Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/C		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBE	:R:	A. BUILDING: _		COMPLI	EIED
		1101.044070		B. WING		00/6	1/0047
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NAME OF PI	ROVIDER OR SUPPLIER			RESS, CITY, STA	,		
THE ARBO	DRETUM AT HERITAGE (GREENS		OWOOD STRE			
	OLUMBA DV OT	ATEMENT OF REFIGIENCIES	GREENSBU	ORO, NC 2740			
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D 000	Initial Comments			D 000			
		sure Section conducted ruary 28, 2017 and Mar					
D 299	10A NCAC 13F .0904 Service	(d)(3)(A) Nutrition And F	Food	D 299			
	(d) Food Requirement (3) Daily menus for refollowing: (A) Homogenized who milk or buttermilk: Or pasteurized milk at lease Reconstituted dry mill may be used in cooking purposes due to risk of during mixing and the the product if too much the pro	ast twice a day. It or diluted evaporated in a only and not for drink of bacterial contamination lower nutritional value of the water is used. It was evidenced by: It is interviews and recorded to serve eight ounces ast twice a day to reside	the the milk king on of				
	Review of the menu s -Milk (8 ounces) was and dinner for all diets -Milk was not listed fo 3/01/17A snack menu was n	spreadsheet revealed: to be served at breakfas s on 2/28/17 and 3/01/1 r lunch on 2/28/17 and ot listed, so it could not ould be served with any	7.				
	snack service. Observation on 2/28/	17 at 10:15 am revealed					
	snacks of graham cra	ckers and cranberry juic	ce or				

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

TITLE (X6) DATE

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED				
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMP	reien
		HAL041078	B. WING		03/	01/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
THE ADD	ODETUM AT HEDITAGE	709 ME	ADOWOOD STRE	ET		
THE ARBO	ORETUM AT HERITAGE (GREENS GREEN	SBORO, NC 274	09		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 299	Continued From page	e 1	D 299			
		nd served by the Personal				
	from 11:52 am to 1:10 -The SCU was divide "neighborhoods"-Aza Camellia (C), and Doneighborhood had a concept of their neighborhood had a concept of their neighborhoods had a concept of their neighborhood ha	d into 4 lea (A), Begonia (B), gwood (D). Each dining room. re served in the SCU dining				
	from 4:40 pm to 5:25 -The 39 residents we room of their neighbo -Beverages were preply the Personal Care -Beverages served in juice, and coffeeThere were 2 to 3 gawere 1/2 full or more	re served in the SCU dining orhood. pared, poured, and served Aides (PCAs). cluded water, cranberry allon containers of milk that in each refrigerator in the				
	mini kitchen of each r -One of 11 residents i 8 ounces of milkOne of 9 residents in 8 ounces of milk.	neighborhood A, B, C and D. in dining room A was served a dining room B was served onts in dining room B were				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL041078	B. WING		03/01/2017
	ROVIDER OR SUPPLIER DRETUM AT HERITAGE (GREENS 709 MEAD	DRESS, CITY, STA	ET	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 299	8 ounces of milk, and -None of the residents requested milk. Observation of the broad 3/01/17 at 8:00 am residents in dining served 8 ounces of mone of 9 residents in and it was in their cere. A PCA in dining room gallon of milk and glast resident if they wanted (in addition to the other residents wanted milk linterview on 2/28/17 as itter revealed: -She assisted her residents was not served an eeded for cereal. -Milk was not served an eeded for cereal. -Milk was not aware if milk with the bedtime linterview on 2/28/17 and (MA) on neighborshe worked also as at the facility for 2 years -"Some residents are milk or cranberry juices." We do not go by the is on the cart that the	dining room D were served one received ensure. In any dining room seakfast meal served on vealed: In a room seakfast meal served on vealed: In a room seakfast meal served milk, In a room seakfast meal served milk, In a room seakfast meal sees and asked each in a room seakfast meal sees and asked each in a room seakfast meal sees and asked each in a room seakfast milk with their breakfast meal served. No seat 5:00 pm with a resident's mident with most of her later than the residents were served snack. The residents were served snack. The residents were served snack. The residents were served snack. The residents were served snack. The residents were served snack. The residents were served snack. The residents were served snack. The residents were served snack. The residents were served snack. The residents were served snack. The residents were served snack. The residents were served snack.	D 299		

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	2) MULTIPLE CONSTRUCTION (X3) DATE S BUILDING: (X3) DATE S		E SURVEY PLETED
		HAL041078	B. WING		0;	3/01/2017
	ROVIDER OR SUPPLIER ORETUM AT HERITAGE (GREENS 709 MI	T ADDRESS, CITY, STATE EADOWOOD STREE NSBORO, NC 27409	Т		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 299	PCA on neighborhood-She had worked at the Residents were servibut "we do not offer mean and sugar free. All diabetics were nown as not sugar free. All residents were serviben if they were eather if they were eather. Milk was served with the mean and sugar free. Interview on 2/28/17 and provided at the rotated which neighborhood and served the bever asked, for they get it. She was not aware the mean book in each nown and served the bever asked. Interview on 2/28/17 and and served the mean book in each nown and served the served the bever asked. Interview on 2/28/17 and served with the served with the served with the served with the served the served the served with the served the served the served with the served t	at 5:03 pm with a 2nd shift of D revealed: ne facility for 12 years. ed milk if they asked for it, nilk at dinner". rved milk with meals. ot served juice because it rved milk with breakfast ing cereal. the bedtime snack. esidents like and who likes at 5:05 pm with a 2nd shift of C revealed: ne facility for 6 months, and orhood she worked at. rage of choice. "If milk was here was a therapeutic eighborhood mini-kitchen. nilk should be served twice at 5:10 pm with a PCA on aled: ne facility for 1 year. the bedtime snack. at milk at dinner. at 5:15 pm with a resident's definition of the control of the c	D 299			
	Interview on 2/28/17	at 5:20 with the Assisted				

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	FOF DEFICIENCIES OF CORRECTION					
		HAL041078	B. WING _		03	3/01/2017
NAME OF P	ROVIDER OR SUPPLIER	STF	REET ADDRESS, CITY,	STATE, ZIP CODE		
THE ARB	ORETUM AT HERITAGE (GREENS 709	MEADOWOOD S	TREET		
		GR	EENSBORO, NC	27409		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 299	Continued From page	2 4	D 299			
	Living Director (ALD) -Milk was served with -She was not aware t included on the menu guidance for staffShe was not aware r with the breakfast and -Milk was available in kitchens of each neig Interview on 3/01/17 a cook revealed: -He had worked at the -He prepared the mea cart to each neighbor the residentsMilk was available in kitchens of each neig -He was not sure whe residents, but was aw menu to be served wi -He was not aware if bedtime snack as eac prepared their own sr in their mini-kitchen a	of the SCU revealed: the bedtime snack. he snack menu was not or therapeutic menu for milk was listed to be served d dinner meals. each refrigerator in the hborhood. at 7:30 am with the facility e facility for 3 years. als and delivered them by hood for the staff to serve to each refrigerator in the hborhood. en staff served milk to the vare it was listed on the th breakfast and dinner. milk was served with the ch neighborhood staff nacks from the snack supply nd refrigerator.	0			
	PCA on neighborhood -She had worked at the rotated which neighborhad worked neighborh	at 8:30 am with a first shift d D revealed: ne facility 17 years, and orhood she worked at. She hood A yesterday, and D				
	to each resident with asked if they wanted beverages served wit	be served milk with ays went table to table and the milk and a glass and milk in addition to the other				

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL041078	B. WING		03/01/2017
	ROVIDER OR SUPPLIER	709 MEAI	DOWOOD STRE	ET	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
D 299	milk with breakfast an-Water or juice was see She was not aware if bedtime snack. Interview on 3/01/17 a PCA on neighborhood-She had worked at the She had not poured breakfast, but went to and a glass and askee addition to the other be meal. If milk was poured arresidents would drinked was not aware in served at breakfast in choice. Interview on 3/01/17 amember of a resident revealed: She came daily to vise. Milk was always offer not served automatically she was not aware if meals or at snack time. Interview on 3/01/17 a Executive Director reverse was aware milk so day. He was not aware if bedtime snack. Milk was supplied to	get water, juice or tea, and d dinner. erved with daytime snacks. milk was served with the at 8:45 am with a first shift of A revealed: the facility for 3 months. milk for everyone at each resident with the milk of if they wanted milk in reverages served with their and on the table, "maybe" the it. milk was on the menu to be addition to beverage of at 10:45 am with a family residing in neighborhood A sit at lunchtime. The dother test of the residents, but was ally. If milk was served with other test. The served with the realed: Thould be served twice a milk was served with the reach neighborhood and or of the mini-kitchen of each the table in front of a	D 299		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL041078	B. WING		03/01/2017
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE. ZIP CODE	00/01/2011
		709 MEAD	OWOOD STRE		
THE ARBO	DRETUM AT HERITAGE (GREENS GREENSE	ORO, NC 2740	09	
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 299	Continued From page	6	D 299		
D 468	Manager revealed: -She was not "sure he served in the SCU, butwice a day, it should -Milk was supplied to staff to serveIf Milk was served, the Based on observation and 3/01/17 it was de not interviewable. 10A NCAC 13F .1309 Orientation And Train	each neighborhood for the ne residents might drink it. Its and interviews on 2/28/17 termined the residents were I Special Care Unit Staff I Special Care Unit Staff	D 468		
	receive at least the fortraining: (1) Prior to establish administrator shall do 20 hours of training special. The administrator shall do 20 hours of training special can be served for each special to train other stationary of the served for each special can be served for each special care unit shall orientation on the nature of the stationary of the s	re that special care unit staff llowing orientation and ing a special care unit, the cument receipt of at least pecific to the population to recial care unit to be istrator shall have in place a ff assigned to the unit that its, sources, evaluations and raining achievement. The eek of employment, each or perform duties in the complete six hours of			

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	FOF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL041078	B. WING		03	3/01/2017
	ROVIDER OR SUPPLIER	GREENS 709 MEA	DDRESS, CITY, STATE DOWOOD STREE BBORO, NC 27409	Т		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 468	to the training and co Rule .0501 of this Sul of orientation required (4) Staff responsible supervision within the	tion being served in addition mpetency requirements in ochapter and the six hours d by this Rule. for personal care and a unit shall complete at least g education annually, of	D 468			
	records, the facility fa sampled staff (A and personal care and su Care Unit (SCU) com	ns, interviews, and review of iled to assure 2 of 3 C) who were responsible for pervision within the Special pleted 20 hours of training tion being served within 6				
	-Staff A was hired as Medication Aide (MA) -Staff A completed 6 I training upon hire. -She had documentar	nours of SCU orientation tion of 9 additional hours of CU per month between				
	-There was no docum training specific to the months of hire, from 2 Interview on 3/01/17 a revealed: -She worked on both SCU for about two tea					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL041078	B. WING		03/01/2017
	ROVIDER OR SUPPLIER ORETUM AT HERITAGE (GREENS 709 MEA	DDRESS, CITY, STATE DOWOOD STRE BORO, NC 2740	ET	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 468	employee folderShe also took other of care and medicationsShe was unaware the with personal care and to have 20 hours of troof hire. Refer to interview the 3/01/17 at 1:45 pm. Refer interview with the street of the str	certificates to be filed in her classes related to hospice. e staff of the SCU involved d supervision were required aining in the first 6 months SCU Coordinator on the facility's certified trainer in. the Human Resource is 2:46 pm. In the Assisted Living is 2:55 pm. Is personnel file revealed: a Medication Aide (MA) on thours of Special Care Unit ining upon hire. In on of 5.75 additional hours the SCU population each inrough 1/07/16. The entation of any other is SCU population within 6 interview on 3/01/17 at 3:15 insuccessful	D 468		

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		HAL041078	B. WING		03	3/01/2017
	ROVIDER OR SUPPLIER ORETUM AT HERITAGE	GREENS 709 ME.	ADDRESS, CITY, STATE ADOWOOD STREET SBORO, NC 27409			
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 468	Continued From page	9	D 468			
	Refer interview with ton 3/01/17 at 2:26 pm	he facility's certified trainer า.				
	Refer interview with the Director on 3/01/17 at					
-	Refer to interview with the Assisted Living Director on 3/01/17 at 2:55 pm.					
	Interview on 3/01/17 at 1:45 pm with the SCU Coordinator revealed: -He had worked in this SCU for four yearsHe was promoted to the SCU Coordinator on					
	training hours within s -He was responsible new employee to be t certified trainer but he	ff needed 20 hours of SCU six months of employment. for coordinating the training trained with the facilities was not responsible for new employee's total training				
	that all the required e completed and in the -The Human Resource	ce Manager and the Assisted responsible for ensuring all				
	3/01/17 at 2:26 pm re- She took a course of corporation that certif trainerShe was unaware th were required to have training related to the	ifered by the facility's ied her as a dementia at staff working in the SCU an additional 20 hours of SCU population within the				
	first 6 months of hireShe ensured new en completed by staff rel					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		HAL041078	B. WING		03	3/01/2017
	ROVIDER OR SUPPLIER ORETUM AT HERITAGE	GREENS 709 MEA	DDRESS, CITY, STATE, ADOWOOD STREET BBORO, NC 27409			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 468	the new employee we residents. -Her training entailed courses, dementia traminimum of three day the SCU residents. -If she did not feel the prepared to work with permitted to give add Interview with the Hu 3/01/17 at 2:46 pm reshe was responsible training was completed. She was unaware the were required to have training related to the first 6 months of hire. -She ensured that the forth by the corporationally the required educated and in the ending forward there delegated this responsible training requirer. Interview with the Assa 3/01/17 at 2:55 pm reshe was also responsible training was completed. She was also responsible training was completed. She was also responsible training was completed. She was unaware the were required to have training related to the first 6 months of hire. -New employees were dementia videos and by the facility's certifications. She thought this could be the she was the solution of the she was the she was and by the facility's certifications.	computer generated aining videos and then a ys of hands-on training with the enew employee was it the residents, she was itional hands-on training. The man Resource Director on evealed: It for ensuring all staff es. It at staff working in the SCU es an additional 20 hours of es SCU population within the est training requirements set on were met. It is in place to ensure that ation requirements were employee records. It would be one person insibility to ensure all of the ments were met. It is issted Living Director on evealed: In it is a staff working in the SCU es an additional 20 hours of escaled: In it is a staff working in the SCU est an additional 20 hours of escaled: In it is a staff working in the SCU est an additional 20 hours of escaled: In it is a staff working in the SCU est an additional 20 hours of escaled: In it is a staff working in the SCU est an additional 20 hours of escaled: In it is a staff working in the SCU est an additional 20 hours of escaled: In it is a staff working in the SCU est an additional 20 hours of escaled: In it is a staff working in the SCU est an additional 20 hours of escaled: In it is a staff working in the SCU est an additional 20 hours of escaled: In it is a staff working in the SCU est an additional 20 hours of escaled: In it is a staff working in the SCU est an additional 20 hours of escaled: In it is a staff working in the SCU est an additional 20 hours of escaled: In it is a staff working in the SCU est an additional 20 hours of escaled: It is a staff working in the SCU est an additional 20 hours of escaled: It is a staff working in the SCU est an additional 20 hours of escaled: It is a staff working in the SCU est an additional 20 hours of escaled: It is a staff working in the SCU est an additional 20 hours of escaled: It is a staff working in the scale at the the scale	D 468			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLE	1150
		HAL041078	B. WING		03/0	1/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
THE ARBO	DRETUM AT HERITAGE	GREENS	OWOOD STRE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 468	specific to SCU training. There was no document	xceed them. g requirements were not ng. nentation to quantify the ng the staff received after 6	D 468	DEFICIENCY)		

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