PRINTED: 02/28/2017 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY
		345202	B. WING			01/	27/2017
	ROVIDER OR SUPPLIER	ITATION CENTER		3000	EET ADDRESS, CITY, STATE, ZIP CODE DHOLSTON LANE LEIGH, NC 27610		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 278 SS=E	The assessment must resident's status. A registered nurse must each assessment with participation of health. A registered nurse must assessment is completed in the complete and individual who cassessment must signed that portion of the assessment must signed that portion of the assessment in a resubject to a civil mone \$1,000 for each asse willfully and knowingly to certify a material at resident assessment penalty of not more that assessment. Clinical disagreement material and false status and false status and false status. This REQUIREMENT by: Based on record revifacility failed to coord Minimum Data Set (M. Coordinator knowing)	INATION/CERTIFIED It accurately reflect the Just conduct or coordinate in the appropriate professionals. Just sign and certify that the leted. Completes a portion of the in and certify the accuracy of lessment. Medicaid, an individual who by certifies a material and lesident assessment is let penalty of not more than lessment; or an individual who by causes another individual and false statement in a lies subject to a civil money lies and staff interviews the lies and staff interviews the linate completion of the linate completion of the linate completion and Mood To a coordinate It does not does not constitute a It does not constitute a It does not met as evidenced It does not met as evidenced	F 2		The statements made on this Plan of Correction are not an admission to and not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federa and State Regulations the facility has		2/10/17
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	 E		TITLE		(X6) DATE

Electronically Signed

02/10/2017

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345202	B. WING _			0	1/27/2017	
NAME OF PI	ROVIDER OR SUPPLIER		<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u>`</u>		
				3	000 HOLSTON LANE			
CAPITAL	NURSING AND REHAE	BILITATION CENTER		R	ALEIGH, NC 27610			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFI; TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
F 278	Continued From pa	ge 1	F 2	278				
	(Residents #9,#16,	#48, #79, #115 and #177).			taken or will take the actions set forth i	n		
	The findings include	e:			this Plan of Correction. The Plan of			
	_				Correction constitutes the facility's			
	1. Resident #16 wa	s admitted to the facility on			allegation of compliance such that all			
	4/10/15.				alleged deficiencies cited have been or	ŗ.		
					will be corrected by the date or dates			
		num Data Set (MDS) for			indicated.			
		d 11/28/16, revealed the						
	_	ition and Mood were not			1 Corrective action was accomplished			
	-	ection Z item on the MDS,			Resident #16, Resident #177, Resident	τ		
		on, was signed by the RN to			#48, Resident #9, Resident 79, and			
	show the assessme	ent was completed.			Resident #115, who was found to have been affected by the deficient practice.			
	During an interview	on 1/25/17 at 2:00 PM the			new BIMs and Mood Interviews were	1		
	_	ed she had been out on leave			completed for each resident by the			
		and after she came back the			Interdisciplinary Team. Additionally a r	new		
	· -) was terminated for routinely			Quarterly MDS was completed by the			
		Cognition and Mood			Interdisciplinary Team for all affected			
		S Coordinator stated from			residents which included all sections of	f		
	11/28/16 the Cognit	tion and Mood interviews were			the MDS. All new Quarterly MDS			
	not put into the MD	S because they were waiting			assessments were submitted by the RI	Ν		
	for a new SW to be				MDS Coordinator on 2/13/2017.			
	_	on 1/25/17 at 2:30 PM the						
		d the facility identified the			2. All residents in the facility have the			
		S Cognition and Mood			potential to be affected by the same			
	_	g completed on 9/16/16. She			deficient practice. An audit was			
		the facility put in place a 30			conducted, by the RN MDS Coordinate	r		
	, ,	to ensure the Cognition and			and the RN MDS Consultant, on			
		tions were being completed.			1/25/2017 of current residents to	on		
	-	uickly apparent the person section of the MDS was not			determine which residents had dashes Section C and D (interview not comple			
		tion. She stated at the end of			on their most recent OBRA MDS	icu)		
		e facility began doing all Brief			assessment, and in turn inaccurately			
		al Status (BIMS) on all			selected Section C and D of the MDS	was		
		ool in the facilities computer.			complete. All residents who were			
	_	onnected to the MDS system.			identified as not having BIMs or a Moo	d		
		urther stated from 11/28/16			Interview on their most recent MDS			
		the MDS Cognition and Mood			assessment were opened as an OBRA	\		
		completed because the			Quarterly Assessment to correct the pr			

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F 278	Continued From pa	age 2	F 2	278				
	facility was in the p	process of hiring a new Social			OBRA MDS assessments per			
	Worker to begin wo	ork 1/9/2017.			recommendations of Mary Maas the N	С		
					RAI Clinical Coordinator. The Quarterl	y		
	2. Resident #177 v	vas admitted to the facility on			Assessment was completed, including			
	11/5/16.				Section C and D, and the Assessment			
					was submitted. The assessments were			
		are Minimum Data Set (MDS)			completed by the Interdisciplinary Tear	n,		
		esident #177, dated 12/3/17,			and were submitted by the RN MDS			
		iews for Cognition and Mood			Coordinator.			
	1	d. The Section Z item on the			2 Education was provided to the all			
		impletion, was signed by the sessment was completed.			3.Education was provided to the all Interdisciplinary Team Members by the			
	KIN TO SHOW THE as	sessment was completed.			RN MDS Consultant addressing the			
	During an interview	v on 1/25/17 at 2:00 PM the			importance of conducting interviews, h	ΟW		
	_	ted she had been out on leave			to conduct the interviews, who can	J V V		
		and after she came back the			conduct interviews, and the timeliness	of		
		/) was terminated for routinely			completing them. This training was	•		
	· ·	Cognition and Mood			completed on 1/26/2017. All members	of		
		OS Coordinator stated from			the team, who complete any section of			
	11/28/16 the Cogni	ition and Mood interviews were			MDS assessment, must sign and certif	y		
	not put into the MD	S because they were waiting			the accuracy of those sections and tha	t an		
	for a new SW to be	e hired.			incomplete section indicates an			
		v on 1/25/17 at 2:30 PM the			incomplete MDS. In addition the MDS			
		d the facility identified the			Coordinator was in-serviced, by the RN	1		
		S Cognition and Mood			MDS Consultant on coordinating the	_		
		g completed on 9/16/16. She			entire MDS process and signing the M			
		the facility put in place a 30			as complete in Section Z0400 of the M	DS.		
	, ,	I to ensure the Cognition and			The RN MDS Coordinator was also			
		ctions were being completed.			in-serviced that she must coordinate ea	acn		
		quickly apparent the person			MDS assessment with appropriate			
		s section of the MDS was not store. She stated at the end of			participation of the IDT members. In addition, she was in-serviced that she			
		e facility began doing all Brief			must sign and certify that the MDS			
		tal Status (BIMS) on all			assessment is completed and any			
		ool in the facilities computer.			incomplete section indicates that the M	IDS		
		onnected to the MDS system.			is not complete and therefore inaccura			
		further stated from 11/28/16			Furthermore, a new Social Worker was			
		the MDS Cognition and Mood			hired on 1/9/2017, and completed train			
		t completed because the			on 1/20/2017 provided by our RN MDS	•		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		` IDENTIFICATION NUMBED:		IPLE CONSTRUCTION	(X3	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	BILITATION CENTER	'	STREET ADDRESS, CITY, STATE, 2 3000 HOLSTON LANE RALEIGH, NC 27610	ZIP CODE		
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F 278	3. Resident #48 wa 12/23/16. The 5-Day Medical assessment for Rerevealed the intervex were not completed MDS, indicating con RN to show the assessment for a period of time Social Worker (SW not completing the interviews. The ME 11/28/16 the Cogninot put into the MD for a new SW to be During an interview Administrator state problem of the MD interviews not bein stated on 10/26/16 day monitoring too Mood interview see She stated it was a responsible for this completing the see November 2016 th Interviews for Menticesidents using a to The Administrator funtil January 2017	process of hiring a new Social ork 1/9/2017. The as admitted to the facility on the Minimum Data Set (MDS) asident #48, dated 12/30/16, liews for Cognition and Mood down. The Section Z item on the Impletion, was signed by the sessment was completed. The office of the facility on the Impletion, was signed by the sessment was completed. The office of the facility on the Impletion, was signed by the sessment was completed. The office of the facility on the Impletion of the Imp	F 2	Consultant. Since this completing BIMs and the as well as SW sections has also been signing the MDS for completion an ARD after 1/20/2017 4. The facility plans to meet the performance to make some are sustained by check submissions weekly for weeks. The Director of designee, will check Secompleteness, and to end Mood Interviews weekly for weeks, if 100 achieved, the Director of Designee will audit Secompleteness, and to end Mood Interviews weekly for weeks are sustained by check submissions weekly for weeks. The Director of designee, will check Secompleteness, and to end Mood Interviews were completeness, and to end Mood Interviews were completed immediately reported to the quarterly Assurance Committee of the surance Committee of the	the Mood Interview, in the MDS. SW the SW sections of a for any MDS with 7. Inonitor its sure that solutions sing 3 MDS a period of four f Nursing, or her ection C and D for ensure the BIMs were completed. It was accuracy is for Nursing, or her ection C and D for ensure the BIMs were completed by ments monthly for emplete iews will be a All findings will be a Quality		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		345202	B. WING _			01/27/2017		
	ROVIDER OR SUPPLIER	LITATION CENTER	•	STREET ADDRESS, CITY, STATE, ZIP COD 3000 HOLSTON LANE RALEIGH, NC 27610)E	1 0 11 20 11		
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F 278	Continued From pag facility was in the pro Worker to begin wor	ocess of hiring a new Social	F 2'	78				
	7/1/15. The Quarterly Minim Resident #9 dated 1 for Cognition and Mo Section Z item on th	ned by the RN to show the						
	MDS Nurse indicate for a period of time a Social Worker (SW) not completing the Cinterviews. The MDS 11/28/16 the Cogniti not put into the MDS for a new SW to be During an interview Administrator stated problem of the MDS interviews not being stated on 10/26/16 t day monitoring tool of Mood interview sect She stated it was quesponsible for this scompleting the secti November 2016 the Interviews for Mentaresidents using a too	Coordinator stated from on and Mood interviews were because they were waiting						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION IG	(X3	(X3) DATE SURVEY COMPLETED	
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F 278	until January 2017 the interviews were not of facility was in the prower to begin worker to be a second work	ther stated from 11/28/16 the MDS Cognition and Mood completed because the the seess of hiring a new Social to 1/9/2017.	F2	278			
	11/21/16. The Admission Minin Resident # 79 dated interviews for Cognit completed. The Sectindicating completion show the assessmen During an interview of MDS Nurse indicated for a period of time a Social Worker (SW) not completing the Cointerviews. The MDS 11/28/16 the Cognition to put into the MDS for a new SW to be houring an interview of Administrator stated problem of the MDS interviews not being stated on 10/26/16 the day monitoring tool to Mood interview sections section She stated it was quiresponsible for this secompleting the section November 2016 the Interviews for Mental residents using a tool	on 1/25/17 at 2:00 PM the d she had been out on leave and after she came back the was terminated for routinely ognition and Mood Coordinator stated from on and Mood interviews were because they were waiting aired. on 1/25/17 at 2:30 PM the the facility identified the Cognition and Mood completed on 9/16/16. She are facility put in place a 30 or ensure the Cognition and ons were being completed. ckly apparent the person ection of the MDS was not on. She stated at the end of facility began doing all Brief					

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		345202	B. WING _			01/	27/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	STATE, ZIP CODE			
CAPITAL I	NURSING AND REHABIL	ITATION CENTER		3000 HOLSTON LANE RALEIGH, NC 27610				
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F 278	Continued From page The Administrator fur		F 2	278				
	until January 2017 the interviews were not confacility was in the production of the	In Data Set (MDS) for 1/2/17 revealed the on and Mood were not on Z item on the MDS, was signed by the RN to the was completed. In 1/25/17 at 2:00 PM the she had been out on leave and after she came back the was terminated for routinely organized and Mood Coordinator stated from and Mood interviews were because they were waiting ired. In 1/25/17 at 2:30 PM the he facility identified the						
	She stated it was quiveresponsible for this secompleting the section November 2016 the formal interviews for Mental	ckly apparent the person ection of the MDS was not n. She stated at the end of acility began doing all Brief						
	This tool was not con The Administrator fur until January 2017 the	nected to the MDS system. ther stated from 11/28/16 e MDS Cognition and Mood ompleted because the						

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	ROVIDER OR SUPPLIER NURSING AND REHAB	ILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 HOLSTON LANE RALEIGH, NC 27610		-		
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F 278 F 282 SS=D	Worker to begin wo 483.20(k)(3)(ii) SER PERSONS/PER CA The services provided by accordance with eacare. This REQUIREMEN by: Based on record reinterview Hospice siplan of having fall mindle providing care (Resident #16) who The findings include Resident #16 was a 4/19/15 with diagnochronic obstructive history of traumatic receiving Hospice sign Set MDS dated 6/14 quarterly MDS dated Resident #16 had sign problems and he reextensive assistance was totally depended.	occess of hiring a new Social of 1/9/2017. EVICES BY QUALIFIED of the Facility of qualified persons in the resident's written plan of the resident's bed to for 1 of 1 Hospice resident sec care plan was reviewed. The resident of the facility on the ses including end-stage pulmonary disease (COPD), a brain injury (TBI) and was the revices. The resident on the person physical the with personal hygiene and the red on the upper and lower the lower the red on the upper and lower the lower the low	F 28	78	n to and do th the I Federal ty has t forth in in of y's nat all been or dates plished for ere de on Assistant.	2/10/17		
	A review of the care Resident #16 was a impaired balance, a cognition and comm	plan dated 11/14/16 revealed t risk for falls related to history of falls, and impaired nunication, hemiplegia and natic brain injury (TBI).		2.Corrective action will be accor for those residents having the pibe affected by the same deficier by ensuring all Hospice Aides and the same deficient by ensuring all Hospice Aides and the same all the same and the same all the same all	otential to nt practice			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345202	B. WING _			01/2	7/2017	
NAME OF P	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CIT	TY, STATE, ZIP CODE	•		
CAPITAL NURSING AND REHABILITATION CENTER		ITATION CENTER		3000 HOLSTON LANE RALEIGH, NC 276				
(VA) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES		·	DER'S PLAN OF CORRECTION		(YE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	DERECTIVE ACTION SHOULD B FERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 282	Continued From page	e 8	F 2	32				
1 202	Intervention included continued. On 1/25/17 at 2:02 Plobserved lying in bed his bed. On 1/26/17 at 9:21 Al (DON) stated that a Hhad provided AM care 1/25/17. On 1/26/17 at 10:37 Al that a Hospice Nursir Resident #16 and that the floor beside his bette resident could eabecause he used his floor mats could cush On 1/26/17 at 1:17 Pl Assistant that provided	M, Resident #16 was with no floor mats beside M, the Director of Nursing Hospice Nursing Assistant to for Resident #16 on AM, NA#1 stated on 1/25/17 ag Assistant had cared for the there had been no mats on ed. NA #1 further stated that sily roll out of the bed good hand to help and the		of, and unders Plans prior to providing care surve continuof any new interestive Care anytime an Hospice pati Plan. Facility swell on the residents' Care plans any time a Hospice pati Plan. Facility swell on the residents' Care	stand, the facility's Care providing care each time complished by providing II Hospice Aides and Nur y the facility DON and St. Coordinator. In addition, staff was in-serviced by Supervisor on ding noticing if there is a ent when completing dees uring mats are placed of whenever deep cleans he facility purchased or mats on 1/30/2017 to not never go without a material provided by housekeeping. It will be trained where to be dead to the resing, or her designee, provided to the plan. This will be updated ervention is added to the Plan. This will be by calling the Hospice of an intervention, applying the plan pertinent to the entire and the entire	an ses aff the ep are at, at is h of ed rior tion eg to re s		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION		E SURVEY PLETED	
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F 282	Continued From pag	e 9	F 2	282	facility SDC. 4. The facility plans to monitor its performance by completing a Quality Assurance of all residents with floor macare planned as a falls intervention. The Director of Nursing, or her designee, we check three floor mats to ensure they aby the bed, while residents are in bed, each week for four weeks, then three mats monthly for three months. Any areas for improvement will be addressed by the Director of Nursing with nursing hospice, or housekeeping staff as needed, and will be brought to the Qual Assurance Team. 5.2/24/2017	ne rill are ed		