

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601404</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/05/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRUCE COTTAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6200-E THERMAL ROAD CHARLOTTE, NC 28211</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 7/5/24. The complaints were unsubstantiated (intake #NC00217917 and NC00218073). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> </ol>	V 110	<p>Although one of the staff members involved comforted the consumer and helped with the de-escalation process, the agency recognizes that neither staff member followed the protocol for consumer allegations ie submitting an incident report. As a result, the agency will provide a refresher training to the staff members in Spruce cottage. The refresher will consist of the procedures and steps required when a consumer expresses an allegation. This refresher will take place no later than September 3rd, 2024. The refresher will be completed by the supervisory team and/or residential coach.</p>	9/3/2024

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE **EXECUTIVE DIRECTOR**

(X6) DATE

**8.5.24**

**AUG 08 2024**

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V 110	<p>Continued From page 1</p> <p>(6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 3 audited paraprofessionals (#3) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are:</p> <p>Review on 6/26/24 of staff #3's record revealed: -Hire date of 12/12/22. -Job title of Behavior Health Counselor. -Training in Alternatives to Restrictive Interventions on 4/10/24.</p> <p>Review on 6/11/24 of the North Carolina Incident Response Improvement System revealed: -Date of incident: 5/28/24. -Submitted by the Executive Director. -"On 5/31 (2024), consumer (client #1) reported to his Therapist that a staff member choked him. Consumer reported that he did not know the staff but the staff was wearing black. He reported that [staff #3] was working but she was not present when the incident occurred. Consumer reported that his peers (clients) were in their rooms and it (alleged incident) happened in the living room. Consumer reported that he thinks it (alleged incident) happened during this week."</p>	V 110		
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V 110	<p>Continued From page 2</p> <p>-"On 6/3 (2024), during follow up with consumer to try and identify alleged staff member, consumer confirmed that it may have been a name that started with a P, like [staff's name]. Consumer was unable to provide additional details such as if the alleged incident occurred during daylight or night, before or after lunch time. Consumer did not work with a staff member named [staff's name] but did work with [staff #1]."</p> <p>Review on 6/11/24 of the facility's incident reports from 5/13/24 to 6/11/24 revealed: -Incident dated 5/31/24 signed by the Therapist #1: Client #1 "reported to the therapist that during 2nd shift a male staff member picked him up and choked him." -No incident report for the incident on 5/28/24.</p> <p>Interview on 6/24/24 with staff #1 revealed: -During an incident on 5/28/24, the clients were at the table eating snacks or dinner. -"[Client #1] was yelling at his peers." -"The other staff member (#3) left to do something." -"I walked over and confronted the yelling. He was telling me you can't tell me what to do." -"I was telling all of the kids (clients) to go to their room." -"He (client #1) picked up the bench, and I grabbed him across the chest." -Staff #1 brought client #1 back into the cottage. -"I let him go and let him sit down inside the cottage." -"It was no more than 2 seconds and I let him go." -Did not report the incident to his supervisor. -"I did not do an incident report. I am fresh off medical leave. I hadn't been there (in the facility) for several months. I forgot that protocol." -"I know this is serious. Documentation is everything."</p>	V 110		

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V 110	Continued From page 3  Interviews on 6/20/24 and 6/26/24 with staff #3 revealed: -"When I walked back in (to the facility on 5/28/24) [client #1] was screaming and crying and he said, 'He (staff #1) choked me." -"I asked him (staff #1) about [client #1] and he said he didn't put hands on him." -Protocol for reporting abuse allegations was to "write an incident report ...you have to take it that it is true." -"It wasn't that I wasn't believing (client #1's allegation); it was a back and forth thing since I wasn't there." -Did not report (to management) the allegation verbally or in writing. -Told staff #1 to write an incident report.  Interview on 6/26/24 and 7/3/24 with the Executive Director revealed: -Learned of client #1's allegation that staff #1 choked him on 5/31/24 when it was reported by the Therapist #1. -Staff #1 and staff #3 should have submitted an incident report. -"Both (staff #1 and staff #3) were working so there was equal responsibility." -"When she (staff #3) walked in and [client #1] told her, 'he choked me,' that should have triggered an incident report." -Staff #1's employment was terminated on 6/25/24. -Staff #3 would receive counseling regarding failure to report.	V 110			
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection  G.S. §131E-256 HEALTH CARE PERSONNEL	V 132	During the initial report, the supervisory team was unable to identify the alleged staff member due to lack of information. However, upon confirmation of the staff	9/3/2024	

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		<p>member, the agency acknowledges that the new information was not updated within IRIS, HCPR. As a result, the agency will move forward with facilitating a refresher for the supervisory team. The refresher will review the procedures for submitting reports via IRIS and HCPR. The refresher will be completed by the Executive Director, no later than September 3<sup>rd</sup>, 2024.</p>
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V 132	<p>Continued From page 4</p> <p><b>REGISTRY</b></p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p>	V 132		

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V 132	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to report an allegation against health care personnel to the Health Care Personnel Registry (HCPR) for 1 of 3 audited paraprofessional staff (#1). The findings are:</p> <p>Review on 6/11/24 of the North Carolina Incident Response Improvement System revealed: -Date of incident: 5/28/24. -Submitted by the Executive Director. -"On 5/31 (2024), consumer (client #1) reported to his Therapist that a staff member choked him. Consumer reported that he did not know the staff but the staff was wearing black. He reported that [staff #3] was working but she was not present when the incident occurred. Consumer reported that his peers (clients) were in their rooms and it (alleged incident) happened in the living room. Consumer reported that he thinks it (alleged incident) happened during this week." -"On 6/3 (2024), during follow up with consumer to try and identify alleged staff member, consumer confirmed that it may have been a name that started with a P, like [staff's name]. Consumer was unable to provide additional details such as if the incident occurred during daylight or night, before or after lunch time. Consumer did not work with a staff member named [staff's name] but did work with [staff #1]." -No HCPR notification for the alleged abuse incident dated 5/28/24 which involved staff #1.</p> <p>Interview on 6/19/24 with the Executive Director</p>	V 132		

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V 132	Continued From page 6  revealed: -Did not report allegation of abuse to the HCPR because "it took a while to figure out who the staff was and pinpoint when it happened." -The residential supervisor was responsible for reporting to HCPR.	V 132		
V 315	27G .1902 Psych. Res. Tx. Facility - Staff  10A NCAC 27G .1902 STAFF (a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness. (b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit. (c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units. (d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility. (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.  This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure at least two direct care staff members were present with every six children or adolescents in each residential unit.	V 315	One staff member exited the cottage for 1 minute based on video footage and during this time, the incident occurred. As a result, the agency will provide a refresher to Spruce cottage on staff requirements and ratios. The refresher will also review the procedure for needing to exit the cottage and identifying a replacement staff. The refresher will take place no later than September 3 <sup>rd</sup> , 2024. The refresher will be completed by the supervisory team and/or residential coach.	9/3/2024



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V 315	<p>Continued From page 7</p> <p>The findings are:</p> <p>Review on 6/26/24 of the facility's video dated 5/28/24 revealed: - 6:19 - Staff #3 left the facility through the front door, leaving staff #1 alone in the facility with 6 clients for 1 minute before returning.</p> <p>Interview on 6/11/24 with client #1 revealed: -Staff #1 was the only staff present when the incident occurred on 5/28/24 in which client #1 accused staff #1 of "choking" him. -"That was when [staff #3] wasn't there. She was at the vending machine ...I don't know where she went."</p> <p>Interview on 6/24/24 with client #3 revealed: -"Sometimes" one staff was left in the facility with all clients. -Did not happen often (one staff) and it was "not long." -Staff 3 was working but was "not there" when the incident occurred on 5/28/24 with client #1.</p> <p>Interview on 6/24/24 with client #5 revealed: -"Sometimes" one staff was left in the facility while the other staff went to another location on campus for "like half an hour."</p> <p>Interviews on 6/24/24 with clients #2, #4, and #6 revealed: -Denied having less than two staff in the facility.</p> <p>Interview on 6/24/24 with staff #1 revealed: -Was the only staff present in the facility on 5/28/24 when the incident occurred with client #1 which resulted in an allegation of abuse. -Staff #1 was out of the facility "less than 5 minutes" on 5/28/24. -"It is okay to go to another cottage as long as</p>	V 315		

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V 315	Continued From page 8 you are not gone long."  Interview on 6/20/24 with staff #3 revealed: -Left the facility on 5/28/24 for "maybe 5 or 10 minutes," leaving staff #1 alone with 6 clients. -"Supposed to be 2" staff with 6 clients. -"We can step out (of the facility) ...As long as there are two staff scheduled it is okay." -"Because if the clients need items, we have to go get the items, like toothpaste." -"We go to the main office to go get it." -"If staff needs to go to their car or run speak to a supervisor, it is okay."  Interview on 6/24/24 with the Executive Director revealed: -"There should always be two staff with 6 kids (clients)." -"They (staff) can call a supervisor or residential coach" if they needed to step out of the facility.	V 315			
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO  10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or	V 537	During review of the incident, it was observed that the staff member attempted to initiate a restrictive intervention technique associated with Therapeutic Crisis Intervention (TCI); however, the agency no longer uses TCI (physical portion). The agency facilitates monthly refresher opportunities for Handle with Care – the approved intervention method. The agency has already begun to complete refresher opportunities. Each Spruce cottage staff member will participate in the refresher opportunity no later than September 3 <sup>rd</sup> , 2024.	9/3/2024	

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V 537	<p>Continued From page 9</p> <p>volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> <li>(1) refresher information on alternatives to the use of restrictive interventions;</li> <li>(2) guidelines on when to intervene (understanding imminent danger to self and others);</li> <li>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</li> <li>(4) strategies for the safe implementation of restrictive interventions;</li> <li>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe</li> </ol>	V 537		
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V 537	<p>Continued From page 10</p> <p>use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p>	V 537		
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NAME OF PROVIDER OR SUPPLIER  <b>SPRUCE COTTAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6200-E THERMAL ROAD CHARLOTTE, NC 28211</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 537	<p>Continued From page 11</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p>	V 537		
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V 537	<p>Continued From page 12</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure that staff demonstrated competency in restrictive interventions for 1 of 3 audited paraprofessional staff (#1). The findings are:</p> <p>Review on 6/19/24 of staff #1's record revealed: -Hire date of 12/4/17. -Completed Handle With Care (HWC) With Restrictive Interventions on 9/26/23.</p> <p>Review on 6/11/24 of the North Carolina Incident Response Improvement System revealed: -Date of incident: 5/28/24. -Submitted by the Executive Director. -"On 5/31, consumer (client #1) reported to his therapist that a staff member choked him. Consumer reported that he did not know the staff but the staff was wearing black. He reported that [staff #3] was working but she was not present when the incident occurred. Consumer reported that his peers were in their rooms and it happened in the living room. Consumer reported that he thinks it happened during this week." -"On 6/3 (2024), during follow up with consumer to try and identify alleged staff member, consumer confirmed that it may have been a name that started with a P, like [staff's name].</p>	V 537		
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NAME OF PROVIDER OR SUPPLIER  <b>SPRUCE COTTAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6200-E THERMAL ROAD CHARLOTTE, NC 28211</b>		
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V 537	<p>Continued From page 13</p> <p>Consumer was unable to provide additional details such as if the incident occurred during daylight or night, before or after lunch time. Consumer did not work with a staff member named [staff's name] but did work with [staff #1]."</p> <p>Review of the facility's internal investigation completed 6/3/24 by the Executive Director revealed: -"There is video of the reported allegation which shows [staff #1] utilized an unapproved restrictive intervention while engaging with [client #1]."</p> <p>Review on 6/26/24 of the facility's video dated 5/28/24 from 6:19pm to 6:20pm revealed: -Client #1 was standing beside the table. -Staff #1 walked behind client #1 and grabbed his upper arms. -Client #1 struggled. -Staff #1, from behind, reached across the body of client #1 with his arm diagonally across the chest of client #1 and his hand down toward the waist of client #1 and took him outside. -Was outside, out of view less than 10 seconds. -Staff #1 moved client #1 back into the room in the same manner, sat him on the couch, and walked away. -Client #1 sat on the couch crying. -Staff #3 walked into the room and walked client #1 to his bedroom.</p> <p>Interview and observation at 1:20pm on 6/11/24 with client #1 revealed: -"Someone choked me ...I don't know his name." -"He choked me and said, 'sit down.'" -Demonstrated staff standing behind him with his forearm around neck. -Did not know what day the incident occurred. -Thought it was "second shift and day time." -Did not have any bruises or marks from the</p>	V 537		

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V 537	<p>Continued From page 14</p> <p>incident.</p> <p>Interview and observation at 1:05pm on 6/11/24 with client #3 revealed:                      -"One of the staff (staff #1) choked [client #1] and told him to sit down and he didn't."                      -Demonstrated staff #1 standing behind client #1 with forearm under neck.</p> <p>Interview on 6/24/24 with staff #1 revealed:                      -During the incident on 5/28/24, the clients were at the table eating snacks or dinner.                      -"[Client #1] was yelling at his peers."                      -"He (client #1) picked up the bench, and I grabbed him across the chest."                      -"I have a big forearm it was near his neck but not under his neck, and I picked him up and took him outside. Right at the back door."                      -"He was pulling away and getting under my arms."                      -"I let him go and let him sit down inside the cottage."                      -"It was no more than 2 seconds and I let him go."                      -"I think he was pulling away and he thought he was being choked."                      -Did not intervene as trained because the client "needed to be removed from his peers."</p> <p>Interview on 6/24/24 with the Executive Director revealed:                      -Reviewed the facility's video of the incident on 5/28/24.                      -Staff #1 was not using an approved intervention.                      -"Staff #1 was trying to do a TCI (Therapeutic Crisis Intervention) hold. We don't use that anymore. Even if we did use it, he was doing TCI wrong."                      -"I don't think he was intentionally trying to hurt [client #1]."</p>	V 537		
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