



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 25 2019

Ms. Shannon Gerst
Administrator
The Arbors at St. Barnabas, Inc.
85 Charity Place
Valencia, Pennsylvania 16059

RE: The Arbors at St. Barnabas
Certificate #: 423090

Dear Ms. Gerst:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 24, 2018 and July 25, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

RECEIVED
11/29/18

Western Region Field Office
Bureau of Human Services Licensing

Violation Report: 42309 - 07/24/2018 - Garvey, Jody
PCH Name: The Arbors at St. Barnabas, Valencia Woods

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 7/25/18 at 2:45 PM, there was no telephone number for the personal care home complaint hotline or poison control posted on or near the telephone with an outside line in resident #3's bedroom.

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.

On 07/25/18 upon being notified that resident #3 did not have the Personal Care Home Complaint Hotline phone number or the Poison Control phone number on or beside the phone, an emergency listing was immediately posted in resident #3's room.

All staff will be educated by Staff Development or designee on regulation 2600.91 (the requirement of emergency phone numbers present by phone).

All education will be completed by Staff Development or designee by December 13, 2018.

Immediately, then at least weekly, the administrator or designated staff person shall inspect the home to ensure telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline are posted on or by each telephone with an outside line. Telephone numbers as described above shall immediately be posted on or near any phones found to be missing this information.


 4/4/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shannon Gerst, RN PCH-A Date 11-29-18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>4/4/19</u> (Date)	Plan of correction implementation started as of <u>4/4/19</u> (Date)
The above plan of correction was approved by  (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

RECEIVED
11/29/18

Western Region Field Office
Bureau of Human Services Licensing

Violation Report: 42309 - 07/24/2018 - Garvey, Jody
PCH Name: The Arbors at St. Barnabas, Valencia Woods

1. REGULATION 55 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
On 7/25/18, there were multiple areas of the home that had no screens in the windows to include the following:
*Room #113 had no screens in either of the two bedroom windows.
*Room #119B had no screens in either of the two bedroom windows.
*Room #128 had no screens in either of the two bedroom windows.
*The conference room has a single window that has no screen in it.
*The first floor television room had no screens in the two windows near the piano.

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.

All windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Screens will be placed in the conference room and the television room, as well as, rooms 113, 119 and 128 by our maintenance department by December 20, 2018.

The Maintenance Director or designee will perform a quality assurance check throughout the building to ensure all windows have screens present monthly and as needed.

Education will be provided to all staff by the Administrator or designee on regulation 2600.92. All education will be completed by December 13, 2018.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shannon Gerst, RN PCH-A*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shannon Gerst, RN PCH-A* Date *11.29.18*

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

The above plan of correction is approved as of 4/4/19
(Date)

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

Plan of correction implementation status as of 4/4/19
(Date)

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

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11/29/18

Western Region Field Office
Bureau of Human Services Licensing

Violation Report: 42309 - 07/24/2018 - Garvey, Jody
PCH Name: The Arbors at St. Barnabas, Valencia Woods

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 7/24/18 at 2:28 PM, the small medication refrigerator in the medication room was 46 degrees Fahrenheit. The refrigerator contained 16 bottles of 8-ounce ensure supplement and 1 container of 4-ounce yogurt.

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.

On 07/26/18 the maintenance department was notified of the elevated temperature of the refrigerator and to ensure proper working condition. No issues were found.

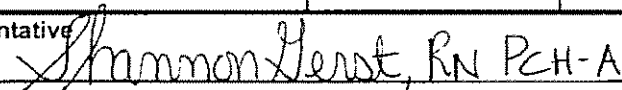
All staff will be educated by the Administrator or designee on regulation 2600.103 (Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.)

All education will be completed by Staff Development or designee by December 13, 2018.

Immediately, then at least weekly, the administrator or designated staff person shall check to ensure all refrigerators and freezers have thermometers and food requiring refrigeration shall be stored at or below 40°Fahrenheit and frozen food shall be stored at or below 0°Fahrenheit. Documentation shall be kept and reviewed at Quality Management Meetings.


 4/4/19

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

Signature of Legal Entity Representative
(Required on EVERY Page)  Shannon Gerst, RN PCH-A

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Shannon Gerst, RN PCH-A Date: 11-29-18

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11/29/18

Violation Report: 42309 - 07/24/2018 - Garvey, Jody
PCH Name: The Arbors at St. Barnabas, Valencia Woods

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 7/24/18 at 10:14 AM, there was a flatbed cart measuring 5 ½ feet by 2 ½ feet blocking egress to the stairwell that leads to the patio from the Garden Floor mechanical room in the new wing. The cart was located approximately 6 feet from the door and there was no space to go around it on either side.

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.

All stairways, hallways, doorways, passageways, and egress routes from rooms and from the building must be unlocked and unobstructed.

Upon notification of the blocked egress, the flatbed cart was immediately removed from the front of the stairs on 07/24/18.

A quality assurance check as part of safety rounds, will be conducted at least on a monthly basis by the Administrator or designee.

All staff will be educated by Staff Development or designee on regulation 2600.121(a) by December 13, 2018.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Shannon Gerst, RN PCH-A*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shannon Gerst, RN PCH-A* Date *11-29-18*

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(Initials)

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(Date)

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Western Region Field Office
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Violation Report: 42309 - 07/24/2018 - Garvey, Jody

PCH Name: The Arbors at St. Barnabas, Valencia Woods

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #2's prescribed Lorazepam Intensol 2mg/ml- Ativan-take 0.25 ml (0.5mg) sublingually every 2 hours as needed for agitation expired on 5/20/18. On 7/24/18, the medication was still present in the medication cart. The expired medication was administered on the following dates after 5/20/18 as indicated on the narcotic count sheet:

- *6/10/18 at 6:30 PM
- *7/8/18 at 7:00 PM
- *7/12/18 at 7:00 PM
- *7/21/18 at 3:30 PM and twice at 7:00 PM

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.

Only current prescription, OTC, sample, and CAM for individuals living in the home may be kept in the home.

When alerted on 7/24/18 that the Lorazepam Intensol 2mg/ml was expired, the Nursing Supervisor immediately removed the medication.

In addition, education completed with all med trained staff in August 2018. Education included a process change. Nurses document medication expired date on narcotic documentation log. This is an additional alert to avoid expired medications in a medication cart. (Please refer to Attachment #1)

A quality assurance check will be implemented weekly for one month, bi-monthly for one month, and monthly thereafter. Five residents will be evaluated per audit to ensure no discontinued medications are present in the medication cart. Recommendations and education will be provided as needed.

All med trained staff will be educated on regulation 2600.183 to ensure only current prescribed medications are in the medication cart.

All education will be completed by Staff Development or designee by December 13, 2018.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/09/2017	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Shannon Gerst, RN PCH-A*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Shannon Gerst, RN PCH-A

Date 11.29.18

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Western Region Field Office
Bureau of Human Services Licensing

Violation Report: 42309 - 07/24/2018 - Garvey, Jody
PCH Name: The Arbors at St. Barnabas, Valencia Woods

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions

2a. DESCRIPTION OF VIOLATION

On 7/24/18 at 2:28 PM, the small medication refrigerator in the medication room was 46 degrees Fahrenheit. The refrigerator contained multiple insulin containers.

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.

Prescription medications, OTC medications, and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light, and in accordance with the manufacturer's instructions.

Even though the temperature of the refrigerator was seen at 46 degrees Fahrenheit on 07/24/18, the recommended storage temperature on the insulin box is between 36° - 46°. Please see attachment #2.

This information was also verified with our contracted pharmacy.

All med trained staff will be educated to ensure insulin storage temperature will be between 36 and 46 degrees Fahrenheit and documented.


All education will be completed by Staff Development or designee by December 13, 2018.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
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Violation Report: 42309 - 07/24/2018 - Garvey, Jody
PCH Name: The Arbors at St. Barnabas, Valencia Woods

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #6 is prescribed Acetaminophen 325mg- take 2 tablets by mouth every 6 hours as needed for fever or pain. However, the pharmacy label indicates Acetaminophen 325mg – take 2 tablets by mouth every 4 hours as needed for temperature >100 or pain.

Resident #6 is prescribed Calmoseptine Ointment- apply topically to affected areas 6 times a day. However, the pharmacy label indicates Calmoseptine Ointment- apply a thin layer of calmoseptine ointment to reddened or irritated skin 2-4 times daily or after each incontinent episode or diaper change.

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.

On 07/24/18 upon being notified of resident #6 medication discrepancy, the Nursing Supervisor attached a "Direction Change Please refer to Emar sticker" on each of the medications.

All med trained staff will be educated on regulation 2600.184 to ensure each original container is labeled appropriately, matches the prescribed order, and matches the Medication Administration Record.

All education will be completed by Staff Development or designee by December 13, 2018.


Immediately, then at least monthly, a designated staff person qualified to administer medications shall audit all prescription medications to ensure they are stored in their original container and labeled with a pharmacy label that includes the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage, instructions for administration and the name and title of the prescriber. The pharmacy label and the MAR shall be compared to the prescriber's order. Any discrepancies shall be verified with the prescriber and immediately corrected.

 4/4/19

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)

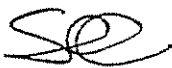
Shannon Gerst, RN, PCH-A

Date 11/29/18

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The above plan of correction is approved as of 4/4/19
(Date)

Plan of correction implementation status as of 4/4/19
(Date)

The above plan of correction was approved by 
(Initials)

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

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11/29/18

Western Region Field Office
Bureau of Human Services Licensing

Violation Report: 42309 - 07/24/2018 - Garvey, Jody

PCH Name: The Arbors at St. Barnabas, Valencia Woods

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution, and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 7/24/18, there were three unlabeled, used glucometers in the medication cart that did not belong to any current residents.

The home's narcotic packaging policy indicates that "controlled medications must be unit dose packaged for the safety and security of our residents." However, on 7/25/18 resident #2's Morphine Sulfate 20mg/ml and Lorazepam 2mg/ml were not packaged in unit dose packaging. The medication was packaged in a bottle with a syringe for staff to measure the correct dosage prior to administration. There was no indication on the bottle of how much medication was used and what was remaining in the bottle.

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.

Following our annual inspection, the pharmacy was contacted in regards to the packaging of our liquid narcotics. Starting in August 2018, all liquid controlled medications are now packaged in single unit doses when delivered to our facility.

All med trained staff will be educated to ensure the home's policies and procedures are followed and the home will no longer utilize multi-dose liquid narcotic medication.

The home will provide for the safe storage, access, security, distribution, and use of medications and medical equipment by trained staff persons.

All education will be completed by Staff Development or designee by December 13, 2018.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Shannon Gerst, RN PCH-A*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shannon Gerst, RN PCH-A* Date *11-29-18*

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The above plan of correction is approved as of 4/4/19
(Date)

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(Initials)

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Western Region Field Office
Bureau of Human Services Licensing

Violation Report: 42309 - 07/24/2018 - Garvey, Jody
PCH Name: The Arbors at St. Barnabas, Valencia Woods

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

Resident #2 was prescribed Morphine Sulfate 20mg/ml-take 0.5 ml (10mg) by mouth every 2 hours as needed for pain/shortness of breath. However, the MAR indicates Morphine Sulfate 20mg/ml- take 0.25 ml (5mg) under the tongue every 2 hours as needed for pain/shortness of breath.

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.

The home shall keep a medication record that includes all requirements as listed in regulation 2600.187(a).

The home updated resident #2's MAR on 7/24/18.  4/4/19

A quality assurance check will be implemented weekly for one month, bi-monthly for one month, and monthly thereafter. Five resident's medication orders will be compared to the Medication Administration Record, and package label per audit to ensure accuracy. Recommendations and education will be provided as needed.

All med trained staff will be educated on regulation 2600.187(a) by Staff Development or designee by December 13, 2018.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Shannon Gerst, RN PCH-A	11-29-18

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Bureau of Human Services Licensing

Violation Report: 42309 - 07/24/2018 - Garvey, Jody
PCH Name: The Arbors at St. Barnabas, Valencia Woods

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #2 was administered Morphine sulfate 20mg/ml on 7/22/18 as indicated on the resident's narcotic count sheet; however, this administration was not documented on the Medication Administration Record (MAR). The 7/21/18 record indicates that Morphine Sulfate 20mg/ml was given twice at 6:58 PM.

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.

The home will adhere to regulation 2600.187 (b) which includes information in 2600.187(a) (13) and 2600.187 (a) (14). The appropriate date, time, and name/initials of staff person administering the medication will be documented.

An audit of resident #2 Medication Administration Record revealed Resident #2 did not receive the Morphine Sulfate a second time on 7/21/18 but rather revealed incorrect data entry. Education provided to nurse.

A quality assurance check will be implemented weekly for one month, bi-monthly for one month, and monthly thereafter. Five resident's Medication Administration Records will be compared to the Narcotic Administration Log to ensure correct documentation is recorded. Recommendations and education will be provided as needed.

All med trained staff will be educated on regulation 2600.187 (b) by Staff Development or designee by December 13, 2018.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Shannon Gerst, RN PCH-A*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shannon Gerst, RN PCH-A* Date *11-29-18*

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11/29/18

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Violation Report: 42309 - 07/24/2018 - Garvey, Jody
PCH Name: The Arbors at St. Barnabas, Valencia Woods

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 was prescribed Morphine Sulfate 20mg/ml-take 0.5 ml (10mg) by mouth every 2 hours as needed for pain/shortness of breath. However, the MAR indicates Morphine Sulfate 20mg/ml- take 0.25 ml (5mg) under the tongue every 2 hours as needed for pain/shortness of breath. On the following dates and times in July 2018 the resident was incorrectly administered 0.25 ml:
7/8/18 at 7:00 PM 7/10/18 at 4:00 PM 7/11/18 at 6:00 PM
7/12/18 at 7:00 PM 7/16/18 at 7:00 PM 7/21/18 at 3:30 PM
7/21/18 at 7:00 PM 7/22/18 at 7:00 PM

Resident #2 was prescribed Lorazepam 2mg/ml intencol-take 0.25ml (0.5mg) sublingually every 2 hours as needed for agitation. On 7/21/18 at 6:58 PM, the MAR indicates that the resident was administered the medication twice. The narcotic count sheet for this medication also indicates that a dosage of 0.25 ml was given two times at 7:00 PM.

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.

The home shall follow the directions of the prescriber.

An audit of resident #2 Medication Administration Record revealed Resident #2 did not receive the Lorazepam a second time on 7/21/18 but rather revealed incorrect data entry. Education provided to nurse.

A quality assurance check will be implemented weekly for one month, bi-monthly for one month, and monthly thereafter. Five resident's medication orders will be compared to MAR and packaged label per audit to ensure accuracy. Recommendations and education will be provided as needed.

All med trained staff will be educated on regulation 2600.187(d) to ensure the home follows the directions of the prescriber.

All education will be completed by Staff Development or designee by December 13, 2018.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Shannon Gerst, RN PCH-A*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shannon Gerst RN PCH-A* Date *11/29/18*

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The above plan of correction is approved as of 4/4/19
(Date)

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

Plan of correction implementation status as of 4/4/19
(Date)

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