



STATE OF NEW YORK  
OFFICE OF THE MEDICAID INSPECTOR GENERAL

800 North Pearl Street  
Albany, New York 12204

ANDREW M. CUOMO  
GOVERNOR

JAMES C. COX  
MEDICAID INSPECTOR GENERAL

August 29, 2014

[REDACTED]  
A. Holly Patterson Extended Care Facility  
875 Jerusalem Avenue  
Uniondale, New York 11553

Re: Medicaid PRI Audit #09-3012  
NPI Number: [REDACTED]  
Provider Number: [REDACTED]

Dear [REDACTED]

This is the final audit report of findings with regard to the Office of the Medicaid Inspector General's ("OMIG") Patient Review Instruments ("PRI") audit of A. Holly Patterson Extended Care Facility ("Facility") for the audit period July 1, 2006 through December 31, 2008. In accordance with 18 NYCRR Section 517.6, this final audit report represents the OMIG's final determination on issues raised in the revised draft audit report.

We received your response to our revised draft audit report dated January 8, 2014. Your comments have been considered (see Attachment A-1) and the findings in the final audit report remain identical to the revised draft audit report. The OMIG has attached the sample detail for the paid claims determined to be in error.

The findings applicable to the December 1, 2008 through March 31, 2009 Medicaid rates resulted in a Medicaid overpayment of \$761,795 as detailed in Attachment A-2. This overpayment is subject to Department of Health ("DOH") and Division of Budget ("DOB") final approval. While not anticipated, any difference between the calculated overpayment and the final DOH and DOB amount will be resolved with the Facility by the OMIG Bureau of Collections Management. The finding explanation, regulatory reference, and applicable adjustment can be found in the exhibits following Attachment A-2.

In accordance with 18 NYCRR Part 518 which regulates the collection of overpayments, your repayment options are described below.

**OPTION #1:** Make full payment by check or money order within 20 days of the date of the final audit report. The check should be made payable to the New York State Department of Health and be sent with the attached Remittance Advice to:

[REDACTED]  
New York State Department of Health  
Medicaid Financial Management  
GNARESP Corning Tower, Room 2739  
File #11-1069  
Albany, New York 12237-0048

**OPTION #2:** Enter into a repayment agreement with the Office of the Medicaid Inspector General. If your repayment terms exceed 90 days from the date of the final audit report, recoveries of amounts due are subject to interest charges at the prime rate plus 2%. If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, the OMIG will impose a 50% withhold after 20 days until the agreement is established. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against any amount owed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days at the following:

Bureau of Collections Management  
New York State Office of the Medicaid Inspector General  
800 North Pearl Street  
Albany, New York 12204

You have the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. You may not request a hearing to raise issues related to rate setting or rate setting methodology. In addition, you may not raise any issue that was raised or could have been raised at a rate appeal with your rate setting agency. You may only request a hearing to challenge specific audit adjustments which you challenged in a response to the draft audit report.

If you wish to request a hearing, the request must be submitted in writing to:

General Counsel  
Office of Counsel  
New York State Office of the Medicaid Inspector General  
800 North Pearl Street  
Albany, New York 12204

Questions regarding the request for a hearing should be directed to the Office of Counsel, at [REDACTED]

If a hearing is held, you may have a person represent you or you may represent yourself. If you choose to be represented by someone other than an attorney, you must supply a signed authorization permitting that person to represent you along with your hearing request. At the hearing, you may call witnesses and present documentary evidence on your behalf.

Should you have any questions regarding the above, please contact [REDACTED] at [REDACTED] or through email at [REDACTED]

Sincerely,

[REDACTED]  
Division of Medicaid Audit  
Office of the Medicaid Inspector General

[REDACTED]  
Attachments:

ATTACHMENT A-1 – Analysis of Provider Response  
ATTACHMENT A-2 - Calculation of Medicaid Overpayment  
ATTACHMENT B - Change in RUG Counts for PRIs submitted on December 17, 2008  
ATTACHMENT C - Detailed Findings by Sample Number  
ATTACHMENT D - Detailed Findings by Disallowance

CERTIFIED MAIL [REDACTED]  
RETURN RECEIPT REQUESTED

**NEW YORK STATE  
OFFICE OF THE MEDICAID INSPECTOR GENERAL  
REMITTANCE ADVICE**

**NAME AND ADDRESS OF AUDITEE**

██████████  
A. Holly Patterson Extended  
Care Facility  
875 Jerusalem Avenue  
Uniondale, New York 11553

**PROVIDER ID** ██████████

AUDIT #09-3012

**AMOUNT DUE:** \$761,795

AUDIT	<input type="checkbox"/> PROVIDER
	<input checked="" type="checkbox"/> RATE
TYPE	<input type="checkbox"/> PART B
	<input type="checkbox"/> OTHER:

**CHECKLIST**

1. To ensure proper credit, please enclose this form with your check.
2. Make checks payable to: *New York State Department of Health*
3. Record the Audit Number on your check.
4. Mail check to:

██████████  
New York State Department of Health  
Medicaid Financial Management  
GNARESP Corning Tower, Room 2739  
File #09-3012  
Albany, New York 12237-0048

5. If the provider number shown above is incorrect, please enter the correct number below.

[ ]

**CORRECT PROVIDER NUMBER**

## **A. Holly Patterson Extended Care Facility Audit #09-3012**

All OMIG disallowances were accepted by the Facility except for those shown below. The following details the disposition of final report disallowances after consideration of the Facility's draft audit report response comments. The facility responded to only one sample.

### **Sample #8 Findings: Disallow Eating, Transfer, Toileting and Physical Therapy**

Facility submitted a typed sheet which stated records were misfiled and they found an admission PRI which they feel validates their ADL's and a rehab screen form which indicated a need for physical therapy. There is no facility documentation of the care provided during the ATP, nor are there any therapy logs.

#### Item #19 - Eating - Totally Feed By Hand

Per the PRI (Patient Review Instrument) this is the process where is resident is totally fed by the staff and does not participate 60% of the time. There was no documentation provided during the 28 day look back to support this level of care.

#### Item # 21 - Transfer Level 3 - Continuous Assistance

Per the PRI (Patient Review Instructions) this is the process of moving between positions, to/from bed, chair, and standing (exclude transfer to/from bath and toilet). Level 3 transfer requires one person to provide constant guidance, steadiness, and/or physical assistance. Patient may participate in the transfer. There was no documentation during the 28 day look back to support this level of care.

#### Item #22 - Toileting Level 4 - Incontinent and Not Toileted

Per the PRI (Patient Review Instrument) this refers to the patient who does not go to a toilet room, but instead may use a bedpan or continence pads. This patient may be bed bound or mentally confused to the extent that a scheduled toileting program is not beneficial. There was no documentation during the 28 day look back to support this level of care.

#### Item # 27 - Restorative Physical Therapy

Per the PRI (Patient Review Instrument) there is positive potential for improved functional status within a short and predicable period of time. Therapy plan of care and progress notes should support that the patient has this potential or is improving. There was no documentation to support this during the 28 day look back. There were no therapy logs or periodic reviews.

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
A. HOLLY PATTERSON EXTENDED CARE FACILITY  
AUDIT #09-3012  
CALCULATION OF MEDICAID OVERPAYMENT

<u>Service</u>	<u>Effective Period</u>	<u>Part B Non-Elig.</u>		<u>Part B-Elig</u>		<u>Difference</u>	<u>Medicaid Days</u>	<u>Medicaid Impact</u>
		<u>From</u>	<u>To</u>	<u>From</u>	<u>To</u>			
NF	12/01/08 - 12/31/08	268.93	257.22	264.98	253.27	11.71	15616	\$ 182,863
NF	01/01/09 - 03/31/09	281.44	269.35	277.41	265.32	12.09	44980	543,808
TOTAL NURSING FACILITY MEDICAID OVERPAYMENT								726,671
VENT	12/01/08 - 12/31/08	696.71	696.71	691.27	691.27	-	589	\$ -
VENT	01/01/09 - 03/31/09	729.60	729.60	724.05	724.05	-	1771	-
TOTAL VENT MEDICAID OVERPAYMENT								-
AIDS	12/01/08 - 12/31/08	589.00	578.61	583.84	573.45	10.39	620	\$ 6,442
AIDS	01/01/09 - 03/31/09	608.81	592.84	603.54	587.57	15.97	1796	28,682
TOTAL AIDS MEDICAID OVERPAYMENT								35,124
TOTAL MEDICAID OVERPAYMENT								\$ 761,795

**NOTE:** Impact of the Dementia Per Diem Calculation handled as per diem disallowances on Schedule VII

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
A HOLLY PATTERSON EXTENDED CARE FACILITY  
CHANGE IN RUG CATEGORIES HBNF  
DECEMBER 17, 2008

RUG CATEGORY	CHANGE IN RUG CATEGORY			ADJUSTED
	REPORTED INCREASE	DECREASE		
BA	14		9	5
BB	39		34	5
BC	12		9	3
CA	6	8		14
CB	74		16	58
CC	40		11	29
CD	5			5
PA	26	68		94
PB	37	22		59
PC	177		17	160
PD	22	7		29
PE	3			3
RA	4	1		5
RB	40		8	32
SA	11			11
SB	29		2	27
TOTAL	539	106	106	539

Dementia Patient Per Diem Calculation

CA	0			0
BA	5		5	0
PA	6		6	0
PB	9		9	0
TOTAL	20	0	20	0

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
A HOLLY PATTERSON EXTENDED CARE FACILITY  
CHANGE IN RUG CATEGORIES AIDS  
DECEMBER 17, 2008

RUG CATEGORY	CHANGE IN RUG CATEGORY			ADJUSTED
	REPORTED INCREASE	DECREASE		
BA	0			0
BB	1		1	0
BC	2		1	1
CA	0	1		1
CB	3			3
CC	1		1	0
CD	0	1		1
PA	1	1		2
PB	0	1		1
PC	11		1	10
PD	0	1		1
PE	0			0
RA	0			0
RB	0			0
SA	0			0
SB	1		1	0
TOTAL	20	5	5	20















































## A. HOLLY PATTERSON EXTENDED CARE FACILITY DETAILED FINDINGS

### PRI FINDINGS

### Sample Selection

#### **Decubitus Level Disallowed**

The PRI instructions/clarifications state, *"For a patient to be cited as level 4, documentation by a licensed clinician must exist which describes the following three components: 1. A description of the patient's decubitus, 2. Circumstance or medical condition which led to the decubitus, 3. An active treatment plan."*

In addition, *"necrotic breakdown of skin and subcutaneous tissue which may involve muscle, fascia and bone"* must be documented.

*10 NYCRR Section 86-2.30 (II) 16*

In 3 instances, documentation did not support a description of the wound as decubitus level 2, 3, or 4. 117, 261, 310

In 1 instance, documentation did not support circumstance or medical condition which led to the decubitus. 59

In 1 instance, documentation did not support a necrosis qualifier. 60

#### **Stasis Ulcer**

The PRI instructions/clarifications define a stasis ulcer as *"open lesion, usually in lower extremities, caused by decreased blood flow from chronic venous insufficiency."*

*10 NYCRR Section 86-2.30 (II) 17D*

In 1 instance, documentation did not support the definition of stasis ulcer. 190

#### **Suctioning - General (Daily)**

PRI instructions/clarifications state, *"For medical treatments having a daily frequency requirement, treatments must be provided every day of the four week period."*

*10 NYCRR Section 86-2.30 (II) 18B*

In 2 instances, documentation did not support the daily frequency requirement for suctioning. 75, 85

**Oxygen - (Daily)**

PRI instructions/clarifications state *“For medical treatments having a daily frequency requirement, treatments must be provided every day of the four week period.”*

*10 NYCRR Section 86-2.30 (II) 18C*

In 3 instances, documentation did not support the daily frequency requirement for oxygen. 177, 221, 225

**Eating**

PRI instructions/clarifications state:

*10 NYCRR Section 86-2.30 (III) 19*

**Level 2 eating** *“requires intermittent supervision and/or minimal physical assistance with minor parts of eating such as cutting food, buttering bread or opening milk cartons.”*

In 4 instances, documentation did not support intermittent supervision and/or minor physical assistance with eating. 347, 515, 539, 547

**Level 3 eating** continual help *“means that the patient requires a staff person’s continual presence and help for reasons such as: patient tends to choke, has a swallowing problem, is learning to feed self, or is quite confused and forgets to eat.”*

In 128 instances, documentation did not support continual help with eating. 1, 2, 3, 12, 16, 17, 24, 27, 28, 34, 36, 96, 98, 106, 110, 117, 137, 143, 154, 175, 176, 180, 186, 192, 194, 195, 196, 199, 201, 203, 208, 209, 215, 216, 217, 218, 223, 226, 231, 233, 235, 239, 243, 269, 270, 273, 275, 278, 279, 280, 284, 286, 287, 292, 293, 297, 299, 300, 309, 313, 315, 316, 319, 320, 322, 323, 324, 327, 328, 329, 330, 331, 340, 351, 359, 369, 378, 382, 386, 387, 398, 399, 406, 411, 416, 422, 425, 426, 427, 429, 433, 434, 436, 437, 439, 446,

454, 458, 463, 466, 475, 476, 480,  
484, 486, 487, 492, 493, 494, 495,  
499, 501, 503, 504, 506, 507, 510,  
511, 513, 520, 522, 524, 525, 526,  
527, 530, 531, 532

**Level 4 eating** is *"totally fed by hand: patient does not manually participate."*

In 3 instances, documentation did not support that the resident was totally fed by hand. 8, 139, 334

### Transfer

The PRI instructions/clarifications state:

*10 NYCRR Section 86-2.30 (III) 21*

**Level 2 transfer** intermittent assistance; a *"staff person does not have to be present during the entire activity, nor does the help have to be on a one-to-one basis."*

In 1 instance, documentation did not support intermittent assistance with transfers. 290

**Level 3 transfer** continuous assistance; *"requires one person to provide constant guidance, steadiness and/or physical assistance. Patient may participate in transfer."*

In 22 instances, documentation did not support constant guidance or physical assistance in transfer. 8, 36, 174, 176, 177, 195, 201, 203, 214, 223, 231, 235, 244, 245, 268, 275, 322, 342, 357, 423, 425, 435

**Level 4 transfer** *"requires two people to provide constant supervision and/or physically lift. May need lifting equipment. Documentation must support a logical medical reason why the patient required two people to transfer."*

In 16 instances, documentation did not support the resident; required two people or the use of lifting equipment to transfer. 2, 141, 143, 154, 251, 273, 284, 292, 370, 397, 407, 431, 434, 439, 456, 462

In 1 instance, documentation did not support the 60% qualifier rule for transfer. 273

**Level 5 transfer** resident is *"bedfast - cannot and is not gotten out of bed."*

In 1 instance, documentation did not support the resident could not or was not transferred out of bed. 111

**Toileting**

The PRI instructions/clarifications state:

*10 NYCRR Section 86-2.30 (III) 22*

**Level 3 toileting** resident is *"continent of bowel and bladder. Requires constant supervision and/or physical assistance with major/all parts of the task, including appliances (i.e. colostomy, ileostomy, urinary catheter)."*

In 28 instances, documentation did not support constant supervision and/or physical assistance with toileting.

36, 172, 190, 202, 218, 223, 239, 244, 280, 290, 316, 323, 328, 329, 340, 342, 357, 383, 411, 425, 426, 433, 443, 469, 486, 491, 515, 521

**Level 4 toileting** resident is *"incontinent 60% or more of the time; does not use a bathroom. The patient may be bed bound or mentally confused to the extent that a scheduled toileting program is not beneficial."*

In 13 instances, documentation did not support incontinence 60% of the time.

1, 8, 15, 177, 286, 325, 330, 337, 395, 396, 397, 422, 461

**Level 5 toileting** resident is *"incontinent of bowel and/or bladder but is taken to a bathroom every two to four hours during the day and as needed at night."* Additionally, PRI clarifications state that *"the resident's care plan must establish a toileting assistance program that is based on an assessment of the resident's needs. The assessment should establish the needs of the resident which lead to the development of the program."* To meet Toileting Level 5 there must be a *"care plan established for the resident based on an assessment."* The toileting schedule must include *"the name or initials of the health care worker performing the toileting assistance and the specific time the toileting assistance was provided must be present in each instance assistance is provided."*

In 38 instances, documentation did not support an individualized toileting schedule, the specific time the resident was toileted, the toileting schedule contained blanks, and/or or the toileting schedule contained intervals greater than four hours.

6, 7, 13, 14, 17, 102, 116, 124, 128, 131, 132, 136, 211, 254, 266, 282, 283, 288, 300, 303, 310, 318, 319, 321, 331, 332, 338, 339, 346, 366, 367, 374, 375, 378, 382, 385, 393, 449

## Verbal Disruption

PRI instructions/clarifications define verbal disruption as “yelling, baiting, threatening, etc.”

10 NYCRR Section 86-2.30 (IV) 23

**Level 2 verbal disruption** is “verbal disruption one to three times during the last four weeks.”

In 1 instance, documentation did not support verbal disruptions 1-3 times during the past 28 days. 357

**Level 3 verbal disruption** is “short-lived disruption at least once per week... or predictable disruption regardless of frequency.”

In 2 instances, documentation did not support short-lived disruption at least once per week or predictable disruption regardless of frequency. 451, 466

**Level 4 verbal disruption** is an “unpredictable reoccurring verbal disruption at least once per week for no foretold reason.” Also, to qualify a patient as level 4 an “active treatment plan for the behavioral problem must be in current use” and a “psychiatric assessment by a recognized professional with psychiatric training/education must exist to support the fact that the patient has a severe behavioral problem.”

In 40 instances, documentation did not support verbal disruption at least once per week. 155, 157, 159, 160, 161, 163, 165, 166, 167, 289, 290, 324, 325, 350, 380, 384, 388, 390, 391, 394, 398, 405, 414, 418, 420, 421, 436, 458, 463, 469, 492, 495, 539, 540, 542, 543, 544, 547, 551, 552

In 8 instances, documentation did not support unpredictable disruption. 155, 160, 166, 290, 350, 463, 492, 544

In 1 instance, documentation did not support an active treatment plan. 289

## Physical Aggression

The PRI instructions/clarifications define physical aggression as “assaultive or combative to self or others with the intent for injury.”

10 NYCRR Section 86-2.30 (IV) 24

**Level 3 physical aggression** is *“predictable aggression during specific care routines or as a reaction to normal stimuli . . . regardless of frequency.”*

In 1 instance, documentation did not support predictable aggression during specific care routines. 362

**Level 4 physical aggression** is *“unpredictable, recurring aggression at least once per week during the last four weeks for no apparent or foretold reason.”*

Also, to qualify a patient as level 4 disruption *“an active treatment plan for the behavioral problem must be in current use”* and a *“psychiatric assessment by a recognized professional with psychiatric training/education must exist to support the fact that the patient has a severe behavioral problem.”*

In 2 instances, documentation did not support physical aggression at least once per week. 168, 549

### **Disruptive, Infantile or Socially Inappropriate Behavior**

The PRI instructions/clarifications define this behavior as *“childish, repetitive or antisocial physical behavior which creates disruption with others.”*

*10 NYCRR Section 86-2.30 (IV) 25*

**Level 3 behavior** is *“disruptive behavior during the past four weeks but not at least once per week.”*

In 1 instance, documentation did not support the behavior occurred 1-3 times during the four weeks. 360

**Level 4 behavior** is *“disruptive behavior at least once per week during the last four weeks.”*

Also, to qualify a patient as level 4 disruptive behavior an *“active treatment plan for the behavioral problem must be in current use”* and a *“psychiatric assessment by a recognized professional with psychiatric training/education must exist to support the fact that the patient has a severe behavioral problem.”*

In 8 instances, documentation did not support disruptive, infantile or socially inappropriate behavior at least once per week.	164, 351, 362, 446, 494, 541, 546, 550
In 2 instances, documentation did not support an active treatment plan.	386, 494
In 1 instance, documentation did not support a psychiatric assessment existed to address the patient's behavior problem.	204

### Hallucinations

The PRI instructions/clarifications define hallucinations as *"experienced at least once per week during the last four weeks, visual, auditory, or tactile perceptions that have no basis in external reality."*

Additionally, to qualify a patient as Level 1 hallucinations an *"active treatment plan for the behavioral problem must be in current use"* and a *"psychiatric assessment by a recognized professional with psychiatric training/education must exist to support the fact that the patient has a severe behavioral problem."*

*10 NYCRR Section 86-2.30 (IV) 26*

In 6 instances, documentation did not support visual, auditory, or tactile hallucinations once per week for the last four weeks.	348, 401, 406, 487, 491, 542
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### Physical Therapy

PRI instructions/clarifications state:

*10 NYCRR Section 86-2.30 (V) 27A*

In order for therapy to qualify as restorative *"there is positive potential for improved functional status within a short and predictable period of time"...* The qualifier for maintenance therapy is *"to maintain and/or retard deterioration of current functional/ADL status."*

In 1 instance, documentation did not support the positive potential for improvement within a short and/or predictable period of time.	28
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PRI instructions/clarifications also state *"in order for therapy to qualify as restorative, treatment is provided at least five days per week and 2.5 hours per week."*

In 2 instances, documentation did not support treatment five days/ 2.5 hours per week. 8, 22

PRI instructions/clarifications state *"in order for therapy to qualify as restorative the resident must continue to show improvement during treatment."*

In 1 instance, documentation did not support continued improvement in ADL/functional status through the past 28 days. 5

### **Occupational Therapy**

PRI instructions/clarifications state:

*Title 10 NYCRR Section 86-2.30 (V) 27A*

In order for therapy to qualify as restorative therapy *"there is positive potential for improved functional status within a short and predictable period of time"...* Qualifier for maintenance therapy is *"to maintain and/or retard deterioration of current functional/ADL status."*

In 1 instance, documentation did not support the positive potential for improvement within a short and/or predictable period of time. 36

PRI instructions/clarifications also state *"in order for therapy to qualify as restorative, treatment is provided at least five days per week and 2.5 hours per week."*

In 1 instance, documentation did not support treatment five days/ 2.5 hours per week. 38

PRI instructions/clarifications further state *"in order for therapy to qualify as restorative the resident must continue to show improvement during treatment."*

In 2 instances, documentation did not support continued improvement in ADL/functional status through the past 28 days. 5, 31

### Number of Physician Visits

The PRI instructions/clarifications state that allowable physician visits are those in which *“the patient has a medical condition that (1) is unstable and changing or (2) is stable, but there is high risk of instability.”*

*10 NYCRR Section 86-2.30 (V) 28*

In 19 instances, documentation did not support the number of physician visits claimed were for unstable or potentially unstable conditions.

7, 10, 90, 106, 115, 191, 251, 282, 284, 309, 359, 395, 396, 442, 525, 535, 542, 569, 576

### Primary Medical Problem

The PRI instructions/clarifications state: *“The primary medical problem should be selected based on the condition that has created the most need for nursing time during the past four weeks.”*

*10 NYCRR Section 86-2.30 (i) (VI) 30*

In 57 instances, documentation did not support that the primary medical problem (ICD-9 code) was based on the condition that created the most need for nursing time.

8, 10, 25, 34, 49, 58, 68, 70, 74, 100, 108, 121, 124, 127, 130, 138, 167, 176, 189, 192, 195, 198, 199, 201, 202, 203, 208, 215, 221, 243, 245, 261, 271, 278, 292, 309, 313, 316, 330, 334, 340, 342, 347, 357, 382, 395, 422, 423, 446, 455, 465, 466, 491, 502, 511, 541, 561

### Dementia Add-on

PRI instructions/clarifications state: *“Facilities to whom the additional amount is paid shall demonstrate and document positive outcomes from the implementation or continuation of programs to improve the care of eligible dementia patients.”*

*10 NYCRR Section 86-2.10 (o)*

In 15 instances, there was no documentation found in the record of activities that meet these criteria.

502, 503, 518, 519, 522, 523, 541, 543, 545, 550, 553, 559, 560, 578, 579

**RUGS-II Classifications Overturned**

In 169 instances, the RUG-II classifications were overturned.

*10 NYCRR Section 86-2.11*

5, 8, 13, 22, 28, 31, 36, 38, 49, 74, 85,  
108, 116, 117, 121, 124, 127, 128,  
130, 131, 132, 136, 137, 139, 141,  
143, 154, 155, 157, 159, 160, 161,  
163, 164, 165, 167, 168, 172, 175,  
176, 177, 180, 186, 189, 190, 191,  
192, 195, 196, 198, 199, 201, 202,  
203, 208, 214, 215, 216, 218, 221,  
223, 225, 239, 245, 251, 254, 266,  
268, 269, 275, 278, 279, 282, 287,  
289, 290, 293, 309, 316, 319, 320,  
322, 323, 324, 325, 327, 328, 329,  
339, 340, 342, 348, 350, 351, 357,  
359, 362, 380, 383, 384, 386, 387,  
388, 390, 391, 394, 398, 399, 401,  
405, 406, 411, 414, 416, 418, 420,  
421, 425, 426, 427, 429, 433, 436,  
443, 446, 454, 458, 463, 469, 476,  
486, 487, 491, 492, 494, 495, 499,  
501, 503, 504, 506, 507, 510, 511,  
513, 515, 520, 521, 522, 524, 525,  
526, 527, 530, 531, 532, 535, 539,  
540, 541, 542, 543, 544, 546, 547,  
549, 550, 551, 552