

**Department of Health and Human Services  
Division of Public Health  
Licensure Unit  
301 Centennial Mall So, P O Box 94986  
Lincoln, NE 68509-4986**

3/30/16 dj

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
<b>Homestead Nursing &amp; Rehabilitation Center</b> MEETS STATUTORY REQUIREMENTS AS SNF/NF DUAL CERT Lic # 504006	
Services PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY ALZHEIMER UNIT	
<b>EXPIRES</b> 03/31/2017	  Courtney R. Priddy, MPH Chief Executive Officer Department of Health and Human Services

Cut on heavy line and place on license.

**FACILITY NAME:** Homestead Nursing & Rehabilitation Center  
**ADDRESS:** 4735 SOUTH 54TH STREET, LINCOLN, NE 68516

This is to verify that your SNF/NF DUAL CERT is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

MAR 08 2016

1-29-15



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
Licensure Unit

Make Payment to DHHS LU

RECEIVED

Renewal Fees:  
- 50 beds: \$1550  
51 - 100 beds: \$1750  
101 or more: \$1950

Expiration Date

03/31/2016

Nursing Home Licensure Renewal Application

Nursing Home Type: Please Check  Skilled Nursing Facility  Nursing Facility  Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Homestead Nursing & Rehabilitation Center  
4735 SOUTH 54TH STREET  
LINCOLN, NE 68516

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

c/o: HOMESTEAD NURSING & REHABILITATION CENTER, LLC  
2201 W MAIN STREET  
EVANSTON IL 60202

LICENSE NO: 504006

TELEPHONE NUMBER: (402) 488-0977

FAX NUMBER: (402) 488-4507

ADMINISTRATOR: MATT ROMSHEK

DIRECTOR OF NURSING: DEBORAH JOHNSON, R.N.

E-Mail Address, if available: administrator@homesteadrehab.com

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 173

5. ACCREDITATION/CERTIFICATION:  JCAHO  Medicare  Medicaid  Other VA  
Are you requesting deemed status? \_\_\_yes \_\_\_no

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:  
If different from Current Services listed, please check changes.

- Physical Therapy
- Alzheimers/Special Care Unit
- Speech Therapy
- Pediatric
- Respiratory
- Occupational Therapy
- Behavioral Needs

Current Services

PHYSICAL THERAPY  
OCCUPATIONAL THERAPY  
SPEECH THERAPY  
ALZHEIMER UNIT

2016 MAR 14 A 10:46  
REC'D: DHHS ACCOUNTING

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: HOMESTEAD NURSING & REHABILITATION CENTER, LLC

(Legal Name of individual or business organization)

MAILING ADDRESS: 2201 W MAIN STREET  
EVANSTON, IL 60202

8. BUSINESS ORGANIZATION: (Check one):

- Sole Proprietorship
- Partnership
- Limited Partnership
- Corporation
- Limited Liability Company
- Governmental ( \_\_\_ State, \_\_\_ District, \_\_\_ County, \_\_\_ City or Municipal)
- Other (Please Specify) \_\_\_\_\_

(check one)  
 Profit  Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
- (2) two of its members, if the applicant is a limited liability company,
- (3) two of its officers, if the applicant is a corporation, or
- (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

William M Rothner  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Steven Miretzky  
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

3/3/14  
DATE  
3/3/14  
DATE

**Homestead Nursing & Rehabilitation, LLC – Ownership**

**Name**

<b>1.</b>	Atied Associates, LLC 2201 Main St. Evanston, IL 60202	65%
<b>2.</b>	William Rothner 2201 Main St. Evanston, IL 60202	35%
<b>TOTAL</b>		<b>100%</b>

# NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 402852

Name of Facility: **Homestead Nursing & Rehabilitation Center**  
Type of Facility: **Nursing Home**  
Location: **4735 So. 54th St, Lincoln**  
Maximum Occupancy: **173 Beds**  
Date Issued: **1/29/2015**

Approved By:

Inspected By: **8725 Susen Lindner**  
**Deputy State Fire Marshal**

**State Fire Marshal**



## POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.



# BUREAU OF FIRE PREVENTION CITY OF LINCOLN OPERATIONAL PERMIT

**Name of Facility: HOMESTEAD NURSING HOME**

**Location: 4735 S 54TH ST**

**Health Type: Nursing**

**Restrictions:**

**Permit Number: L1300034**

**Date Issued: 1/1/2016**

**Date Expires: 12/31/2016**

## Maximum Occupancy 163

Fire Inspector

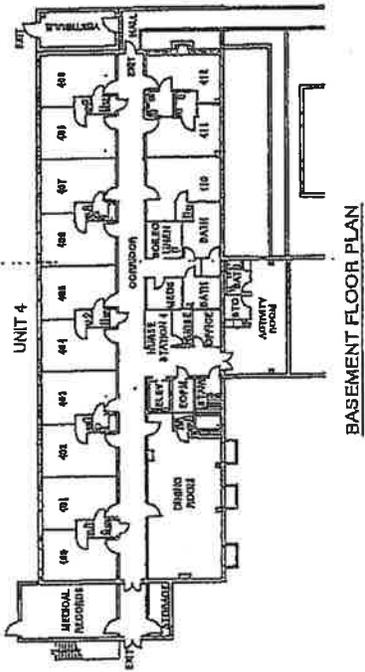
Chief Fire Inspector

This permit does not take the place of any license required by law and is not transferable. Any change in the use, name, owner or occupancy of premises shall require a new permit.

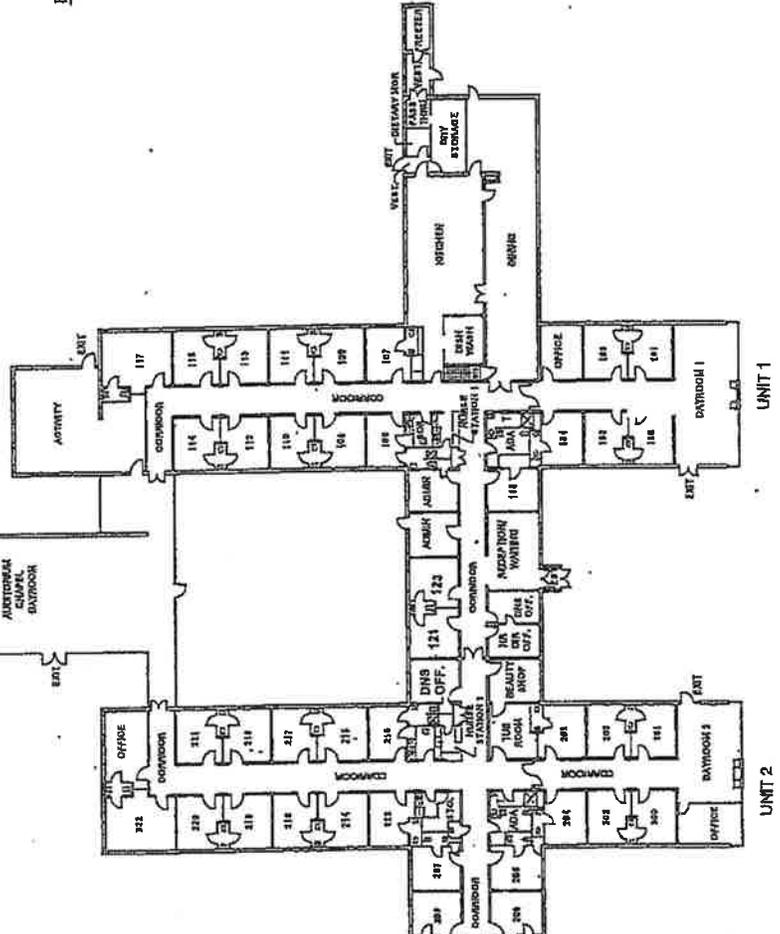
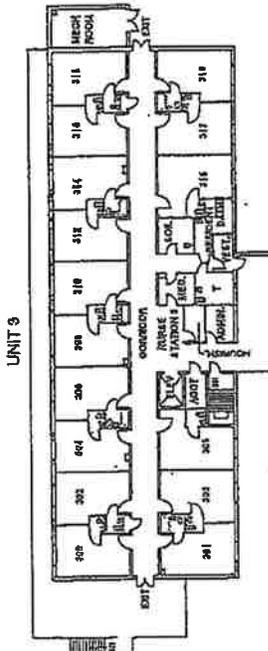
## POST IN A PROMINENT PLACE

**Operational Certificate is valid from date issued to date expired or upon any change in occupancy or ownership**

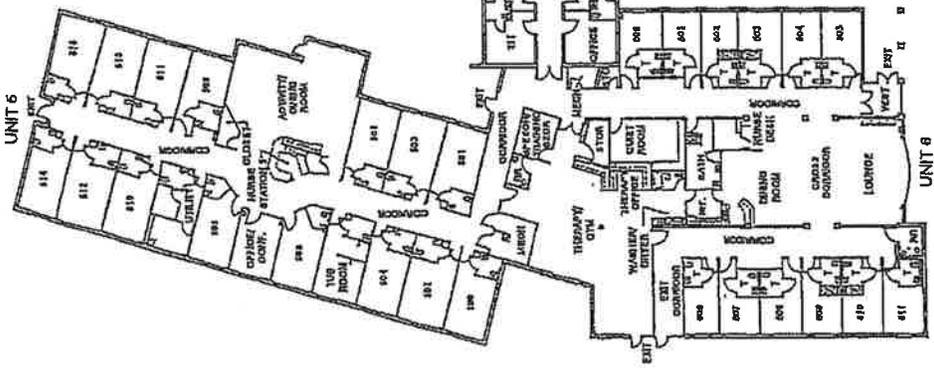
BLD\_FP\_Health\_Certificate\_MO



BASEMENT FLOOR PLAN



FIRST FLOOR PLAN















# Reflections and Passages Community Employee Education Record

Center Name: \_\_\_\_\_

Department: (place a check mark in the department (s) where the employee is assigned:

- Housekeeping
- Laundry
- Nursing
- Maintenance
- Rehab
- Activities
- Social Services
- Other: \_\_\_\_\_

Type of Training:

- Orientation (prior to initial assignment)
- Mentoring Experience
- Monthly Continuing Education
- Annual Training

Training Date: \_\_\_\_\_ Trainer/Mentor Name: \_\_\_\_\_

Trainer/Mentor's Signature: \_\_\_\_\_

Trainer/Mentor's Qualifications: \_\_\_\_\_

### Contents of Training

Instructions: Complete ColorScapes initial training modules.

- Normal Brain Function
- What is Dementia?
- How does Dementia affect the Resident?
- Causes of Dementia
- Dementia, Delirium, Depression (the 3 D's)
- Getting to Know the Resident
- Functional Assessment
- What is Behavior Management?
- Using a Behavioral Log
- Approaches to Challenging Behaviors
- Participating in Activities of Daily Living
- Activity Programming
- Working with Families
- Caring for the Caregiver

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(print name)

Employee Signature: \_\_\_\_\_

(Place this completed form in the employee's personnel file and maintain record on file in the Center for current plus three (3) years.)

## Reflections and Passages Communities

### Policy

Residents with a cognitive impairment who require a secured protected environment with specialized programming are provided through the Reflections and/or Passages Communities.

### Definitions

#### ~Reflections Community

An area in the nursing center that provides special programming in a secure environment. The Reflections model primarily targets residents in the early to middle stages of Alzheimer's or related dementias.

#### ~Passages Community

An area in the nursing center that provides special programming in a secure environment. The Passages model primarily targets residents in the middle to advanced stages of Alzheimer's or related dementias.

### Compliance Guidelines:

1. The Reflections and Passages communities are certified to provide specialized programming
2. The Reflections and Passages communities are based upon a social model of care delivery.
3. Emphasis is placed upon creating a homelike environment that encourages residents to engage in individual preferences and customary routines.
4. The physical environment and décor is dementia friendly and is designed for safety and security.
5. Families and caregivers are involved in the overall care planning process and participation in recreational and social events.
6. Staff assigned to the Reflections and/or Passages community is trained in the skills required to work with residents with a cognitive impairment. Skills checklist is completed and filed in the employees training record.
7. A screen is completed for each resident at the time of admission and for continued stay.
  - a. [FRM 61042] Reflections and Passages Community Placement and Continued Stay Screen
8. The resident is evaluated and recreation programs are based upon cognitive requirement of the resident.
9. The Reflections Program Director's and the Passages Coordinator's roles and responsibilities include, but are not limited to:
  - a. Resident case history presentation to problem-solve for challenging behavioral management strategies.
  - b. Education and Information exchange.
  - c. Problem resolution between shifts and other departments.
  - d. Resolution of concerns raised by families or others.
  - e. Prevention of staff burnout through mutual support and problem solving.
10. Interdisciplinary team members will include, but are not limited to:
  - a. Reflections Program Director or Passages Coordinator,
  - b. Licensed staff,
  - c. Nursing Assistants,
  - d. Recreation staff,
  - e. Social Services staff,
  - f. Dining Services staff,
  - g. Housekeeping staff

Other disciplines may be invited as appropriate. Whenever possible, the meeting should be scheduled to include members from other shifts.

11. Team Meeting Minutes should be maintained and filed for two years. A copy of the minutes should be sent to the DNS and Administrator and made available to staff.
12. Team Meetings serve the purpose of required in-service training or continuing education for staff.

### **Reflections Communities**

13. Residents are assessed within 24 hours upon admission, quarterly and with a significant change in condition by the interdisciplinary team.
14. The admission history and personal preferences form is completed within 7 days of admission.
15. Care plan implementation is based upon individual special programming needs of the resident and is updated as necessary.
16. A full-time (40 hour/week) Program Director is designated whose responsibility is to coordinate the specialized programming for the residents and provide community outreach.
17. Reflections Communities comprised of less than 20 beds have at least 0.5 FTE assigned to a Program Director.
18. The Director of Nursing Services and/or the Nursing Center Executive Director is to accompany the Program Director/designee on rounds at least weekly.
19. At least 2.8 nursing PPD with a goal of 90% consistency of staff assignments.
20. A continuing education program is provided to promote development and improvement of knowledge and skills of involved program staff.
21. Direct care staff are provided with 16 hours of mentoring by a staff member experienced in the same role.
22. There is a minimum of 56 hours of recreational programming per week over 7 days or 2 hours per resident per week whichever is greater.
23. Reflection Community staff is trained in the social model/recreation programs based upon cognitive requirement of the residents.

### **Passages Communities**

1. Guidelines for Reflections and Passages placement criteria is completed for each resident at the time of admission.
2. Residents are assessed within 7 days upon admission, quarterly and with a significant change in condition by the interdisciplinary team.
3. The admission history and personal preferences form is completed within 30 days of admission.
4. Care plans are implemented based upon individual special programming needs of the resident and updated as necessary.
5. Corrective action is taken to correct issues identified, as applicable and is monitored as necessary.

## Special Care Unit Employee Education Record

Center Name: \_\_\_\_\_

Department: (place a check mark in the department (s) where the employee is assigned:

- Housekeeping       Laundry       Nursing       Maintenance  
 Rehab       Activities       Social Services       Other: \_\_\_\_\_

Type of Training:

- Orientation (prior to initial assignment)     Mentoring Experience       Monthly Continuing Education  
 Annual Training

Training Date: \_\_\_\_\_ Trainer/Mentor Name: \_\_\_\_\_

Trainer/Mentor's Signature: \_\_\_\_\_

Trainer/Mentor's Qualifications: \_\_\_\_\_

### Contents of Training

Instructions: Complete training modules.

- Normal Brain Function
- What is Dementia?
- How does Dementia affect the Resident?
- Causes of Dementia
- Dementia, Delirium, Depression (the 3 D's)
- Getting to Know the Resident
- Functional Assessment
- What is Behavior Management?
- Using a Behavioral Log
- Approaches to Challenging Behaviors
- Participating in Activities of Daily Living
- Activity Programming
- Working with Families
- Caring for the Caregiver

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(print name)

Employee Signature: \_\_\_\_\_

(Place this completed form in the employee's personnel file and maintain record on file in the Center for current plus three (3) years.)

## Special Care Unit

### Policy

Residents with a cognitive impairment who require a secured protected environment with specialized programming are provided through the secured Special Care Unit.

### Definitions

~Special Care Unit

An area in the nursing center that provides special programming in a secure environment. The Special Care Unit primarily targets residents in the early to middle stages of Alzheimer's or related dementias.

### Compliance Guidelines:

1. The Special Care Unit is certified to provide specialized programming
2. The Special Care Unit is based upon a social model of care delivery.
3. Emphasis is placed upon creating a homelike environment that encourages residents to engage in individual preferences and customary routines.
4. The physical environment and décor is dementia friendly and is designed for safety and security.
5. Families and caregivers are involved in the overall care planning process and participation in recreational and social events.
6. Staff assigned to the Special Care Unit is trained in the skills required to work with residents with a cognitive impairment. Skills checklist is completed and filed in the employees training record.
  - a. Special Care Unit Employee Education Record
7. A screen is completed for each resident at the time of admission and for continued stay.
  - a. Special Care Unit Admission and Continued Stay Screen
8. The resident is evaluated and recreation programs are based upon cognitive requirement of the resident.
  - a. The Global Deterioration Scale will be utilized in assessing dementia level of resident
  - b. Activities are divided into 3 levels based on global deterioration scale
  - c. Residents are placed into groups based on past interest and dementia level
9. The Special Care Unit Manager's roles and responsibilities include, but are not limited to:
  - a. Resident case history presentation to problem-solve for challenging behavioral management strategies.
  - b. Education and Information exchange.
  - c. Problem resolution between shifts and other departments.
  - d. Resolution of concerns raised by families or others.
  - e. Prevention of staff burnout through mutual support and problem solving.
10. Interdisciplinary team members work together to determine care/programming needs for individuals residing on the Special Care Unit. Team members may include, but are not limited to:
  - a. Special Care Unit Manager's,
  - b. Director of Nursing Services
  - c. Licensed staff,
  - d. Nursing Assistants,
  - e. Recreation staff,
  - f. Social Services staff,
  - g. Dining Services staff,
  - h. Family/Friends/Responsible Party as deemed appropriate.
11. Residents are assessed within 24 hours upon admission, quarterly and with a significant change in condition by the interdisciplinary team.
12. The admission history and personal preferences form is completed within 7 days of admission.

- a. [FRM 61048] Reflections and Passages admission History and Personal Preferences
13. Care plan implementation is based upon individual special programming needs of the resident and is updated as necessary.
  14. A full-time (40 hour/week) Program Director is designated whose responsibility is to coordinate the specialized programming for the residents and provide community outreach.
  15. The Director of Nursing Services and/or the Nursing Center Executive Director is to accompany the Program Director/designee on rounds at least weekly.
  16. At least 2.8 nursing PPD with a goal of 90% consistency of staff assignments.
  17. Direct care staff assigned to the Special Care Unit receive 4 hours of classroom training. The training targets understanding dementia, behaviors, social model, environmental adaptation.
  18. Education is provided throughout the year based on resident individualized needs/behaviors.
  19. There is a minimum of 56 hours of recreational programming per week over 7 days or 2 hours per resident per week whichever is greater.
  20. Special Care Unit staff are trained in the social model/recreation programs.

# SPECIAL CARE UNIT ADMISSION & CONTINUED STAY SCREEN

Please refer to appropriate screening tools for completion

Admission Assessment

Quarterly Review

Review Date: \_\_\_\_\_

Diagnoses: \_\_\_\_\_  
 \_\_\_\_\_

Medications: \_\_\_\_\_  
 \_\_\_\_\_

## CRITERIA FOR SCU ADMISSION AND PLACEMENT

1. Resident has Alzheimer's Disease or a related Dementia Diagnosis  Yes  No  
 Diagnosis: \_\_\_\_\_ BIMMS Score \_\_\_\_\_  
MDS Section C \_\_\_\_\_
  
2. Presence of dementia outweighs all other illnesses  Yes  No
  
3. Resident is:  Yes  No  
 A) A serious danger to self  Yes  No  
 B) A serious danger to others  Yes  No
  
4. Resident:  Yes  No  
 A) Habitually wanders  Yes  No  
 B) Would wander out of the building and be unable to find way back  Yes  No
  
5. Resident has a significant behavior problem that seriously disrupts the rights of other residents  Yes  No  
 Behavior noted \_\_\_\_\_
  
6. Less restrictive placement alternatives has been unsuccessful in:  Yes  No  

Preventing harm to self

Preventing harm to others

Managing behaviors

Maintaining Quality of Life

Alternatives Attempted: \_\_\_\_\_
  
7. Resident is able to ambulated independently  Independent  Assist  Yes  No  
 Assistive Devices: \_\_\_\_\_
  
8. Resident can perform partial ADL's  Yes  No
  
9. Resident:  Yes  No  
 A) Is able to participate in specialized activity program  Yes  No  
 B) Benefits from specialized activity program  Yes  No
  
10. Meets Criteria deemed appropriate by individual facility's policies  Yes  No

## RECOMMENDATIONS

Early Dementia     Middle Stage     Late Stage

## SIGNATURE

Signature \_\_\_\_\_

Date \_\_\_\_\_

NAME -- Last

First

Middle

Attending Physician

Room/Bed

## THE GLOBAL DETERIORATION SCALE

### for Assessment of Primary Degenerative Dementia

Instructions: Please check "✓" only one level that best describes your relative's memory problems as they exist today.

LEVEL	CLINICAL CHARACTERISTICS
<b>1</b> <input type="checkbox"/> <b>Moderate Cognitive Decline</b> <b>(Late Confusional)</b>	Clear cut deficit on careful clinical review. Defect manifest in the following areas: (a) decreased knowledge of current and recent event; (b) may exhibit some deficit in memory of one's personal history; (c) concentration deficit elicited on serial subtractions; (d) decreased ability to travel, handle finances, etc. Frequently no deficit in the following areas: (a) orientation to time and person; (b) recognition of familiar persons and faces; (c) ability to travel to familiar locations. Inability to perform complex tasks. Denial is dominant defense mechanism. Flattening of affect and withdrawal from challenging situation occur.
<b>2</b> <input type="checkbox"/> <b>Moderate – Severe Cognitive Decline</b> <b>(Early Dementia)</b>	Patient can no longer survive without some assistance. Patient unable during interview to recall a major relevant aspect of their current lives i.e. An address or telephone number of many years, the names of close family members (such as grandchildren), the name of the high school or college from which they graduated. Frequently some disorientation to time (date, day of week, season, etc.) or to place. An educated person may have difficulty counting back from 40 by 4s or from 20 by 2s. Persons at this stage retain knowledge of many major facts regarding themselves and others. They invariably know their own names, their spouses' names, and their children's names. They require no assistance with toileting and eating, but may have some difficulty choosing the proper clothing to wear.
<b>3</b> <input type="checkbox"/> <b>Severe Cognitive Decline</b> <b>(Middle Dementia)</b>	May occasionally forget the name of the spouse upon whom they are entirely dependent for survival. Will be largely unaware of all recent events and bad experiences in their lives. Retain some knowledge of their past lives, but this is very sketchy. Generally unaware of their surroundings, the year, the season, etc. May have difficulty counting from 10, both backward and sometimes forward. Will require some assistance with activities of daily living i.e. May become incontinent, will require travel assistance but occasionally will display ability to familiar locations. Diurnal rhythm frequently disturbed. Almost always recall their own name. Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment. Personality and emotional changes occur. These are quite variable and include: (a) delusional behavior, i.e. Patients may accuse their spouse of being an imposter, may talk to imaginary figures in the environment, or to their own reflection in the mirror; (b) obsessive symptoms i.e. Person may continually repeat simple cleaning activities; (c) anxiety symptoms, agitation, and even previously non-existent violent behavior may occur; (d) cognitive abulia i.e. Loss of will power because an individual cannot carry a thought long enough to determine a purposeful course of action.
<b>4</b> <input type="checkbox"/> <b>Very Severe Cognitive Decline</b> <b>(Late Dementia)</b>	All verbal abilities are lost. Frequently there is no speech at all – only grunting. Incontinent of urine, requires assistance in toileting and feeling. Lose basic psychomotor skills i.e. Ability to walk. The brain appears to no longer be able to tell the body what to do. Generalized or cortical neurologic signs and symptoms are frequently present.
<div style="display: flex; justify-content: space-between;"> <span>Signature of person completing form _____</span> <span>Date _____</span> </div>	

NAME – Last	First	Middle	Attending Physician	Room/Bed

## Homestead Rehabilitation Center

### Resident activities:

Activities are provided seven days a week from 9:00 AM to 8:00PM. Staff are trained to incorporate activities into daily routine. This includes 1:1, small group, and independent activity. Activities are used to maintain a comfortable living environment and avoid behaviors. Activities are shaped based on the residents past interests and skills to ensure success and involvement. The process and involvement is more important than the end product. Old songs, trivia, articles from paper and magazines are used to stimulate memory and promote discussion. Staff and residents read poetry that they would have learned in school. Cooking to promote sensory stimulation, van trips to parks, museums, the fair, movies, and occasional concerts provide outside stimulation and allow residents to see areas they remember.

## Homestead Rehabilitation Center

### Physical environment and design features:

The unit is designed so that the central area is used as a multi-purpose area. Residents eat and do activities in the main area. We have an enclosed courtyard with a figure 8 paved sidewalk designed for pacing. Exit doors in the unit are locked for security of wandering residents. Specific order from physician is obtained for placement on the secured unit. The rooms and bathrooms are designed to enhance depth perception and spatial perception. Closets and drawers may be locked to keep personal belongings safe. High shelves in the rooms help to display personal belongings. Copies of pictures, used to reminisce, are displayed in frames so family's can keep the originals.

## Homestead Rehabilitation Center

### Family support:

Families are welcome and encouraged to participate in resident's life on the unit including unit functions. Family functions are held throughout the year. Family members are encouraged to volunteer for activities and special events. The closeness of the unit fosters relationships between family members and residents. Families are given a list of Alzheimer's support groups in the city and encouraged to participate. In addition verbal and written education is given to families during stay.

## Jobman, Donna

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**From:** Matt Romshek <administrator@homesteadrehab.com>  
**Sent:** Wednesday, March 23, 2016 3:08 PM  
**To:** Jobman, Donna  
**Subject:** COST OF CARE FOR SPECIAL CARE UNIT AT HOMESTEAD REHABILITATION CENTER

### COST OF CARE FOR SPECIAL CARE UNIT AT HOMESTEAD REHABILITATION CENTER

The rate to stay in a companion or semi private room is \$220.00 per day.

If a resident has been accepted into the Medicaid Program there stay will be paid for by one of the following rates:

LEVEL OF CARE	CODE	WEIGHING FACTOR	MEDICAID RATE
110	PC1	0.81	155.22
111	PC2	0.83	156.88
112	PD1	0.89	161.87
113	PD2	0.91	163.53
114	PE1	0.97	168.52
115	PE2	1.00	171.01
120	BA1	0.60	137.77
121	BA2	0.71	146.91
122	BB1	0.82	156.05
123	BB2	0.86	159.38
130	IA1	0.67	143.59
131	IA2	0.72	147.74
132	IB1	0.85	158.55
133	IB2	0.88	161.04
140	CA1	0.95	166.86
141	CA2	1.06	176.00
142	CB1	1.07	176.83
143	CB2	1.15	183.47
144	CC1	1.25	191.78
145	CC2	1.42	205.91
150	SSA	1.28	194.28
151	SSB	1.33	198.43
152	SSC	1.44	207.57
160	RAA	1.07	176.83
161	RAB	1.24	190.95
162	RAC	1.31	196.77
163	RAD	1.66	225.85
170	SE1	1.54	215.88
171	SE2	1.79	236.65
172	SE3	2.10	262.41
180	STS	0.59	136.94