

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CONCORDIA LUTHERAN HEALTH AND HUMAN CARE  
LEGAL ENTITY

To operate CONCORDIA LUTHERAN HEALTH AND HUMAN CARE - LUND BUILDING  
NAME OF FACILITY OR AGENCY

Located at 134 MARWOOD ROAD, CABOT, PA 16023  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 220  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 27, 2011 until October 27, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 447620

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

NOV 17 2011

Ms. Anne Denny, Administrator  
Concordia Lutheran Health and Human Care  
Concordia Lutheran Health and Human Care – Lund Building  
134 Marwood Road  
Cabot, Pennsylvania 16023

Dear Ms. Denny:

As a result of the Department of Public Welfare's licensing inspection on September 29, 2011 and October 7, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky  
Director

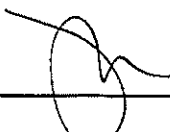
Enclosures  
License  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING, 134 MARWOOD ROAD CABOT, PA 16823		CURRENT LICENSE NUMBER 447620	
INSPECTION DATES (Include all dates of the inspection) 09/29/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Brenda McAfee, Deb McConnell, Lisa V. Flinner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;"><i>ANN DENNY - ADMINISTRATOR</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Ann Denny</i>	DATE <i>10/27/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>11-7-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person A does not have a high school diploma from a US educational institution.  <p style="text-align: center; font-size: 1.5em;"><b>Western Region</b></p> <p style="text-align: center; font-size: 1.2em;">OCT 27 2011</p> <p style="text-align: center; font-size: 1.2em;"><b>Adult Residential Licensing</b></p>	9/29/11 (See information attached)  10/26/11 (copy attached)  <i>11-15-11</i>	<del>Disagree with violation. "World Education Service" evaluation report given to inspector on site. Report included U.S. Equivalency Summary for direct care staff person "A".</del>  Applied for waiver for acceptance  <i>Administrator will apply for a waiver of educational requirements for any employee with a non-U.S. diploma.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>11-7-11</i> Date Initials (DPW)


**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**


NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING, 134 MARWOOD ROAD CABOT, PA 16023		CURRENT LICENSE NUMBER 447620	
INSPECTION DATES (Include all dates of the inspection) 09/29/2011		REGIONAL REPRESENTATIVE Lisa V. Finner-Alman, Brenda McAfee, Deb McConnell, Lisa V. Finner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Ann Perry</i>	DATE 10/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/7/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
services with reasonable skill and safety.	Western Region  OCT 27 2011			

Adult Residential Licensing

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING, 134 MARWOOD ROAD CABOT, PA 16023		CURRENT LICENSE NUMBER 447620	
INSPECTION DATES (Include all dates of the inspection) 09/29/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Brenda McAfee, Deb McConnell, Lisa V. Flinner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Ann Flenny</i>	DATE 10/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	<p>The enabler on Resident #1's bed is not secure. The enabler wobbles back and forth approximately 1 1/2 inches.</p> <p>The enabler on Resident #2's bed is not secure and wobbles back and forth. The enabler is not flush with the mattress and there is a gap of approximately four inches between the mattress and the enabler.</p> <p>Observed on 10/7/11.</p>	10/25/11	<p>All enablers have been secured by using enabler strap installed by maintenance staff. There is no gap between enabler &amp; mattress. All future orders for enablers will include an enabler strap. Unit Managers will monitor weekly to ensure all enablers are secure. Unit Managers will also inspect all new placements of enablers to ensure compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11-7-11  Date Initials (DPW)</p>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING, 134 MARWOOD ROAD CABOT, PA 16023		CURRENT LICENSE NUMBER 447620	
INSPECTION DATES (Include all dates of the inspection) 09/29/2011		REGIONAL REPRESENTATIVE Lisa V. Finner-Alman, Brenda McAfee, Deb McConnell, Lisa V. Finner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Carol Denev</i>	DATE 10/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>Five packets of triple of antibiotic ointment, with a manufacturer's label indicating "If swallowed, get medical help or contact a poison control center right away" and two alcohol pads with a manufacturer's label indicating "If swallowed, get medical help or contact a poison control center right away" were unlocked and accessible to residents in a candy box located in a drawer at the restorative chart station.</p> <p>A bottle of hydrogen peroxide, with a manufacturer's label indicating, "If swallowed, get help or contact a poison control center right away." was unlocked and accessible to residents in the Haven's independent living first aid kit located at the Bachman Hall nurse's station.</p> <p>Residents of the home have not been assessed as capable of recognizing and safely using or avoiding poisons.</p> <p>Observed on 10/7/11.</p> <p>Repeated Violations: 07/21/2010</p>	10/7/11  (see attached)	<p>All chemicals were removed from site during survey. All staff, including Hospice staff, were re-educated on poisonous materials being locked and inaccessible to residents.</p> <p>Unit Managers will inspect units weekly to ensure that all chemicals are locked and inaccessible to residents.</p> <p><i>A designated staff person, daily and on each shift, will monitor the home to ensure all poisonous materials are locked and inaccessible to residents.</i></p>	<p>Steps have been taken to correct violation; full compliance is not yet <del>able</del> <i>able</i></p> <p><i>11-7-11</i></p> <p>Date <span style="float: right;">Initials (DPW)</span></p>

Western Region

OCT 2 2011

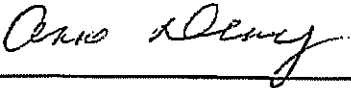

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING, 134 MARWOOD ROAD CABOT, PA 16023		CURRENT LICENSE NUMBER 447620	
INSPECTION DATES (Include all dates of the inspection) 09/29/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Brenda McAfee, Deb McConnell, Lisa V. Flinner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Anna Reilly</i>	DATE 10/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
85a Sanitary conditions shall be maintained.	On 10/7/11, staff person B stated the home uses the same glucometer for multiple residents.	10/25/11	Each diabetic resident has their own individual glucometer.	Steps have been taken to correct violation; full compliance is not verifiable 11-7-11 Date Initials (DPW)
		10/25/11 (See attached.)	All staff was educated on regulation that each diabetic resident must have their own individual glucometer, to be used solely by the resident.	
		11-30-11	Each glucometer will be labeled with resident's name. Administrator will monitor glucose testing at least monthly to ensure sanitary practices are maintained.	
Western Region				
OCT 27 2011				

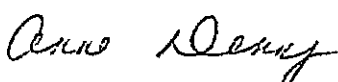

*[Signature]* 11-7-11

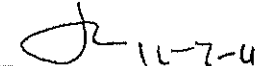

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING, 134 MARWOOD ROAD CABOT, PA 16023		CURRENT LICENSE NUMBER 447620	
INSPECTION DATES (Include all dates of the inspection) 09/29/2011		REGIONAL REPRESENTATIVE Lisa V. Flinger-Alman, Brenda McAfee, Deb McConnell, Lisa V. Flinger-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 10/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-7-11


REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	On 10/7/11, there was no thermometer in the refrigerator/freezer located in the porch lounge area.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">OCT 27 2011</p>	10/7/11	A thermometer was placed in refrigerator/freezer located in Porch Lounge. All freezers used for storage of resident food will have thermometer in freezer to ensure that frozen food is being kept at or below 0°F. Unit Managers will inspect weekly to ensure compliance.	 11-7-11

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING, 134 MARWOOD ROAD CABOT, PA 16023		CURRENT LICENSE NUMBER 447620	
INSPECTION DATES (Include all dates of the inspection) 09/29/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Brenda McAfee, Deb McConnell, Lisa V. Flinner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 10/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 10/7/11 at 2:30pm, there was an accumulation of approximately 1/4 of an inch in the lint traps of the first four commercial dryers in the laundry room.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">OCT 27 2011</p>	10/25/11 (See attached.)  11/30/11	Laundry staff was re-educated that lint from the lint trap and drum of clothes dryer must be removed from each dryer after each use. Unit Managers will monitor weekly to ensure compliance.  A designated staff person, daily, and on each shift, will monitor the clothes dryers to ensure no lint accumulates.  	 11-7-11

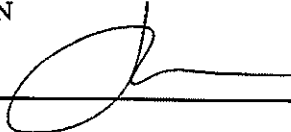
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING, 134 MARWOOD ROAD CABOT, PA 16023		CURRENT LICENSE NUMBER 447620	
INSPECTION DATES (Include all dates of the inspection) 09/29/2011		REGIONAL REPRESENTATIVE Lisa V. Flimmer-Alman, Brenda McAfee, Deb McConnell, Lisa V. Flimmer-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Carol Deery</i>	DATE <i>10/27/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>11-7-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 10/7/11, the treatment cart was unlocked, unsupervised and accessible to residents in the Bachman Hall nursing station. The cart contained multiple medications, including a tube of Nystatin cream prescribed to Resident #4, a tube of Clotrim/Beta cream prescribed to Resident #5 and a tube of Clotrimazole/Litrisone Cream prescribed to Resident #6. There was also a bottle of Nasonex prescribed to Resident #7 sitting on top of the cart.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">OCT 2 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	10/7/11	Treatment cart will be in direct line of sight of nurse or locked in a med room when unattended. Unit Managers will inspect weekly to ensure compliance.  <i>The administrator will monitor the home at least monthly to ensure the med treatment cart is attended at all times and all medications are locked and inaccessible to residents.</i>	<i>JH</i> <i>11-7-11</i>

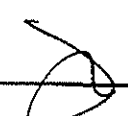
 11-7-11


VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING, 134 MARWOOD ROAD CABOT, PA 16023		CURRENT LICENSE NUMBER 447620	
INSPECTION DATES (Include all dates of the inspection) 09/29/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Brenda McAfee, Deb McConneil, Lisa V. Flinner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
			11-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	The medical evaluation for resident #3, completed 9/8/11, indicates the resident is ordered a mechanical soft diet. The resident's support plan, completed 9/8/11, does not address how the home will assist the resident in meeting this need for a special diet.	10-27-11  11-30-11  11-30-11	The support plan for resident #3 has been updated.  Administrator or designated person will review all support plans for residents to ensure that all information is complete and accurate, including all special diet orders.  All dietary staff will be educated on provision of special diet orders for residents.	  11-7-11

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING, 134 MARWOOD ROAD CABOT, PA 16023		CURRENT LICENSE NUMBER 447620	
INSPECTION DATES (Include all dates of the inspection) 09/29/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Brenda McAfee, Deb McConnell, Lisa V. Flinner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Anna Deary</i>	DATE <i>10/29/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>11-7-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	<p>On 10/7/11, in an unlocked desk drawer in the restorative chart station the following was observed on discharged residents:</p> <ul style="list-style-type: none"> <li>• Medication administration records dated for the month of 6/11 for Residents #8 and #9</li> <li>• Multiple pages labeled "Record of Admission" which contained diagnosis, social security numbers and demographic information for multiple residents including, Residents #10, #11 and #12</li> <li>• A Good Samaritan Hospice of Pittsburgh incident form containing interdisciplinary notes, dated 10/29 - 11/15/10 for Resident #13</li> </ul> <p>On 10/7/11, the medication administration record was left unattended on top of a medication cart in the hallway.</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</p> <p style="text-align: center;">OCT 27 2011</p>	<p>10/7/11</p> <p>10/25/11 (See attached.)</p> <p><i>11-30-11</i></p>	<p>All Hospice material regarding resident health care information was removed during inspection.</p> <p>Hospice staff was educated that all health care information must be locked.</p> <p>Unit Managers will conduct weekly audits to ensure compliance.</p> <p><i>All staff will be educated on this requirement and will monitor daily on each shift, as part of their regular duties.</i></p>	<p></p> <p><i>11-7-11</i></p>