

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

April 24, 2024

[REDACTED], CEO  
ODD FELLOWS HOME OF PENNSYLVANIA INC  
999 WEST HARRISBURG PIKE  
MIDDLETOWN, PA, 17057

RE: CRESCENT VIEW ASSISTED LIVING  
999 WEST HARRISBURG PIKE  
MIDDLETOWN, PA, 17057  
LICENSE/COC#: 33892

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/26/2024, 02/27/2024 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: CRESCENT VIEW ASSISTED LIVING License #: 33892 License Expiration: 10/01/2024
Address: 999 WEST HARRISBURG PIKE, MIDDLETOWN, PA 17057
County: DAUPHIN Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: ODD FELLOWS HOME OF PENNSYLVANIA INC
Address: 999 WEST HARRISBURG PIKE, MIDDLETOWN, PA, 17057
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/25/1999 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 02/27/2024

Inspection Dates and Department Representative

02/26/2024 - On-Site: [Redacted]
02/27/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 98 Residents Served: 45

Special Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 45
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 3
Have Mobility Need: 15 Have Physical Disability: 1

Inspections / Reviews

02/26/2024 Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/11/2024

03/11/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 04/19/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/18/2024

Inspections / Reviews *(continued)*

03/22/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/19/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/19/2024

04/24/2024 Document Submission

Submitted [REDACTED]

Date Submitted: 04/19/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

69 Dementia training

1. Requirements

2800.

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

At the time of the 2/26/24 inspection, Staff Member A, date of hire [REDACTED], did not receive dementia-specific training.

Plan of Correction

Directed [REDACTED] - 03/21/2024)

Director of Education was educated by Director of Nursing on February 26, 2024 that any staff member hired for Assisted Living must receive 4 hours of dementia training within 30 days of hire.

All new hires receive 4 hours of dementia training on day two beginning February 27, 2024.

Beginning the week of March 26, 2024, Director of Nursing or designee will audit four (4) new employees monthly for 3 months to ensure 4 hours of dementia training is completed within 30 days of hire.

Proposed Overall Completion Date: 03/29/2024

(Directed)

- Director of Education was educated by Director of Nursing on February 26, 2024, that any staff member hired for Assisted Living must receive 4 hours of dementia training within 30 days of hire.
- Staff member A received dementia training on 3/1/2024.
- All new hires receive 4 hours of dementia training on day two beginning February 27, 2024.
- Beginning the week of March 26, 2024, Director of Nursing or designee will audit four (4) new employees monthly for 3 months to ensure 4 hours of dementia training is completed within 30 days of hire.
- Administrator or designee will complete an initial audit of all current employees by 4/12/24 to ensure each current staff member had the required Dementia training.
- Documentation of training and completed audits will be kept by the home and available for review by the Department.

Directed Completion Date: 04/12/2024

Implemented [REDACTED] - 04/23/2024)

81b Resident equip – good repair

2. Requirements

2800.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The bed of the resident in room #122 has an uncovered enabler bar attached with an opening of 12 inches wide and 7.5 inches high which poses an entrapment risk.

81b Resident equip – good repair (continued)

**Plan of Correction**

**Accept ( ) - 03/21/2024)**

*On February 26, 2024, the enabler bar in room 122 was removed by Director of Maintenance.*

*On March 13, 2024, the Director of Therapy evaluated all residents with an enabler bar.*

*On March 13, 2024, the Director of Therapy and Director of Maintenance deemed enabler bar for all residents identified were compliant and free of hazards.*

*As of March 13, 2024, audits were initiated of all residents with an enabler bar and will be ongoing 2x/month for 3 months to ensure enabler bars are compliant and free of hazards.*

*Effective March 29, 2024, all staff will be trained on enabler bar safety and to report any concerns to Charge Nurse.*

**Licensee's Proposed Overall Completion Date: 03/29/2024**

**Implemented ( ) - 04/24/2024)**

132c Fire drill records

**3. Requirements**

2800.

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 residence 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 records for all drills conducted from 10/1/23 until present, do not list the exit routes used. Only the location of the simulated fire that they are moving away from is listed.*

**Plan of Correction**

**Directed ( ) - 03/21/2024)**

*On February 27, 2024, the Director of Nurses educated the Director of Maintenance to document evacuation route used during all fire drills.*

*Director of Nurses or designee will audit monthly fire drills x 3 months to ensure the evacuation route is documented.*

*Proposed Overall Completion Date: 03/29/2024*

*(Directed)*

- On February 27, 2024, the Director of Nurses educated the Director of Maintenance to document evacuation route used during all fire drills.*
- By 4/5/24 the Director of Nurses or designee will review March 2024 fire drill record to ensure evacuation route is documented. Audits will continue monthly for 3 additional months to ensure the evacuation route is documented.*
- Documentation of training and audits will be kept by the home and available for review by the Department.*

**Directed Completion Date: 04/05/2024**

132c Fire drill records (*continued*)*Implemented* [REDACTED] - 04/23/2024)

## 183b Medications and syringes locked

**4. Requirements**

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

**Description of Violation**

On 2/26/24, at approximately [REDACTED], Resident #6's [REDACTED] was unlocked, unattended, and accessible in the 3rd floor nurse's office.

*Repeated violation - 6/28/23*

**Plan of Correction***Accept* [REDACTED] - 03/21/2024)

On February 26, 2024, Charge Nurse locked [REDACTED] belonging to Resident #6 in treatment cart.

On February 26, 2024, Director of Nursing educated staff that all medications and treatments must be locked in medication or treatment cart, respectively.

Effective the week of March 25, 2024, the Director of Nursing or designee will audit 2x/month for 3 months confirming that all medications and treatments are securely stored in medication or treatment cart, respectively.

**Licensee's Proposed Overall Completion Date:** 03/29/2024

*Implemented* [REDACTED] - 04/23/2024)

## 183e Storing Medications

**5. Requirements**

2800.

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 2/27/24, at approximately 1pm, Resident #1's unopened, [REDACTED] insulin pen was being stored in the second-floor medication cart. According to manufacturer's instructions, unopened pens must be stored in the refrigerator.

On 2/27/24, two loose pills, one round white and one round salmon color, were found in the first-floor med cart.

**Plan of Correction***Accept* [REDACTED] - 03/21/2024)

On February 27, 2024 a new insulin pen was ordered by the Charge Nurse and the unopened insulin pen was discarded.

The Charge Nurse destroyed the 2 loose pills using the RX Destroyer.

Effective the week of March 11, 2024, Director of Nursing educated staff on proper storage of insulin pens as well

183e Storing Medications (continued)

as proper procedure for destroying of medications.

Effective the week of March 25, 2024, audits will be conducted 2x/month for 3 months by Director of Nursing or designee.

Proposed Overall Completion Date: 03/29/2024

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented [REDACTED] - 04/23/2024)

183f Discontinued medications

6. Requirements

2800.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the residence, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the residence.

Description of Violation

On 2/27/24, two prescribed medications for Resident #3, [REDACTED], which had been discontinued, were stored in the first-floor medication cart.

Plan of Correction

Directed [REDACTED] - 03/21/2024)

On February 27, 2024, discontinued medications for Resident #3 were destroyed by Charge Nurse.

Effective the week of March 11, 2024, staff were re-educated on removing discontinued medications from medication carts.

Effective the week of March 25, 2024, audits will be conducted 2x/month for 3 months to ensure discontinued medications are removed from medication carts.

Proposed Overall Completion Date: 03/29/2024

(Directed)

- On February 27, 2024, discontinued medications for Resident #3 were destroyed by Charge Nurse.
- Effective the week of March 11, 2024, staff were re-educated by Director of Nursing or designee on removing discontinued medications from medication carts.
- Effective the week of March 25, 2024, Director of Nursing or designee will complete audits 2x/month for 3 months to ensure discontinued medications are removed from medication carts.

Directed Completion Date: 03/29/2024

Implemented [REDACTED] - 04/23/2024)

184a Resident meds labeled

7. Requirements

2800.

184a Resident meds labeled (*continued*)

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

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

**Description of Violation**

*The medication labels for 6 of Resident #1's medications did not include their current orders. The following was observed:*

- [REDACTED] is ordered to take 1 tablet by mouth twice daily morning and afternoon and take 2 tablets by mouth at bedtime. However, the medication label read, administer 1 tablet by mouth twice daily in the morning and afternoon.
- [REDACTED], is ordered to apply 1/2 ribbon to inside of both lower lids in each eye two times a day. However, the medication label read, "for direction on how to take medication, read enclosed mail service." Administration instructions were not located inside the medication box/original container.
- Since 12/20/23, [REDACTED] is prescribed to apply to abdominal folds twice daily as needed for antifungal. The medication label reads, apply to abdominal folds twice daily for 14 days.
- Since 9/6/23, [REDACTED] is ordered to take 1 tablet by mouth at bedtime as needed for restless leg syndrome. The medication label read, take 1 tablet by mouth at bedtime.
- Since 9/6/23, [REDACTED] is prescribed to take 1 tablet by mouth every 8 hours as needed for spasms. The medication label reads, take 1 tablet by mouth every 8 hours.
- [REDACTED] is prescribed to take 2 tablets, [REDACTED] by mouth 3 times a day as needed for pain. The generic over-the-counter medication label read, administer 2 tabs [REDACTED] every 6 hours as needed.

Resident #1 is ordered [REDACTED], [REDACTED], inject [REDACTED] at bedtime. On [REDACTED] at approximately [REDACTED], two [REDACTED] insulin pens, purportedly belonging to Resident #1, were located in the second-floor medication cart. Neither pen was labeled with the following: the resident's name, the date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber.

The [REDACTED] insulin pen and [REDACTED] for Resident # [REDACTED] and [REDACTED] insulin pens for Resident #2 and the [REDACTED] and [REDACTED] flexpens for Resident #3 were not dated when opened.

**Plan of Correction**

*Directed ([REDACTED] - 03/21/2024)*

*On February 27, 2024, the Charge Nurse re-labeled resident # 1, 2, and 3's insulin pens with the respective resident name.*

*Insulin pen belonging to Residents #1 was destroyed per policy and a new insulin pen was opened and dated.*

*On February 28, 2024, Charge Nurse placed "change of order labels" to [REDACTED], [REDACTED].*

*Effective the week of March 11, 2024, nurses and med tech's were re-educated on orders, labeling, and accuracy of Medication Administration Record.*

*Effective the week of March 25, 2024, audits will be completed 2x/month for 3 months.*

184a Resident meds labeled (continued)

Proposed Overall Completion Date: 03/29/2024

(Directed)

- On February 27, 2024, the Charge Nurse re-labeled resident # 1, 2, and 3's insulin pens with the respective resident name.
- Insulin pen belonging to Residents #1 was destroyed per policy and a new insulin pen was opened and dated.
- On February 28, 2024, Charge Nurse placed "change of order labels" to [REDACTED].
- Effective the week of March 11, 2024, nurses and med tech's were re-educated on orders, labeling, and accuracy of Medication Administration Record.
- Effective the week of March 25, 2024, Director of Nursing or designee will complete and document medication cart audits 2x/month for 3 months. The audits will consist of a review of medication labels compared to physician's orders as well as all requirements of 2600.184(a) for proper medication labeling instructions.

Directed Completion Date: 03/29/2024

Implemented [REDACTED] - 04/23/2024)

184b - Labeling OTC/CAM

8. Requirements

2800.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #1's bottles of [REDACTED] in the second-floor medication cart and Resident #4's bottle of Ferrous Sulfate in the first-floor medication cart, are not labeled with their names.

Plan of Correction

Accept [REDACTED] - 03/22/2024)

On February 27, 2024, the Charge Nurse labeled the [REDACTED] and [REDACTED] belonging to Resident#1 with the resident's name.

On February 27, 2024, the Charge Nurse labeled [REDACTED] belonging to Resident #4.

On February 27, 2024, the Director of Nurses educated staff on correct labeling of all medications.

Effective the week of March 25, 2024, audits will be completed 2x/month for 3 months to ensure medications are labeled with the respective resident's name.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented [REDACTED] - 04/23/2024)

185a Storage procedures

9. Requirements

2800.

185a Storage procedures (continued)

185.a. The residence 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 has an order for blood glucose levels to be checked 4 times per day. The resident's glucometer does not have any blood glucose readings recorded from [redacted] at [redacted] until [redacted] at [redacted]. However, the MAR (medication administration records) has entries recorded for blood glucose levels 4 times per day during this time period.

Resident #3 has a blood glucose readings of [redacted] on [redacted] at [redacted] and [redacted] on [redacted] at [redacted] recorded on their MAR. These readings are not contained in the resident's glucometer history for these dates.

Resident #7 has blood glucose readings of [redacted] on [redacted] at [redacted] and [redacted] on [redacted] at [redacted] recorded on their MAR. The glucometer for this resident does not have any readings for these dates and times.

The blood glucose levels and time the levels were obtained, that are recorded on the MAR for Resident #1, are not the same as the blood glucose levels and time obtained, recorded in the resident's glucometer.

DATE/TIME on MAR    DATE/TIME on Glucometer    Glucometer    MAR

[Redacted table content]

The blood glucose levels recorded in the MAR for Resident #3 are not the same as the blood glucose levels recorded in the resident's glucometer.

DATE    TIME    Glucometer    MAR

[Redacted table content]

Plan of Correction

Directed ([redacted] - 03/22/2024)

On February 27, 2024, the Director of Nurses conducted re education of staff on the use of glucometers. Education included that each resident must have their own individually labeled glucometer in order to accurately document the glucose reading in the Medication Administration Record.

On February 28, 2024, the Charge Nurse verified that any resident who needs glucometer testing has their own individually labeled glucometer.

As of February 27, 2024, the Charge Nurse will continue to calibrate glucometers.

Effective March 28, 2024, the Director of Nurses or designee will audit glucometers 2x/month for 3 months to ensure compliance with proper use of glucometers.

Proposed Overall Completion Date: 03/29/2024

## 185a Storage procedures (continued)

*(Directed)*

- On February 27, 2024, the Director of Nurses conducted re-education of staff on the use of glucometers. Education included that each resident must have their own individually labeled glucometer in order to accurately document the glucose reading in the Medication Administration Record.
- On February 28, 2024, the Charge Nurse verified that any resident who needs glucometer testing has their own individually labeled glucometer.
- As of February 27, 2024, the Charge Nurse will continue to calibrate glucometers once per month for all resident's glucometers. Documentation of the calibration will be kept.
- Effective March 28, 2024, the Director of Nurses or designee will audit glucometers 2x/month for 3 months to ensure compliance with proper use of glucometers.
- Documentation of training and audits will be kept by the home and available to the Department.

Directed Completion Date: 04/01/2024

Implemented (████) - 04/24/2024

## 190a Completion of course—meds

**10. Requirements**

2800.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

Staff Member B administered medications to Resident #1 on █████. They have not received any Department-approved medication administration training, observations or reviews since █████.

Staff Member C administered medication to Resident #1 on █████. They have not received any Department-approved medication administration training, observations or reviews since █████.

**Plan of Correction**

Directed (████) - 03/22/2024

Effective March 29, 2024, the Director of Nursing or designee will complete an audit of all medication techs to ensure compliance with training.

On or before April 5, 2024, all staff will receive training.

Effective the week of March 28, 2024, the Director of Nurses or designee will audit and confirm that all medication techs are in compliance with their training.

Proposed Overall Completion Date: 04/12/2024

*(Directed)*

190a Completion of course—meds (continued)

- *By March 29, 2024, the Director of Nursing or designee will complete an audit of all medication techs to ensure compliance with the requirements of the Department's initial and annual medication administration training.*
- *Effective 3/25/24, the Director of Nursing notified Staff Members B and C they are no longer able to administer medications to residents until the Department's initial medication administration course is completed properly.*
- *On or before April 5, 2024, Director of Nursing or designee will provide training and education to all staff on the Departments medication administration training requirements in 2600.182 and 2600.190.*
- *Effective the week of March 28, 2024, the Director of Nurses or designee will complete quarterly audits to confirm that all medication techs are in compliance with their annual medication administration training requirements throughout the year.*
- *Documentation of training and audits will be kept by the home and available to the Department.*

Directed Completion Date: 04/12/2024

Implemented [redacted] - 04/23/2024)

227d Support plan – med/dental

11. Requirements

2800.

227.d. Each residence shall document in the resident’s final support plan the dietary, 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 residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Resident #4’s assessment, dated [redacted], does not include the need for and use of the enabler bar attached to their bed to assist with mobility.

Plan of Correction

Accept [redacted] - 03/22/2024)

Effective February 27, 2024, the Charge Nurse was re educated to add a Support Plan on any resident using an enable bar.

Effective February 27, 2024, the Charge Nurse updated the Support Plan for all residents using an enabler bar.

Effective March 6, 2024, the Charge Nurse will update the Support Plan of all residents using an enabler bar.

Effective March 28, 2024, the Director of Nurses or designee will complete audits 2x/month for 3 months to ensure that the Support Plan for any resident using an enable bar has been updated.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented [redacted] - 04/23/2024)

252 Records – content

12. Requirements

252 Records – content (continued)

2800.

252. Content of Resident Records - Each resident’s record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

**Description of Violation**

*Residents #1, #2, #3, #4 and #5's records do not include their eye color, hair color and identifying marks.*

*Resident #4's record does not include their religious affiliation.*

*The photos in the records of Residents #2 and #4 were taken on [REDACTED] respectively, which is more than 2 years ago.*

**Plan of Correction**

**Directed ( [REDACTED] - 03/22/2024)**

*As of March 1, 2024, the Charge Nurse updated the medical record of Resident #1, #2, #3, #4, and #5 to include most current demographic information and photograph.*

*As of April 1, 2024, the Charge Nurse will confirm that the resident's most current photograph is updated in the resident's medical record.*

*Effective the week of April 1, 2024, the Director of Nurses or designee will audit all new admissions for 3 months to confirm the most current demographic information and photograph are updated in the resident's medical record.*

*Proposed Overall Completion Date: 04/01/2024*

*(Directed)*

- *As of March 1, 2024, the Charge Nurse updated the medical record of Resident #1, #2, #3, #4, and #5 to include most current demographic information and photograph.*
- *By April 5, 2024, the Charge Nurse will ensure that all residents' photographs are updated to a current photograph, no less than 2 years old, in their record.*
- *By April 5, 2024, the Charge Nurse will ensure all residents' records include their eye color, hair color, religion, and identifying marks.*
- *By April 5, 2024, the Charge Nurse will be re-educated by the Director of Nurses on the requirements of 2600.252 to ensure compliance with residents' record contents.*
- *Effective the week of April 1, 2024, the Director of Nurses or designee will audit all new admissions for 3 months to confirm the most current demographic information and photograph are updated in the resident's medical record.*
- *Documentation of the training and audits will be kept by the home and available for review by the Department.*

**Directed Completion Date: 04/05/2024**

**Implemented ( [REDACTED] - 04/24/2024)**

254a Records – discharge/active

**13. Requirements**

2800.

254a Records – discharge/active (continued)

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

**Description of Violation**

On [REDACTED] at approximately [REDACTED], resident records, that included physician's orders, hospice notes, lab book, blood glucose readings and a coumadin logbook, were unlocked, unattended, and accessible in the 3rd floor nurse's office.

**Plan of Correction**

**Directed** [REDACTED] - 03/22/2024)

On February 26, 2024, the Director of Nursing locked the Nursing Office.

On February 26, 2024, the Director of Nursing educated staff that the door to the Nursing Office must remain locked.

Effective the week of March 28, 2024, the Director of Nursing or designee will audit 2x/month for 3 months to confirm the nursing office is locked and medical records are secure.

Proposed Overall Completion Date: 03/29/2024

(Directed)

- On February 26, 2024, the Director of Nursing locked the Nursing Office.
- On February 26, 2024, the Director of Nursing educated staff that the door to the Nursing Office must remain locked.
- By 4/5/24, Director of Nursing will educate all staff on requirements of 2600.254 to ensure all residents' records are locked and inaccessible when unattended.
- Effective the week of March 28, 2024, the Director of Nursing or designee will audit 2x/month for 3 months to confirm the nursing office is locked and medical records are secure.
- Documentation of trainings and audits will be kept by the home and provided to the Department for review.

Directed Completion Date: 04/05/2024

**Implemented** [REDACTED] - 04/23/2024)