

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155378	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/04/2013
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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-PARKWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 N GRANT ST LEBANON, IN 46052
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F000000	<p>This visit was for the Investigation of Complaint IN00126614.</p> <p>Complaint IN00126614 Substantiated, federal/state deficiencies related to the allegations are cited at F157, F282, F314, F441.</p> <p>Unrelated deficiencies cited at F354.</p> <p>Survey date: April 3 &amp; 4, 2013</p> <p>Facility number: 000468 Provider number: 155378 AIM number: 100290270</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF/NF: 112 Total: 112</p> <p>Census payor type: Medicare: 7 Medicaid: 73 Other: 32 Total: 112</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p>	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality Review completed on 04/08/2013 by Brenda Nunan, RN.			
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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed immediately consult the resident's physician with a change of condition in pressure ulcers for 1 of 3 sampled</p>	F000157	The corrective action taken for the residents found to have been affected by the deficient practice was:	04/30/2013

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	<p>residents reviewed for skin breakdowns [Resident B].</p> <p>Findings include:</p> <p>Resident B's closed record was reviewed on 04/03/13 at 2:45 p.m. Resident B had diagnoses which included, but were not limited to, bilateral leg amputations, peripheral vascular disease, chronic kidney disease, dialysis, ischemic cardiomyopathy, coronary artery disease, and chronic obstructive pulmonary disease.</p> <p>Review of Resident B's most recent admission Minimum Data Set [MDS] assessment, dated 03/27/13, indicated the resident was independent with cognitive skills for daily decision-making. The MDS indicated the resident was at risk for pressure ulcers.</p> <p>Review of Resident Progress Notes (admission note), dated 03/14/13 at 6:30 p.m., indicated the resident was a bilateral below the knee amputation, but did not note impaired skin integrity areas on the buttocks.</p> <p>Review of the Patient Nursing Evaluation, dated 03/14/13, indicated pressure ulcers on bilateral ischial</p>		<p><b>Resident B has been discharged from the facility.</b></p> <p>The corrective action taken for those residents having the potential to be affected by the same deficient practice is:</p> <p><b>All residents have the potential to be affected, thus, this plan of correction applies to all residents currently residing in the center.</b></p> <p>The measures put in place and systemic change made to ensure the deficient practice does not recur is:</p> <p><b>Licensed nurses will be re-educated on provision of necessary care and services, including but not limited to timely assessments and physician notification.</b></p> <p><b>A performance improvement tool will be use to monitor daily, on scheduled days of work</b></p>	

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	<p>tuberosity (bony area on which the human body rests when in a sitting position).</p> <p>Review of "Weekly Non-Pressure Skin Condition Report" dated 03/16/13, indicated, "Shearing" to the left buttock measuring 7.5 centimeters [cm] x [times] 5.5 cm. Another report dated 03/16/13, indicated, "Shearing" on the right buttock measuring 6 cm x 3.2 cm.</p> <p>Review of Physician Telephone Orders, dated 03/20/13, indicated new orders for the right and left buttock areas to cleanse with normal saline, apply barrier cream to wound edges, apply Santyl to wound bed, and cover with gauze and cover dressing every day and as needed for 7 days.</p> <p>Review of Resident B's weekly pressure ulcer reports, dated 03/23/13, indicated an irregular shaped pressure ulcer, stage III, on the resident's left sacral/coccygeal area which measured 17 cm x 11 cm and an irregular shaped, stage II, pressure ulcer on the resident's right sacral/coccygeal area which measured 10 cm x 3 3/4 cm.</p> <p>Interview with the Administrator and</p>				<p><b>for 30 days, compliance with implementation of measures to prevent untimely assessment and physician notification.</b></p> <p>To ensure the deficient practice does not recur, the monitoring system established is:</p> <p><b>DNS, or designee, will review findings weekly and report to PI committee monthly for ongoing compliance.</b></p> <p>Completion Date: April 30, 2013</p>		

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	<p>Director of Nursing [DON], on 04/04/13 at 10:45 a.m., indicated the physician had not been notified the wounds had increased in size.</p> <p>Review of the facility's policy on Guidelines for Physician Notification of Change of Condition/Clinical Problems in Center Residents, dated 03/11/11, indicated to notify the physician, "...New onset of pressure ulcer. Need for treatment Progression of Stage I or 2 pressure ulcer to a stage III or IV pressure ulcer...No improvement of pressure ulcers despite interventions...."</p> <p>This federal tag is related to Complaint IN00126614.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p>			

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility to ensure physician orders were implemented according to the plan of care for 1 of 3 sampled residents reviewed for following physician orders [Resident B].</p> <p>Findings include:</p> <p>Resident B's closed record was reviewed on 04/03/13 at 2:45 p.m. Resident B had diagnoses which included, but were not limited to, bilateral leg amputations, peripheral vascular disease, chronic kidney disease, dialysis, ischemic cardiomyopathy, coronary artery disease, and chronic obstructive pulmonary disease.</p> <p>Review of the Patient Nursing Evaluation, dated 03/14/13, indicated pressure ulcers on bilateral ischial tuberosity (bony area on which human body rests when in a sitting position).</p> <p>Review of Admission Physician Orders, dated 03/14/13, lacked</p>	F000282	<p>The corrective action taken for the residents found to have been affected by the deficient practice was:</p> <p><b>Resident B has been discharged from facility</b></p> <p>The corrective action taken for those residents having the potential to be affected by the same deficient practice is:</p> <p><b>All resident with wounds have the potential to be affected. Therefore, this plan of correction applies to all residents currently with wounds.</b></p> <p>The measures put in place and systemic change made to ensure the deficient practice does not recur is:</p> <p><b>Licensed nurses will receive re-education relative to maintaining</b></p>	04/30/2013	

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	<p>documentation of orders for the bilateral pressure ulcers.</p> <p>Interview with the Administrator and Director of Nursing [DON], on 04/04/13 at 10:45 a.m., indicated the orders were not on the original orders or MAR (medication administration record). The staff indicated the facility misplaced the original orders, but called the wound center and had orders faxed.</p> <p>Review of the faxed Physician's Orders, dated 03/14/13 at 12:15 p.m., indicated, "...Foam border dressing to sacral pressure ulcer, stage II. Change every 3 days or when needed." The March 2013 treatment record did not indicate the order was transcribed and/or implemented.</p> <p>Review of Physician Telephone Orders, dated 03/20/13, indicated new orders for the right and left buttock areas to cleanse with normal saline, apply barrier cream to wound edges, apply Santyl to wound bed, and cover with gauze and cover dressing every day and as needed for 7 days. The March 2013 treatment record did not indicate the order was transcribed and/or implemented.</p> <p>Interview with the Administrator and</p>		<p><b>accurate clinical records, including but not limited to wound assessments and transcribing Physician orders to treatment sheet.</b></p> <p><b>A performance improvement tool will be used by the Unit Managers or designee to monitor accuracy of assessment of wounds and the documentation daily, on scheduled days of work, for 30 days, compliance with implementation of measures accurate assessment, documentation and notification of Physician's of any changes.</b></p> <p>To ensure the deficient practice does not recur, the monitoring system established is:</p> <p><b>Unit Managers or designee, will review findings weekly and report to PI committee monthly for ongoing</b></p>		

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	<p>Director of Nursing [DON], on 04/04/13 at 10:45 a.m., indicated the orders were not transcribed to the Medication Record (treatment record) and there was no documentation to indicate the pressure ulcer treatments had been completed.</p> <p>Review of the facility's policy on "Physician Orders," dated 11/21/12, indicated, "...Document each order in the patient's medical record with the date, time, and signature of the person receiving the order...Record the order on the physician order sheet/telephone order sheet if it is a verbal order, and on the Medication Administration Record (MAR) or Treatment Administration Record (TAR)...."</p> <p>This federal tag is related to Complaint IN00126614.</p> <p>3.1-35(g)(2)</p>		<p><b>compliance.</b></p> <p>Completion Date: April 30, 2013</p>		

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F000314 SS=G	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on interview and record review, the facility failed to provide necessary treatment and services to promote healing of pressure sore areas for 1 of 3 sampled residents reviewed for skin breakdown and treatments [Resident B].</p> <p>Findings include:</p> <p>Resident B's closed record was reviewed on 04/03/13 at 2:45 p.m. Resident B had diagnoses which included, but were not limited to, bilateral leg amputations, peripheral vascular disease, chronic kidney disease, dialysis, ischemic cardiomyopathy, coronary artery disease, and chronic obstructive pulmonary disease.</p> <p>Review of Resident B's most recent admission Minimum Data Set [MDS]</p>	F000314	<p>The corrective action taken for the residents found to have been affected by the deficient practice was:</p> <p><b>Resident B has been discharged from the facility.</b></p> <p>The corrective action taken for those residents having the potential to be affected by the same deficient practice is:</p> <p><b>Audit will be done on resident's assessment with wounds and care plans will be updated as needed. Physicians and family members will be notified as needed.</b></p>	04/30/2013	

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	<p>assessment, dated 03/27/13, indicated the resident was independent with cognitive skills for daily decision-making. The MDS indicated the resident was at risk for pressure ulcers.</p> <p>Review of Resident Progress Notes (admission note), dated 03/14/13 at 6:30 p.m., indicated the resident was a bilateral below the knee amputation, but did not note impaired skin integrity areas on the buttocks.</p> <p>Review of the Patient Nursing Evaluation, dated 03/14/13, indicated pressure ulcers on bilateral ischial tuberosity (bony area on which human body rests when in a sitting position).</p> <p>Review of Admission Physician Orders, dated 03/14/13, lacked documentation of orders for the bilateral pressure ulcers.</p> <p>Interview with the Administrator and Director of Nursing [DON], on 04/04/13 at 10:45 a.m., indicated the orders were not on the original orders or MAR (medication administration record). The staff indicated the facility had misplaced the original orders, but called the wound center and had orders faxed.</p>		<p>The measures put in place and systemic change made to ensure the deficient practice does not recur is:</p> <p><b>Licensed nurses will be re-educated on facility Policy and Procedure as it relates to completing assessment of wounds, measuring accurately and updating resident's plan of care with intervention to promote healing and notifications of Physicians and family member.</b></p> <p><b>Nursing staff will be re-educated on facility Policy and Procedure as it relates to prevention of pressure wounds.</b></p> <p><b>A performance improvement tool will be used by Unit Managers or designee, to monitor daily, on scheduled days of work, for 30 days, compliance with implementation of prevention of wounds, assessing wounds,</b></p>				

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	<p>Review of the faxed Physician's Orders, dated 03/14/13 at 12:15 p.m., indicated, "...Foam border dressing to sacral pressure ulcer, stage II. Change every 3 days or when needed." The March 2013 treatment record did not indicate the order was transcribed and/or implemented.</p> <p>Review of Physician Telephone Orders, dated 03/20/13, indicated new orders for the right and left buttock areas to cleanse with normal saline, apply barrier cream to wound edges, apply Santyl to wound bed, and cover with gauze and cover dressing every day and as needed for 7 days. The March 2013 treatment record did not indicate the order was transcribed and/or implemented.</p> <p>Review of the "Medication Record" dated March 2013, lacked documentation to indicate that any dressing change had been done since the resident's admission on 03/14/13 thru 03/26/13, the day the resident was sent out to the hospital.</p> <p>Review of "Weekly Non-Pressure Skin Condition Report" dated 03/16/13, indicated, "Shearing" to the left buttock measuring 7.5 centimeters [cm] x [times] 5.5 cm.</p>		<p><b>measuring accurately and updating care plans with interventions to promote healing, receiving and transcribing Physician's orders to treatment sheet and notifying Physicians and family member in a timely manner.</b></p> <p>To ensure the deficient practice does not recur, the monitoring system established is:</p> <p><b>DNS or designee will review findings weekly and report to PI committee monthly for ongoing compliance.</b></p> <p>Completion Date: April 30, 2013</p>				

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	<p>Another report dated 03/16/13, indicated, "Shearing" on the right buttock measuring 6 cm x 3.2 cm.</p> <p>Review of Resident B's weekly pressure ulcer reports, dated 03/23/13, indicated an irregular shaped pressure ulcer, stage III, on the resident's left sacral/coccygeal area which measured 17 cm x 11 cm and an irregular shaped, stage II, pressure ulcer on the resident's right sacral/coccygeal area which measured 10 cm x 3 3/4 cm.</p> <p>Interview with the Administrator and Director of Nursing [DON], on 04/04/13 at 10:45 a.m., indicated the orders were not transcribed to the Medication Record (treatment record) and there was no documentation to indicate the pressure ulcer treatments had been completed, nor the physician notified when the wound increased in size.</p> <p>This federal tag is related to Complaint IN00126614.</p> <p>3.1-40(a)(1) 3.1-40(a)(2)</p>						

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F000354 SS=D	<p>483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON</p> <p>Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>Based on interview and record review, the facility failed to ensure services of a registered nurse for 8 consecutive hours a day, 7 days a week.</p> <p>Findings include:</p> <p>Review of the facility's census sheet provided by the Administrator on 04/03/13 at 10:55 a.m., indicated a total census of 112 residents.</p> <p>Review of the facility's nursing schedule, on 04/03/13 at 10:50 a.m., indicated no registered nurse [RN] coverage for 03/27/13, 03/28/13, 04/01/13, and 04/03/13. The staffing schedule lacked RN coverage for future dates of 04/06/13, 04/07/13, 04/15/13, 04/17/13, 04/21/13,</p>	F000354	<p>The corrective action taken for the residents found to have been affected by the deficient practice was:</p> <p><b>Facility failed to ensure services of a registered nurse for 8 consecutive hours a day, 7 days a week.</b></p> <p>The corrective action taken for those residents having the potential to be affected by the same deficient practice is:</p> <p><b>All residents of the nursing center have the potential to be affected.</b></p>	04/30/2013	

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NAME OF PROVIDER OR SUPPLIER  KINDRED TRANSITIONAL CARE AND REHAB-PARKWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 N GRANT ST LEBANON, IN 46052		
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	<p>04/24/13, and 04/29/13.</p> <p>During an interview on 04/03/13 at 12:20 p.m., the Director of Nursing [DON] stated, "I have no RN coverage on some days. All the nurses around here want to work at the hospital and not in a nursing home."</p> <p>Review of the facility's policy on Nurse Staffing, dated 08/31/12, indicated, "...The center uses the services of a registered nurse for at least eight consecutive hours a day, 7 days a week...."</p> <p>3.1-17(b)(3)</p>		<p><b>Therefore, this plan of corrections applies to all residents currently residing in the center</b></p> <p>The measures put in place and systemic change made to ensure the deficient practice does not recur is:</p> <p><b>The staff coordinator will be re-educated on the requirement of to ensure services of a registered nurse for 8 consecutive hours a day, 7 days a week.</b></p> <p><b>There will be a registered nurse scheduled for an 8 hour shift, 7 days a week.</b></p> <p>To ensure the deficient practice does not recur, the monitoring system established is:</p> <p><b>DNS or designee, will monitor schedules daily, on scheduled days of work, to ensure compliance of an 8 hour shift daily of a registered nurse, for ongoing</b></p>		

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			<p><b>compliance.</b></p> <p>Completion Date: April 30, 2013</p>	

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F000441 SS=E	<p><b>483.65</b> <b>INFECTION CONTROL, PREVENT SPREAD, LINENS</b> The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation and record review, the facility failed to ensure</p>	F000441	The corrective action taken for the residents found to	04/30/2013			

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	<p>infection control in regard to effective hand washing for 2 of 3 residents reviewed for infection control [Resident A and Resident C].</p> <p>Findings include:</p> <p>1). LPN #1 was observed providing wound care to Resident A on 04/03/13 at 3:50 p.m. LPN #1 washed her hands, donned gloves, and cleansed the resident's wound with skin cleanser and gauze. LPN #1 removed her soiled gloves, washed her hands, and donned another pair of clean gloves. LPN #1 placed a 2 inch by 2 inch gauze with Bacitracin (tropical ointment) over the wound and secured the dressing with coverall (multi-layered wound dressing). LPN #1 removed her soiled gloves, gathered the soiled dressings and trash. LPN #1 left the resident's room without washing her hands, and disposed of the trash in the soiled utility room. She then placed her unclean hands on the treatment cart.</p> <p>2). LPN #2 was observed changing a dressing on Resident C's buttocks on 04/03/13 at 4:00 p.m. The LPN donned clean gloves, removed the soiled dressing, then removed the soiled gloves. Without washing his</p>				<p>have been affected by the deficient practice was:</p> <p><b>Resident B was discharged from the facility.</b></p> <p>The corrective action taken for those residents having the potential to be affected by the same deficient practice is:</p> <p><b>All residents of the nursing center have the potential to be affected. Therefore, this plan of corrections applies to all residents currently residing in the center.</b></p> <p>The measures put in place and systemic change made to ensure the deficient practice does not recur is:</p> <p><b>Licensed nurses will receive re-education relative to following Policy and Procedures on hand washing/infection control with clean dressing changes.</b></p>		

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	<p>hands, the LPN donned clean gloves, cleansed the open areas with wound cleanser, dried the areas, applied Santyl (wound treatment) to the areas with a cotton tip applicator and covered the wound with foam dressings. The dressing was secured with coverall.</p> <p>Review of the facility's policy on Clean Dressing Change, dated 04/28/10, indicated, "Dressings are applied using clean technique to promote wound healing and to prevent cross-contamination among and between residents and caregivers... Procedure... Medicate the resident...as applicable... Place plastic bag near...to receive soiled dressing... Identify and explain procedure to resident and provide privacy... Perform hand hygiene... Put on first pair of gloves... Remove old adhesive... Remove soiled dressing... Remove gloves and dispose in plastic bag... Perform hand hygiene and put on second pair of gloves... Cleanse wound... Remove gloves and perform hand hygiene... Put on third pair of gloves... Assess the wound... Apply prescribed medication... Apply dressing, and secure as ordered... Remove gloves and discard with all soiled supplies in plastic bag... Perform hand hygiene...."</p>		<p><b>The competency form for hand washing will be used for return demonstrations of proper technique. The Unit Managers, SDC and/or designee, will utilize this form to monitor accuracy of this procedure daily, on scheduled days of work, for 30 days, compliance with implementation of measures to prevent spread of infections by proper hand washing during clean dressing changes.</b></p> <p>To ensure the deficient practice does not recur, the monitoring system established is:</p> <p><b>DNS or designee, will review findings weekly and report to PI committee monthly for 3 months. Continue with random return demonstrations of proper technique monthly for ongoing compliance.</b></p> <p>Completion Date: April 30,</p>				

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	This federal finding is related to Complaint IN00126614.  3.1-18(l)		2013		