

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

PRINTED: 12/12/2019

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155356		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/25/2019	
NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL CARE UNIT OF ST JOSEPH				STREET ADDRESS, CITY, STATE, ZIP COD 700 BROADWAY TRANSITIONAL CARE UNIT FORT WAYNE, IN 46802			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 20, 21, 22, and 25, 2019</p> <p>Facility number: 000247 Provider number: 155356</p> <p>Census Bed Type: SNF: 12 Total: 12</p> <p>Census Payor Type: Medicare: 2 Other: 10 Total: 12</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 26, 2019</p>			F 0000	This facility is requesting paper compliance. Thank you.		
F 0578 SS=D Bldg. 00	<p>483.10(c)(6)(8)(g)(12)(i)-(v) Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir</p> <p>§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.</p>						

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 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 30 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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	<p>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).</p> <p>(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.</p> <p>(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</p> <p>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a wristband was placed designating code status for 1 out of 4 residents reviewed. (Resident 165)</p> <p>Findings include:</p> <p>A review of Resident 165's record on 11/21/2019 at 4:30 p.m., indicated the resident was interviewable and diagnoses included, but were not limited to:</p>			F 0578	<p><b><u>This facility is requesting paper compliance.</u></b></p> <p><b><u>I What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u></b></p> <p>1. The deficient practice was immediately noted and corrected</p>		12/24/2019

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	<p>heart disease, and diabetes.</p> <p>An observation on 11/21/2019 at 4:55 p.m., indicated Resident 165 did not have a purple DNR wristband on either of her wrists. During an interview at that time, Resident 165 indicated that her wishes were not to be resuscitated.</p> <p>A review of the Charge Nurse Summary sheet, provided by RN (Registered Nurse) 3 on 11/21/2019 at 4:40 p.m., indicated Resident 165, was documented as wishing to be Do Not Resuscitate status.</p> <p>A review of the Physician Orders indicated a Do Not Resuscitate order, dated 11/16/2019.</p> <p>A review of Resident 165's Patient Life Directive, dated 11/14/2019 and signed by the Physician on 11/16/2019, indicated the following: "... AND (Allow Natural Death) In the event of cessation of cardiac or pulmonary function, No Resuscitation measures will be taken. Though this patient's desire is not to be resuscitated, all other aspects of care will continue including comfort measures...."</p> <p>During an interview on 11/21/2019 at 4:40 p.m., RN 3 indicated the residents with a DNR code status had it documented on the Charge Nurse Summary, and in the computer. He further indicated the residents would have a purple DNR wrist band on their wrist.</p> <p>During an interview on 11/21/2019 at 4:50 p.m., the DON (Director of Nursing) indicated a resident with a DNR status would be wearing a purple wrist band to indicate the code status.</p>		<p>by the Director of Nursing on 11/21/2019 for Resident 165 that did not have the purple Do Not Resuscitate(DNR) band per policy NUR 580 . A purple DNR band was immediately placed on the patient on 11/21/2019.</p> <p><b><u>II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</u></b></p> <p>1.On 11/21/2019, The Director of Nursing immediately ensured that all the other residents in the unit had correct wristbands as applicable. It was validated that the 3 other residents with DNR status had the purple band per policy NUR580.</p> <p><b><u>III. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</u></b></p> <p>1.The DNR policy has been revised (NUR 580) to reflect correct procedure to use purple band for any residents that have a DNR order.</p> <p>2.The nursing staff will be reeducated and the policy (NUR 580) reviewed with all staff.</p> <p>3.To ensure that deficient practice does not recur, the</p>				

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	<p>During an interview on 11/22/2019 at 5:10 p.m., the DON indicated she observed Resident 165 was not wearing a purple DNR wristband, and she was aware the resident indicated her wish was to be a DNR.</p> <p>During an interview on 11/25/2019 at 10:30 a.m., the DON indicated the facility used the wristbands due to the failure of the stickers, as they would roll up and fall off the identification wrist band.</p> <p>A current policy, "Allow Natural Death (AND) Orders," dated 10/2012, was provided by the DON on 11/21/2019 at 4:50 p.m. The policy indicated the following: "...Place purple sticker on patient armband on patient's arm if they are AND or a partial code...."</p> <p>3.1-4(g)</p>		<p>nursing staff will verify that residents with DNR status have the purple DNR bracelet in place during Bedside Shift Report at shift change. The nurse giving report will state their code status and the on-coming nurse will check for the purple DNR bracelet.</p> <p>4. The Director of Nursing or designee will perform daily audit on all patients with a DNR order for 14 days, followed by 5 random audits 3 times a week for 2 weeks, then 6 weekly audits for 8 weeks to ensure 100% compliance with policy NUR 580.</p> <p><b>IV. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</b></p> <p>1. The Director of Nursing or designee will address any deviations from the policy immediately with the concerned staff member.</p> <p>2. The results of the audit will be shared with staff during Monthly department Meeting</p> <p>3. The audit results will be reviewed during the Quarterly Quality Assurance/QAPI Meeting</p> <p>4. The deficient practice will be added to the QAPI program as one of the Performance Improvement Initiatives for the 1st and 2nd quarter of 2020.</p>		

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F 0812 SS=F Bldg. 00	<p>483.60(i)(1)(2) Food Procurement, Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation, interview, and record review, the facility failed to ensure dishwasher temperatures were maintained in required parameters. This deficient practice had the potential to affect 12 of 12 residents who resided on the unit.</p> <p>Findings include:  On 11/21/19 at 9:00 a.m., the kitchen was observed</p>			F 0812	<p><b><u>V. By what date the systemic changes will be completed.</u></b></p> <p>December 24 2019</p> <p>This facility is requesting paper compliance.</p> <p><b><u>I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u></b></p> <p>1. This deficient practice had the</p>		12/24/2019

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	<p>with the Food Service Manager (FSM). She indicated the dishwasher sanitized the dishes by heat. A screen was observed on the side of the dishwasher. The temperature reading illuminated by a corresponding light which indicated if the temperature was for the wash cycle or the rinse cycle. Chef/Dietary Staff 1 read the following temperatures from the side of the dishwasher: wash temperature was read at 152 degrees Fahrenheit (F) and the rinse temperature was read at 167 degrees F.</p> <p>On 11/21/19 at 9:05 a.m., the Chef/Dietary Staff 1 ran the dishwasher again, with no dishes in it. He read the wash temperature at 177 degrees F and the rinse temperature at 164 degrees F. Observed on the side of the dishwasher, was a panel which indicated the minimum wash temperature was 152 degrees and the minimum rinse temperature was listed at 180 degrees. Chef/Dietary Staff 1 indicated they put a work order in for the dishwasher this morning as it was "acting up." He indicated the dishwasher began acting up just after the tray line this morning. He indicated they would not use the dishwasher to clean dishes at this time.</p> <p>On 11/21/19 at 9:07 a.m., the FSM indicated the dishwasher had just recently been reviewed by (name of company), who provided the cleaning agents used in the dishwasher. The FSM indicated there were no identified issues with the dishwasher at that time.</p> <p>On 11/21/19 at 9:10 a.m., the "Record of Dishwashing Temperature" for November 2019, was provided by the Chef/Dietary Staff 1. The form had areas for each day to document the wash temperature (temp) (minimum temp of 150 degrees), rinse temperature (minimum temp of 180</p>		<p>potential to affect 12 of 12 residents. The following corrective actions were taken immediately.</p> <p>2.A work order (WO# 35449) was entered on 11/21 at 8:56am to have the dishwasher checked out by the Plant Operations Department because the temperature of the rinse cycle was not per regulation. The Plant Operations Department processed the work order on the same day (11/21/2019). They adjusted the thermostat to a higher setting, took out spray nozzles and wire brushed the orifices, checked spray pattern with all nozzles working and then took final rinse temperatures at 6 different times on 11/21/2019 and all of them were over 180 degrees F for the rinse cycle ( 1:35pm- 196 F, 1:45pm-192 F, 1:55pm- 202 F, 2:30pm- 194 F, 3:00pm- 188 F, 3:30pm- 191 F). On, 11/22/2019, the temperature was rechecked in the morning and it was 176 F which is below the required 180 F for the rinse cycle. At that point, a contracted vendor was contacted (Professional Food Equipment) who came in the same day on 11/22/2019 and found a faulty heat exchanger in the dishwasher. That part was ordered on 11/22/2019 , received and replaced on 11/26/2019. Prior to the use of the dish washer, temperatures were monitored for 24 hours and the dishwasher was back in use on</p>				

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	<p>degrees) at 8:00 a.m., 11:00 a.m. and 4:00 p.m. The form also had an area on each day to document "Please note if minimum temperature is not met corrective action needs to be taken..." At the bottom of the log was documented "Record accurate temperatures and report any temperature variances to a Manager. These are minimum temperatures - If the temperature is not correct do not assume a manager has been notified..." Review of the temp log indicated the following from 11/1/19 to 11/20/19: two temps below 150 degrees for the wash cycle, 121 F and 128 F; a total of 13 temps below the minimum rinse temp of 180 (ranged from 163 F to 179 F). Documentation of corrective action was lacking for any of the low temperatures documented on the form.</p> <p>On 11/21/19 at 9:25 a.m., the FSM provided a copy of the service report from (name of company) dated 11/12/19. The report indicated there were no temperature related issues as the wash temperature was 157 and the final rinse was 195.</p> <p>On 11/21/19 at 10:40 a.m., the FSM was interviewed. She indicated maintenance performed an inspection of the dishwasher on a quarterly basis.</p> <p>On 11/21/19 at 1:50 p.m., the Maintenance Director and the FSM were interviewed. The Maintenance Director indicated a work order had been initiated that morning pertaining to the dishwasher not meeting temperature requirements. He indicated prior to this work order, the last work order received related to the dishwasher was dated 10/17/19. He indicated the 10/17/19 work order did not relate to the dishwasher temperature. The FSM indicated when the dishwasher temperatures were not meeting minimum requirements, she would notify the maintenance department and she</p>				<p>11/27/2019. From 11/21/2019-11/26/2019, disposable paper products were used in the facility. In addition, when the dishwasher was back in operation, all the pots, pans, utensils, and dishes that had been previously washed (that may have had lower temperatures) were rewashed.</p> <p>3. The staff working during 11/21/2019-11/22/2019 time frame were reeducated on the proper steps to follow if the water temperature goes below the requirement including documentation of corrective action on the "Record of Dishwashing Temperature Log".</p> <p>4. The Nutritional Services policy 4001 - Infection Prevention and Control was updated on 11/27/2019 by the Director of Food and Nutrition to include the steps to be taken when temperatures fall out of range.</p> <p>5. All nurses were interviewed by the Director of Nursing to ensure no GI issues were reported by residents in the last 2 months due to this deficient practice. None were reported.</p> <p><b><u>II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</u></b></p>		

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	<p>(the FSM) thought a work order was completed by maintenance staff. The FSM indicated they notify the maintenance department right away of a low dishwasher temperature as this was "considered a priority." She indicated if the low temperature occurred after hours, she would notify the dispatcher who in turn would notify maintenance. The Maintenance Supervisor indicated when maintenance was notified of a low temp on the dishwasher, a work order was to be initiated. He indicated after repair on the equipment was provided, the work order should have been completed, with documentation of what repairs were done to fix the problem. He indicated the temperature should also be rechecked after the repairs and documented. He indicated these issues should have been followed up with documentation. The Maintenance Supervisor indicated they had not had any issues with the dishwasher for at least 2 months. The Maintenance Supervisor indicated the department had conducted the quarterly assessment of the dishwasher last quarter and the next quarterly assessment was due to be completed this month.</p> <p>On 11/21/19 at 2:10 p.m., the FSM was asked to provide a copy of the policy and procedure (p/p) regarding the required temperatures for the dishwasher. She provided a copy of the p/p "Infection prevention and control" dated 9/1/14. The policy included "...maintain 150 degrees...for washing and 180 degrees...for final rinse. Temperatures will be checked and recorded daily...." The FSM indicated when a low temperature on the dishwasher was observed, staff were to report the low temperature to management or the supervisor if management was not available, who would in turn notify maintenance of the issue. Documentation was lacking on the policy and procedure of what staff</p>				<p>1. This deficient practice had the potential to affect 12 of 12 residents. The following corrective actions were taken immediately.</p> <p>2. A work order (WO# 35449) was entered on 11/21 at 8:56am to have the dishwasher checked out by the Plant Operations Department because the temperature of the rinse cycle was not per regulation. The Plant Operations Department processed the work order on the same day (11/21/2019). They adjusted the thermostat to a higher setting, took out spray nozzles and wire brushed the orifices, checked spray pattern with all nozzles working and then took final rinse temperatures at 6 different times on 11/21/2019 and all of them were over 180 degrees F for the rinse cycle ( 1:35pm- 196 F, 1:45pm-192 F, 1:55pm- 202 F, 2:30pm- 194 F, 3:00pm- 188 F, 3:30pm- 191 F). On, 11/22/2019, the temperature was rechecked in the morning and it was 176 F which is below the required 180 F for the rinse cycle. At that point, a contracted vendor was contacted (Professional Food Equipment) who came in the same day on 11/22/2019 and found a faulty heat exchanger in the dishwasher. That part was ordered on 11/22/2019, received and replaced on 11/26/2019. Prior to the use of the dish washer, temperatures were monitored for 24 hours and the</p>		



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	<p>were to do if a low temperature on the dishwasher was observed.</p> <p>On 11/21/19 at 2:15 p.m., Dietary Staff/Dishwasher was observed to be using the dishwasher. She indicated she was aware of what the desired dishwasher temperatures were to be by referencing the "Record of Dishwashing Temperatures" log. She indicated if the dishwasher temperatures were not what they were required to be, she would either inform management or make her supervisor aware right away.</p> <p>On 11/21/19 at 3:50 p.m., the Maintenance Supervisor was interviewed. He indicated the last documented issue with the dishwasher temperatures were in 2018. He indicated with each time maintenance was notified of dishwasher temps being low, a work order should have been generated and documentation provided as to if there was a problem and if so, what was done to correct the problem. He further indicated on the "Record of Dishwashing Temperatures" documentation should have been provided in the section for "comments/corrective action" a work order number or "something related to the low dishwasher temps." The Maintenance Supervisor indicated after he was made aware of the low dishwasher temperatures, he found the following procedures were being used: in the past, when his staff had been notified of a low temp, his staff responded to the issue, but work orders had not routinely been completed. He indicated his staff ensured the dishwasher was up to required temperature but documentation was lacking of the work having been completed and how the issue was resolved.</p> <p>On 11/21/19 at 3:53 p.m. the Maintenance</p>			<p>dishwasher was back in use on 11/27/2019. From 11/21/2019-11/26/2019, disposable paper products were used in the facility. In addition, when the dishwasher was back in operation, all the pots, pans, utensils, and dishes that had been previously washed (that may have had lower temperatures) were rewashed.</p> <p>3. The staff working during 11/21/2019-11/22/2019 time frame were reeducated on the proper steps to follow if the water temperature goes below the requirement including documentation of corrective action on the "Record of Dishwashing Temperature Log".</p> <p>4. The Nutritional Services policy 4001 - Infection Prevention and Control was updated on 11/27/2019 by the Director of Food and Nutrition to include the steps to be taken when temperatures fall out of range.</p> <p>5. All nurses were interviewed by the Director of Nursing to ensure no GI issues were reported by residents in the last 2 months due to this deficient practice. None were reported.</p> <p><b><u>III. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</u></b></p>			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>Supervisor was interviewed. He indicated today, the maintenance staff documented what they did to fix the problem with the low water temperature on the dishwasher. He indicated, his staff turned up the steam on the dishwasher this time, but it was more of an issue than that. He indicated the flow of hot water to nozzles was not correct and the problem had been fixed. He indicated the final rinse temperature now reads at 198 F. He indicated in the evening after the kitchen closed down, the maintenance staff would perform a quarterly inspection of the dishwasher.</p> <p>On 11/21/19 at 4:10 p.m., the FSM provided copies of the "Record of Dishwashing Temperatures" from September and October 2019 with the following observed: For September 2019, eight times the rinse temperature was documented below 180 degrees, low readings ranged from 169 to 179 degrees. On 9/24/19, it was documented in the Comment section of the form, "machine down." On 9/3/19 at 8:00 a.m., "Err" was documented with the comment of "...adjusted, 186 degrees..." On 9/28/19 at 11:00 a.m., "Err" was documented. Documentation was lacking in the comment section for an entry on this date. For the October 2019 log, 22 low rinse temperatures were documented, with the range of temperatures from 163 - 178 degrees F. On October 2, the 8:00 a.m. temperature reading indicated "ERR" and the 11:00 a.m., rinse temperature was documented as 178 degrees. On October 6, the 8:00 a.m. rinse temperature reading was 167 degrees and the 11:00 a.m. temperature was 175 degrees. On October 8, the 8:00 a.m. rinse temperature was 172 degrees and the 4:00 p.m. rinse temperature was 177 degrees. Documentation was lacking on the form on any comment and/or corrective action taken for these low temperatures. One low wash temperature was</p>				<p>1.All staff that work the dishwasher including management staff will be reeducated on the revised Nutritional Services Policy 4001 by 11/24/2019. This includes the proper procedure to follow when dishwasher temperatures fall out of range. Nutritional Services staff are to enter a work order, and document in the "Record of Dishwashing Temperature Log" when temperatures fall out of range. The documentation will also include the Work Order Number that was placed.</p> <p>2.A daily log to audit the "Record of Dishwasher Temperature Log" was created to ensure the opening and closing Manager would check all temperature logs along with the required documentation/follow up, which will be signed off twice daily and turned into the Director of Food and Nutrition.</p> <p>3.The Director of Food and Nutrition will perform random audits 3 times a week for Quarter 1 and Quarter 2 2020 to ensure 100% compliance with Nutritional Policy 4001.</p> <p>4.The Plant Operations staff will be educated by that a copy of the completed work order related to the dishwasher will be filed in the Food Services Department to ensure the Food Services Department is notified of successful work order completion.</p> <p><b>IV. How the corrective action(s)</b></p>		

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

PRINTED: 12/12/2019  
FORM APPROVED  
OMB NO. 0938-039

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	<p>documented at 118 degrees and one "Err" was documented with no documentation of comment and/or corrective action taken.</p> <p>On 11/22/19 at 12:15 p.m., the Maintenance Supervisor was interviewed. He provided a copy of the last preventative maintenance of the dishwasher that was dated in August 2019. The preventative maintenance work order checklist included but was not limited to the following: "Observe cycles and verify temperature of rinse water (180F) and wash water 140 degrees...." He indicated the documentation on the Record of Dishwashing Temperatures, documented "ERR" meant error and this indicated the temperature of the water was too high to register but did not require an action. He indicated they were concerned with the water temps being too low. He indicated he currently did not have a copy of the work order from yesterday as they found another issue and they had an outside vendor working on the dishwasher today.</p> <p>On 11/22/19 at 12:40 p.m. the FSM was interviewed. She indicated the dishwasher was going to be worked on today by an outside vendor and the facility was currently using paper dinnerware for the meal service.</p> <p>3.1-21(i)(2)</p>				<p><b>will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</b></p> <p>1.The Director of Food and Nutrition will address any deviations from the policy immediately with the concerned staff member.</p> <p>2.The results of the audit will be shared with staff during Monthly department Meeting</p> <p>3.The audit results will be reviewed by the Director of Food and Nutrition during the Quarterly Quality Assurance/QAPI Meeting</p> <p>4.The deficient practice will be added to the QAPI program as one of the Performance Improvement Initiatives for the 1st and 2nd quarter of 2020.</p> <p><b><u>V. By what date the systemic changes will be completed.</u></b> December 24 2019</p>		