting grant requirements. DCOA may suspend, discontinue, or terminate a grant in whole or in part if the grantee has materially failed to comply with the terms and conditions of the grant or carry out its objectives.

As described in the finding below, DCOA did not adequately assess Vida's and other senior wellness center grantees' compliance with the terms of their FY 2013 grants. The team also found that neither DCOA nor the Center has a policy regarding how Center staff members are to handle suspected elder abuse, neglect, and exploitation. In addition, DGS and DCOA have not informed senior wellness center grantees of DGS requirements for handling requests from outside groups wishing to use the centers, including completing a liability waiver. This deficiency may result in liability for the District.

5. **<u>DCOA did not determine whether senior wellness center grantees complied with the terms of their FY 2013 grants.</u>**

Criteria: DCOA's *Grant Policy Manual* states:

> DCOA monitors each program, function or activity under the grant to ensure that grantees are complying with applicable Federal and DC requirements and that performance goals are being achieved. DCOA monitors progress through oral and written communications, review of information through regular reports or specific requests, on-site visits, and formal audits.[[29]]

This manual also states, "DCOA shall issue a site visit report following a formal site visit, making findings and recommendations and requesting corrective action, as necessary."[30]

Condition: DCOA grant monitors did not formally assess grantees' compliance with the terms of the senior wellness center grants for FY 2013. According to *DCOA's Grant Policy Manual*, the agency conducts site visits to review project accomplishments and determine how the grantee is administering the grant.[31] DCOA, however, did not conduct formal site visits to any senior wellness centers in FY 2013. A DCOA manager informed the team that although the agency did not have documents assessing the programmatic performance of the senior wellness centers, DCOA did review invoices and financial reports to ensure financial compliance with their grant's budgeting and billing requirements.

A "Program and Grants Monitoring Checklist" (Checklist) that DCOA used in FY 2012—and is using again in FY 2014—to document site visits is of limited utility in assessing grantee performance because it does not include questions specific to performance objectives in the grant. Grant monitors are to rate grantees on a scale of 1 (never) to 5 (always) on items such as "staffing pattern matches current budget" and whether various reports are complete, accurate, and timely. The Checklist asks whether performance objectives are on target, but does not instruct the grant monitor to specify which performance objectives were examined or describe the quality of the grantee's performance. A FY 2012 site visit Checklist for the Center noted that the grantee was making satisfactory progress toward achieving program objectives. However, the grant monitor did not specify what the objectives were or how he/she arrived at that conclusion.

A DCOA official also stated that DCOA has data on performance outputs, such as the number of senior wellness center participants, rather than outcomes, such as how participants benefitted.[32] He/she added that DCOA should try to determine whether its senior wellness

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[29] DISTRICT OF COLUMBIA OFFICE ON AGING, GRANTS POLICY MANUAL, 32 (Dec. 2006).
[30] *Id*. at 42.
[31] DISTRICT OF COLUMBIA OFFICE ON AGING, GRANTS POLICY MANUAL, 42 (Dec. 2006).
[32] Outputs are measures of goods or services produced, such as the number of hours of teaching provided, and outcomes are the results of the outputs, such as improved student learning.

programs and chronic disease self-management programs help seniors avoid hospitalization or the need to move to an assisted living facility.

Cause: Several factors limited DCOA's monitoring ability, including multiple responsibilities of grant monitors, high turnover in grant monitors, the lack of written guidelines for monitoring, and a lack of funds for a new information technology (IT) system for data tracking. Interviewees reported that the previous grant monitor for the senior wellness centers had multiple responsibilities that limited time available to focus on the Centers as he/she also oversaw meal service contracts and programs.[33] An interviewee explained that although this grant monitor was in close contact with the senior wellness centers, he/she did not have sufficient time to formally evaluate them. This employee left DCOA in July 2013 without having conducted site visits at the Centers during FY 2013. The position was vacant until October 2013 when DCOA hired a nutritionist to oversee the meals programs and the senior wellness centers. However, this employee left DCOA in January 2014. A DCOA manager attributed monitoring problems to staff and management turnover.

In addition, DCOA lacks clear policies and procedures regarding how grant monitors are to evaluate grantee performance. DCOA's Grant Policy Manual does not detail how often site visits should occur or specify other steps grant monitors must take to assess whether grantees are achieving performance goals.

DCOA also lacks a robust IT system for tracking grantees' performance. A DCOA senior official reported that DCOA's IT system, the Client Services Tracking and Reporting System (CSTARS), does not meet the agency's monitoring and reporting needs. CSTARS can only produce reports on performance outputs, such as the number of participants, rather than outcomes. DCOA would like to replace this system with one that would be able to better monitor participants' wellbeing and report on outcomes, but has not due to funding constraints.

A DCOA senior official stated that DCOA has not been very active in monitoring and documenting the performance of its providers as this was not the focus of previous directors. A DCOA manager stated that the agency is taking steps to improve grant monitoring, including creating a position dedicated to overseeing the senior wellness centers. In November 2013, this manager explained that the agency was in the process of reprogramming funds in FY 2014 to create this position. He/she also stated that he/she planned to conduct four site visits per center in FY 2014 and that DCOA was developing a new scorecard system to better evaluate grantee performance. As of April 2014, however, DCOA had not conducted any formal site visits at the Center for FY 2014.

Effect: While the team found that the Center is generally serving seniors well, the team is concerned that DCOA would not detect deficiencies at senior wellness centers timely due to inadequate monitoring. A DCOA official stated that the current grant monitoring and compliance process should be reviewed and strengthened, where appropriate, to ensure

[33] These responsibilities include DCOA's home-delivered meals program and the congregate meals program, which provides lunches to groups of seniors at many sites throughout the District, including the Center.

consistent quality across all DCOA senior wellness centers. He/she noted the importance of having clear standards and documenting the grantee's level of performance. DCOA officials commented that one site visit per year is inadequate for comprehensive monitoring and that if DCOA fails to document problems with a grantee, it will lack an evidentiary basis to not renew its grant agreement.

Accountability: DCOA managers are responsible for ensuring adequate grant monitoring.

Recommendations:

1) That the ED/DCOA ensure that DCOA implements a new system for grant monitoring, with written policies and procedures to include how often site visits are to be conducted.

Agree _____**X**_____ Disagree _____

2) That the ED/DCOA ensure adequate staffing for monitoring senior wellness center grants based on the number of site visits required.

Agree _____**X**_____ Disagree _____

3) That the ED/DCOA ensure that DCOA obtain an IT system that allows it to track senior wellness centers' performance outcomes.

Agree _____**X**_____ Disagree _____

DCOA's July 2014 Response, as Received:

DCOA has undertaken efforts to resolve staffing shortages that have resulted in the failure to conduct site visits in FY 2013. It should be noted that, to date, in FY14, DCOA has conducted site visits at four (4) DCOA senior wellness centers in the first quarter, and DCOA also conducted site visits at all six (6) DCOA senior wellness centers in the second quarter. The Hattie Holmes Wellness Center site visit was conducted on May 12, 2014. In addition, DCOA will conduct site visits at all DCOA senior wellness centers in the third and fourth quarters of FY 2014. DCOA will also incorporate the requirement of quarterly site visits of DCOA senior wellness centers in the DCOA Grants Policy Manual.

It should also be noted that DCOA consistently monitors s all grantees through the M-1s (a monthly report of their expenses), a monthly Comprehensive Uniform Reporting Tool (CURT) report, the quarterly Q & Y Report (for financial, units delivered and contributions). These reports enable DCOA to monitor the grantee's level of performance and to document problems related to the delivery of services at DCOA senior wellness centers. Site visits serve to complement the overall information that DCOA receives through these reports. DCOA will continue to improve its data collection mechanism to provide more robust and complete

information on the performance of DCOA grantees. DCOA currently is in a process of hiring a data architect to facilitate the tracking of the senior wellness centers' performance outcomes.

6. **<u>The Center has no written policy or procedure on reporting elder abuse, neglect, and exploitation.</u>**

Background: According to the National Committee for the Prevention of Elder Abuse (NCPEA):

> Spiraling rates of elder mistreatment are reported by both practitioners and researchers. In a recent national study of Adult Protective Services (APS), typically the agency of first report concerning elder abuse, there were 253,421 reports of abuse of adults age 60+ or 832.6 reports for every 100,000 people over the age of 60 . . . . The National Elder Abuse Incidence Study (National Center on Elder Abuse, 1998) found that more than 500,000 persons aged 60+ were victims of domestic abuse and that an estimated 84% of incidents are not reported to authorities . . . .[34]

The OIG previously evaluated District agencies' oversight of mandated reporters in Management Implication Report 11-I-003, which states:

> Although the D.C. Code identifies the professions that have a mandated reporter responsibility, it is silent on the need for policies and procedures for such reporting and does not address training of affected employees. The OIG believes that the directors of District agencies that employ, appoint, or oversee mandated reporters, in close coordination with APS, are best positioned to ameliorate these deficiencies by developing and implementing policies and procedures on awareness, reporting, and training, and thereby incorporating the mandated reporting responsibility of its workforce into each agency's organizational mission.[35]

Criteria: According to D.C. Code § 7-1903(a)(1) (2001), when certain individuals, including licensed health professionals, have "substantial cause to believe that an adult is in need of protective services because of abuse, neglect, or exploitation by another, he or she shall immediately report this belief in accordance with subsection (c) of this section." D.C. Code § 7-1903(a)(2) states, "Any person may voluntarily report an alleged case of abuse, neglect, self-

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[34] <u>Http://www.preventelderabuse.org/</u> (last visited Jan. 30, 2014).

[35] DISTRICT OF COLUMBIA OFFICE OF THE INSPECTOR GENERAL, LACK OF AWARENESS, POLICIES AND PROCEDURES, TRAINING REQUIREMENTS, AND OVERSIGHT MECHANISMS REGARDING THE REPORTING OF SUSPECTED ABUSE AND NEGLECT OF ELDERS AND OTHER VULNERABLE ADULTS, MIR 11-I-003, 6 (Mar. 31, 2011).

neglect, or exploitation when he or she has reason to believe that an adult is in need of protective services."[36]

Condition: DCOA does not have adequate controls to ensure that Center employees are aware of how to identify and report suspected elder abuse, neglect, and exploitation. Although the Center's nutritionist is the only staff member who is a mandated reporter,[37] other Center employees routinely interact with seniors and should be trained on identifying and reporting signs of elder mistreatment. Neither DCOA nor the Center has a written policy for Center staff regarding reporting elder abuse, neglect, and exploitation. In addition, Center employees, including the nutritionist, have not received formal training on how to report such issues. In November 2013, the Center Director informed staff members that they are to call APS to report suspected elder abuse and neglect, and he/she shared information with them from a DCOA presentation on elder abuse and mandated reporting. While useful, such instruction cannot have the same effectiveness as regular, formal training provided by a subject matter expert.

Cause: A DCOA senior official stated that he/she did not know why DCOA did not have a written policy regarding employees of grantees reporting instances of suspected elder abuse, neglect, and exploitation. He/she added that DCOA planned to write a policy regarding these matters for DCOA employees and grantees.

Effect: The team is concerned that due to a lack of training and a written policy that provides consistent guidelines, Center staff members may not recognize and report signs of elder abuse, neglect, and exploitation. Consequently, potential cases may not be investigated and intervention to protect seniors may not be implemented.

Accountability: DCOA senior officials are responsible for ensuring that written policies and adequate processes are implemented for DCOA grantees to report suspected elder abuse, neglect, and exploitation, and that employees are properly trained.

Recommendations:

1) That the ED/DCOA create written policies and procedures for DCOA grantees to report suspected elder abuse, neglect, and exploitation.

Agree _____**X**_____ Disagree _____

[36] Adult Protective Services (APS) within the Department of Human Services "investigates reports of alleged cases of abuse, neglect, and exploitation by third parties, and self-neglect of vulnerable adults 18 years of age or older. APS provides protective services to reduce or eliminate the risk of abuse, neglect, self-neglect, and exploitation." Http://dhs.dc.gov/service/adult-protective-services (last visited Jan. 30, 2014).

[37] D.C. Code § 7-1903 (a)(1) provides a list of licensed health professionals who are considered mandated reporters, The nutritionist is the only Center employee whose profession appears on this list.

2) That the ED/DCOA implement an ongoing training program for grantees, employees, and contractors on procedures for identifying and reporting suspected elder abuse, neglect, and exploitation.

Agree _____**X**_____ Disagree _____

DCOA's July 2014 Response, as Received:

DCOA continues to coordinate with Adult Protective Services as part of an agency-wide effort to establish formal training programs to educate District of Columbia Government employees on District of Columbia mandatory reporting requirements. In the interim, DCOA has continued to provide information to DCOA grantees and employees on mandatory reporting requirements in the District of Columbia. In accordance with OIG's recommendations, DCOA is in the process of establishing written policies and procedures for DCOA employees and grantees to report suspected elder abuse, neglect and exploitation. DCOA will also implement an ongoing training program for grantees, employees, and contractors on procedures to identifying and reporting suspected elder abuse, neglect, and exploitation.

7. <u>DGS and DCOA have not informed senior wellness center grantees of procedures for handling outside groups' use of the centers. This could result in liability for the District in the event of an incident in one of the buildings.</u>

Criteria: According to 1 DCMR § 1401.1, a person or organization wishing to use a public building must obtain a permit from the Building Manager, Facilities Management Division, Office of Property Management, which is now DGS.

Condition: Prior to FY 2013, the Center grantee received monetary donations from outside groups to use the Center for events, such as birthday parties and meetings, when it was closed on weekends. An interviewee stated that donations typically ranged between $150 and $300, and the amount of the donation was established at the requesting group's discretion. These donations were submitted to Barney Neighborhood House, the grantee operating the Center at the time, to be used for the Center's operations.

A DGS official expressed concern with this practice because the grantee had benefited from funds collected for use of a District-owned building. Additionally, outside groups wishing to use the Center were not completing the "Permit Application for Use of Public Buildings and Grounds" required by DGS. This form requires proof of insurance naming the District as an additional insured party and releases the District from liability.

After Vida became the Center grantee in FY 2013, the Center Director, who had held this position under the previous grantee as well, requested guidance on this practice from DCOA. A

DCOA official emailed the Director and instructed that when groups make such a request, they are to complete the permit application form, and DGS will approve or disapprove the request.

Cause: A DCOA grants monitor reportedly told the current Center Director several years ago that the Center could permit outside events to be held there, and the Director was not aware of DGS requirements. Although DCOA subsequently communicated these requirements to the Center Director, the team is concerned that other District senior wellness centers may be allowing outside groups to use District-owned buildings because neither DGS nor DCOA has notified them of the permit application requirement or issued a policy forbidding grantees from accepting donations in exchange for using the facilities.[38]

Effect: If outside groups are using District-owned senior wellness centers without obtaining insurance and completing liability release forms, the District may be liable for any injuries or damages that occur. Additionally, a DGS official stated that the District may not have any recourse regarding donations that a grantee received for another group's use of a senior wellness center because the District does not have a written document prohibiting the practice.

Accountability: DGS and DCOA managers are responsible for ensuring that grantees comply with requirements for outside groups wishing to use the senior wellness centers.

Recommendation:

That the ED/DCOA inform senior wellness centers in writing that outside groups wishing to use a center must submit a "Permit Application for Use of Public Buildings and Grounds" and that grantees are not permitted to accept donations for groups' use of District-owned facilities.

Agree _____**X**_____ Disagree _____

DCOA's July 2014 Response, as Received:

A written circular will be transmitted to all DCOA senior wellness centers reiterating to DCOA grantees that outside groups wishing to use a center must submit a "Permit Application for Use of Public Buildings and Grounds" and that DCOA grantees are not permitted to accept donations for groups' use of District-Owned facilities. This requirement will also be incorporated into the DCOA Grants Policy Manual.

[38] DGS and DCOA officials stated that the agencies plan to develop written real estate agreements regarding the senior wellness centers that would clarify that grantees do not have the right to allow other parties to use the senior wellness centers.

Conclusion

The Center appears to be serving seniors well given its available resources. It was clean and orderly during the team's visits, and seniors felt safe within the facility. Members were pleased with the Center's programs and staff, and enrollment increased in 2013. In order to improve services to members, DCOA and Vida should explore the feasibility of shifting or expanding hours of operation to accommodate seniors who work. Also, with better signage and outreach, the Center may attract more members and increase daily usage. However, given space limitations and already high utilization of the existing exercise equipment, the Center may not be able to accommodate a substantial increase in the number of members. For this reason, DCOA and Vida should determine whether underused space at the Center could be repurposed.

Recurring and unresolved building repairs appeared to be the most significant issue at the Center. Namely, an inadequate HVAC system and leaking roof caused uncomfortable temperatures and water damage within the facility. The team also found significant deficiencies in DCOA's monitoring of the Center. Grant monitors did not properly assess compliance with grant terms or complete site visits to ensure that adequate internal controls were in place for certain operations. According to *DCOA's Grant Policy Manual*, the agency conducts site visits to review project accomplishments and determine how the grantee is administering the grant. DCOA, however, did not conduct formal site visits to any senior wellness centers in FY 2013. DCOA had not ensured that the Center's automated external defibrillator (AED) was inspected and serviced following its installation in 2010; adequate internal controls for reporting elder mistreatment and maintaining members' updated medical forms were not implemented; and DCOA and DGS had not informed senior wellness center grantees of procedures for allowing outside groups to use the Centers.

This report contains findings and recommendations that DCOA should address. Compliance forms will be sent to DCOA for this report, and I&E will coordinate with DCOA on verifying compliance with the recommendations in this report over an established period. In some instances, follow-up activities by and additional reports from the OIG may be required.

If you have questions about the report or how you should conduct your review, please contact [redacted], Director of Planning and Inspections, on [redacted].

Sincerely,

Blanche L. Bruce
Interim Inspector General

BLB/klb

cc: See **Distribution List**

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