

RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	18224
Establishment ID No:	1222
Name of Establishment:	Thackeray Place
Date of Inspection:	6 May 2014
Inspector's Name:	Judith Taylor

1.0 GENERAL INFORMATION

Name of home:	Thackeray Place
Type of home:	Residential Care Home
Address:	12 Ballyclose Street Limavady BT49 0BN
Telephone number:	(028) 7776 3011
E mail address:	kathy.cochrane@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Western Health and Social Care Trust Ms Elaine Way CBE
Registered Manager:	Mrs Kathryn Mary Cochrane
Person in charge of the home at the time of inspection:	Ms Sharon Doherty (Senior Care Assistant)
Categories of care:	RC-I
Number of registered places:	32
Number of residents accommodated on day of inspection:	30
Date and time of current medicines management inspection:	6 May 2014 10:30 – 14:40
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	29 November 2011 Unannounced

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to residents was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Ms Sharon Doherty (Senior Care Assistant and person-in-charge) and staff on duty

Audit trails carried out on a sample of randomly selected medicines

Review of medicine records

Observation of storage arrangements

Spot-check on policies and procedures

Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: Medicines Storage

Standard Statement - Medicines are safely and securely stored

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

Thackeray Place is a statutory residential care home which is conveniently located within walking distance of Limavady town centre, and is managed by the Western Health and Social Care Trust.

It is a single storey building with 32 bedrooms and all have en suite facilities. The home is attached to a day care facility, which is separately managed.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Thackeray Place was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 6 May 2014 between 10:30 and 14:40. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to residents was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

During the course of the inspection, the inspector met with the person-in-charge of the home, Ms Sharon Doherty, and with the staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Thackeray Place are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The two requirements and one recommendation made at the previous medicines management inspection on 29 November 2011 were examined during the inspection. Details of the outcomes can be observed in the tables following this summary. One of the requirements had been fully complied with and one is no longer applicable. The recommendation has been assessed as substantially compliant. However, as one element of the recommendation requires further review, a requirement has been made.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with other inspectors.

Areas of good practice were noted throughout the inspection. The registered manager and staff are commended for their efforts.

Written policies and procedures for medicines management and standard operating procedures for controlled drugs are in place.

There is a programme of medicines management training in the home. Staff competencies are assessed annually and training is evaluated through supervision and appraisal.

The management of medicines prescribed on a 'when required' basis for distressed reactions should be reviewed to ensure that the relevant records are being maintained.

Suitable arrangements are in place for the ordering, receipt and stock control of medicines.

Practices for the management of medicines are audited on regular basis and daily stock balances are maintained for some medicines. The outcomes of the audit trails performed on a variety of randomly selected medicines at the inspection indicated that the vast majority of medicines had been administered in strict accordance with the prescribers' instructions. However, some discrepancies were observed and discussed at the inspection.

The medicine records which were selected for examination had been maintained in the required manner.

Medicines are stored safely and securely. Satisfactory arrangements are in place to monitor the temperature of medicine storage areas. Key control was appropriate.

The inspection attracted a total of one requirement and two recommendations. The requirement and recommendations are detailed in the Quality Improvement Plan.

The inspector would like to thank the staff for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 29 November 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	When a medicine is prescribed on a 'when required' basis, these details must be accurately recorded on the resident's personal medication record. Stated once	This information was recorded on the personal medication records which were selected for examination at the inspection.	Compliant
2	13(4)	The date of opening must be recorded on the insulin pen in current use, to facilitate prompt removal if expiry is reached and to facilitate the audit process. Stated once	The completed Quality Improvement Plan received in January 2012 stated that this had been actioned. At the time of this inspection insulin was not prescribed for any residents accommodated in the home.	No longer applicable

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	<p>The homes audit process should be reviewed to ensure the following:</p> <ul style="list-style-type: none"> • The administration of Natecal D3 tablets and prochlorperazine tablets are closely monitored; any further discrepancies should be investigated and reported to RQIA. • The maintenance of records used for the administration of external preparations by care staff are included. <p>Ref: Criteria 30.1, 30.7 & 31.2</p>	<p>There was evidence that Natecal D3 tablets are included in the audit process. However, further discrepancies were observed in Natecal D3 tablets and other calcium supplements and these were discussed with staff at the inspection. Prochlorperazine tablets were not prescribed for any residents at the time of this inspection.</p> <p>Staff confirmed that records of the administration of external preparations are reviewed by the senior care staff each week. A sample of completed records was made available at the inspection.</p> <p>A requirement regarding the management of calcium supplements has been made.</p>	Substantially compliant

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

Criterion Assessed: 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	COMPLIANCE LEVEL
Inspection Findings: Largely satisfactory arrangements were observed to be in place for the management of medicines. Areas of good practice were noted and acknowledged during the inspection; the registered manager and staff are commended for their efforts. This included: <ul style="list-style-type: none"> • verification by two staff of new medicine details on personal medication records • the maintenance of separate administration records to clearly document the site of location of controlled drug patches • a system to remind staff of the next date of administration of medicines prescribed once a month • alerts to inform staff of new medicines/dosage changes • the recording of paracetamol warnings, if more than one medicine containing paracetamol is prescribed for the same resident • the recording of the date opening on medicines to facilitate the audit process • appropriate arrangements to ensure good stock control of medicines. <p>The outcomes of a wide range of audit trails, which were performed on randomly selected medicines, showed that the vast majority of medicines had been administered in accordance with the prescribers' instructions. However, discrepancies were observed in the audit trails performed on calcium supplements, nebivolol and alendronic acid tablets. As discrepancies were observed in calcium supplements at the previous medicines management inspection, the registered manager must put robust arrangements in place to ensure these medicines are being administered as prescribed. A requirement has been made. It was recommended that the administration of alendronic acid and nebivolol tablets should be closely monitored; any further discrepancies should be investigated and reported to RQIA.</p>	Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>Staff confirmed that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home.</p> <p>The process for the ordering and receipt of medicines was discussed. Staff are responsible for ordering medicines and until last month, all prescriptions had been received into the home, checked against the order and forwarded to the community pharmacy for dispensing. This is in accordance with the Health and Social Care Board recommendations. It was agreed that this system would be reintroduced for the next medicine cycle. It was noted that on occasion, medicines are supplied in seven day packs for residents receiving respite care. On the day of the inspection, the labelling of one resident's pack did not enable staff to identify each individual medicine. This was discussed with staff and it was agreed that this would be followed up.</p> <p>A small number of residents are prescribed warfarin. Warfarin dosage regimes are received by telephone and are also confirmed by facsimile. Details of the new regime are recorded on a separate personal medication record. A warfarin administration record which includes a daily stock balance is maintained. No discrepancies were observed in the audit trails performed on warfarin during this inspection. The good practice of including the overstock of warfarin in the stock balance was acknowledged.</p> <p>Staff have access to up to date medicine reference sources.</p>	
<p>Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Written policies and procedures for the management of medicines are in place. These had been updated in 2012.</p> <p>Standard operating procedures (SOPs) regarding the management of controlled drugs have been developed and the most recent update was July 2013. There was evidence that staff had read and signed the SOPs.</p>	<p>Compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	COMPLIANCE LEVEL
Inspection Findings: A record of medicines management training is kept in the home, including records of induction training. Staff advised that update medicines management training is provided by the Western Health and Social Care Trust and is also provided by the registered manager. A list of the names, signatures and initials of staff authorised to administer medicines is maintained. Staff competencies in medicines management are assessed annually. A sample of records was provided at the inspection.	Compliant
Criterion Assessed: 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	COMPLIANCE LEVEL
Inspection Findings: Staff advised that the registered manager reviews staff progress in medicines management through assessment of competency, annual staff appraisal, quarterly supervision and observation of practice.	Compliant
Criterion Assessed: 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.	COMPLIANCE LEVEL
Inspection Findings: There were no PEG tubes, insulin, invasive procedures or rectal diazepam/buccal midazolam being managed in the home on the day of the inspection. However, oxygen is prescribed on a 'when required' basis for one resident. Staff confirmed that training in the use and management of oxygen had been provided by the Western Health and Social Care Trust.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
A system is in place to manage any medicine errors or incidents should they occur in this home. These are reported in accordance with the home's policies and procedures.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
All discontinued or expired medicines are returned to the community pharmacy for disposal.	Compliant
Criterion Assessed: 30.8 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	COMPLIANCE LEVEL
Inspection Findings:	
<p>A system to audit the management of medicines is in place. Audit trails are performed on an ongoing basis, which includes daily and monthly audits by staff and an external audit which is undertaken by the community pharmacist. A sample of records of the audit activity was observed and generally satisfactory outcomes had been achieved.</p> <p>However, due to the outcomes of the audit trails as discussed in Criterion 30.1, the audit process is not identifying these areas and this should be reviewed.</p>	Substantially compliant

STANDARD 31- MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

Criterion Assessed: 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	COMPLIANCE LEVEL
Inspection Findings:	
Medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail.	Compliant
Criterion Assessed: 31.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
Each of the above records is maintained in the home. A sample was selected for examination and these were found to be satisfactory. The good standard of record keeping was acknowledged.	Compliant
Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	COMPLIANCE LEVEL
Inspection Findings:	
Schedule 2 controlled drugs were not prescribed for any residents currently accommodated in the home. Observation of the controlled drugs record book for previously prescribed Schedule 2 controlled drugs indicated that records had been maintained in a satisfactory manner.	Compliant

STANDARD 32 - MEDICINES STORAGE
Medicines are safely and securely stored.

Criterion Assessed:

32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.

COMPLIANCE LEVEL

Inspection Findings:

The majority of medicines are stored safely and securely and in accordance with the manufacturer's instructions. A small number of eye drops which did not require refrigeration were removed from the medicines refrigerator during the inspection.

Medicine areas are tidy and well organised. There is sufficient storage space for medicines in the medicine trolleys and medicine cupboards.

Controlled drugs subject to the Safe Custody Regulations are stored appropriately in the controlled drug cabinet.

Robust systems regarding the temperature monitoring of medicine storage areas are in place.

Oxygen is managed appropriately and signage is in place.

Dates and times of opening were routinely recorded on limited shelf-life medicines.

Compliant

STANDARD 32 - MEDICINES STORAGE

Criterion Assessed: 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The controlled drug cabinet key is held separately from other medicine cupboard keys and is held by the person-in-charge.</p> <p>Appropriate arrangements are in place for the management of spare keys</p>	Compliant
Criterion Assessed: 32.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Schedule 2 controlled drugs were not prescribed at the time of this inspection.</p> <p>Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility and records of balance checks were inspected and found to be satisfactory.</p> <p>Staff also include daily stock balance checks on diazepam tablets (Schedule 4 controlled drug), indicating good practice.</p>	Compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of medicines prescribed for distressed reactions

The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for two residents. Care plans were not in place. For each resident, the parameters for administration were recorded on the personal medication records and records of administration had been maintained. The reason for administration and outcome had not been routinely recorded in the daily progress notes. The registered manager should ensure that the recording system in place for all residents who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. A recommendation is stated.

The outcomes of the audit trails which were performed on two anxiolytic and one antipsychotic medicine produced satisfactory outcomes. However, it was noted that two of the three medicines were being administered regularly. This was further discussed with the staff and it was agreed that this would be reported to the registered manager, for follow-up on her return.

Self- administered medicines

Several residents are responsible for the self-administration of their external preparations and inhaled medicines. Protocols signed by the prescriber were observed. Personal medication records stated which medicines are being self-administered and a record of each issue of the medicine to the resident is recorded and used to monitor compliance.

Blood glucometers

Blood glucometers are in use in the home. Quality control checks are performed on a weekly basis and records of the outcomes are maintained. Systems are in place to ensure the glucometer control solutions are replaced every three months. Staff confirmed that training had been provided by the Western Health and Social Care Trust.

8.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of residents and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to residents and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Ms Sharon Doherty (Senior Care Assistant and person-in-charge)** as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

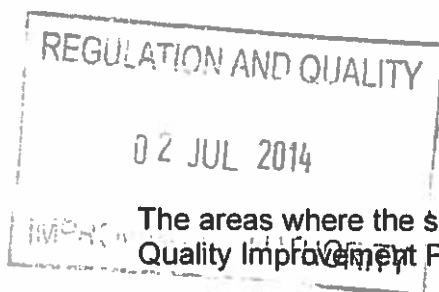
Judith Taylor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

THACKERAY PLACE

6 MAY 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. The timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Sharon Doherty, (Senior Care Assistant and Person-in-Charge)**, during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that the requirement and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENT

This section outlines the action which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (NI) 2005.

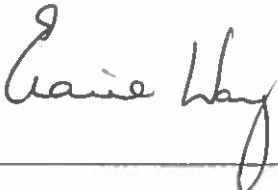
NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered manager must put robust arrangements in place for the management of calcium supplements to ensure that these medicines are being administered as prescribed. Ref: Criterion 30.1	One	Weekly audits of all calcium supplements commenced. If any further discrepancies found, daily counting and verification of balances will be introduced.	7 June 2014

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	30	The registered manager should closely monitor the administration of nebivolol tablets and alendronic acid tablets; any further discrepancies should be investigated and reported to RQIA. Ref: Criterion 30.1	One	The OIC will do spotchecks on these drugs and monthly audits of these tablets will be done by senior staff in addition, commencing in 2 weeks time.	7 June 2014
2	30	The registered manager should ensure that the recording system in place for residents who are prescribed 'when required' anxiolytic / antipsychotic medicines, includes the relevant records as detailed in the report. Ref: Section 7.0	One	All senior staff informed to record details of when these drugs are given prn in the daily reports and to record outcomes. Residents care plans are being reviewed and updated to ensure they contain details described in the inspection report	7 June 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Kathy Cochrane
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable				
B.	Further information requested from provider				

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	3/7/14
B.	Further information requested from provider				