

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

July 8, 2024

[REDACTED] EXECUTIVE DIRECTOR, NHA PCHA  
ST JOHN LUTHERAN CARE CENTER  
500 WITTENBERG WAY  
P.O. BOX 928  
MARS, PA, 16046

RE: ST. JOHN SPECIALTY CARE CENTER  
500 WITTENBERG WAY, P.O.BOX 928  
MARS, PA, 16046  
LICENSE/COC#: 44833

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/24/2024, 04/25/2024, 05/03/2024 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: *ST. JOHN SPECIALTY CARE CENTER* License #: *44833* License Expiration: *05/25/2025*  
 Address: *500 WITTENBERG WAY, P.O. BOX 928, MARS, PA 16046*  
 County: *BUTLER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *ST JOHN LUTHERAN CARE CENTER*  
 Address: *500 WITTENBERG WAY, P.O. BOX 928, MARS, PA, 16046*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *06/01/1965* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *73* Waking Staff: *55*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Incident* Exit Conference Date: *05/03/2024*

**Inspection Dates and Department Representative**

04/24/2024 - On-Site: [REDACTED]  
 04/25/2024 - On-Site: [REDACTED]  
 05/03/2024 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *75* Residents Served: *50*  
 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: *50*  
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *23* Have Physical Disability: *0*

**Inspections / Reviews**

04/24/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/03/2024*

Inspections / Reviews (*continued*)

## 06/06/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/28/2024  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/13/2024

## 06/06/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/28/2024  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/28/2024

## 07/08/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 06/28/2024  
Reviewer: [REDACTED] Follow-Up Type: Not Required

## 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

The date for the resident home contract for resident #1, admitted [REDACTED] was incomplete. The month and year, March 2023, were indicated, however, the day was blank.

## Plan of Correction

Accept ([REDACTED] - 06/06/2024)

Resident #1 is no longer living at the facility; [REDACTED] contract is no longer in effect.

On 5/31/2024, the administrator, [REDACTED] reviewed all current contracts for signature and dates. Beginning 6/1/2024 and ongoing, all contracts are to be sent to the administrator or designee to review for signatures and dates.

Admissions staff will be educated by administrator or designee on the dating and signing of contracts by 6/21/2024. The results of this audit will be discussed in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ([REDACTED] - 07/08/2024)

## 65f - Training Topics

## 2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

## Description of Violation

Direct care staff person A did not receive training in the following during training year January 1, 2023 to December 31, 2023:

1. Medication self-administration
5. Personal care service needs of the resident
6. Safe management techniques
7. Care for residents with MH or ID

## Plan of Correction

Accept ([REDACTED] - 06/06/2024)

Staff person A will complete all required training in Relias by the end of [REDACTED] next shift on 6/3/2024.

An audit of all staff trainings will be completed by the administrator or designee by 6/21/2024. Any staff out of compliance will not be allowed to work until training is completed.

65f - Training Topics (continued)

Beginning 6/21/2024 and ongoing, monthly audits of staff training will be conducted by the administrator or designee. Staff will be educated on the annual training plan and the importance of completing training timely by the administrator or designee by 6/21/2024. Results of the audits will be discussed in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( [redacted] - 07/08/2024)

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.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Direct care staff person A did not receive training in the following during training year January 1, 2023 to December 31, 2023:

- 1. Fire safety by a fire safety expert or staff trained by [redacted]
2. Emergency preparedness Procedures
5. Falls and accident prevention

Plan of Correction

Accept ( [redacted] - 06/06/2024)

Staff person A will complete all required training in Relias by the end of [redacted] next shift on 6/3/2024. An audit of all staff trainings will be completed by the administrator or designee by 6/21/2024. Any staff out of compliance will not be allowed to work until training is completed. Beginning 6/21/2024 and ongoing, monthly audits of staff training will be conducted by the administrator or designee. Staff will be educated on the annual training plan and the importance of completing training timely by the administrator or designee by 6/21/2024. Results of the audits will be discussed in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( [redacted] - 07/08/2024)

91 - Telephone Numbers

4. Requirements

2600.

91 - Telephone Numbers (continued)

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident #2's bedroom #3303.

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident #3's bedroom #3316.

Plan of Correction

Accept ( [redacted] ) - 06/06/2024

An audit was conducted by RN, [redacted] on 4/24/2024 (edited to add: the day the deficiency was identified) of all resident rooms for emergency number postings. Edited to add: the emergency numbers for resident #2 and resident #3 were posted in their rooms by their phones on 4/24/24 by RN, [redacted] Any rooms found to be without emergency numbers posted had them posted.

Beginning 6/1/2024 and ongoing, the administrator or designee will conduct monthly audits of resident rooms to check for the emergency number postings.

Staff will be educated on the need for emergency numbers to be posted in resident rooms by the administrator or designee by 6/21/2024.

Results of the audits will be discussed in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( [redacted] ) - 07/08/2024

101j7 - Lighting/Operable Lamp

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept ( [redacted] ) - 06/06/2024

On 4/24/2024, RN, [redacted] placed a lamp at the bedside or resident #3.

An audit of all resident rooms for lighting was conducted by [redacted] on 4/25/2024.

Beginning 6/1/2024, the administrator or designee will conduct weekly audits for 1 month and then monthly audits ongoing, of resident rooms to check for the lighting placement.

Staff will be educated on the need for lighting by resident beds by the administrator or designee by 6/21/2024.

Results of the audits will be discussed in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( [redacted] ) - 07/08/2024

103f - Refrigerator/Freezer Temps

**6. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*On 4/24/24 at 11:01 a.m., the temperature in the walk-in freezer was 5 degrees Fahrenheit and at 12:03 p.m. it was 4 degrees Fahrenheit.*

**Plan of Correction**

**Accept ( [redacted] - 06/06/2024)**

*On 4/25/2024, the freezer was checked again by Surveyor [redacted] and found to be in compliance. Beginning 6/1/2024 and ongoing, freezer temperatures are checked each shift by the Director of Dietary or designee to ensure that they are in compliance with state regulations. Staff will be educated on proper freezer temperatures and monitoring by the Dietary Director or designee by 6/21/2024. Results of the audits will be discussed in the quarterly QAPI meetings.*

**Licensee's Proposed Overall Completion Date: 06/21/2024**

**Implemented ( [redacted] - 07/08/2024)**

**103g - Storing Food**

**7. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*The following food items were opened and unsealed:  
A 10-pound box of hot dogs in the walk-in cooler  
A 10- pound box of peaches in the walk-in freezer  
A 20-pound box of mango pieces in the walk-in freezer  
A 6-pound box of sprinkles in the pantry  
A 25-pound bag of salt in the pantry*

**Plan of Correction**

**Accept ( [redacted] - 06/06/2024)**

*On 4/24/2024, the food not properly stored was thrown away by the Dietary Director. Beginning 4/25/2024 and ongoing, the dietary director or designee conducts daily audits of food for proper storage. Staff will be educated on proper food storage by the Dietary Director or designee by 6/21/2024. Results of the audits will be discussed in the quarterly QAPI meetings.*

**Licensee's Proposed Overall Completion Date: 06/21/2024**

**Implemented ( [redacted] - 07/08/2024)**

**132c - Fire Drill Records**

**8. Requirements**

2600.

132c - Fire Drill Records (continued)

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

**Description of Violation**

The fire drill record for the drill conducted on the following dates and times does not include the actual number of residents evacuated:

On 4/21/23 at 4:20 a.m., the record indicates 1 resident was evacuated; however, 32 residents were evacuated to fire safe areas.

On 5/18/23 at 1:35 p.m., the record indicates 12 residents were evacuated; however, 34 residents were evacuated to fire safe areas.

On 7/24/23 at 5:17 a.m., the record indicates 0 residents were evacuated; however, 19 residents were evacuated to fire safe areas.

On 8/24/23 at 11:26 p.m., the record indicates 12 residents were evacuated; however, 38 residents were evacuated to fire safe areas.

On 9/20/23 at 8:00 p.m., the record indicates 4 residents were evacuated; however, 12 residents were evacuated to fire safe areas.

On 10/18/23 2:06 a.m., the record indicates 0 residents were evacuated; however, 22 residents were evacuated to fire safe areas.

On 12/19/23 8:30 p.m., the record indicates 3 residents were evacuated; however, 10 residents were evacuated to fire safe areas.

On 1/18/24 12:33 p.m., the record indicates 0 residents were evacuated; however, 41 residents were evacuated to fire safe areas.

On 2/16/24 4:01 p.m., the record indicates 14 residents were evacuated; however, 37 residents were evacuated to fire safe areas.

On 3/20/24 3:04 p.m., the record indicates 5 residents were evacuated; however, 10 residents were evacuated to fire safe areas.

Repeat Violation: 4/18/23, et.al.

**Plan of Correction**

Accept (█) - 06/06/2024

Maintenance staff will be educated by the administrator or designee of the proper way to fill out fire drill forms on or before 6/21/2024.

Beginning 5/1/2024 and ongoing, the administrator or designee will audit the monthly fire drill logs for accuracy and compliance with the regulation.

The results of the audits will be discussed in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented (█) - 07/08/2024

183d - Prescription Current

**9. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current (*continued*)**Description of Violation**

On 4/24/24, resident #1's prescribed Ondansetron HCL 4mg was in the home's medication cart; however, the medication was discontinued on 12/19/23.

Also, on 4/24/24, resident #4's prescribed Cyanocobalamin 1000mcg was in the home's medication cart; however, the medication was discontinued on 3/11/24.

**Plan of Correction**

Accept ( [REDACTED] ) - 06/06/2024)

Resident #1's Ondansetron was destroyed on 4/25/2024 by RN [REDACTED]

Resident #4's Cyanocobalamin was destroyed on 4/25/2024 by RN [REDACTED]

Beginning 5/1/2024, a weekly audit of the medication cart for outdated or discontinued medication has been conducted for 1 month, then bi-weekly for 2 months, and then monthly ongoing by the administrator or the designee.

Staff will be educated on medication storage and destruction by the administrator or designee by 6/21/2024.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( [REDACTED] ) - 07/08/2024)

## 184a - Resident's Meds Labeled

**10. Requirements**

2600.

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

1. The resident's name.
2. The name of the medication.
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**

Resident #2 is ordered Carvedilol 3.125mg, administer 1 tablet by mouth every day at 8:00 a.m.; however, the pharmacy label indicates take 1 tablet by mouth twice a day at 8:00 a.m., and 8:00 p.m.

Resident #2 is ordered Lantus Insulin 100unit/ml, administer 10 units every HS (at bedtime); however, the pharmacy label indicates inject 30 units under the skin at bedtime.

Resident #2 is ordered Novolog Flexpen Insulin, administer per sliding scale in the abdomen at 8:00 a.m., 11:00 a.m., and 4:30 p.m., everyday: < 149 no coverage, notify MD for < 70, 150-199 give 2 units, 200-249 give 4 units, 250-299 give 6 units, 300-349 give 8 units, 350-399 give 10 units, >400 give 12 units and notify MD. However, the pharmacy label indicates inject subcutaneously three times daily per sliding scale.

Resident #4 is ordered Amiodarone 100mg, give 1 tablet by mouth at 8:00 a.m. every day; however, the pharmacy label indicates Amiodarone 200mg, take one-half tablet by mouth every day.

Resident #5 is ordered Sumatriptan 25mg, give 2 tablets by mouth as needed but may give a second dose 2 hours after the first dose; however, the pharmacy label indicates Sumatriptan 50mg, give 1 tablet by mouth once daily as needed,

184a - Resident's Meds Labeled (continued)

may give second dose 2 hours after first dose if symptoms persist.

Repeat Violation: 4/18/23, et.al.

Plan of Correction

Accept ( ) - 06/06/2024)

Resident #2's Carvedilol pharmacy label was updated and replaced to match the 1 time a day order by RN [redacted] on 4/25/2024.

Resident #2's Lantus pharmacy label was updated and replaced to match the order by RN [redacted] on 4/25/2024.

Resident #2's Novolog pharmacy label was updated and replaced to include the dosing by RN [redacted] on 4/25/2024.

Resident #4's Amiodarone was discontinued by CRNP [redacted] on 4/25/2024 and the remaining medication was removed from the med cart and destroyed on 4/25/2024 by RN [redacted]

Resident #5's Sumatriptan MAR entry was updated to reflect the prescription on 4/25/2024 by RN [redacted]

All resident MARs were audited by RN [redacted] between 4/25/2024 and 5/3/2024 by RN [redacted] Any medications not in compliance with the regulation were updated by RN [redacted] by 5/3/2024.

Beginning 4/25/2024 and ongoing, [redacted] pharmacy has been instructed to notify RN [redacted] of any changes in pharmacy labels before they arrive at the facility. Any changes that need to be made will be made by RN [redacted] or designee prior to administration of medications.

Beginning 6/3/2024, a ledger was placed by RN [redacted] on each med cart for staff to write down any pharmacy discrepancies to be addressed by RN, [redacted]

Beginning 6/3/2024, audits of 20% of MARs and prescriptions will be conducted by the administrator or designee weekly for a month and then monthly ongoing.

Staff will be educated by the administrator or designee on the ledger and on the importance of MARs and prescriptions matching by 6/21/2024.

Results of audits will be reviewed in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( ) - 07/08/2024)

225a - Assessment 15 Days

11. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 was admitted to the home on [redacted] however, the resident's initial assessment was not completed until [redacted]

Resident #3 was admitted to the home on [redacted]; however, the resident's initial assessment has not been completed.

Resident #4 was admitted to the home on [redacted]; however, the resident's initial assessment was not completed until [redacted]

225a - Assessment 15 Days (continued)

Plan of Correction

Accept ( [redacted] ) - 06/06/2024)

The assessment for the resident #3 was completed on 4/24/2024 by the administrator.  
The administrator completed an audit of all resident RASPs on 5/1/2024 for timeliness.  
The administrator created a spreadsheet on 5/1/2024 to keep track of RASP dates to ensure timely completed going forward.  
Staff will be educated on RASP timeliness by the administrator or designee by 6/21/2024.  
RASP audits will be conducted by the administrator or designee monthly ongoing.  
Results of audits will be reviewed in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( [redacted] ) - 07/08/2024)

225c - Additional Assessment

12. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's current assessment was completed on [redacted] However, the resident's previous assessment was completed on [redacted]

Plan of Correction

Accept ( [redacted] ) - 06/06/2024)

The administrator completed an audit of all resident RASPs on 5/1/2024 for timeliness.  
The administrator created a spreadsheet on 5/1/2024 to keep track of RASP dates to ensure timely completed going forward.  
Staff will be educated on RASP timeliness by the administrator or designee by 6/21/2024.  
RASP audits will be conducted by the administrator or designee monthly ongoing.  
Results of audits will be reviewed in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( [redacted] ) - 07/08/2024)

227a - Support Plan 30 Days

13. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2 was admitted to the home on [redacted] however, the resident's initial support plan was not completed until [redacted]

**227a - Support Plan 30 Days (continued)**

Resident #3 was admitted to the home on [REDACTED] however, the resident's initial support plan has not been completed.

Resident #4 was admitted to the home on [REDACTED] however, the resident's initial support plan was not completed until [REDACTED]

**Plan of Correction**

Accept ([REDACTED] - 06/06/2024)

The support plan for the resident #3 was completed on 4/24/2024 by the administrator.

The administrator completed an audit of all resident RASPs on 5/1/2024 for timeliness.

The administrator created a spreadsheet on 5/1/2024 to keep track of RASP dates to ensure timely completed going forward.

Staff will be educated on RASP timeliness by the administrator or designee by 6/21/2024.

RASP audits will be conducted by the administrator or designee monthly ongoing.

Results of audits will be reviewed in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ([REDACTED] - 07/08/2024)

**227d - Support Plan Medical/Dental****14. 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**

Resident #1 has an enabler bar attached to [REDACTED] bed for repositioning and transferring. However, resident #1's support plan, undated, does not include:

- The specific need for the device
- The intended use
- Any risks associated with the device
- The resident's ability to use the device safely for the intended purpose
- Identification of the specific device to be used
- If a cover is required to meet FDA guidelines

Resident #4 has an enabler bar attached to [REDACTED] bed for repositioning and transferring. However, resident #4's support plan, dated [REDACTED], does not include:

- The specific need for the device
- The intended use
- Any risks associated with the device
- The resident's ability to use the device safely for the intended purpose
- Identification of the specific device to be used
- If a cover is required to meet FDA guidelines

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Accept ( [redacted] ) - 06/06/2024)

Resident #1 is no longer living at the facility.

Resident #4's RASP was updated by RN [redacted] to include enabler bars and includes all required criteria as of 6/3/2024.

Resident rooms were audited by [redacted] on 4/25/2024 for enabler bars.

Residents with enabler bars will have their RASPs updated by administrator or designee to include all criteria by 6/21/2024.

Staff will be educated by the administrator or designee on the requirements and maintenance of enabler bars by 6/21/2024.

Results of audits will be reviewed in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( [redacted] ) - 07/08/2024)

227g -Support Plan Signatures

15. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3's support plan, undated, was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign

Plan of Correction

Accept ( [redacted] ) - 06/06/2024)

Resident #3's support plan is not signed by resident or family to date. Resident #3's support plan is signed by RN [redacted] and includes [redacted] attempts to contact family to go over RASP. The RASP has been updated by RN [redacted] to denote that resident refused to sign without family present on 5/1/2024.

The administrator completed an audit of all resident RASPs on 5/1/2024 for signatures.

Staff will be educated on RASP signatures by the administrator or designee by 6/21/2024.

RASP audits will be conducted by the administrator or designee monthly ongoing.

Results of audits will be reviewed in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( [redacted] ) - 07/08/2024)