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

October 6, 2023

[redacted]
LANDIS HOMES RETIREMENT COMMUNITY
1001 EAST OREGON ROAD
LITITZ, PA, 17543

RE: LANDIS HOMES RETIREMENT COMMUNITY
1001 EAST OREGON ROAD
LITITZ, PA, 17543
LICENSE/COC#: 32177

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/16/2023, 08/17/2023, 08/18/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *LANDIS HOMES RETIREMENT COMMUNITY* **License #**: *32177* **License Expiration**: *06/03/2024*

Address: *1001 EAST OREGON ROAD, LITITZ, PA 17543*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *LANDIS HOMES RETIREMENT COMMUNITY*

Address: *1001 EAST OREGON ROAD, LITITZ, PA, 17543*

Phone: **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *12/26/2006* **Issued By**: *Manheim Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *106* **Waking Staff**: *80*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *08/18/2023*

Inspection Dates and Department Representative

08/16/2023 - On-Site: [redacted]
08/17/2023 - On-Site:
08/18/2023 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *124* **Residents Served**: *89*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Lititz Home* **Capacity**: *16* **Residents Served**: *15*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *89*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *17* **Have Physical Disability**: *1*

Inspections / Reviews

08/16/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/01/2023*

Inspections / Reviews *(continued)*

09/01/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/05/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/07/2023*

09/08/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/05/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/05/2023*

10/06/2023 - Document Submission

Submitted [redacted] **Date Submitted:** *10/05/2023*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

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 Member A, whose first day of work in personal care was [redacted]/2023, 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 Member B, whose first day of contracted work was [redacted]/2023, 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 location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff Member C, whose first contracted day of work in personal care was [redacted]/2023, 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 location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction ***Directed [redacted] - 09/08/2023)***

During the first day of orientation for all staff members, the Human Resources Director or Manager will review all items 1 through 7 as listed above. It has been added to the General Orientation checklist and packets for all new staff members. The Human Resources Manager is a Fire Safety expert and has reviewed with the director. 4 Med-techs and Personal Care scheduler will be attending Fire Safety expert training to cover all shifts to ensure proper training of Landis Homes staff and of contracted workers. Personal Care Compliance LPN will receive a list of new hires provided by the scheduler to review training packets and fire safety procedures being taught. Audits will be reviewed by administrator quarterly Quality Management meetings. Partial implementation to begin with the September 11th orientation. Fire Safety expert training to be held over 2 classes. September 13th and October 18th. Full implementation to be completed by October 18, 2023.

65a - FS Orientation 1st Day (continued)

• Please provide the date the general orientation checklist and packets were updated as well as the staff member's title that revised the documents. What date will these updated forms be implemented? Changes were made 8/30 by the Human Resources Manager. Updated forms will be used beginning the September 11th orientation.
• Please provide the start date for the quarterly audits as well as when the next QM meeting is scheduled for. Quarterly audits are beginning with the September 11th orientation. Audits will be reviewed beginning November 2nd at the PC QM meeting.
• There should be an immediate audit completed (include date to be completed as well as the staff member's title) to review all current staff members as well as agency staff, to ensure they have the required trainings as identified in 2600.65(a). Be sure to keep documentation. Trainings to be completed through 12/31/2023. Audit to be completed by Human Resources Manager and Scheduler. To be completed by 9/30/2023.
• A training on the requirements of training topics will need to be provided to the appropriate staff. Please provide the date the training will be completed as well as the staff member responsible for the education. Documentation will be kept by the home. Human Resources Manager or Director completes training for employees. Trainings are offered every other week.

(Directed)

- *Staff Member's A, B and C will receive education in the missed topics of training no later than 9/30/2023.*

Directed Completion Date: *09/30/2023*

Implemented ([redacted] - 10/06/2023)

65b - Rights/Abuse 40 Hours

2. 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 Member A, hired on [redacted]/2023, 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 Member D, hired on [redacted]/2023, did not complete training in the following topics: emergency medical plan and reporting of reportable incidents and conditions.

Plan of Correction ***Accept ([redacted] 09/08/2023)***

During the first day of orientation for all staff members, the Human Resources Director or Manager will review all

65b - Rights/Abuse 40 Hours (continued)

items as listed above. All items have been listed on the General Orientation checklist to be reviewed by Human Resources with all new team members. New team members will receive information regarding the topics in their new hire packet. In addition, the items listed above will be available for team members in an information binder in each Care Station. Implementation to be completed by Human Resources Manager / Director for the September 11th orientation. Binder implementation will be complete by September 30th.

• Please identify when the General orientation checklist was updated and by what staff member's title. General Orientation packet/orientation checklist that is provided to staff during their training was updated by Human Resources manager on 8/30/2023.
• Please complete an immediate audit of all current staff members, including agency staff, to ensure they have received orientation in the topics identified in 2600.65(b). Be sure to include the date the audit will be completed by as well as the staff member's title responsible for the audit; documentation of the audit will be kept. Audit to be completed by Human Resources Manager and Scheduler. To be completed by 9/30/2023.
• Will staff be required to sign documentation ensuring the topics were reviewed in the new hire packet? Staff members will sign stating that they have received and reviewed the information.
• Please explain what the purpose of the binder is for-are staff required to review the binder and sign a form? Is the binder there for reference only? Are staff required to sign something saying they reviewed the information in the binder? The binders are for reference and staff will be required to sign stating that they have reviewed the contents of the binder.
• Staff Member's A and D will need to receive training in the topics missed as noted in the violation. Please provide the date the trainings will be completed by as well as the staff member's title responsible for the education; documentation will be kept by the home. Staff members A and D will be receiving education by the administrator by 9/30/2023. A sign-in sheet will be kept as documentation.
• A training on the requirements of training topics will need to be provided to the appropriate staff. Please provide the date the training will be completed as well as the staff member responsible for the education. Documentation will be kept by the home. Training was provided to Human Resources on 8/30/2023.

Licensee's Proposed Overall Completion Date: *09/30/2023*

Implemented ([redacted] - 10/06/2023)

65g - Annual Training Content

3. Requirements

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. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite 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.

Description of Violation

Staff person E did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency

65g - Annual Training Content (continued)

situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) or falls and accident prevention during the 2022 training year.

Plan of Correction ***Accept ([redacted] - 09/08/2023)***

Annual training updated to reflect above and meet requirements. Annual training to be completed by Human Resources director / manager bi-monthly. Staff members are scheduled for annual trainings by Human Resources during their anniversary months. Training is available to all staff members monthly in the event they are unable to attend during their anniversary month.

• Please provide the date the annual training plan was updated and the staff member's title who updated the plan. Training Plan updated by Human Resources Manager to reflect annual training requirements.
• Please complete an audit of all staff members in the home to ensure they received the proper annual training. Include the staff member responsible for completing the audit as well as the date the audit will be performed by. Documentation of the audit will be kept by the home. Audit to be completed by Human Resources by 10/31 to be reviewed at QM meeting on 11/2/2023 and educate all staff by 12/31/2023.
• Please provide the date Staff Member E will receive the missed trainings by as well as the staff member responsible for providing the training. Please be sure to keep documentation of the training completed. Staff member E will receive training by 11/30/2023 from the Human Resources Director/Manager.
• A training on the requirements of annual training topics will need to be provided to the appropriate staff. Please provide the date the training will be completed as well as the staff member responsible for the education. Documentation will be kept by the home. Training requirements will be provided at the 9/28/2023 by the Administrator.

Licensee's Proposed Overall Completion Date: *09/28/2023*

Implemented [redacted] - 10/06/2023)

102h - Toilet Paper

4. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 8/17/2023, no toilet paper was provided in Resident #3's bathroom.

Plan of Correction ***Accept [redacted] - 09/08/2023)***

Toilet paper is now in resident's room. Daily check has been implemented to ensure compliance.
• Please provide the date the resident received toilet paper in the room as well as the staff member's title that placed the toilet paper. 8/30/23 Toilet paper placed by the LPN.
• Please identify the start date for daily checks and the staff member's title who will be completing these checks. 8/30/2023 Sign off created by LPN. LPN or Med Tech will be responsible.
• Training should be provided to all staff on the requirement of this regulation. Please provide a date the training will be completed by as well as the staff member's title responsible for the education; documentation should be kept by the home. Education to team members began with the 8/26/23 meeting. All team members will be trained by the 9/28/23 meeting.

102h - Toilet Paper (continued)

Licensee's Proposed Overall Completion Date: *09/28/2023*

Implemented [redacted] - 10/06/2023)

183e - Storing Medications

5. Requirements

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 8/17/2023 at approximately 12:58 PM, a resident's Omega 3-6-9 was observed in the Cedar Household medication cart. The lid of the medication bottle was broken, exposing the capsules to potential conditions of sanitation.

Plan of Correction ***Accept ([redacted] - 09/08/2023)***

Cart audits to be completed on every unit by nightshift Med Tech weekly beginning 9/11/23. Audit to reflect clean cart, no expired medications, no loose medications, medication containers clean, labeled clearly and in working order. In addition, cart audits to be completed by pharmacy quarterly. Audits to be reviewed by Personal Care Compliance LPN.

• Please identify what the home did with the Omega bottle with the broken lid-include the date it occurred and the staff member's title. Omega bottle and supplement disposed of new bottle opened by LPN.
• When will cart audits by pharmacy begin? Pharmacy audits began on 7/11/2023 in communication with pharmacy to set up audits. Spoke with the nurse that completes the audits, awaiting confirmation from manager that is currently on vacation.
• Please ensure the Med Tech audits are documented and kept by the home.
• How often will audits by Personal Care Compliance LPN be completed? Monthly. When will these begin? 9/19/2023 Will it be every cart each audit? Yes. Please be sure to keep documentation.
• Training will need to be provided to all applicable staff on proper storage of medications in regards to broken bottles, ripped blister packs, etc. Please provide the date the training will occur as well as the staff member's title responsible for the education. Training provided at 8/24/2023 staff meeting by administrator. Audit sheets/checklists reviewed with applicable staff Med Techs/LPN's that are assigned to carts.

Licensee's Proposed Overall Completion Date: *09/19/2023*

Implemented ([redacted] - 10/06/2023)

184a - Resident's Meds Labeled

6. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

184a - Resident's Meds Labeled *(continued)*

Description of Violation

On 8/17/2023, the pharmacy label for Resident #1's Novolog Flexpen U-100 Insulin provides instructions to hold for BS<60 or >450. However, Resident #1's current physician's orders, dated 7/21/2023, provides instructions to hold for BS<90.

Plan of Correction ***Accept ([redacted] - 09/08/2023)***

Team members to check medication labels against the orders at time of administration, reviewing 5 rights and 3 checks (began 8/24 and ongoing). Implementing chart reviews on nightshift (create and implement process by September 30th.) Training to be Personal Care Compliance LPN and Clinical Coordinator.

• Please provide a date the staff will receive training by-I'm assuming it will be given by the Personal Care Compliance LPN and Clinical Coordinator-please clarify. Began 8/24/2023. Compliance LPN and Clinical Coordinator to provide education. Completion of general re-education to be completed by 10/31/2023.
• Please clarify what will occur during chart reviews, how frequently they will occur and who will be completing them. LPN will review and compare order to medication label and eMAR when new orders are prescribed.
• An initial audit of all medications compared to orders should be completed to ensure current medication instructions on the pharmacy label match current orders. Please provide the date this audit will be completed as well as the staff member responsible for the education. Documentation will need to be kept. Pharmacy RN to begin initial cart/order audits 9/7/23.

Licensee's Proposed Overall Completion Date: *10/31/2023*

Implemented ([redacted] 10/06/2023)

185a - Implement Storage Procedures

7. 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

Resident #2 is prescribed Accu-Check's daily. The blood glucose checks on the glucometer did not match the numbers transcribed on the Mediation Administration Record (MAR) as follows:

- *Glucometer reading on 8/15/2023 at 6:57 PM was 324-The number documented in the MAR states blood glucose is 354.*
- *Glucometer reading on 8/8/2023 at 6:52 PM was 348-The number documented in the MAR states the blood glucose is 358*

Resident #4 is prescribed Mapap Extra Strength 500mg tablet (1) as needed every six hours. On 8/17/2023, Resident #3's medication was not available in the home.

The home has standing physician's orders for PRN bowel protocols which includes Dulcolax 10mg rectal suppository, Fleet Bisacodyl 10mg enema, and Sorbitol 70% oral solution. On 8/17/2023, all of the listed medications were not available in the home for Resident #2, Resident #4 and Resident #5. The Dulcolax 10mg rectal suppository and Fleet Bisacodyl 10mg enema were not available in the home on 8/17/2023 for Resident #6 and Resident #7.

Resident #5 is prescribed Ear Drops (Carbamide Peroxide) 6.5%-5 drops both ears as needed twice daily for 4 days.

185a - Implement Storage Procedures (continued)

On 8/17/2023, this medication was not available in the home.

Plan of Correction ***Directed [redacted] 09/08/2023)***

PRN ear dops are in the process of being discontinued. Administrator and Clinical Coordinator are working with pharmacy to provide each household with 5 full bowel protocols with a process implemented to be ordered to maintain a stock supply for residents in the event of immediate need. Working with pharmacy to stock Cubex for additional supplies for immediate need. If need cannot be met, we will discontinue and address bowel protocol on an as needed basis.

Night shift Med Techs will be checking glucometer readings in comparison to the MAR daily. In addition, Personal Care Compliance LPN will be reviewing checks weekly. Training night shift staff to begin September 5th, 2023, with full implementation to be completed by 9/30/2023.

• Please provide the date the physician was notified of the PRN ear drops needing to be discontinued and the staff member's title responsible for the communication. Administrator and Clinical Coordinator notified physician on 8/31/2023. D/C orders being completed by LPN on each household. Revision of standing orders in progress to be completed by 10/31/2023.
• Was Resident #4's MPAP ordered and made available in the home? Yes. Please include the process of this medication-who ordered it, when did it come in? LPN ordered at time of survey. Medication delivered on 8/17/2023.
• All staff administering medications will need to receive education on ensuring medications are available as ordered as well as proper transcription of blood glucose levels. Please provide the date this will occur as well as the staff member responsible for the training.
• What date will the med tech's begin checking glucometer readings? Trainings for glucometer checks to begin 9/12/2023. Full implementation to begin 9/18/2023. What date will the Compliance LPN begin their weekly checks? Weekly glucometer checks to begin 9/12/2023. Please be sure these audits are documented and kept by the home.
• The home will need to complete an initial audit of all medication carts to ensure medications are available per physician's orders. Please include the date this initial audit will occur as well as the staff member's title responsible. Audit to begin with pharmacy RN on 9/7/2023.
• Please add a process for continued compliance regarding residents medications being available, aside from the bowel protocol medications. This can be done through routine audits of medication carts-please provide the date the process will begin as well as the staff member responsible for completing them and the frequency they will be done. Audit to begin with pharmacy RN on 9/7/2023. Weekly audits completed by night shift Med Techs and LPN. Working with pharmacy to have a list of items available in the Cubex in addition to having stock medications available.

• Please provide the date the physician was notified of the PRN ear drops needing to be discontinued and the staff member's title responsible for the communication. Administrator and Clinical Coordinator notified physician on 8/31/2023. D/C orders being completed by LPN on each household. Revision of standing orders in progress.

• Was Resident #4's MPAP ordered and made available in the home? Yes. Please include the process of this medication-who ordered it, when did it come in? LPN ordered at time of survey. Medication delivered on 8/17/2023.
• All staff administering medications will need to receive education on ensuring medications are available as ordered as well as proper transcription of blood glucose levels. Please provide the date this will occur as well as the staff member responsible for the training.

185a - Implement Storage Procedures (continued)

• What date will the med tech's begin checking glucometer readings? Trainings for glucometer checks to begin 9/12/2023. Full implementation to begin 9/18/2023. What date will the Compliance LPN begin their weekly checks? Weekly glucometer checks to begin 9/12/2023. Please be sure these audits are documented and kept by the home.
• The home will need to complete an initial audit of all medication carts to ensure medications are available per physician's orders. Please include the date this initial audit will occur as well as the staff member's title responsible. Audit to begin with pharmacy RN on 9/7/2023.
• Please add a process for continued compliance regarding residents medications being available, aside from the bowel protocol medications. This can be done through routine audits of medication carts-please provide the date the process will begin as well as the staff member responsible for completing them and the frequency they will be done. Audit to begin with pharmacy RN on 9/7/2023. Weekly audits completed by night shift Med Techs and LPN. Working with pharmacy to have a list of items available in the Cubex in addition to having stock medications available.

(Directed)

- *All staff administering medications will receive education on ensuring medications are available as ordered as well as proper transcription of blood glucose levels. Training will be completed no later than 9/30/23 by the Administrator or Designee.*

Directed Completion Date: *09/30/2023*

Implemented ([redacted] - 10/06/2023)

227d - Support Plan Medical/Dental

8. Requirements

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.

Description of Violation

The assessment for Resident #3, dated [redacted]2022, states the resident is independent in the area of toileting and bladder management. However, Resident #3 is incontinent, wears briefs and is totally dependent upon others for hygienic practices surrounding toilet use and incontinence related tasks. Additionally, Resident #3 does not have access to toilet paper in the resident's private bathroom. Resident #8's support plan does not properly reflect the resident's area of need and support surrounding bladder management or toileting and does not include a medical or behavioral reason for the toilet paper being inaccessible to the resident.

Plan of Correction ***Directed ([redacted] - 09/08/2023)***

Resident has been given toilet paper, an audit is to be completed by the SDCU Care Team to see if resident is flushing or clogging toilets. Daily placement checks of toilet paper placement have been initiated and will be

227d - Support Plan Medical/Dental (continued)

completed by the 1st shift SDCU LPN.
RASP updated to reflect changes on 8/18/2023. Audit review will be completed by Clinical Supervisor.
RASP education has been set up for September 5th, 2023, for the Clinical Coordinator and Social Worker.
Clinical Coordinator and Social Worker to work on educating team members on the importance of the RASP and how to utilize/complete, at next team meeting on 9/28/2023 and ongoing. Audit to be completed quarterly by Personal Care Compliance LPN.

Please provide the date toilet paper was given to the resident. 8/21/2023
Please indicate when audits will be started by the SDCU care team and how frequently the audits will be completed; documentation should be kept. Checks are done daily, completed by the LPN or Med Tech and will continue until 10/31/2023.
What date has daily toilet paper checks been implemented. Check added to eMAR on 8/30/2023 by LPN
Please provide the staff member's title who updated the resident's RASP on 8/18/23. LPN
What will the audit review by the Clinical Supervisor be reviewing? Clinical Supervisor will be educating all team members on the importance of RASP's and what should be included on the RASP's. When will this occur and how frequently? The Clinical Supervisor is in the process of reviewing all RASP's for thoroughness, individuality, and compliance. Anticipated completion date is 11/1/23. Audits of a percentage of RASP's quarterly to begin after initial audit is completed.
When will the quarterly audit by the Compliance LPN begin? In progress and ongoing in conjunction with Clinical Supervisor. Is the audit on all resident RASP's? Yes.

(Directed)

- *An initial audit of resident RASP's will be completed no later than 9/30/23 by the Administrator or Designee. Quarterly audits will begin 10/1/2023.*

Directed Completion Date: *09/30/2023*

Implemented [redacted] - 10/06/2023)