

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-475	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/31/2019
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NAME OF PROVIDER OR SUPPLIER WHITECAR GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3257 LAKE WOODARD DRIVE RALEIGH, NC 27604
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual and Follow-up Survey was completed 7/31/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118	<p>Please refer to the letterhead format submitted on 8/30/19.</p>	

RECEIVED
By DHRS-Mental Health Licensure at 4:31 pm, Aug 30, 2019

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rholanda Artis</i>	TITLE <i>Program Director</i>	(X6) DATE <i>8/30/19</i>
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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the MAR was accurate, medication administered as prescribed by physician as well as have medication available to administer for one of three audited clients (#2). The findings are:</p> <p>Review on 05/26/19 of client #2's record and interview with the nurse at the prescribing physician's office revealed: -Admitted: 11/2018 -Diagnoses: Mild Intellectual Disability, Narcissistic Personality, Anxiety Disorder, Obesity, Glaucoma, Arthritis Rheumatoid and Allergic to bee stings -Order dated 01/08/19 listed Depakote 250 mg one tablet twice a day (used to treat manic episodes), Prilosec 20 mg one tablet daily (used to treat digestive issues) and Epipen 0.3mg as needed (used in emergencies to treat allergic reactions). No physician's orders noted to discontinue usage -Order dated 02/20/19 listed Amantadine 100 mg take one tablet twice a day (used for Parkinson's). Second order dated 05/01/19 listed Amantadine three times a day. Note: Although regularly used for Parkinson's disease, this medication for client #2 used for behavior per nurse at the prescribing physician's office.</p> <p>1. Review on 07/29/19 of a note dated 04/03/19 regarding client #2's visit with her primary care physician's office revealed: -Client reports "break out of cold sore every 1</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-2 months. Some relief noted with Abreva. Prescribed Valacyclovir 1000 mg Take 2 tablets (2,000 mg total) by mouth Two (2) times a day. for 1 day Take 2 doses at first sign of cold sore." -"Still has intermittent blood in stool. No pain with defecation. Constipation waxes and wanes but is currently bothering her... Senna 8.6 mg Take 2 tablets by mouth nightly as needed for constipation"</p> <p>Observation on 05/26/19 between 1:00-3:30 PM, revealed no Depakote, Prilosec, Epipen, Valacyclovir and Senna.</p> <p>Review on 05/26/19 of client #2's March-May 2019 MAR the following medications were marked out with a straight line: -Depakote -Prilosec 20 mg (Note: 40 mg dosage resumed 05/22/19 was not marked out on the May 2019 MAR) -Epipen - Valacyclovir changed to as needed on May 2019 MAR -Senna</p> <p>During interviews between 05/26/19 and 05/29/19, three staff reported: -Medications marked through with a line would indicate the medication had been discontinued or not administered -The Residential Coordinator II was the primary person responsible for oversight of the medications such as reviewing MAR for accuracy, assuring medications were at the facility -No staff were able to locate Senna, Depakote, Valacyclovir or the Epipen for client #2 -All were aware she was allergic to bee stings</p> <p>During interview on 06/05/19, the Residential</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Coordinator II reported:</p> <ul style="list-style-type: none"> -She had been on vacation the week of 05/26/19. -Client #2's Epipen was located in the closet in the group home's main office. She was not sure why group home staff were not able to locate the Epipen. "Some staff were more knowledgeable of where to locate things than others." -In regards to Depakote and Valacyclovir, when client #2 arrived in November, a lot of the medications were expired and needed to be returned to the pharmacy. Recently, a similar oversight of medications was completed and that maybe the reason for some of the issues with the medications. Also when changes had been made in client #2's medications, there was a delay in the pharmacy changing it on the MAR. <p>During interview on 05/29/19, a pharmacist at the pharmacy used by the facility reported the following about client #2:</p> <ul style="list-style-type: none"> -Depakote was last dispensed 05/03/19. Per the pharmacy records, Depakote remained an active prescription. No documentation was noted that client #2 was not taking the Depakote -As of 05/21/19, Valacyclovir was changed to as needed and dispensed to the group home <p>2. Observation on 05/26/19 at 1:00 PM of client #2's medications revealed no Depakote.</p> <p>Review between 05/26/19 and 07/29/19 of facility records of behaviors for client #2 dated 02/01/19-05/26/19 revealed:</p> <ul style="list-style-type: none"> -04/07/19-upset about phone call she had with dad, fussing, went to room..lasted 10 minutes -04/27/19-yelling and cussing at a kid in the community..told to leave...lasted 15 minutes 	V 118		

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> -05/01/19-yelling, screaming and cursing at staff, threw item at staff...lasted 25 minutes -05/02/19-yelling, screaming, cursing being disrespectful...lasted 20 minutes <p>During interview on 05/26/19-07/30/19, staff #1 reported:</p> <ul style="list-style-type: none"> -She served as client #2's one on one worker. The previous worker, just brought client #2 back from a community outing and the former one on one worker did not return to the group home -Prior to 05/26/19, not a lot of documentation was noted on client #2's behaviors -It was a "challenge to work" with client #2 due to behaviors of cussing folks in the community using racial slurs, demanding, and disrespectful to staff -She characterized client #2's behavior as no change since her initial admission until the middle of June 2019, when client #2 walked out of the group home headed toward the street and the July 2019 incident in which client #2 threatened to kill the other clients and staff in the group home <p>During interviews between 05/29/19 and 07/29/19, the Qualified Professional reported:</p> <ul style="list-style-type: none"> -Client #2's mother/guardian did not want her taking both Depakote and Amantadine for behaviors. Client #2's mother/guardian requested client #2 take only the Amantadine. -Per client #2's mother/guardian's request, the agency did not administer the Depakote to client #2 -Prior to 05/29/19, the group home asked for a discontinue order from the Psychiatrist that prescribed the Amantadine. The Psychiatrist did not feel comfortable discontinuing a medication prescribed by another physician. -Initially, the group home approached the Primary Care Physician to discontinue the 	V 118		

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V 118	<p>Continued From page 5</p> <p>Depakote but those attempts were unsuccessful because the primary care physician felt client #2 should remain on the Depakote.</p> <p>-After 05/29/19, client #2's Primary Care Physician's office was contacted. During this contact, it was discovered the Primary Care Physician did not prescribe the Depakote, it was a second Psychiatrist. Once contact was made with the second Psychiatrist, the Depakote was discontinued.</p> <p>Review on 07/31/19 of a Plan of Protection dated 07/30/19 submitted by the Qualified Professional revealed:</p> <p>- "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Moving forward Whittecar will no longer draw lines on the MARs. When residents have discontinued orders from his/her physician staff will automatically send the discontinued order to the pharmacy. Whittecar staff will keep a file of all discontinued medication(s).</p> <p>-Describe your plans to make sure the above happens. The RCII (Residential Coordinator) will be responsible for reviewing the MAR's to on a monthly basis to ensure there're no lines drawn on the MAR's and all discontinued medications are removed from the pharmacy. RCII will follow up with pharmacy prior to sending out MAR's. Program Director scheduled a medication training on 08/06/2019."</p> <p>Client #2 had physician's orders for medications which had been marked out on her MARs. Between 05/26/19 and 06/05/19, staff on duty could not locate these medications inclusive of an EpiPen as client #2 was allergic to bees. Since February 2019, client #2 had not received her Depakote prescribed for behaviors. Client #2's</p>	V 118		

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V 118	Continued From page 6 mother/guardian requested the agency not administer the Depakote because Amantadine had been prescribed for behaviors. No discontinue order or coordination between prescribing and other physicians was completed prior to 05/30/19. Client #2 continued to exhibit behaviors such as cursing, yelling, screaming and threatening to kill other clients in the home. The facility's failure to administer medications as ordered as well have knowledge of the location of the Epipen constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day. This constitutes a recited deficiency.	V 118		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside	V 291		

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V 291	<p>Continued From page 7</p> <p>the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate services with other qualified professionals responsible for the care for one of three audited clients (#2). The findings are:</p> <p>Review on 05/26/19 of client #2's record revealed: -Admitted: 11/2018 -Diagnoses: Mild Intellectual Disability, Narcissistic Personality, Anxiety Disorder, Obesity, Glaucoma and Arthritis Rheumatoid -Admission Assessment (no date, no signatures) listed Sleep Apnea Diagnosis</p> <p>During interviews between 05/26/19 and 06/04/19, three staff reported: -No clients had Sleep Apnea diagnosis</p> <p>During interview on 05/29/19, client #2's Primary Care Physician's Nurse reported: -She had been a patient at this practice prior to November 2018 -Client #2 had diagnosis of Sleep Apnea and</p>	V 291		

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V 291	<p>Continued From page 8</p> <p>had been issued a CPAP (continuous positive airway pressure) machine.</p> <p>-Physician's notes prior to November 2018, reflect dialogue with client #2 regarding the need to use the CPAP machine.</p> <p>During interview on 06/04/19, the Residential Coordinator II reported about client #2: -"Lays in bed a lot...no restless nights or days" -Did not observe any problems with her sleeping, snoring, gasping for air, shortness of breath or nodding off.</p> <p>During interviews between 05/29/19 and 07/27/19, the Qualified Professional reported the following about client #2: -05/29/19: Prior to this interview, she was not aware of the Sleep Apnea diagnosis nor was she aware client #2 should use a CPAP machine. Client #2 transferred from another agency. The CPAP machine information and the Sleep Apnea diagnosis were not shared verbally upon client #2's admission. -07/27/19: After the 05/29/19 interview, she spoke with client #2 who verified a CPAP machine was supposed to be used. Client #2 had not used the machine in "5 years because it was too tight." Client #2 showed the CPAP machine to the Qualified Professional. The plug in adaptor to the CPAP machine was missing. Contact was made with client #2's Primary Care Physician and a discontinue order was written on 05/30/19 for the CPAP machine until a sleep study was completed. On 07/18/19, a sleep study was conducted. The results would not be in for 6-8 weeks. -When client #2 moved into the group home in November 2018, her parents, previous group home nor the Care Coordinator discussed the</p>	V 291		

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V 291	<p>Continued From page 9</p> <p>CPAP machine with management or staff.</p> <p>Review on 07/31/19 of a Plan of Protection dated 07/30/19 submitted by the Qualified Professional revealed:</p> <p>- "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? Whittecar will ensure all medical equipment's/devices are checked in upon entering the group home as well as working properly and stored in its appropriate place. Any equipment's/devices</p> <p>- Describe your plans to make sure the above happens. Whittecar's staff will document any equipment's/devices in the communication logbook to ensure all staff is aware of equipment's/devices within the group home. Program Director will complete an in-service reviewing any equipment's/devices and how it works. All staff will sign in for the service and sign off acknowledging he/she has a clear understanding of equipment's/devices and its use. "</p> <p>Prior to client #2's November 2018 admission, she was diagnosed with Sleep Apnea. A CPAP machine was ordered for treatment. The facility's admission assessment noted the Sleep Apnea diagnosis. Group home staff including the Qualified Professional were not aware of the CPAP machine or the Sleep Apnea diagnosis for client #2. Long-term, the failure to coordinate care of the client's Sleep Apnea was detrimental to her overall health increasing her risk of: high blood pressure, heart disease including heart attack and stroke, diabetes, obesity and acid reflux. This deficiency constitutes a Type B rule violation and must be corrected within 30 days. If the violation is not corrected within 30 days, an administrative penalty of \$200.00 per day will be imposed for</p>	V 291		

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V 291	Continued From page 10 each day the facility is out of compliance beyond the 30th day.	V 291		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions;	V 500		

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V 500	<p>Continued From page 11</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement interventions to address behaviors which did not restrict the rights for six of six clients (#1-#6). The findings are:</p> <p>A. Review on 05/26/19 of client #'2's record revealed: -Admitted: 11/2018 -Diagnoses: Mild Intellectual Disability, Narcissistic Personality, Anxiety Disorder, Obesity, Glaucoma and Arthritis Rheumatoid -Treatment plan dated 11/27/18 listed no</p>	V 500		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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) COMPLETE DATE
V 500	<p>Continued From page 12</p> <p>rights restrictions</p> <ul style="list-style-type: none"> -No Documentation between February-May 2019 of behaviors (cursing, yelling, refusing to do chores, elopement) <p>During interview on 05/28/19, client #2 reported:</p> <ul style="list-style-type: none"> -She did not like having to give her computer to the staff when she misbehaved (not doing chores, talking back) -"Can they take my computer?" -Computer taken every week several times a week <p>During interviews between 05/28/19 and 06/04/19, three staff reported the following about client #2's Ipad:</p> <ul style="list-style-type: none"> -Ipad was purchased by client #2's parents -Two were not aware of a schedule for client #2's Ipad usage -One staff indicated facility used to keep documentation of her behaviors but "got away from it." The last note was done in early February 2019. The schedule completed two weeks prior to 05/28/19 consisted of group home staff with management and presented to the parents during the meeting. This staff characterized verbal aggression, refusal to complete hygiene or chores as behaviors exhibited by client #2. <p>During interviews between 05/29/19 and 07/29/19, the Qualified Professional reported:</p> <ul style="list-style-type: none"> -A week prior to 05/29/19, a discussion was held regarding client #2's computer usage with her parents. A decision was made to limit client #2's computer time due to non compliance. -Although she did not have documentation of the specific times written out, the computer schedule was not to restrict usage. -Client #2 would place the Ipad on the edge of the desk at night or during non usage hours. 	V 500		

Division of Health Service Regulation

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V 500	<p>Continued From page 13</p> <p>-She did not consider the lpad a rights restriction</p> <p>B. Interview on 05/28/19, staff #1 reported:</p> <p>-Clients #1 & #3-#6 all attended day programs.</p> <p>-All clients who attended day programs took their own lunch and snacks</p> <p>During interviews between 05/28/19 and 06/05/19 with staff and clients revealed:</p> <p>-At least two clients expressed a desire to have soda on the weekend.</p> <p>-On the weekends, clients were provided water, tea, lemonade to drink with meals and throughout the day. Soda was for the weekday only.</p> <p>During interviews between 05/29/19 and 07/29/19, the Qualified Professional reported:</p> <p>-Clients purchased snacks and soda with their own money</p> <p>-Soda was taken to the day program during the weekends</p> <p>-Soda was not given at other times i.e. weekends</p> <p>-The process of giving sodas with snacks at the day program was established prior to her employment at the agency for the past few years</p> <p>-She could see if limits were not placed on the soda, clients would run out and get tired of drinking water for lunch</p> <p>-Neither issues with client #2's lpad nor issues with clients sodas had been discussed with a client's rights committee. These two issues had not been viewed as restrictive.</p>	V 500		



Whittecar Group Home POC

V118 10A NCAC 27G .0209, Medication Requirements:

The Whittecar program staff/managers/director will ensure that all medications are administered in compliance with physician's orders. Whittecar staff have attended two medication trainings since the initial visit with the facility compliance consultant on 5/16/19.

On 7/11/19 the program director completed an in service training on equipment/devices emphasizing procedures for client # 2's Epipen. Whittecar staff will document any equipment/devices in the communication log book to ensure that all staff are aware. Whittecar staff will ensure all medical equipment/devices are checked in upon entering the group home as well as working properly and stored as stated. On 8/6/19 staff attended a medication training to review medication procedures. The in-service training emphasized how to properly document discontinued medications and that medications cannot be taken off MARs without the treating doctors order. Both trainings were documented and staff signed stating they attended to the training and understood.

The Whittecar program manager/director will implement a monitoring system for medication adherence. Whittecar program manager/director will review MAR's at least 4x per week to ensure accuracy. This monitoring will be documented by the program manager and/or director by signing date of review and documenting any corrections in a weekly log.

The program director will implement quarterly medication education trainings for all staff. The program director will work with nursing support and Lutheran Services internal trainings to provide ongoing continued education. These trainings will be documented and signed off by all staff on a quarterly bases. These trainings will be posted on the Lutheran Services secured internal drive so that QM and Executive Directors and can review.

V291 27G .5603 Supervised Living-Operations

Whittecar group home's goal is to provide an environment that enables clients to sustain wellness in all areas. All client assessments (initial and concurring) will be reviewed by a member of the Lutheran Services clinical team to ensure that all aspects of the assessment are being met and/or followed through with additional supports. The Clinical team

member and Program Director will staff these findings and put necessary plans into place and providing updates to staff members via communication log and staff meetings.

In regards to client #2's sleep apnea diagnosis, a sleep study was conducted on 7/18/19. The study revealed that the client is no longer eligible for the CPAP machine.

V 500 27D. 0101(a-e) Client Rights-Policy on Rights

It is the policy of Lutheran Services Carolinas that all legal rights of clients are maintained and that all staff strive to provide consistent, humane care that is the least restrictive treatment alternative for each client served. The assurance of basic client rights is a legal responsibility of the Whittecar group home as well as a means of promoting dignity and humane care for individuals during the treatment/habilitation process. Clients rights are posted at Whittecar Group home where staff and clients can review. The Whittecar group home program director provided an in service training on 7/11/19 to all staff. This training educated/refreshed staff on client rights emphasizing that all consumers have access to food items and personal items throughout the day without having to request these from staff. This training was documented and staff signed stating they understood client rights.

The client's right agenda training will posted on Lutheran Services secured internal drive so that QM and Executive Directors and can review and update if necessary.