



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to CLARKS SUMMIT AID II OPCO LLC  
LEGAL ENTITY

To operate WILLOWBROOK PLACE  
NAME OF FACILITY OR AGENCY

Located at 150 EDELLA ROAD, CLARKS SUMMIT, PA 18411  
(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 80  
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 January 8, 2020 until January 8, 2021,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226590**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DEPUTY SECRETARY

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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Mailing Date: January 8, 2020

Mr. Michael L. Costa  
President and Chief Executive Officer  
Clarks Summit AID II OPCO LLC  
330 North Wabash Avenue, Suite 3700  
Chicago, Illinois 60611

RE: Willowbrook Place  
150 Edella road  
Clarks Summit, Pennsylvania 18411  
License #: 226590

Dear Mr. Costa:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on November 8, 2019 and November 12, 2019, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: *WILLOWBROOK PLACE*

License Number: 22659

Address: *150 EDELLA ROAD, CLARKS SUMMIT, PA 18411*

County: *LACKAWANNA*

Region: *NORTHEAST*

### Administrator

Name: *Christopher Murray*

Phone: *5705866028*

Email: *ALCLICENSE@ENLIVANT.COM*

### Legal Entity

Name: *CLARKS SUMMIT AID II OPCO LLC*

Address: *330 N WABASH AVENUE, SUITE 3700, CHICAGO, IL, 60611*

### Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *06/10/1998*

Issued By: *L&I*

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *57*

Waking Staff: *43*

### Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

### Inspection Dates and Department Representative

*11/08/2019 - On-Site: Jason Harvey, Duane Valance*

*11/12/2019 - On-Site: Jason Harvey, Duane Valance*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *80*

Residents Served: *48*

#### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity

Residents Served

#### Hospice

Current Residents: *4*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *48*

Diagnosed with Mental Illness: *7*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *9*

Have Physical Disability: *2*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Cosmetology Salon License # CB 118966 issued to LTC STYLIST-Beauty Shop, Generations Haircare LLC, Macungie, PA 18062 by the Commonwealth of Pennsylvania Department of State, Bureau of Professional and Occupational Affairs had an Expiration Date of 1/31/2019. The home has a provider providing cosmetology salon services to residents of the home without a current license.

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)

Legal Entity Representative


Chris Murray, CEO
12/23/19  
 Signature Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 12-30-19 Plan of correction implementation status as of 12-30-19  
 (Date) (Date)

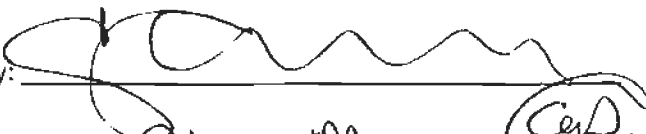
The above plan of correction was approved by ag  Fully Implemented  
 (Initials)  ~~Partially Implemented - Adequate Progress~~  
 ~~Partially Implemented - Inadequate Progress~~  
 Not Implemented

THE COSMETOLOGY SALON LICENSE

55 PA Code § 2600.18: A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**PLAN OF CORRECTION**

- The expired Cosmetology Salon License was immediately removed at the time of inspection and replaced with the current license that expires 1/31/2021.
  - See Attachment 1 and 2
  
- On November 17, 2019, the Business Office Coordinator (BOC) was trained by the Executive Director (ED) regarding the requirements for the current license to be posted which has also been added to the Licensure Checklist.
  - See Attachment # 7 & 8
  
- The ED and/or designee will audit posting of current license during routine rounds weekly x 12 weeks. Audit results will be discussed during the monthly QI Meeting. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

By:   
Print Name: Chris Murray ED

December 23, 2019



ENABLER BAR ON BED WITHOUT COVER

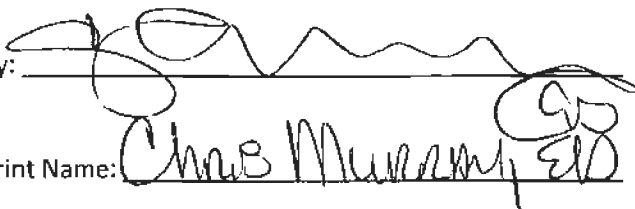
55 PA Code § 2600.81(b): Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**PLAN OF CORRECTION**

- Resident #1's enabler bar was immediately covered with a pillowcase at the time of inspection per the inspector's suggestion.
  - See Attachment #3
- On November 19, 2019, an audit was completed by facility LPNs to check for enabler bars and covers. The audit identified 4 current residents with enabler bars, each with a cover.
  - See Attachment #4
- On November 19, 2019, the Executive Director re-trained Resident Care Partners (RCPs) regarding safety hazards related to enabler bars, and to ensure enablers are covered with a proper fitting cover or a pillow case as a temporary measure (i.e. while laundering the cover) until the proper fitting cover can be secured.
  - See Attachment #5 and #6
- The Care Services Manager (CSM) and/or designee will audit current residents for presence of enablers and covers weekly x 12 weeks. Audit results will be discussed at monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

  
Chris Murray, ELD

December 23, 2019

161

## Willowbrook Staff Meeting 11-19-2019

### Smoking containers

These must be checked daily to make sure no paper is in the container. This is a fire hazard and a state regulation.

### \*\* Bed canes:

Bed canes MUST have a cover on them at ALL times. If it is being laundered then use a pillow case until it is finished and able to be placed back on the bed cane. Please check to make sure the bed cane is secure to the bed and not loose. This is a safety risk for our residents. Residents have fallen out of bed and got caught in the bed cane and then died due to this. Please let's all make sure our residents are safe.

### Meds and Med carts:

Medications needing refilled are to be called in to the pharmacy 5-7 days prior to running out of the medication. This is to prevent medications not being present on the cart and potential missed doses of medications which is a med error and must be reported to the state. This is the med techs responsibility to make sure this is done. Med, MAR, and cart audits are to be done on 12 residents per week for 3 months. This will ensure that every resident gets audited each month.

 Chris Murray, MD 12/23/19

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The hot water temperature measured 122.5 degrees in resident room #122's bathroom sink.

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 ATTACHES)

Legal Entity Representative

  
Signature

Chris Murray, EID  
Printed Name and Title

12/23/19  
Date

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The above plan of correction is approved as of 1-7-2020  
(Date)

Plan of correction implementation status as of 1-7-2020  
(Date)

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

- Fully Implemented
- ~~Partially Implemented~~
- ~~Not Implemented~~
- Not Implemented

HOT WATER TEMP. ROOM 122-BATHROOM 0.5 OVER

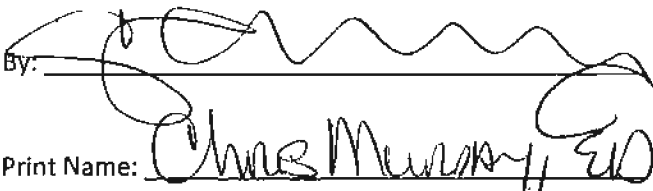
55 PA Code § 2600.89(b): Hot water temperatures in areas accessible to the resident may not exceed 120 degrees Fahrenheit.

**PLAN OF CORRECTION**

- Immediately upon discovery of the excess hot water temperature, the hot water valve for Room 122 was adjusted to lower the temperature below 120 degrees Fahrenheit.
- On November 11, 2019, the Maintenance Technician (MT) inspected the water temperatures for other resident rooms in the affected wing. As a result of the MT's inspection, no other rooms were found to be in excess of 120 degrees Fahrenheit.
  - See Attachment A
- On November 11, 2019, the Executive Director trained the MT regarding the requirement for hot water temperatures in areas accessible to residents may not exceed 120 degrees.
  - See Attachment B
- The MT, Maintenance Assistant and/or designee will audit hot water temperatures daily in 4 rooms at random per wing for four weeks, then 3 rooms at random per wing for four weeks, then 2 rooms at random per wing for four weeks.
  - See Attachment C
- Executive Director (ED) and/or designee will review the hot water temperature audits weekly and will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.
  - See Attachment C

By: \_\_\_\_\_

Print Name: \_\_\_\_\_



December 23, 2019

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The metal end cap of the heating baseboard located to the left side as you enter the dining room was found on the floor next to an occupied resident dining room table and chair. The metal end cap of the second-floor hallway across from room #206 was found on the floor next to the baseboard. These metal end caps create a hazard to residents.

REPEATED VIOLATION 3-26-19

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)

Legal Entity Representative



Signature

Chris Murnighan

Printed Name and Title

12/23/19

Date

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The above plan of correction is approved as of 1-7-2020 (Date)

Plan of correction implementation status as of 1-7-2020 (Date)

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

Fully Implemented  
~~Partially Implemented~~  
~~Not Implemented~~

Furniture and Equipment (Metal End Caps)

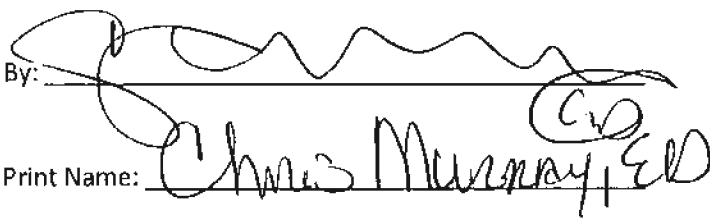
55 PA Code § 2600.95: Furniture and Equipment – Furniture and equipment must be in good repair, clean and free of hazards.

**PLAN OF CORRECTION**

- On November 11, 2019, the MT repaired the referenced end caps with small screws at the suggestion of the inspector.
  - See Attachment D
- On November 11, 2019, the MT completed an audit on baseboard heaters in the community. As a result of this audit, no other baseboard heaters were found to be deficient.
- On November 19, 2019, the Executive Director informed the MT and MT Assistant of the requirement that furniture and equipment must be in good repair, clean and free of hazards.
  - See Attachment #9
- The MT and/or MT Assistant will audit baseboard heaters during routine environmental walkabouts in the community to ensure compliance. The ED and/or designee will accompany MT weekly for 4 weeks, then monthly for 2 months, during routine environmental rounds to monitor for sustained compliance. Audit results will be reviewed in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.
  - See Attachment E

By: \_\_\_\_\_

Print Name: \_\_\_\_\_



Chris Murray, ED

December 23, 2019

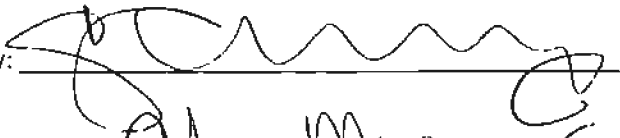


REMOVAL OF DENTED CANS

55 PA Code § 2600.103(i): Outdated or spoiled food or dented cans may not be used.

**PLAN OF CORRECTION**

- The dented can was immediately removed from the stock and placed in a designated area to be returned to the vendor.
  - See Attachment F
- On November 12, 2019, the Food Services Director (FSD) completed an audit to identify whether other dented cans were present; no other cans were identified.
- On November 20, 2019, the Executive Director completed staff training regarding the removal of dented cans from the stock and placed in a designated area to be returned to the vendor.
  - See Attachment G
- The FSD and/ or designee will audit for dented cans weekly for 4 weeks, then monthly x2 months to ensure sustained compliance. Audit results will be reviewed in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.
  - See Attachment H

By:   
Print Name: Chris Murray, FSD

December 23, 2019

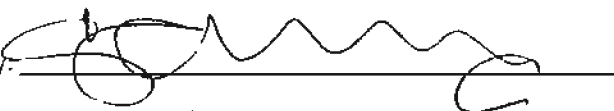


LINT REMOVAL

55 PA Code § 2600.105(g)(1): To reduce the risks of hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according the manufacturer's instructions.

**PLAN OF CORRECTION**

- At the time of inspection, the MT Assistant removed the lint from the commercial gas dryer's lint trap which is located in the basement.
- At the time of inspection, the MT Assistant removed the lint build-up beneath the lint trap from the speed queen dryer on the second-floor resident laundry room.
- On November 19, 2019, the Maintenance Technician, according to the Direct Supply Training Manual, trained in-serviced staff on the proper cleaning procedure for lint traps and the requirement to remove lint from the lint trap and drum of clothes dryers after each use.
  - See Attachment I
- A member of the management team and/or designee will check the dryers daily for three months to observe for clean lint traps and drum of clothes dryers, to ensure sustained compliance. Results will be reviewed in monthly QI meetings. The QI committee will determine whether continued observation will be necessary based on sustained compliance for 3 consecutive months of compliance. Monitoring will be ongoing.
  - See Attachment #8

By: 

December 23, 2019

Print Name: Chris Murray SUD

132c - Fire Drill Records

Regulations

2600

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 1/22/19 does not include minutes and seconds for the time of fire drill, instead 280 was written. The time of the fire drill should of been documented as 5 minutes, 6 seconds.

The fire drill record for the drills conducted on 3/21/19 does not include minutes and seconds for the time of fire drill, instead 540 was written. The time of the fire drill should of been documented as 9 minutes.

The fire drill record for the drills conducted on 4/27/19 does not include minutes and seconds for the time of fire drill, instead 335 was written. The time of the fire drill should of been documented as 5 minutes, 58 seconds.

The fire drill record for the drills conducted on 5/29/19 does not include minutes and seconds for the time of fire drill, instead 430 was written. The time of the fire drill should of been documented as 7 minutes, 16 seconds.

The fire drill record for the drills conducted on 6/13/19 does not include minutes and seconds for the time of fire drill, instead 570 was written. The time of the fire drill should of been documented as 9 minutes, 50 seconds.


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)

Legal Entity Representative

Signature



11/08/2015

Chris Mervin, CEO

Printed Name and Title

12/03/19

Date

132c - Fire Drill Records (continued)

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The above plan of correction is approved as of

1-7-2020  
(Date)

Plan of correction implementation status as of

1-7-2020  
(Date)

The above plan of correction was approved by

ag  
(Initials)

Fully Implemented

~~Partially Implemented - Adequate Progress~~

~~Partially Implemented - Inadequate Progress~~

Not Implemented

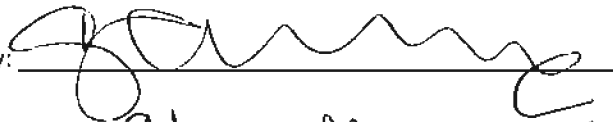
FIRE DRILL RECORDS

55 PA Code § 2600.132(c): A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**PLAN OF CORRECTION**

- At the time of inspection, the Maintenance Technician (MT) corrected the Pennsylvania Adult Residential Licensing Personal Care Home Fire Drill record for drills conducted on 1/22/19, 3/21/2019, 4/27/2019, 5/29/2019 and 6/13/2019 from seconds to minutes-and-seconds.
  - See Attachment K
- On November 11, 2019, the Executive Director trained the MT and MT Assistant regarding the time column on the Fire Drill Record to be recorded in minutes and seconds.
  - See Attachment # 10
- ED and/or designee will audit the fire drill record log monthly to ensure sustained compliance. The results of the audit will be reviewed in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.
  - See Attachment L

By: \_\_\_\_\_



December 23, 2019

Print Name: \_\_\_\_\_

Chris Murray, ED



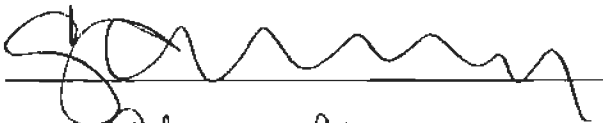
EXIT SIGNS

55 PA Code § 2600.133(a)(1): Exit Signs – The following requirements apply for a home serving nine or more residents: Signs bearing the word 'EXIT' in plain letters shall be placed at all exits.

**PLAN OF CORRECTION**

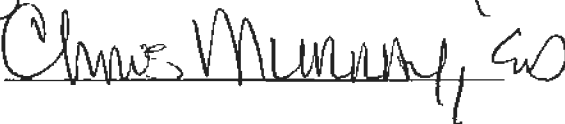
- At the time of inspection, the "Not an Exit Sign" located at the dining room exit was immediately removed to match the fire evacuation diagram of the building. On November 12, 2019, the Maintenance Technician (MT) verified the accuracy of the evacuation plan and a permanent electrical sign was installed.
  - See attachment M
  
- On November 19, 2019, the Executive Director trained staff regarding this exit being an active exit door to the outside as indicated on the fire evacuation diagram of the building.
  - See Attachment # 11
  
- MT and/or designee will monitor the Exit sign for proper use and function during routine weekly environmental rounds weekly x 12 weeks to ensure compliance. Round results of audit will be reviewed in monthly QI meetings. The QI committee will determine whether continued auditing is necessary based on three consecutive months of compliance.
  - See Attachment E

By: \_\_\_\_\_



December 23, 2019

Print Name: \_\_\_\_\_



141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

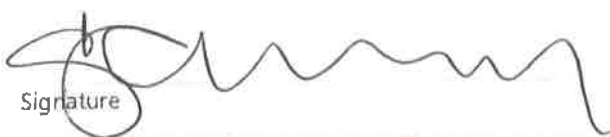
Resident 2's most recent medical evaluation was completed on 4/9/19. The resident's previous medical evaluation was completed on 3/28/19.

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)

Legal Entity Representative

  
Signature

Chris Murray, CNO  
Printed Name and Title

12/23/19  
Date

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The above plan of correction is approved as of	1-7-2020 (Date)	Plan of correction implementation status as of	1-7-2020 (Date)
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		<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

ANNUAL RESIDENT MEDICAL EVALUATION

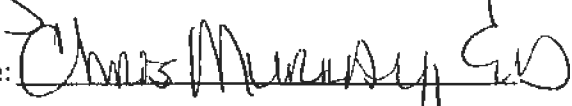
55 PA Code § 2600.141(b)(1): a resident shall have a medical evaluation: At least annually.

**PLAN OF CORRECTION**

- Resident #2's annual medical evaluation for 2019 could not be corrected.
- On November 19, 2019, DME audits were completed for current residents. As a result of the audit, no current resident DME's were overdue.
  - See Attachment O
- On November 19, 2019, the Divisional Care Service Specialist in-serviced the ED/CSM/LPNs on the regulatory requirement for the annual medical evaluation. The current resident list was updated for future tracking and auditing.
  - See Attachment P and O
- ED and/or Designee will audit the current resident DME's monthly for 3 months. Results of audit will be reviewed in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.
  - See Attachment O

By: 

December 23, 2019

Print Name: 



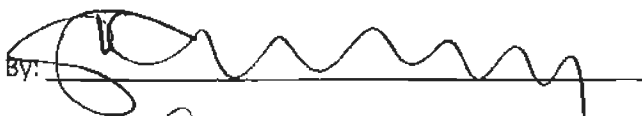
COMBUSTIBLES IN SMOKING AREA

55 PA Code § 2600.144(c): A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilations form the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking room.

**PLAN OF CORRECTION**

- At the time of inspection, the Maintenance Technician (MT) immediately removed the accumulation of leaves and the smoking buckets located in the resident smoking-area.
  - See Attachment R
- All resident smokers that use this area were informed that only cigarette butts are to be placed in the smoking towers.
  - See Attachment S
- The Maintenance Assistant and Maintenance Technician will audit for potential combustibles near the smoking towers, including leaves during routine environmental rounds weekly for 4 weeks and then monthly x2 months.
  - See Attachment E
- ED and/or designee will review results of audits and audits will be reviewed in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.
  - See Attachment E

By: 

December 23, 2019

Print Name: 

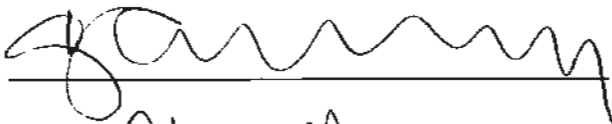


FOLLOW PRESCRIBER'S ORDERS

55 PA Code § 2600.187(d): The home shall follow the directions of the prescriber.

**PLAN OF CORRECTION**

- On November 12, 2019, the Medications for Resident #2 and #3 were delivered. No missed doses occurred with these residents.
  - See Attachments #12
  
- On November 19, 2019, the Divisional Care Services Specialist completed a Med to MAR audit and will be continued for 12 residents per week for 4 weeks, for 3 months, to assure sustained compliance.
  - See Attachment U
  
- On November 19, 2019, the Divisional Care Services Specialist re-trained the ED/CSM/LPNs on the proper procedure for ordering medication refills.
  - See Attachment V
  
- The CSM and/or designee will complete a med to mar audit for 5 residents per week x 4 weeks, then 3 residents per week x 4 weeks, then 1 resident per week x 4 weeks, at a minimum. Audit results will be reviewed in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

By:   
Print Name: Chris Murray, CSM

December 23, 2019



RESIDENT SUPPORT PLAN

55 PA Code § 2600.227(d): 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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**PLAN OF CORRECTION**

- On November 19, 2019, the Divisional Care Service Specialist (DCSS) updated Resident #1's RASP to indicate the use of special adaptive plastic plate during meals.
- On November 19, 2019, the Divisional Care Service Specialist (DCSS) updated Resident #4's RASP to indicate use of bed cane/enabler bar attached to the resident's bed.
- On November 19, 2019, the DCSS completed an audit on current residents with adaptive equipment to verify that this is addressed on the RASP or RASP addendum. No residents were identified.
  - See Attachment W
- On November 19, 2019, the DCSS re-trained the ED/CSM/LPNs on the requirement to include the adaptive equipment on the RASP or RASP addendums.
  - See Attachment X
- The ED and/or designee will audit RASPs weekly x 4 weeks, and then monthly x 2 months, to ensure new adaptive equipment is identified as ordered. Audit results will be reviewed in monthly QI. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

By: \_\_\_\_\_

Print Name: \_\_\_\_\_



December 23, 2019