

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253		
(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) COMPLETION DATE	
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 4 of 4 audit clients (#3, #4, #5 and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of leisure, daily living skills and medication administration. The findings are:</p> <p>A. During observations in the home throughout the survey on 5/1 - 5/2/23, client #3 sat in his room with the television on and periodically slinging a string of beads. Staff were noted to infrequently ask the client if he wanted to "come up front" with other clients in the home. Client #3 was not prompted or encouraged to participate in any leisure or group activities.</p> <p>Interview on 5/1/23 with the Shift Manager revealed client #3 mainly likes to stay in his bedroom and they try to get him to do things. Additional interview indicated the client likes music, watching tv and sitting on the porch.</p> <p>Review on 5/2/23 of client #3's IPP dated 5/12/22</p>	W 249	<p>W249</p> <p>The QP will review and retrain the Direct care staff in the objectives of facilitating active treatment for the individuals/clients #: 3, 4, 5, & 6. The Direct care staff will understand that active treatment (as identified in the clients IPP) is to be continuous in the areas of: leisure, daily living skills, and medication administration. Furthermore, active treatment for all the other clients will be reviewed for continuous implementation. All training(s) will be filed in employee(s) personnel records. And members of the Coordinating team will monitor weekly, then Bi-weekly and fade to Monthly monitoring as appropriate. A copy of the observations will be forwarded to the QIDP and/or Dir. Of ICF for review.</p> <p>DHSR - Mental Health</p> <p>MAY 22 2023</p> <p>Lic. & Cert. Section</p>	6/12/23	

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

Behida Hudson Dir of QCF

TITLE

(X6) DATE

5/16/2023

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.

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

PRINTED: 05/03/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2023	
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253		
(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) COMPLETION DATE
W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 4 of 4 audit clients (#3, #4, #5 and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of leisure, daily living skills and medication administration. The findings are:</p> <p>A. During observations in the home throughout the survey on 5/1 - 5/2/23, client #3 sat in his room with the television on and periodically slinging a string of beads. Staff were noted to infrequently ask the client if he wanted to "come up front" with other clients in the home. Client #3 was not prompted or encouraged to participate in any leisure or group activities.</p> <p>Interview on 5/1/23 with the Shift Manager revealed client #3 mainly likes to stay in his bedroom and they try to get him to do things. Additional interview indicated the client likes music, watching tv and sitting on the porch.</p> <p>Review on 5/2/23 of client #3's IPP dated 5/12/22</p>	W 249	<p>W249</p> <p>The QP will review and retrain the Direct care staff in the objectives of facilitating active treatment for the individuals/clients #: 3, 4, 5, & 6. The Direct care staff will understand that active treatment (as identified in the clients IPP) is to be continuous in the areas of: leisure, daily living skills, and medication administration. Furthermore, active treatment for all the other clients will be reviewed for continuous implementation. All training(s) will be filed in employee(s) personnel records. And members of the Coordinating team will monitor weekly, then Bi-weekly and fade to Monthly monitoring as appropriate. A copy of the observations will be forwarded to the QIDP and/or Dir. Of ICF for review.</p>	6/12/23

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 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.

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

PRINTED: 05/03/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253
---	--

(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) COMPLETION DATE
--------------------	--	---------------	---	----------------------

W 249	<p>Continued From page 1</p> <p>and his objective training book revealed objectives to complete a puzzle and select a leisure activity (both implemented on 4/15/23). Additional review of the IPP revealed needs to increase his ability to make choices, increase his peer interactions and increase his participation in group activities.</p> <p>Interview on 5/2/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 needs prompting and assistance from staff to participate with leisure and group activities.</p> <p>B. During observations of medication administration in the home on 5/2/23 at 6:47am, the Medication Technician (MT) prompted client #6 to chose his drink and assisted him to punch his pills. The MT stated the name of some medications and completed all other tasks.</p> <p>Interview on 5/2/23 with the MT revealed another client in the home has an objective to assist with the administration of his medications and other clients, including client #6, are prompted to assist as much as possible.</p> <p>Review on 5/1 - 5/2/23 of client #6's IPP dated 3/20/23 revealed the client is "verbal in words and sentences". Additional review of a Nursing evaluation dated 3/14/23 noted during medication administration the client can identify his medications, verbalize the need and the use of many of them.</p> <p>Interview on 5/2/23 with the QIDP confirmed client #6 can participate with the administration of his medications as indicated.</p> <p>C. During 3 of 3 mealtime observations in the</p>	W 249	<p>W249</p> <p>A. By 5/26/23, the QP will review and retrain staff in Client #3's IPP as it relates to his active treatment and he being engaged to interact (through leisure goal) more with his community. Furthermore, the QP will review with the staff the active treatment references from the IPPs of all clients. Members of the coordinating staff will monitor weekly, then observations will take place biweekly, and fade to monthly monitoring as appropriate. A copy of the documentation/observations will be forwarded to the QIDP and/or Dir. of ICF for review.</p>	6/12/23
-------	--	-------	---	---------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253		
(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) COMPLETION DATE	
W 249	<p>Continued From page 1</p> <p>and his objective training book revealed objectives to complete a puzzle and select a leisure activity (both implemented on 4/15/23). Additional review of the IPP revealed needs to increase his ability to make choices, increase his peer interactions and increase his participation in group activities.</p> <p>Interview on 5/2/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3 needs prompting and assistance from staff to participate with leisure and group activities.</p> <p>B. During observations of medication administration in the home on 5/2/23 at 6:47am, the Medication Technician (MT) prompted client #6 to chose his drink and assisted him to punch his pills. The MT stated the name of some medications and completed all other tasks.</p> <p>Interview on 5/2/23 with the MT revealed another client in the home has an objective to assist with the administration of his medications and other clients, including client #6, are prompted to assist as much as possible.</p> <p>Review on 5/1 - 5/2/23 of client #6's IPP dated 3/20/23 revealed the client is "verbal in words and sentences". Additional review of a Nursing evaluation dated 3/14/23 noted during medication administration the client can identify his medications, verbalize the need and the use of many of them.</p> <p>Interview on 5/2/23 with the QIDP confirmed client #6 can participate with the administration of his medications as indicated.</p> <p>C. During 3 of 3 mealtime observations in the</p>	W 249	<p>W249</p> <p>B. By 5/26/23, the QP will review and retrain staff in Client #6's IPP and Nursing Eval as it relates to his active treatment in assisting more in the Med. Pass process. Furthermore, the QP will review with the staff the active treatment references from the IPPs & Nursing Evals of all clients. Members of the coordinating staff will monitor weekly, then observations will take place biweekly, and fade to monthly monitoring as appropriate. A copy of the documentation/observations will be forwarded to the QIDP and/or Dir. of ICF for review.</p>	6/12/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253		
(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) COMPLETION DATE
W 249	<p>Continued From page 2</p> <p>home throughout the survey on 5/1 - 5/2/23, client #5 was not prompted or assisted to clear his dishes after meals.</p> <p>Interview on 5/2/23 with Staff D revealed client #5 does not clear his dishes after meals because he uses a walker and has difficulty walking. Additional interview indicated the client could clear his dishes using a dish pan which was available in the home.</p> <p>Review on 5/2/23 of client #5's IPP dated 6/16/22 revealed, "Staff should continue to have [Client #5] help with task that he is able to do safely (such as folding clothes, places dishes in the Dish pan, etc.)." Additional review of the client's Adult Daily Living Skills Evaluation (ADLSE) dated June 2022 indicated he can independently throw away trash when asked and put trash in the proper place.</p> <p>Interview on 5/2/23 with the QIDP confirmed client #5 can clear his dishes after meals using the dish pan provided for clean up.</p> <p>D. During lunch and dinner observations in the home on 5/1 - 5/2/23, staff cleared client #6's dishes without prompting or assisting him to participate. After breakfast on 5/2/23, another client cleared client #6's dishes for him.</p> <p>Interview on 5/2/23 with Staff D indicated client #6 could likely assist with clearing his dishes using a large dish pan located in the kitchen of the home.</p> <p>Review on 5/2/23 of client #6's ADLSE dated 3/16/22 revealed he can throw away trash when asked and put trash in it's proper place given manipulation.</p>	W 249	<p>W249</p> <p>C. By 5/26/23, the QP will review and retrain staff in Client #5's IPP and ADLSE as it relates to his active treatment and his ability to assist with placing items in a dish pan etc. Furthermore, the QP will review with the staff the active treatment references from the IPPs & ADLSE of all clients. Members of the coordinating staff will monitor weekly, then observations will take place biweekly, and fade to monthly monitoring as appropriate. A copy of the documentation/observations will be forwarded to the QIDP and/or Dir. of ICF for review.</p>	6/12/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253	
(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) COMPLETION DATE
W 249	<p>Continued From page 2</p> <p>home throughout the survey on 5/1 - 5/2/23, client #5 was not prompted or assisted to clear his dishes after meals.</p> <p>Interview on 5/2/23 with Staff D revealed client #5 does not clear his dishes after meals because he uses a walker and has difficulty walking. Additional interview indicated the client could clear his dishes using a dish pan which was available in the home.</p> <p>Review on 5/2/23 of client #5's IPP dated 6/16/22 revealed, "Staff should continue to have [Client #5] help with task that he is able to do safely (such as folding clothes, places dishes in the Dish pan, etc.)." Additional review of the client's Adult Daily Living Skills Evaluation (ADLSE) dated June 2022 indicated he can independently throw away trash when asked and put trash in the proper place.</p> <p>Interview on 5/2/23 with the QIDP confirmed client #5 can clear his dishes after meals using the dish pan provided for clean up.</p> <p>D. During lunch and dinner observations in the home on 5/1 - 5/2/23, staff cleared client #6's dishes without prompting or assisting him to participate. After breakfast on 5/2/23, another client cleared client #6's dishes for him.</p> <p>Interview on 5/2/23 with Staff D indicated client #6 could likely assist with clearing his dishes using a large dish pan located in the kitchen of the home.</p> <p>Review on 5/2/23 of client #6's ADLSE dated 3/16/22 revealed he can throw away trash when asked and put trash in it's proper place given manipulation.</p>	W 249	<p>W249</p> <p>D.</p> <p>By 5/26/23, the QP will review and retrain staff in Client #6's ADLSE as it relates to his active treatment and his ability to throw/put trash away (even by manipulation, which includes the use of a dish pan). Furthermore, the QP will review with the staff the active treatment references from the ADLSE of all clients. Members of the coordinating staff will monitor weekly, then observations will take place biweekly, and fade to monthly monitoring as appropriate. A copy of the documentation/observations will be forwarded to the QIDP and/or Dir. of ICF for review.</p>	6/12/23

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

PRINTED: 05/03/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253		
(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) COMPLETION DATE	
W 249	Continued From page 3 Interview on 5/2/23 with the QIDP confirmed client #6 could clear his dishes after meals using a dish pan. E. During 3 of 3 mealtime observations in the home throughout the survey on 5/1 - 5/2/23, various staff poured a drink for client #3 and presented it to him at the table during each meal. Client #3 was not prompted or encouraged to pour his own drink. Review on 5/2/23 of client #3's ADLSE dated 5/12/22 revealed he can pour a drink into a glass from a pitcher, carton or jug with manipulation. Interview on 5/2/23 with the QIDP confirmed client #3 should be assisted to pour his own drinks.	W 249	W249 E. By 5/26/23, the QP will review and retrain staff in Client #3's ADLSE as it relates to his active treatment and being able to pour his own drink. Furthermore, the QP will review with the staff the active treatment references from the ADLSE of all clients. Members of the coordinating staff will monitor weekly, then observations will take place biweekly, and fade to monthly monitoring as appropriate. A copy of the documentation/observations will be forwarded to the QIDP and/or Dir. of ICF for review.	6/12/23	
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure data relative to the accomplishment of criteria specified in the Individual Program Plan (IPP) was documented in measurable terms. This affected 3 of 4 audit clients (#3, #4 and #6). The findings are: A. Review on 5/1/23 of client #3's IPP dated	W 252			

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

PRINTED: 05/03/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/02/2023
NAME OF PROVIDER OR SUPPLIER RALPH SCOTT LIFESERVICES, INC/POPULAR STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 328 POPLAR STREET GRAHAM, NC 27253		
(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) COMPLETION DATE	
W 252	<p>Continued From page 4</p> <p>5/12/22 revealed objectives to complete a puzzle daily for 180 days (implemented 4/15/23) and to independently select a leisure activity daily for 180 days (implemented 4/15/23). Additional review of data collection sheets for both objectives revealed no data collection since implementation.</p> <p>B. Review on 5/1/23 of client #4's IPP dated 2/23/23 revealed an objective to put numbers in order twice daily for 180 days (implemented 3/29/23). Additional review of data collection sheets for the objective revealed no data collection for the month of April '23.</p> <p>C. Review on 5/1/23 of client #6's IPP dated 3/20/23 objectives to select items from his hygiene kit twice a day for 180 days (implemented 3/29/23/data collection: 7 times a week on 3rd and 2nd shifts). Additional review of the client's data collections sheets for the hygiene kit objective indicated 14 days of missing data from 3rd shift and 10 days of missing data from 2nd shift for April '23.</p> <p>Interview on 5/2/23 with Staff C revealed all objective data collection is completed by staff and should be included in objective training books.</p> <p>Interview on 5/2/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should be collecting data for each client's objective as indicated.</p>	W 252	<p>W252</p> <p>By 5/24/23, the QP will review and retrain all staff in processing the goals and documentation for clients #3, #4, and #6 to ensure client participation & Data collection. Furthermore, the goals for all the clients will be reviewed and re-trained to offer all clients the opportunity to progress to the criteria(s) being met. The QP will make sure that goals are established & measurable data are consistently documented by staff and training(s) will be filed in staff records. Members of the coordinating team will monitor and observe goal documentation weekly, then observations will take place biweekly, and fade to monthly monitoring as appropriate. A copy of the observations will be forwarded to the QIDP and Dir. of ICF for review.</p>	6/12/23	