

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/20/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K093	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2020
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NAME OF PROVIDER OR SUPPLIER ADAPTIVE NURSING AND HEALTHCARE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP COD 702 NORTH SHORE DRIVE, SUITE 103 JEFFERSONVILLE, IN 47130
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE								
G 0000 Bldg. 00	<p>This visit was for a complaint investigation, IN00316298, of a Home Health Agency.</p> <p>IN00316298:</p> <ul style="list-style-type: none"> -Resident/Patient/Client Rights-Unsubstantiated -Falsification of Records-Unsubstantiated -Infection Control-Substantiated, with related findings -Quality Care/Treatment-Substantiated, with related findings. <p>Facility #: 012872</p> <p>Provider #: 15K093</p> <p>Dates of Survey: 1-21, 1-22, & 1-23-2020</p> <p>Skilled Unduplicated Admissions last 12 months:</p> <table style="width: 100%;"> <tr> <td>Current Census:</td> <td style="text-align: right;">78</td> </tr> <tr> <td>Unduplicated Admissions (unskilled)</td> <td style="text-align: right;">57</td> </tr> <tr> <td>Home Visits:</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Clinical Record Review:</td> <td style="text-align: right;">3</td> </tr> </table> <p>These deficiencies reflects State Findings in accordance with 410 IAC 17. Refer to State Form for additional State Findings.</p> <p>QR completed on 2/4/2020 A4</p>	Current Census:	78	Unduplicated Admissions (unskilled)	57	Home Visits:	3	Clinical Record Review:	3	G 0000		
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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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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G 0608 Bldg. 00	<p>484.60(d)(4) Coordinate care delivery Coordinate care delivery to meet the patient's needs, and involve the patient, representative (if any), and caregiver(s), as appropriate, in the coordination of care activities. Based on interview and record review the agency failed to ensure coordination of care activities occurred and were documented for 3 (Patients #1, #2, & #3) of a total of three records reviewed.</p> <p>Findings include:</p> <p>1. Review of Agency policy titled "Coordination of Care", last revised 3-29-18, stated: "All personnel furnishing services shall maintain a liaison to assure that their efforts are coordinated effectively and support the objectives outlined in the Plan of Care. . . Special Instructions: . . . The primary nurse or therapist will assume responsibility for updating/changing the Care Plan and communicating changes to caregivers within twenty-four (24) hours following the conference or changes. . ."</p> <p>2. Review of Patient #1's clinical record evidenced a certification period of 9-29-19 to 11-27-19, with services of a Registered Nurse (RN) and a home health aide. The record evidenced the development of a wound on Patient #1's lower extremity on 11-14-19 with wound measurements of 2 cm (centimeters) by 2 cm, stage 1 (surface wound) described as a "blister" located mid-calf of left lateral leg and redness. The "Plan of Care Service Plan", identified as the aide care plan, electronically signed and dated by Registered Nurse, Employee C on 11-17-19, failed to evidence the presence of the new wound and/or its care or duties for the home health aide.</p>	G 0608	<p>In reference to item #1 all current and new clinical managers will be re-educated with the clinical documentation in-service to ensure all updates and changes to plan of care and service regarding will coordinate with caregiver within 24 hours of change and document care coordination in communications tab of client chart.</p> <p>In reference Patient #2 All current and new external caregivers will be re-educated by abnormal/unusual, new findings and Infection control in-service to notify office clinical manager of any changes to client and or their surroundings. Including any infestations, abnormal or new findings. Clinical Managers to review all HHA task sheets for documentation and any changes to client status. Clinical Managers will be re-educated on adding all updates and changes to the client status per the plan of care and service plan including any new diagnosis and interventions/precautions. All education of client and caregiver will be documented in communications. Internal staff will</p>	02/28/2020
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	<p>3. Patient #2's clinical record evidenced a home health aide visit note, dated 12-27-19, by Employee D, which stated "Bed bugs in chair". The clinical record failed to evidence the reporting of the bed bugs by the aide, failed to evidence notification of and/or interventions by the Registered Nurse, Employee C, and failed to evidence reporting or action by the agency to confirm, control, or eradicate the infestation.</p> <p>4. Review of Patient #3's plan of care evidenced a certification period of 9-8-19 to 11-6-19 and a primary diagnosis of muscle weakness with and for the provision of non-skilled nursing (SN) for aide supervision and home health aide services 4 hours per day, 7 days per week. The sixty day summary (included within the plan of care) evidenced skilled nursing being provided by Entity A for wound care and the presence of a wound vacuum dressing. The Aide plan of care, dated 9-5-19, failed to evidence communication/instructions related to Patient #3's wound and wound vacuum dressing.</p> <p>A physician order, dated 9-30-19 and signed by the physician on 11-13-19, stated, "Wound Care Center called and stated wound to R (right) ankle has MRSA. New order for Zyxon (antibiotic) 600 mg by mouth twice a day. . ." (MRSA is a bacteria with antibiotic resistance) The clinical record failed to evidence documentation related to MRSA in the wound and related precautions on the Aide care plan and/or nursing visits to-date.</p> <p>5. During an interview with the Agency's Alternate Administrator on 1-22-2020 at 2:44 PM, when queried what is done if MRSA is identified on a patient, what is contact precautions and is it placed on the care plan, the Alternate Administrator stated: "We have a conversation</p>		<p>notify case manager, property manager and or pest control to verify, treat and eradicate any reports of infestations. This will be documented in communications tab of client chart along with any supporting documentation.</p> <p>In reference to Patient #3 all current and new Clinical Managers will be re-educated to document on plan of care and service plan any new diagnosis, skin precautions/equipment, client specific infection control precautions, interventions, or other client changes with the clinical documentation inservice. Clinical Manager will document all coordination of care with other involved agencies and their plan of care.</p> <p>In reference to item 5 all new and current employees will receive in-service on infection control precautions. Each client will have a copy of the precautions needed for their home in the home chart. Clinical Managers will add standard precautions for all clients to their plan of care and service plan unless other precautions are needed. Will add any other precautions needed such as contact, droplet, or respiratory. All follow up regarding any infections/infestations will be documented in client chart with supporting documentation.</p>	

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G 0682 Bldg. 00	<p>with the aide and staff regarding what precautions to take, use handwashing and gloves and we have gowns. Yes, we place it on the care plan." The Alternate Administrator further responded when queried about the bed bugs: "the bed bugs for Patient #2 had been addressed/treated and there were no further issues." When queried as to the documentation to support this and the name of the company that addressed or treated for the bed bugs, the Administrator was unable to state and provide that information.</p> <p>6. On 1-23-2020 at 4:13 PM, the Alternate Administrator acknowledged the above findings and provided nothing further.</p> <p>17-14-1(a)(1)(F) 17-14-1(c)(6)</p> <p>484.70(a) Infection Prevention Standard: Infection Prevention. The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases. Based on observation, interview, and record review, the home health agency failed to follow infection control guidelines in 2 of 3 home visits (Patient #2, #3) observed in a total sample of 3 home visits.</p> <p>Findings include:</p> <p>1. Review of an article from Centers for Disease Control (CDC), "2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings Multidrug-resistant organisms (MDROs), infection or colonization (e.g., MRSA, VRE,</p>	G 0682	<p>Administrator will do home visits with clinical managers monthly and review charts to ensure proper documentation and education are present in client chart. Administrator will review 25% of charts quarterly to ensure proper documentation is present.</p> <p>In reference to Item #1 all clients with risk of ongoing transmission of infection or wounds unable to contained by dressings will have contact precautions and education in place. All current and new employees will be in-serviced on infection control precautions and patient specific precaution information sheets will be placed in home chart.</p> <p>Item #2 Bag Barrier Technique Process revised and all current</p>	02/28/2020

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	<p>VISA/VRSA, ESBLs, resistant S. pneumoniae)", stated: "MDROs judged by the infection control program, based on local, state, regional, or national recommendations, to be of clinical and epidemiologic significance. Contact Precautions recommended in settings with evidence of ongoing transmission, acute care settings with increased risk for transmission or wounds that cannot be contained by dressings...."</p> <p>2. Review of agency Process titled "Bag Barrier Technique", last revised July 12, 2019, states "When entering the patient's home, the nursing bag should be placed on a clean, dry surface away from small children and pets. If the home environment is heavily infested with insects or rodents, the bag should not be brought into the patient's home."</p> <p>3. Review of agency policy titled "Hand Washing", last revised 10-31-19, stated: "Purpose: . . . Equipment/Supplies, soap, paper towel and water. . ."</p> <p>4. Review of agency policy titled "OSHA (Occupational Safety & Health Administration) Infection Control/Exposure Control Plan" stated: ". . . Purpose: If a client is suspected or known to have an infectious or contagious process, Adaptive personnel shall be advised. Adaptive shall implement the procedures specific to the suspected disease. In addition, employees shall implement infection control procedures with regard to clients, employees, and the employees' environment. Adaptive shall provide all client care employees with appropriate protective equipment. . ."</p> <p>5. During the home visit for Patient #2 on 1-22-2020 at 10:50 AM, the Registered Nurse,</p>		<p>and new clinical managers will be re-educated on following bag barrier technique.</p> <p>Item #3 All current and new employees to be re-educated with Handwashing inservice to ensure proper equipment and technique is used at all times.</p> <p>Item #4 All current and new internal employees will be re-educated on clinical documentation regarding infection control and precautions and ensuring plan of care and service plan is accurate and up to date with Clinical Documentation in-service. All external employees will be re-educated on infection control procedures and PPE with Caregiver Employees Abnormal Observations/Unusual Findings and Infection control in-service.</p> <p>Item #5 All current and new clinical managers will re-educated on bag barrier technique process with review of process.</p> <p>Item #6 All current and new clinical managers will be re-educated with the Clinical Documentation in-service on need to add all new findings, diagnoses, infections and precautions to plan of care to ensure accurate and up to date records. All new and</p>	

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	<p>Employee C was observed placing a beige/tan, canvas, open topped tote on patient's floor without a barrier between the floor and the bag. This bag remained opened during the entire home visit.</p> <p>6. Review of Patient #3's plan of care evidenced a certification period of 9-8-19 to 11-6-19 and primary diagnosis of muscle weakness with and for the provision of non-skilled nursing (SN) for aide supervision and home health aide services 4 hours per day, 7 days per week. The sixty day summary (included within the plan of care) evidenced skilled nursing being provided by Entity A for wound care and the presence of a wound vacuum dressing.</p> <p>Review of an agency physician order dated 9-30-19 and signed by physician on 11-13-19, states "Wound Care Center called and stated wound to R (right) ankle has MRSA. New order for Zyvox (antibiotic) 600 mg by mouth twice a day. . ." (MRSA is a bacteria with antibiotic resistance) The clinical record failed to evidence documentation related to MRSA in the wound on the Aide care plan and/or nursing visits to-date.</p> <p>Review of Agency's Infection Control log provided 1-23-19 at 2:15 PM, for reporting period of 6-29-19 through 9-30-19 and dates 9-30-19 through 12-27-19, evidenced the presence of Patient #3's name with MRSA wound infection and without a resolution, date, and/or action plan.</p> <p>During an interview with Entity A's Director of Operations on 1-23-2020 at 1:15 PM, when queried if Patient #3 still had MRSA, the Director of Operations stated a culture of Patient #3's wound was currently pending (to determine if MRSA has been resolved). Entity A's Director also shared</p>		<p>current clinical managers will be provided with plastic, wipe able zippered bag for non-critical nursing supply storage and re-educated on proper bag barrier technique. All current and new employees will be re-educated with review of hand washing In service to ensure proper equipment and technique is used at all times. All new and current clinical managers will be re-educated with the Clinical Documentation in-service to ensure proper education and equipment needed for infection control and precautions needed. All current and new caregivers will be re-educated with the Caregiver Abnormal/Unusual/New Findings and caregiver Infection Control in-service.</p> <p>Administrators will do monthly ride along with of clinical managers to ensure proper bag barrier technique and infection control prevention is utilized. Administrators will observe 4 home visits with clinical managers per month all new clinical managers will have home observation visit with administrator within first 90 days to ensure proper technique of infection control/prevention. Clinical Managers will observe hand washing technique at each home visit when caregiver is present. Clinical Managers will</p>	

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	<p>verbally and in documentation that the patient was currently changing her dressing 1 time a week.</p> <p>On 1-22-2020 at 9:30 AM, a home visit was made on Patient #3, the second in a series of 3 home visits with Employee C, a Registered Nurse (RN), and Employee G, a home health aide, who were present in the home at the time of arrival. Upon arrival, the RN, Employee C, placed her beige, canvas tote bag in the upholstered chair behind her and without a barrier. During this visit, the home health aide, Employee G, was witnessed to wash her hands at the kitchen sink with liquid soap and water, then dry her hands on linen towel hanging on oven door handle bar. Employee G stated that they employees have their own towels to use while they are present and are separate from the patient's towel and even have them in the bathroom. Patient #3 acknowledged this process.</p> <p>During interview with the Agency's Alternate Administrator on 1-22-2020 at 2:44 PM, when queried what is done if MRSA was identified on a patient, what is contact precautions and is this placed on the care plan, the Alternate Administrator stated: "We have a conversation with the aide and staff regarding what precautions to take, use handwashing and gloves, and we have gowns. Yes, we place it on the care plan." When the Alternate Administrator was informed of the Aide who used the patient's towel to dry her hands, the Alternate Administrator stated "The patient must not have paper towels."</p> <p>Patient #3's clinical record failed to evidence implementation of standard precautions to prevent the transmission of MRSA and failed to evidence the discussion of Patient #3's new diagnosis of MRSA, and the addition of standard</p>		<p>re-educate caregiver if improper technique is observed. Administrators will review nursing documentation to monitor hand washing is observed during visit bi-weekly. Administrators will review infection log monthly and ensure that the client plan of care has been updated, is complete and accurate for infection control/prevention and proper precautions in place to ensure 100% compliance.</p>	

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G 0946 Bldg. 00	<p>precautions to the aide plan of care to date. During the home visit the nurse failed to evidence compliance with Agency policy for nursing bag technique and the home health aide failed to comply with Agency policy for handwashing.</p> <p>7. On 1-23-2020 at 4:13 PM, the Alternate Administrator acknowledged the above findings and provided nothing further.</p> <p>17-12-1(m)</p> <p>484.105(b)(1)(i) Administrator appointed by governing body (i) Be appointed by and report to the governing body; Based on record review and interview, the agency failed to provide evidence of the Governing Body's approval for the Administrator & Alternate Administrator positions for 1 of 1 agency.</p> <p>Findings include:</p> <p>Review of provided Agency Governing Board minutes received 1-21-2020 at 2:22 PM and dated 8-26-19, evidenced the following: "On this date, the GB (Governing Board) discussed the change in leadership in the Jeffersonville office. Employee A, RN (Registered Nurse) - Administrator & Nursing Supervisor, and Employee B, RN - Alt Administrator & Alt Nursing Supervisor." The Governing Board minutes failed to evidence the approval of the Administrator's and Alternate Administrator's appointments.</p> <p>On 1-22-2020 at 2:15 PM, documentation of the governing board approval of the Administrator & Alternate Administrator was requested for a second time.</p>	G 0946	Governing body to update governing body minutes approving Administrator and Alternate Administrator. New governing body minutes to be uploaded.	02/14/2020

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N 0000 Bldg. 00	<p>On 1-23-2020 at 4:40 PM, when queried for documentation of Governing Board appointment of the Administrator and Alternate Administrator, the Alternate Administrator stated: "We don't have meeting minutes where our positions are approved but our Regional District Manager, Employee I, can provide a number for you to call to verify approval. Nothing further was provided at this time.</p> <p>17-12-1(b)(1)</p> <p>This visit was for a complaint investigation, IN00316298 of a Home Health Agency.</p> <p>IN00316298:</p> <ul style="list-style-type: none"> -Resident/Patient/Client Rights-Unsubstantiated -Falsification of Records-Unsubstantiated -Infection Control-Substantiated, with related findings -Quality Care/Treatment-Substantiated, with related findings. <p>Facility #: 012872</p> <p>Provider #: 15K093</p> <p>Dates of Survey: 1-21, 1-22, & 1-23-2020</p> <p>Skilled Unduplicated Admissions last 12 months:</p>	N 0000		

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N 0462 Bldg. 00	<p>Current Census: 78 Unduplicated Admissions (unskilled) 57 Home Visits: 3 Clinical Record Review: 3</p> <p>410 IAC 17-12-1(h) Home health agency administration/management Rule 12 Sec. 1(h) Each employee who will have direct patient contact shall have a physical examination by a physician or nurse practitioner no more than one hundred eighty (180) days before the date that the employee has direct patient contact. The physical examination shall be of sufficient scope to ensure that the employee will not spread infectious or communicable diseases to patients.</p> <p>Based on record review and interview, the home health agency failed to ensure all employees were free of infectious disease prior to direct patient contact in 1 of 4 personnel records reviewed (Employee C).</p> <p>The findings include:</p> <p>Personnel record review on 1-21-2020 evidenced Employee C's, date of hire 9-4-19, had documentation on the pre-employment physical exam, from the practitioner, on 8-26-19, that stated the practitioner could not exclude employee from communicable disease. No further testing was done to ensure employee C did not have a communicable disease prior to the first direct patient contact of 9-6-19.</p> <p>On 1-23-2020 at 4:15 p.m., the alternate administrator and branch manager acknowledged the above findings and presented nothing further</p>	N 0462	<p>All current and internal employees will be in-serviced on the Health Assessment policy and need to ensure all employees are free of communicable diseases prior to patient contact.</p> <p>All New Hire Health Assessments will be reviewed weekly by the Administrator or Office Operations Manager prior to employee going through orientation. If Health Assessment does not reflect that employee is free of communicable diseases further evaluation will be completed prior to employee going through orientation.</p> <p>Administrator will review health assessments quarterly for 100% compliance.</p>	02/21/2020

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N 0464 Bldg. 00	for review. 410 IAC 17-12-1(i) Home health agency administration/management Rule 12 Sec. 1(i) The home health agency shall ensure that all employees, staff members, persons providing care on behalf of the agency, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows: (1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two-step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative. (2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered. (3) Any person with: (A) a documented: (i) history of tuberculosis; (ii) previously positive test result for tuberculosis; or (iii) completion of treatment for tuberculosis; or (B) newly positive results to the tuberculin skin test; must have one (1) chest radiograph to exclude a diagnosis of tuberculosis. (4) After baseline testing, tuberculosis screening must: (A) be completed annually; and			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K093	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/23/2020
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NAME OF PROVIDER OR SUPPLIER ADAPTIVE NURSING AND HEALTHCARE SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP COD 702 NORTH SHORE DRIVE, SUITE 103 JEFFERSONVILLE, IN 47130
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	<p>(B) include, at a minimum, a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3).</p> <p>(5) Any person having a positive finding on a tuberculosis evaluation may not:</p> <p>(A) work in the home health agency; or</p> <p>(B) provide direct patient contact; unless approved by a physician to work.</p> <p>(6) The home health agency must maintain documentation of tuberculosis evaluations showing that any person:</p> <p>(A) working for the home health agency; or</p> <p>(B) having direct patient contact; has had a negative finding on a tuberculosis examination within the previous twelve (12) months.</p> <p>Based on record review, the agency failed to ensure all employees providing direct patient care had documentation of a complete tuberculosis evaluation (2 step TB test OR quantiferon test) not more than 30 days prior to the employees' first direct patient contact for 1 out of 4 employees (Employee C).</p> <p>Findings include:</p> <p>Review of Employee C personnel file evidenced a date of hire of 9-4-19 and a quantiferon test present that was undated. The record failed to evidence documentation of a negative TB result within the previous 12 months or any additional TB testing present, dated prior to first patient contact on 9-6-2019.</p> <p>On 1-23-2020 at 4:14 PM, the above finding was presented to the alternate administrator and branch manager. Both acknowledged finding and provided nothing further.</p>	N 0464	<p>All current and internal employees will be in-serviced on the tuberculosis testing policy and need to ensure all employees are free of Tuberculosis and have had appropriate testing.</p> <p>All New Hire employees will be evaluated and tested for Tuberculosis. Personnel specialists will ensure all testing is complete and accurate. Program Managers will ensure all testing is complete and accurate prior to scheduling first patient contact.</p> <p>All new hire employee files will be reviewed weekly the week of their first patient contact by the Administrator or Office Operations Manager. If Tuberculosis testing does not reflect that employee is free of Tuberculosis, employee will</p>	02/21/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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			<p>not be scheduled to work with patients until Tuberculosis testing is complete and accurate.</p> <p>Administrator will review Tuberculosis testing and results quarterly for 100% compliance.</p>		