



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: August 15, 2024

[REDACTED]
St. Anne Home Inc.
685 Angela Drive
Greensburg, Pennsylvania 15601

RE: Villa Angela at St. Anne Home
License #: 42804

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 9, 2024, April 15, 2024, June 13, 2024, and the corrections you have made after our inspection, 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 that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information

Name: *VILLA ANGELA AT ST. ANNE HOME* License #: *42804* License Expiration: *06/12/2024*
 Address: *685 ANGELA DRIVE, GREENSBURG, PA 15601*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *ST. ANNE HOME INC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *12/01/2010* Issued By: *City of Greensburg*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *57* Waking Staff: *43*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Provisional* Exit Conference Date: *04/15/2024*

Inspection Dates and Department Representative

04/09/2024 - On-Site: [REDACTED]
 04/15/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *54* Residents Served: *39*

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: *39*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

04/09/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/13/2024*

05/15/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *06/02/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/17/2024*

Inspections / Reviews *(continued)*

05/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/11/2024

07/30/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

95 - Furniture and Equipment

1. Requirements

2600.

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

Description of Violation

On 4/9/24 there was rust under the ice maker in the freezer in the Garden Level kitchenette.

Plan of Correction

Accept [redacted] /15/2024)

In response to the violation on 04/09/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 05/08/2024 by the Director of Plant Operations to replace the Garden level refrigerator. See attached invoice.

To enhance the current compliant operations, on 05/08/2024 the administrative assistant or designee will check refrigerators on the other units to ensure they are in good repair, and clean and free of hazards with a completion date of 08/07/2024.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/14/2024

Evidence of Completion

Implemented [redacted] - 07/30/2024)

New garden level refrigerator purchased and in place.

Other refrigerators currently in good repair, and clean and free of hazards.

96a - First Aid Kit

2. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 4/9/24 the first aid kit in the Terrace Level nurse's station did not contain scissors or tweezers, and the first aid kit in the Garden Level nurse's station did not contain tweezers.

Plan of Correction

Accept [redacted] - 05/15/2024)

In response to the violation on 04/09/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 4/15/24 by the Director of Plant Operations to order new first aid kits containing needed supplies. See attached invoice.

To enhance the current compliant operations, on 05/07/2024 the Administrative Assistant or designee will complete weekly audits for first aid kits on each unit, with a completion date of 08/07/2024. See attached audit.

Effective 05/07/2024 the Administrative Assistant or designee will perform weekly audits through 08/07/2024 to maintain ongoing compliance with having a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

96a - First Aid Kit (continued)

Licensee's Proposed Overall Completion Date: 08/07/2024

Evidence of Completion

Implemented [REDACTED] - 07/30/2024)

See attached.

123b - Emergency Procedures Posted

3. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 4/9/24 the home did not have a copy of the local emergency management plan posted in the home.

Plan of Correction

Accept [REDACTED] - 05/15/2024)

In response to the violation on 04/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/09/2023 by the Director of Villa Angela by retrieving the local emergency operations plan and posted it on each unit to be easily accessible.

To enhance the current compliant operations, on 05/07/2024 the Administrative Assistant or designee will complete a weekly audit of the local emergency management plan, with a completion date of 08/07/2024. See attached audit.

Effective 04/09/2024 the Administrative Assistant or designee will perform weekly audits through 08/07/2024 to maintain ongoing compliance with ensuring copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) are posted in a conspicuous and public place in the home and to keep a copy. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/07/2024

Evidence of Completion

Implemented [REDACTED] - 07/30/2024)

See attached.

132c - Fire Drill Records

4. Requirements

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 home did not document the complete evacuation time to include minutes and seconds for the fire drill on 4/27/23 at 5:48 PM, and the home did not document if fire alarms were operable for fire drills on 4/27/23 at 5:48 PM and 6/30/23 at 4:00 AM.

132c - Fire Drill Records (continued)

Plan of Correction

Accept [REDACTED] - 05/15/2024)

In response to the violation on 04/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/09/2024 by the Director of Villa Angela to address documentation of the fire drills with the Director of Plant Operations.

To enhance the current compliant operations, on 05/07/2024 the Director of Villa Angela or designee will complete monthly audits of fire drill records to ensure accuracy, with a completion date of 08/07/2024. See attached fire drill record from 04/23/24 that was audited.

Effective 05/07/2024 the Director of Villa Angela or designee will perform monthly audits through 08/07/2024 to maintain ongoing compliance with ensuring each written fire drill record includes 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/07/2024

Evidence of Completion

Implemented [REDACTED] - 07/30/2024)

Monthly fire drill audit attached.

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

Resident #1's most recent Documentation of Medical Evaluation signed on [REDACTED] 24 did not include the date of the evaluation, the date the form was completed or the results of the general physical examination. These sections were blank.

REPEAT VIOLATION: 8/2/2023

Plan of Correction

Accept [REDACTED] - 05/15/2024)

In response to the violation on 04/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/09/2024 by the Administrator to correct the blanks on the DME with date and initials. See attached.

To enhance the current compliant operations, on 04/09/2024 the Resident Care Coordinator or designee will review each incoming DME for blank spaces, with a completion date of 08/07/2024.

Effective 04/09/2024 the Resident Care Coordinator or designee will perform monthly audits through 08/07/2024 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

141b1 - Annual Medical Evaluation (continued)

Proposed Overall Completion Date: 08/07/2024

Any change to an existing DME shall be made by the medical professional who filled out the DME, or in accordance with the guidance under 2600.141a in the Regulatory Compliance Guide. ■ 5/15/24

Licensee's Proposed Overall Completion Date: 08/07/2024

Evidence of Completion

Implemented ■ - 07/30/2024)

See attached.

161d - Dietary Needs

6. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #2 was prescribed a mechanical soft diet with nectar-thick liquids. However, on 4/9/24 at approximately 12:15 PM, the resident was served one half of a grilled cheese sandwich. The sandwich was uncut, and it was not moistened.

Plan of Correction

Do Not Accept ■ - 05/15/2024)

In response to the violation on 04/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/09/2024 by the director to inform dietary staff that a grilled cheese would need to be cut up and/or moistened for a mechanical soft diet.

To enhance the current compliant operations, on 04/09/2024 dietary will follow doctor's orders, with a completion date of 08/07/2024.

Effective 04/09/2024 dietary or designee will perform daily checks through 08/07/2024 to maintain ongoing compliance with ensuring each resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian are met, and to keep documentation of each resident's special dietary needs in each resident's record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/07/2024

Update: 05/15/2024

Please include a staff education for all staff persons responsible for food preparation and service on the requirements for mechanical soft and puree diet orders. The American Dietetic Association is a good source for this training.

Plan of Correction

Accept ■ - 05/21/2024)

In response to the violation on 04/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/09/2024 by the director to inform dietary staff that a grilled cheese would need to be cut up and/or moistened for a mechanical soft diet.

161d - Dietary Needs (continued)

To enhance the current compliant operations, on 04/09/2024 dietary will follow doctor's orders, with a completion date of 08/07/2024.

Effective 04/09/2024 dietary or designee will perform daily checks (see attached) through 08/07/2024 to maintain ongoing compliance with ensuring each resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian are met, and to keep documentation of each resident's special dietary needs in each resident's record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

On 05/16/24 dietary staff and nursing staff were educated on mechanical soft and pureed diets. (See attached).

Staff training conducted by the Administrator through handouts from the home's food service provider. JW 5/21/24

Proposed Overall Completion Date: 08/16/2024

Licensee's Proposed Overall Completion Date: 08/16/2024

Evidence of Completion

Implemented [REDACTED] - 07/30/2024)

See attached.

181d - Storing Medication

7. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #1 self-administers medications and stores them in [REDACTED] room. On 4/9/24 there were several unlocked medications in [REDACTED] bathroom to include Atenolol and Losartan-HCTZ.

Plan of Correction

Accepted [REDACTED] - 05/15/2024)

In response to the violation on 04/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/09/2024 by the administrator to educate the resident to lock her door when leaving [REDACTED] room unattended.

To enhance the current compliant operations, on 05/09/2024 the Administrator ordered a medication lock box to keep in resident's apartment. See attached receipt.

Effective 05/09/24 the resident care coordinator or designee will perform monthly self-medication assessments through 08/09/24 (see attached assessment) to maintain ongoing compliance with ensuring that if the resident does not need assistance with medication, medication will be stored in a resident's room for self-administration. Medications stored in the resident's room will be kept locked in a safe and secure location to protect against contamination, spillage and theft. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/09/2024

181d - Storing Medication (continued)

Evidence of Completion

Implemented [redacted] 07/30/2024)

See attached.

183b - Meds and Syringes Locked

8. Requirements

2600.

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 room.

Description of Violation

On 4/9/24 a bottle of Nystatin Powder that was prescribed for resident #3 was left unlocked on her nightstand.

Plan of Correction

Accept [redacted] - 05/15/2024)

In response to the violation on 04/09/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/09/2024 by the Director of Villa Angela to remove the Nystatin powder from the resident's room and put in medication cart.

To enhance the current compliant operations, on 05/07/2024 the Administrative Assistant or designee will complete weekly audits of resident apartments to ensure no poisonous materials/medications are being left out, with a completion date of 08/07/2024. See attached audit.

Effective 05/07/2024 the Administrative Assistant or designee will perform weekly audits through 08/07/2024 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/07/2024

Evidence of Completion

Implemented [redacted] - 07/30/2024)

See attached.

183e - Storing Medications

9. 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

Resident #4's bottle Systane Gel Drops was open and undated. According to the manufacturer's instructions for this medication, Systane Gel Drops is to be discarded 6 months after opening.

REPEAT VIOLATION: 8/2/2023

183e - Storing Medications (continued)

Plan of Correction

Accept [REDACTED] - 05/15/2024)

In response to the violation on 04/09/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 04/09/2024 by the Resident Care Coordinator who ordered a new bottle of Systane eye drops. The eye drops were opened on 04/10/24 and a date open sticker was placed on it.

To enhance the current compliant operations, on 05/09/2024 the Resident Care Coordinator or designee will complete a monthly medication cart audit, with a completion date of 08/09/2024.

Effective 05/09/2024 the Resident Care Coordinator or designee will perform monthly audits through 08/09/2024 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/09/2024

Evidence of Completion

Implemented [REDACTED] - 07/30/2024)

See attached.

186c - Change in Medications

10. Requirements

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

Resident #4 was prescribed Norco 5 mg/325 mg – 1 tablet every 3 hours as needed for pain. On 3/7/24 this medication was discontinued; however, the home did not receive a written order from an authorized prescriber for the change.

Plan of Correction

Do Not Accept [REDACTED] - 05/15/2024)

In response to the violation on 04/09/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 04/17/2024 by the Resident Care Coordinator to request a discontinued order for the PRN Norco order.

To enhance the current compliant operations, on 04/17/2024 the Resident Care Coordinator requested an order from the doctor to discontinue the PRN Norco order, with a completion date of 04/17/2024. See attached order.

Effective 04/17/2024 the Resident Care Coordinator or designee will perform chart audits through 08/07/2024 to maintain ongoing compliance with ensuring changes in medication will only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record will be updated as soon as the home receives written notice of the change. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/07/2024

186c - Change in Medications (continued)

Update: 05/15/2024

Please include the frequency of the chart audits.

Plan of Correction**Accepted** [REDACTED] - 05/21/2024)

In response to the violation on 04/09/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on 04/17/2024 by the Resident Care Coordinator to request a discontinued order for the PRN Norco order.

To enhance the current compliant operations, on 04/17/2024 the Resident Care Coordinator requested an order from the doctor to discontinue the PRN Norco order, with a completion date of 04/17/2024. See attached order.

Effective 04/17/2024 the Resident Care Coordinator or designee will perform daily chart audits through 08/07/2024 to maintain ongoing compliance with ensuring changes in medication will only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record will be updated as soon as the home receives written notice of the change. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/07/2024

Evidence of Completion**Implemented** [REDACTED] - 07/30/2024)

See attached.

Facility Information

Name: *VILLA ANGELA AT ST. ANNE HOME* License #: *42804* License Expiration: *06/12/2024*
 Address: *685 ANGELA DRIVE, GREENSBURG, PA 15601*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *ST. ANNE HOME INC*
 Address: *685 ANGELA DRIVE, GREENSBURG, PA, 15601*
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *12/01/2010* Issued By: *City of Greensburg*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *06/13/2024*

Inspection Dates and Department Representative

06/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *54* Residents Served: *39*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*
 Diagnosed with Mental Illness: *30* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *23* Have Physical Disability: *0*

Inspections / Reviews

06/13/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/07/2024*

07/15/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/26/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/17/2024*

Inspections / Reviews *(continued)*

07/22/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/05/2024

07/30/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/26/2024

[REDACTED] [REDACTED]

Follow-Up Type: *Not Required*

141b1 - Annual Medical Evaluation**1. Requirements**

2600.

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

Description of Violation

Resident #1's most recent medical evaluation, dated [REDACTED]/24, was unsigned.

REPEAT VIOLATION: 8/2/2023

Plan of Correction**Accept [REDACTED] - 07/22/2024)**

In response to the violation on 06/13/2024 by the Pennsylvania Bureau of Human Service Licensing, on 06/13/2024 the Resident Care Coordinator completed a new DME and had it signed by the physician on 06/25/24 (See attached).

To enhance the current compliant operations, on 06/28/2024 the Resident Care Coordinator will perform weekly DME audits, with a completion date of 07/26/2024.

Effective 6/28/24 the Resident Care Coordinator will perform weekly DME audits through 07/26/24 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Director will conduct education training for all Resident Care Coordinators by 7/26/2024

Licensee's Proposed Overall Completion Date: 07/26/2024

Implemented [REDACTED] - 07/30/2024)**183e - Storing Medications****2. 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

Resident #2's Basaglar Kwikpen was open and undated. According to the manufacturer's instructions for this medication, Basaglar is to be discarded 28 days after opening.

REPEAT VIOLATION 8/2/2023

Plan of Correction**Accept [REDACTED] - 07/22/2024)**

In response to the violation on 06/13/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/13/2024 by the Resident Care Coordinator who placed an open date sticker on the Basaglar, when the Resident Care Coordinator confirmed with staff the day that it was opened. (It was a new pen).

183e - Storing Medications (continued)

To enhance the current compliant operations, on 06/28/2024 the Resident Care Coordinator or designee will perform bi-weekly medication cart audits through 07/26/24, with a completion date of 07/26/24.

Director will conduct education training for all Resident Care Coordinators by 7/26/2024.

Effective 06/28/24 the Resident Care Coordinator or designee will perform bi-weekly medication cart audits through 07/26/24 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/26/2024

Implemented [REDACTED] 07/30/2024)