



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 18 2014

Ms. Loriann Putzier, Chief Operating Officer  
Tithonus Lancaster, LP  
C/O Integracare Corporation  
6600 Brooktree Court, Suite 1000  
Wexford, Pennsylvania 15090

RE: Magnolias of Lancaster  
1870 Rohrestown Road  
Lancaster, Pennsylvania 17601  
License #: 322590

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on June 5, 2014 and June 9, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period July 21, 2014 to July 21, 2015 was issued on April 29, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones  
Director

3/1

Enclosure  
License Inspection Summary



Violation Report: 32259 - 06/05/2014 - Rouse, McKinley  
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600  
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
  - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
  - (3) Care for residents with dementia and cognitive impairments.
  - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
  - (5) Personal care service needs of the resident.
  - (6) Safe management techniques.
  - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION  
 Direct Care Staff Person A, hired on 02/29/2012, did not receive training in personal care needs of residents and meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2013 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*See attached pages 2A + 2B of 6. - 82*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *McKinley Rouse, VPO/ICE*      Date *7/8/14*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7-9-14</u> (Date)	Plan of correction implementation status as of <u>7-9-14</u> (Date)
The above plan of correction was approved by <u>82</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

PLAN OF CORRECTION TEMPLATE

Page 2A of 6

JE

Community Name: Magnolias of Lancaster

License Number: 322590

Date of Visit: June 5 and June 9, 2014

Date of Submission: July 8, 2014

1. Violation Review: 2600.65(f)

Training topics for the annual training for direct care staff persons shall include the following:

- 1) Medication self-administration training.
- 2) Instruction on meeting the needs of the residents as described in the preadmission screen form, assessment tool, medical evaluation and support plan.
- 3) Care for residents with dementia and cognitive impairments.
- 4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5) Personal care service needs of the resident.
- 6) Safe management techniques.
- 7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2. Violation Interpretative Statement:

Direct Care Staff Person A, hired on 02/29/2012, did not receive training in personal care needs of residents and meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2013 training year.

3. Review the benefit of the Regulation, per RCG:

The regulation ensures that staff persons receive the necessary training to successfully provide essential resident care services.

4. Description of the Repair of the Immediate Problem:

When the omission was discovered at the end of 2013 during an internal audit, the Executive Director directed the employee to come in on January 1, 2014 to complete all of the training. While it was not completed within the 2013 calendar year, we corrected the deficiency as soon as it was discovered. While we can't go back and fix what was missed in 2013, we did take steps to ensure that it doesn't happen again. As depicted in the attached Exhibit A, Course Completion Report, Staff Person A has completed 21.75 hours of training for 2014, exceeding the requirement.

Authorized Signature

*Magnolias of Lancaster*

Date:

7/8/14

5. Determine / document the Root Cause of the Violation:

Failure to monitor and audit annual training prior to year end.

JE

6. Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice?

During 2013 the method by which we coordinated training for our staff changed from mostly classroom to utilizing on-line training courses via Care2Learn platform. The Business Office Assistant and Executive Director will have responsibility for monitoring the training tracker quarterly to identify employee compliance with the completion of the required training that quarter, and rescheduling the training when indicated. The corrective action is a change of practice to monitor for compliance quarterly.

b. Teaching or Training?

No.

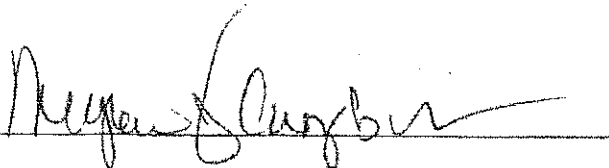
c. On-going Monitoring?

Following the transition from mostly classroom training to on-line training, we have begun to utilize a training tracker, as depicted in Exhibit B. This tracker allows us at-a-glance to see who has completed their training, and who is missing training. This tool will aide us in ensuring all staff complete the required training annually.

7. Designated position responsible and specify target date for correction.

Business Office Assistant and Executive Director – June 27, 2014

Authorized Signature



Date:

7/5/14

Violation Report: 32259 - 06/05/2014 - Rouse, McKinley  
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Person A, hired on 02/29/2012, did not receive training in fire safety, emergency preparedness, resident rights, the Older Adults Protective Services Act and falls and accident prevention during the 2013 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*See attached pages 3A + 3B of 6. -SE*

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Meghan J. Campbell*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Meghan J. Campbell VPO/ice* Date *7/5/14*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7-9-14  
 (Date)

The above plan of correction was approved by SE  
 (Initials)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Community Name: Magnolias of Lancaster

License Number: 322590

Date of Visit: June 5 and June 9, 2014

Date of Submission: July 8, 2014

JE

1. Violation Review: 2600.65(g)

Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- 2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3) Resident Rights
- 4) The Older Adult Protective Services Act (35 P. S. § 10225.5102).
- 5) Falls and accident prevention.
- 6) New population groups that are being served at the home that were not previously served, if applicable.

2. Violation Interpretative Statement:

Staff Person A, hired on 02/29/2012, did not receive training in the fire safety, emergency preparedness, resident rights, the Older Adults Protective Services Act and falls and accident prevention during the 2013 training year.

3. Review the benefit of the Regulation, per RCG:

Ensures that all staff who work in the home are reminded of the home's emergency procedures and mandated reporting requirements.

4. Description of the Repair of the Immediate Problem:

This training for Employee A was completed in 2014. To date, Employee A has already completed 4 hours of training in the areas of fire safety, emergency preparedness, fall and accident prevention, and resident rights and abuse & neglect prevention for the 2014 calendar year. See Exhibit A.

5. Determine / document the Root Cause of the Violation:

Failure to monitor and audit annual training prior to year end.

Authorized Signature

*Megan S. Campbell*

Date:

7/5/14

6. Detail Action Steps / System Developed to prevent future occurrence:

Page 3 Bof 6

JE

a. Changing practice?

During 2013 the method by which we coordinated training for our staff changed from mostly classroom to utilizing on-line training courses via Care2Learn platform. The Business Office Assistant and Executive Director will have responsibility for monitoring the training tracker quarterly to identify employee compliance with the completion of the required training that quarter, and rescheduling the training when indicated. The corrective action is a change of practice to monitor for compliance quarterly.

b. Teaching or Training?

No.

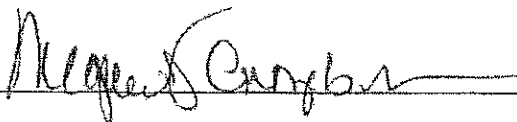
c. On-going Monitoring?

Following the transition from mostly classroom training to on-line training, we have begun to utilize a training tracker, as depicted in Exhibit B. This tracker allows us at a glance to see who has completed their training, and who is missing training. This tool should aide us in ensuring all staff complete the required training annually.

7. Designated position responsible and specify target date for correction.

Business Office Assistant and Executive Director – June 27, 2014

Authorized Signature



Date:

7/8/14

Violation Report: 32259 - 06/05/2014 - Rouse, McKinley  
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.82(c) - 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.

2a. DESCRIPTION OF VIOLATION

On 06/09/2014, at 10:00 AM, a bottle of ProPower Quaternary Sanitizer with a warning label that read, "First Aid: Eyes. In case of contact flush with plenty of water. If irritation develops, get medical attention" was found unlocked in the Country Kitchen cabinet to the left of the microwave over the stove. None of the residents of the home are assessed as being able to safely use and avoid poisonous materials.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*See attached pages 4A + 4B of 6. - SE*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
<i>Megan J. Campbell</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Megan J. Campbell VAD/ICE		7/8/14
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>7-9-14</u> (Date)		Plan of correction implementation status as of <u>7-9-14</u> (Date)
The above plan of correction was approved by <u>SE</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

PLAN OF CORRECTION TEMPLATE

Page 4A of 6

Community Name: Magnolias of Lancaster

License Number: 322590

BE

Date of Visit: June 5 and 9, 2014

Date of Submission: July 8, 2014

1. Violation Review: 2600.82(c)

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.

2. Violation Interpretative Statement:

On 06/09/2014, at 10:00 AM, a bottle of ProPower Quaternary Sanitizer with a warning label that read, "First Aid: Eyes: In case of contact, flush with plenty of water. If irritation develops, get medical attention," was found unlocked in the Country Kitchen cabinet to the left of the microwave over the stove. None of the residents of the home are assessed as being able to safely use and avoid poisonous materials.

3. Review the benefit of the Regulation, per RCG:

Protects residents who are unable to safely use or avoid poisonous materials from illness, injury, or death related to misuse of accessible poisons.

4. Description of the Repair of the Immediate Problem:

All Chemicals were removed immediately.

5. Determine / document the Root Cause of the Violation:

An employee removed the ProPower Quaternary Sanitizer from the kitchen area to sanitize the Country Kitchen sink and neglected to put the chemical back in the original safe location.

Authorized Signature

*Margaret Campbell*

Date:

7/8/14

6. Detail Action Steps / System Developed to prevent future occurrence:

Page 4B of 6

a. Changing practice?

Daily, each manager of the Magnolias will monitor all areas for poisons within the community to ensure they are safely secured in a locked cabinet, inaccessible to all residents. See Exhibit C.

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b. Teaching or Training?

This regulation and violation will be addressed with all employees of The Magnolias during each department monthly meeting to be held in July. The daily monitor will serve to emphasize the requirement, the reason and the urgency with both managers and team members.

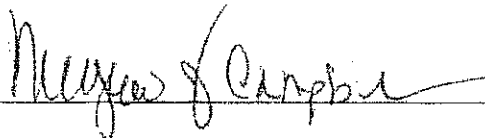
c. On-going Monitoring?

Daily each manager of the Magnolias will perform rounds monitor all areas for poisons within the community to ensure they are safely secured in a locked cabinet, inaccessible to all residents. The rounding and the monitoring is an added level of awareness and accountability – the monitors will be submitted and reviewed by the "Administrator" weekly for trends. See Exhibit C.

7. Designated position responsible and specify target date for correction.

Every manager – July 2014, and on-going until pattern of compliance and level of awareness has been achieved.

Authorized Signature



Date:

7/8/14

Violation Report: 32259 - 06/05/2014 - Rouse, McKinley  
 PCH Name: MAGNOLIAS OF LANCASTER

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

- The April 2014 medication administration record for Resident #1 does not list a diagnosis or purpose for Metoprol Tartrate 25mg.
- The medication administration record for Resident #2 dated 05/26/2014, was not initialed for the 1:30 PM administration of Sinemet 25/100.
- The medication administration record for Resident #3 dated 04/12/2014, was not initialed for the 8:00 PM administration of Pravastatin 80mg.
- The medication administration record for Resident #3 dated 03/23/2014, was not initialed for the 8:00 PM administration of Namenda 10mg or Quetiapine Fumarate 50mg.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*See attached pages SA, SB + 5C of 6. -SE*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Megan J. Campbell, RPO/ICE		7/8/14
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>7-9-14</u> (Date)	Plan of correction implementation status as of <u>7-9-14</u> (Date)	
The above plan of correction was approved by <u>SE</u> (Initials)	<input type="checkbox"/> Fully Implemented	
	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress	
	<input type="checkbox"/> Partially Implemented - Inadequate Progress	
	<input type="checkbox"/> Not Implemented	

Community Name: Magnolias of Lancaster

License Number: 322590

Date of Visit: June 5 and 9, 2014

Date of Submission: July 8, 2014

*JE*

**1. Violation Review: 2600.187(a)**

A medication record shall be kept to include the following for each resident for whom medications are administered:

- 1) Resident's name.
- 2) Drug allergies.
- 3) Name of medication.
- 4) Strength.
- 5) Dosage form.
- 6) Dose.
- 7) Route of administration.
- 8) Frequency of administration.
- 9) Administration times.
- 10) Duration of therapy, if applicable.
- 11) Special precautions, if applicable.
- 12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13) Date and time of medication administration.
- 14) Name and initials of the staff person administering the medication.

**2. Violation Interpretative Statement:**

- The April 2014 medication administration record for Resident #1 does not list a diagnosis or purpose for Metoprolol Tartrate 25mg.
- The medication administration record for Resident #2 dated 05/26/2014, was not initialed for the 1:30 PM administration of Sinemet 25/100.
- The medication administration record for Resident #3 dated 04/12/2014, was not initialed for the 8:00 PM administration of Pravastatin 80mg.
- The medication administration record for Resident #3 dated 03/23/2014, was not initialed for the 8:00 PM administration of Namenda 10mg or Quetiapine Fumarate 50mg.

**3. Review the benefit of the Regulation, per RCG:**

Authorized Signature

*Magnolia Campbell*

Date:

7/8/14

The home's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.

JE

4. Description of the Repair of the Immediate Problem:

The order was handwritten, and was placed on the next month's MAR.

5. Determine / document the Root Cause of the Violation:

The staff person failed to double check their confirmation of medication administration by initialing the MAR, and there was no scheduled review of the documentation.

6. Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice?

Our 11pm-7am Medication Assistant will be responsible for completing a 24 hour chart check, which is a daily monitor. During the chart check, the MA will check each chart for new orders, by Resident. If there are new orders the medication assistant will verify that the medication was received and that the order was transcribed correctly, including diagnosis, on the MAR. Once this check is completed, the medication assistant will initial the bottom of the order and write 24 hour chart check to indicate that it was completed. The medication assistant will also initial daily the audit sheet to indicate that the chart was checked daily.

To prevent further areas in the medication administration record in which staff does not sign for medication provided, the on-coming Medication Assistant for each shift will audit the entire record for the off-going Medication Assistant. If any areas are noted that the off-going Medication Assistant did not initial, the on-coming Medication Assistant will ensure that medication was given (check the blister packs to ensure that the proper amount of medications are present) and then ask the off-going Medication Assistant to initial under correct date and time. After completing this audit every shift the Medication Assistant will sign, indicating that all of the Medication Administration Records were checked for holes. See Exhibit D.

b. Teaching or Training?

The MA's performing the audit will be trained on the POC, and the regulation on this also must be reviewed with them as part of the training. Our DRCS will meet with each of the Medication Assistants to train them by 7/11/14.

c. On-going Monitoring?

Authorized Signature Melissa J. Campbell

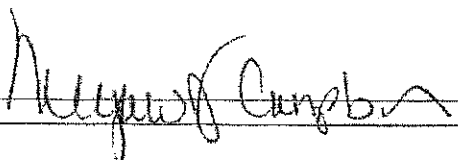
Date: 7/18/14

The Medication Assistants will be responsible for all daily and every shift audits. They will initial when audits are completed. These audits include the 24 hour chart checks and the medication administration record audits. The Director of Resident Care Services or the Executive Director will check the audits are being completed daily and indicate by also initialing on the daily audit pages in column marked DRCS or ED initials.

DE

7. Designated position responsible and specify target date for correction.

Director of Resident Care Services, Executive Director, & Medication Assistants –  
July 3, 2014.

Authorized Signature  Date: 7/8/14

Violation Report: 32259 - 06/05/2014 - Rouse, McKinley  
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600  
 2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION  
 -Direct Care Staff Person A completed only 3 hours of training in dementia care during the 2013 training year.  
 -Direct Care Staff Person B completed only 4 hours of training in dementia care during the 2013 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*See attached pages 6A + 6B of 6. - SE*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Megan J. Campbell*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Megan J. Campbell, ADJ/ICC*      Date *7/8/14*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7-9-14  
 (Date)

Plan of correction implementation status as of 7-9-14  
 (Date)

The above plan of correction was approved by SE  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

PLAN OF CORRECTION TEMPLATE *Page 6 A of 6*

Community Name: Magnolias of Lancaster

License Number: 322590 *JE*

Date of Visit: June 5 and 9, 2014

Date of Submission: July 8, 2014

**1. Violation Review: 2600.236**

Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in §2600.65 (relating to direct care staff person training and orientation).

**2. Violation Interpretative Statement:**

- Direct Care Staff Person A completed only 3 hours of training in dementia care during the 2013 training year.
- Direct Care Staff Person B completed only 4 hours of training in dementia care during the 2013 training year.

**3. Review the benefit of the Regulation, per RCG:**

Having direct care staff members who are specifically trained in dementia care and services helps to provide an understanding of the needs of people with dementia and how symptoms might affect them. Staff members are trained to recognize body language, verbal and non-verbal cues to establish the resident's need as well as employ other specialized training in dealing with residents of the secured dementia care unit. This may help persons with dementia show greater improvement in behavior and emotion, as they are interacting with staff members who have been specifically trained to deal with the behaviors, moods and challenges associated with the diagnosis.

**4. Description of the Repair of the Immediate Problem:**

To date, both Staff Persons A & B have completed 3 hours of dementia specific training to compensate for the oversight for the 2013 calendar year. Additionally, we are providing two, 3-hour classes on Dementia Training for our staff in person on July 24<sup>th</sup> and August 2<sup>nd</sup>. This training is mandatory for all employees to attend one class. In regards to Staff Persons A & B, this training will start their 2014 annual required training.

**5. Determine / document the Root Cause of the Violation:**

Authorized Signature

*Magnolias of Lancaster*

Date:

*7/8/14*

Failure to monitor and audit annual training prior to year end.

Page 6B of 6

DE

6. Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice?

During 2013 the method by which we coordinated training for our staff changed from mostly classroom to utilizing on-line training courses via Care2Learn platform. The Business Office Assistant and Executive Director will have responsibility for monitoring the training tracker quarterly to identify employee compliance with the completion of the required training that quarter, and rescheduling the training when indicated.

b. Teaching or Training?

No.

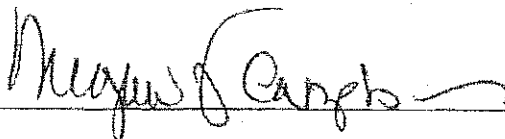
c. On-going Monitoring?

Following the transition from mostly classroom training to on-line training, we have begun to utilize a training tracker, as depicted in Exhibit B. This tracker allows us at a glance to see who has completed their training, and who is missing training. This tool should aide us in ensuring all staff complete the required training annually.

7. Designated position responsible and specify target date for correction.

Business Office Assistant and Executive Director – August 2, 2014

Authorized Signature



Date:

7/5/14