



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
Sent via e-mail [REDACTED]
August 16, 2022

[REDACTED]
[REDACTED]
KayMarie Briddell
[REDACTED]
[REDACTED]

RE: Vine Street Manor
230 North 65th Street
Philadelphia, Pennsylvania 19139
License #: 14234

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on June 2, 2021 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: VINE STREET MANOR License #: 14234 License Expiration Date: 11/02/2021
Address: 230 NORTH 65TH STREET, PHILADELPHIA, PA 19139
County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: KAYMARIE BRIDDELL
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 10/09/2010 Issued By: City of Philadelphia, L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 69 Working Staff: 52

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 06/02/2021

Inspection Dates and Department Representative

06/02/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 Residents Served: 66

Secured Dementia Care Unit

In Home:	Area:	Capacity:	Residents Served:
No			

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 49	Are 60 Year of Age or Older: 30
Diagnosed with Mental Illness: 62	Diagnosed with Intellectual Disability: 7
Have Mobility Need: 3	Have Physical Disability: 2

Inspections / Reviews

06/02/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *09/03/2021*

9/10/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *09/15/2021*

9/22/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/24/2021*

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for residents #1, #2, #3, #4, and #5. However, The home does not maintain a record of financial transactions for these residents.

Plan of Correction

Accept

Records of all resident's finances are kept in the home, including the financial records for residents #1, #2, #3, #4 and #5. The administrator and designee will ensure that the financial records are made available when requested by DHS.

Please see attached copies of the mentioned resident's finance records.

Completion Date: 09/01/2021. THE ADMINISTRATOR AND DESIGNEE WILL CONDUCT ALL FINANCIAL TRANSACTIONS WITH RESIDENTS. ALL FINANCIAL RECORD BOOKS WILL BE KEPT IN THE ADMINISTRATOR'S OFFICE ON THE BOOK SHELF BEHIND THE DESK. A WEEKLY MANAGEMENT MEETING ON MONDAYS WITH THE ADMINISTRATOR, CONSULTANT AND BENEFITS ADMIN WILL BE CONDUCTED TO VERIFY THE ACCURACY OF THE RECORD KEEPING.

Completion Date: 09/15/2021 *Licensee's Proposed Date of POC Implementation*

Not Implemented 8/16/22 CM

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Residents #1, #2, #3, #4, and #5, admitted on [REDACTED]/21, did not have a resident-home contract completed.

25a - Written Contract and Review (continued)

Plan of Correction**Accept**

Former residents from [REDACTED] moved into Vine Street Manor on [REDACTED] 2021. Pre-screenings were conducted between [REDACTED] 2021-[REDACTED]/2021. The administrator of the referring personal care home was hired by Vine Street manor to handle all of the transitional paperwork (including resident files, staff files and scheduling medical evaluations). This administrator resigned abruptly. An audit conducted immediately after [REDACTED] absence concluded that much of the work given to the referring administrator had not been completed. The administrator and administrative staff of Vine Street Manor concluded that it was best to formally use [REDACTED] 2021 as an admission date so as not to violate department regulations by backdating any documents.

Please see attached contracts for residents #1, #2, #3, #4 and #5.

Completion Date: 09/01/2021. ALL CONTRACTS WERE COMPLETED BY [REDACTED] 2021. THE BENEFITS ADMIN WILL CONDUCT ALL NEW ADMISSIONS TO COMPLETION. A WEEKLY MANAGEMENT MEETING ON MONDAYS WITH THE ADMINISTRATOR, CONSULTANT, BENEFITS ADMIN AND CARE COORDINATOR WILL BE CONDUCTED AND WILL AUDIT THE RECORDS FOR COMPLIANCE.

Completion Date: 09/15/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 CM

42y - Health Care Choice

1. Requirements

2600.

- 42.y. A resident has the right to choose his own health care providers without limitation by the home. This includes the right to select the resident's own pharmacist provided that the pharmacy agrees to supply medications in a way that is compatible with the home's system for handling and assisting with the self-administration of resident medications.

Description of Violation

On [REDACTED]/21, Resident's #1, #2, #3, #4, and #5 were transferred to the home from another facility. The residents were automatically enrolled with the healthcare provider preferred by the home, and not given an opportunity to choose their own provider.

Plan of Correction**Accept**

All residents were given a choice of their healthcare provider. All residents decided to remain with their previous health care provider and no changes were made.

Please see the attached DME's for residents #1, #2, #3, #4 and #5.

Completion Date: 09/01/2021. CARE COORDINATOR WILL CONDUCT CARE REVIEWS WITH NEW RESIDENTS UPON ADMISSION AND DOCUMENT NEW RESIDENT'S CHOICE OF HEALTHCARE PROVIDER. ALSO UPON ADMISSION, THE CARE COORDINATOR WILL GO OVER ALL OF THE RESIDENT'S RIGHTS, INCLUDING THEIR RIGHT TO CHOOSE THEIR OWN HEALTH CARE PROVIDER. THE HOME WILL HAVE MONTHLY MEETINGS WITH THE RESIDENTS EDUCATING THEM OF THEIR RIGHTS AND THEIR RIGHT TO CHOOSE THEIR OWN PROVIDER.

Completion Date: 09/15/2021

Implemented 8/16/22 CM

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

51 - Criminal Background Check (continued)

Description of Violation

Staff person A, hired on [REDACTED]/21, does not have a criminal background check.

Staff person B, hired on [REDACTED]/21, does not have a criminal background check.

Plan of Correction**Accept**

Former residents from [REDACTED] moved into Vine Street Manor on [REDACTED] 2021. The administrator of the referring personal care home was hired by Vine Street manor to handle all of the transitional paperwork (including resident files, staff files and scheduling medical evaluations). This administrator resigned abruptly. An audit conducted immediately after [REDACTED] absence concluded that much of the work given to the referring administrator had not been completed. The administrator and administrative staff of Vine Street Manor concluded that it was best to formally use [REDACTED] 2021 as an admission date so as not to violate department regulations by backdating any documents.

Staff person A doesn't work at Vine Street Manor. Staff person B currently has a background check. From now on, the administrator and designee will ensure that all employees have background checks before being hired to work at Vine Street Manor. The home will make sure that all background checks are kept in the main office and made available when requested.

Please see attached background check for staff person B.

Completion Date: 09/01/2021. ADMINISTRATOR WILL CONDUCT HR ONBOARDING OF ALL NEW STAFF.

ADMINISTRATOR WILL REVIEW FILES DAILY AND A WEEKLY MANAGEMENT MEETING ON MONDAYS WITH THE ADMINISTRATOR, CONSULTANT, BENEFITS ADMIN AND CARE COORDINATOR WILL BE CONDUCTED TO VERIFY COMPLIANCE.

Completion Date: 09/15/2021 Licensee's Proposed Date of POC Implementation

Not Implemented 8/16/22 CM

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Direct care staff person C, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

Plan of Correction**Accept**

Staff person A and staff person C are not employed at Vine Street Manor. Staff person B has been moved from direct care staff to a housekeeping/ laundry position at Vine Street Manor.

Completion Date: 09/01/2021. ADMINISTRATOR OR DESIGNEE WILL REVIEW STAFFING FILES DAILY AND HANDLE ALL NEW STAFF ONBOARDING/TRAINING TO COMPLETION AS WELL AS ONGOING TRAINING NEEDS. A WEEKLY MANAGEMENT MEETING WILL BE CONDUCTED ON MONDAYS WITH THE ADMINISTRATOR, CONSULTANT, BENEFITS ADMIN AND CARE COORDINATOR TO VERIFY COMPLIANCE.

Completion Date: 09/15/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 CM

65a - FS Orientation 1st Day

1. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED]/21, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person B, whose first day of work was [REDACTED]/21, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

65a - FS Orientation 1st Day (continued)

Plan of Correction**Accept**

Staff person A doesn't work at Vine Street Manor. Due to the transition from the previous personal care home, staff person A's previous file must have been handed to the state representative during the inspection at Vine Street Manor. All orientation was completed within a timely manor. Staff person B has been moved to a housekeeping position at Vine Street Manor while his GED status is pending. In the future, the home's designee will make sure that all direct care staff members receive the proper training at the time that is required.

Please see attached orientation for staff person B.

Completion Date: 09/01/2021. THE ADMINISTRATOR WILL CONDUCT FILE COMPLETION OF ALL NEW HIRES AND AUDIT STAFF FILES DAILY. ALSO, THE ADMINISTRATOR, CONSULTANT, BENEFITS ADMIN AND CARE COORDINATOR WILL HAVE WEEKLY MEETINGS ON MONDAYS IN ORDER TO VERIFY COMPLIANCE.

Completion Date: 09/15/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 CM

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on [REDACTED]/21. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Staff person B completed his/her 40th scheduled work hour on [REDACTED]/21. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction**Accept**

Staff person A doesn't work at Vine Street Manor. Due to the transition from the previous personal care home, staff person A's previous file must have been handed to the state representative during the inspection at Vine Street Manor. All orientation was completed within a timely manor. Staff person B has been moved to a housekeeping position at Vine Street Manor. In the future, the home's designee will make sure that all direct care staff members receive the proper training at the time that is required.

Please see attached orientation for staff person B.

Completion Date: 09/01/2021. THE ADMINISTRATOR AND DESIGNEE WILL PROVIDE ORIENTATION AND TRAINING FOR ALL NEW HIRES. A WEEKLY MANAGEMENT MEETING ON MONDAYS WITH THE ADMINISTRATOR, CONSULTANT, BENEFITS ADMIN AND CARE COORDINATOR WILL BE CONDUCTED TO VERIFY COMPLIANCE.

Completion Date: 09/15/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 CM

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED]/21, began providing unsupervised ADL services on [REDACTED]/21. However, the staff person did not complete and pass the Department approved direct care training course and pass the competency test.

Direct care staff person B, hired on [REDACTED]/21, began providing unsupervised ADL services on [REDACTED]/21. However, the staff person did not complete and pass the Department approved direct care training course and pass the competency test.

Plan of Correction

Accept

Staff person A doesn't work at Vine Street Manor. Due to the transition from the previous personal care home, staff person A's previous file must have been handed to the state representative during the inspection at Vine Street Manor. All orientation was completed within a timely manor. Staff person B completed the online competency test on [REDACTED] 2021, however, due to staff person B's lack of a GED, they have been moved to a housekeeping position. In the future, the home's designee will make sure that all direct care staff members receive the proper training at the time that is required.

Please see attached documentation.

Completion Date: 09/01/2021. FROM NOW ON ONLY CURRENT STAFF FILES WILL BE KEPT IN THE ADMINISTRATOR'S OFFICE. THE ADMINISTRATOR WILL CONDUCT ALL NEW HIRE FILINGS. A WEEKLY MANAGEMENT MEETING ON MONDAYS WITH THE ADMINISTRATOR, CONSULTANT, BENEFITS ADMIN AND CARE COORDINATOR WILL BE CONDUCTED TO VERIFY COMPLIANCE.

Completion Date: 09/15/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 CM

161c - Additional Portions

1. Requirements

2600.

161.c. Additional portions of meals and beverages at mealtimes shall be available for the resident.

Description of Violation

On [REDACTED]/21, at the lunch meal, Resident #6 requested a second portion, and was not provided additional food.

Plan of Correction

Accept

Additional portions are always available for all meals served at Vine Street Manor. Staff has never refused any residents of any additional portions. Also, all residents are reminded that they are allowed to ask for more food at any time. IN ADDITION, THE KITCHEN STAFF HAS BEEN REMINDED TO CONTINUE TO FOLLOW THIS REGULATION BY THE POLICY BEING POSTED ON THE MENU. THE CARE COORDINATOR WILL CONDUCT REVIEWS WITH RESIDENTS WEEKLY. ALSO, A WEEKLY MANAGEMENT MEETING ON MONDAYS WITH THE ADMINISTRATOR, CONSULTANT, BENEFITS ADMIN AND CARE COORDINATOR WILL TAKE PLACE IN ORDER TO VERIFY COMPLIANCE.

Completion Date: 09/15/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 CM

183e - Storing Medications

1. Requirements

183e - Storing Medications (continued)

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.

Description of Violation

On [REDACTED]/21 at [REDACTED] pm, [REDACTED] for Resident #2, was found in a medication cart unopened. According to the manufacturer's instructions, the medication should have been stored in the refrigerator until opened.

On [REDACTED]/21 at [REDACTED] pm, a loose tablet was found on the ledge by the nursing station. Also, a white oval loose pill was observed inside the the third drawer of the medication's cart.

Plan of Correction**Accept**

Vine Street Manor has hired a full time medication staff member to be present at the nursing station. From now on, all narcotics will be stored in a lock box in the nursing station that will only be accessible to the nursing staff and direct care staff members.

The medication trainer has conducted an audit for the nursing station, which included the medication storage and MARs for compliance. The medication trainer has also completed training for all medication staff conducted on August 31, 2021. From this point on, the medication supervisor will audit the medication room on a daily basis.

Please see attached.

Completion Date: 09/01/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 CM

185a - Implement Storage Procedures**1. Requirements**

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.

Description of Violation

On [REDACTED]/21, the key to the narcotic lock box could not be located by staff. Medication Trained staff were unable to administer PRN narcotics if required.

Resident #3's glucometer was not calibrated with the correct date and time. On [REDACTED]/21 at [REDACTED] pm, the glucometer read [REDACTED]

Resident #4's glucometer was not calibrated with the correct date and time. On [REDACTED] 21 at [REDACTED] pm, the glucometer read [REDACTED] am

Resident #3 is prescribed [REDACTED]. Glucometer readings do not match the information recorded on Resident #3's MAR as follows:

- On [REDACTED] the evening reading on the glucometer was [REDACTED]. This information is not recorded on the MAR.
- On [REDACTED] the morning reading on the glucometer was [REDACTED]. This information is not recorded on the MAR.
- On [REDACTED] the morning reading on the glucometer was [REDACTED]. The MAR reflects [REDACTED]
- On [REDACTED] the evening reading on the glucometer was [REDACTED]. The MAR reflects [REDACTED]

Resident#5 is prescribed [REDACTED] as needed for cough. On [REDACTED]/21, this medication was not available in the home.

185a - Implement Storage Procedures (continued)**Plan of Correction****Accept**

No medication deliveries were missed nor were medication doses given incorrectly. The medication supervisor has determined that the residents mentioned were not in the facility at the times mentioned and staff mistakenly filled out the MARs for resident #3 and resident #4. Vine Street Manor has hired a full time medication staff member to be present at the nursing station. From now on, all narcotics will be stored in a lock box in the nursing station that will only be accessible to the nursing staff and direct care staff members. The medication trainer has conducted an audit for the nursing station, which included the medication storage and MARs for compliance. The medication trainer has also completed training for all medication staff conducted on August 31, 2021. From this point on, the medication room will be audited on a daily basis by either the medication supervisor or medication staff present.

Completion Date: 09/01/2021. THE CARE COORDINATOR WILL REVIEW ALL GLUCOMETER READINGS EVERY MORNING. ANY ISSUES WILL BE ADDRESSED IMMEDIATELY WITH ALL PERTINENT PARTIES. A WEEKLY MANAGEMENT MEETING ON MONDAYS WITH THE ADMINISTRATOR, CONSULTANT, BENEFITS ADMIN AND CARE COORDINATOR WILL BE CONDUCTED TO CONTINUE COMPLIANCE.

Completion Date: 09/15/2021 *Licensee's Proposed Date of POC Implementation*

Not Implemented 8/16/22 CM**185b - Medication Procedures****1. Requirements**

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.

Description of Violation

The home's procedures for the safe use of medications and medical equipment do not include documentation of the receipt of controlled substances and prescription medications, a process to investigate and account for missing medications and medication errors, limited access to medication storage areas.

Plan of Correction**Accept**

The medication supervisor for Vine Street Manor has created a new written medication policy that includes documentation of the receipt of controlled substances and prescription medications, a process to investigate and account for missing medications and medication errors and limited access to medication storage areas. A copy of these policies have been posted in the nursing station. Also, the medication station at Vine Street Manor has been equipped with a key code entry system.

Please see attached.

Completion Date: 09/01/2021. ALL STAFF MEMBERS HAVE RECEIVED VERBAL NOTICE OF THE PROCEDURES AND HAS BEEN DIRECTED TO READ THE POSTED PROCEDURE IN THE MEDICATION ROOM. A COPY WILL BE INSERTED IN EACH STAFF MEMBERS PAYCHECKS DURING THE NEXT PAYROLL. THE CARE COORDINATOR WILL REVIEW CONTROLLED SUBSTANCES FOR COMPLIANCE EACH MORNING. ALSO, A WEEKLY MANAGEMENT MEETING ON MONDAYS WITH THE ADMINISTRATOR, CONSULTANT, BENEFITS ADMIN AND CARE COORDINATOR WILL BE CONDUCTED TO VERIFY COMPLIANCE.

Completion Date: 09/15/2021 *Licensee's Proposed Date of POC Implementation*

Implemented 8/16/22 CM

187d - Follow Prescriber's Orders**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed glucose reading before meals and at bedtime. However, resident #3's glucometer did not show a reading for [REDACTED]/21 and [REDACTED]/21 before breakfast, and on [REDACTED]/21 at bedtime.

Plan of Correction**Accept**

Resident #3 was not in the home at the times mentioned. However, staff failed to document the fact that the resident wasn't present at the time. The medication trainer has conducted training on 08/31/2021 for all medication staff to ensure that this incident doesn't occur again.

Please see attached documentation for medication training.

Completion Date: 09/01/2021. THE CARE COORDINATOR WILL REVIEW ALL MARS EVERY MORNING. THE CARE COORDINATOR WILL ALSO CONDUCT RANDOM MEDICATION DELIVERY OVERSIGHT. A WEEKLY MANAGEMENT MEETING ON MONDAYS WITH THE ADMINISTRATOR, CONSULTANT, BENEFITS ADMIN AND CARE COORDINATOR WILL BE CONDUCTED TO VERIFY COMPLIANCE.

Completion Date: 09/15/2021 *Licensee's Proposed Date of POC Implementation*

Implemented 8/16/22 CM