



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

March 24, 2015

Stephanie Godinez, Administrator  
Crest Home Health  
700 Ironwood Dr, Suite 255  
Coeur D'Alene, ID 83814-4401

RE: Crest Home Health, Provider #137070

Dear Ms. Godinez:

This is to advise you of the findings of the Medicare/Licensure survey at Crest Home Health, which was concluded on March 12, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction.

An acceptable plan of correction (PoC) contains the following elements:

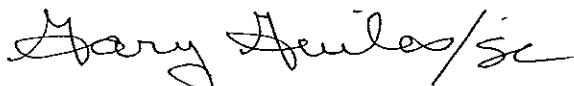
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the Home Health Agency into compliance, and that the Home Health Agency remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567 and State Form 2567.

Stephanie Godinez, Administrator  
March 24, 2015  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by April 5, 2015, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please write or call this office at (208) 334-6626, option 4.

Sincerely,

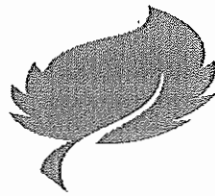


GARY GUILLES  
Health Facility Surveyor  
Non-Long Term Care



SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

GG/pmt  
Enclosures



**C R E S T H O M E H E A L T H**  
BRING THE HEALING HOME

April 3, 2015

Idaho Department of Health & Welfare  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009

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**APR 06 2015**

**FACILITY STANDARDS**

RE: Crest Home Health, Provider #137070

Dear Mr. Guiles and Ms. Creswell:

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567 listing Medicare deficiencies and Plan of Correction from the Medicare/Licensure Survey for Crest Home Health, which was concluded on March 12, 2015.

If you have any questions, please write or contact us at 208-765-4343.

Thank you so much for the opportunity to improve our patient care. It was a pleasure working with you throughout the Medicare/Licensure Survey process.

Sincerely,

Stephanie Godinez, RN  
Administrator  
Crest Home Health

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

PRINTED: 03/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  137070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/12/2015
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NAME OF PROVIDER OR SUPPLIER  CREST HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 700 IRONWOOD DR, 268 COEUR D'ALENE, ID 83814
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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) COMPLETION DATE
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G 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the recertification survey of your home health agency conducted from 3/09/15 through 3/12/15. Surveyors conducting the recertification were:</p> <p>Gary Guilfo, RN, HFS, Team Leader Don Sylvester, RN, HFS</p> <p>The following acronyms were used in this report:</p> <p>COTA - Certified Occupational Therapy Assistant tx - treatment IDT - Interdisciplinary Team LCSW - Licensed Clinical Social Worker OT - Occupational Therapist POC - Plan of Care PT - Physical Therapist PTA - Physical Therapy Assistant RN - Registered Nurse SN - Skilled Nurse</p>	G 000	<p>RECEIVED</p> <p>MAY 07 2015</p> <p>FACILITY STANDARDS</p>	
G 190	<p>484.32(a) SUPERVISION OF PHYSICAL &amp; OCCUPATIONAL</p> <p>Services furnished by a qualified physical therapy assistant or qualified occupational therapy assistant may be furnished under the supervision of a qualified physical or occupational therapist. A physical therapy assistant or occupational therapy assistant performs services planned, delegated, and supervised by the therapist.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and review of medical records and agency policies, it was determined the agency failed to ensure occupational therapy services were provided by or under the</p>	G 190		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Deborah A. Administrator</i> 4/3/15	TITLE	(X6) DATE
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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.

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G 190	<p>Continued From page 1</p> <p>supervision of an OT for 2 of 11 patients (#1 and #12) who recieved occupational therapy services and whose medical records were reviewed. This had the potential to prevent the agency from meeting patients therapy needs. Findings include:</p> <p>1. Patient #1's medical record documented a 77 year old male who was admitted for home health services on 10/25/12, related to wound care for lower leg ulcers. Additional diagnoses included late effects of cerebrovascular disease, hemiplegia, and chronic venous embolism and thrombosis. He received occupational therapy services from 1/09/15 until 2/26/15.</p> <p>Patient #1's last visit by the OT was dated 1/30/15 at 12:05 PM. The OT documented a plan for Patient #1 to have therapy services 3 times a week for 1 week beginning on 1/26/15. Subsequent visits were conducted by the COTA. These occurred on 2/03/15, 2/04/15, 2/09/15, 2/12/15, 2/19/15, and 2/26/15.</p> <p>The OT visit note, dated 1/30/15 at 12:05 PM, stated "Met with COTA to discuss progress. No adjustments to tx plan to be made at this time." An "IDT Conference Report," dated 2/12/15 but not timed, stated Patient #1 was progressing towards his occupational therapy goals. The only person listed at the IDT conference was the RN. A plan for continuing occupational therapy services was not documented. Other than the 1/30/15 OT note, no direction to the COTA was documented by the OT since that date.</p> <p>Patient #1 was recertified for care and a new POC was implemented on 2/12/15. The plan stated Patient #1 was to receive occupational</p>	G 190	<p><u>G 190 484.32(a) SUPERVISION OF PHYSICAL &amp; OCCUPATIONAL THERAPY</u></p> <p>Agency Administrator educated Home Health team regarding services furnished by a qualified occupational therapy assistant may be furnished under the supervision of a qualified occupational therapist. An occupational therapy assistant performs services planned, delegated, and supervised by the therapist.</p> <p>Occupational Therapy and Occupational Therapy Assistant to document collaboration between disciplines for any delegation, modifications to Plan of care and/or progress towards goals per Agency Policy and Procedures and Regulatory Guidelines.</p> <p>Director of Clinical Services and/or designee to audit for supervision compliance between Occupational Therapy and Occupational Therapy Assistant x 1 month. Clinical Programs to audit quarterly 10% of Active charts and 4% of discharged charts beginning May 2015 to include supervision, delegation, and plan of care designated for the occupational therapy assistant by the occupational therapist.</p>	<p>4/2/15</p> <p>ongoing</p> <p>ongoing</p>

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APR 06 2015

FACILITY STANDARDS

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G 190	<p>Continued From page 2</p> <p>therapy 1 time the first week, 2 times the second week, and 1 time the third week. No documentation was present to show the OT was involved in this POC.</p> <p>No OT note was documented after 1/30/15. Patient #1 was discharged from therapy services by the COTA on 2/26/15, 27 days after the OT had last seen him. The COTA provided exclusive services to the patient for 27 days and then discharged him without documented direction from the OT.</p> <p>The OT was interviewed on 3/12/15 beginning at 8:30 AM. She confirmed Patient #12's readiness for discharge from occupational therapy services and direction to the COTA who was providing services were not documented. She stated Patient #1's case was discussed with the COTA on Sundays, but acknowledged this was not documented.</p> <p>Occupational therapy services were not provided to Patient #1 under the supervision of an OT.</p> <p>2. Patient #12's medical record documented an 87 year old female whose SOC was 1/26/15. She was discharged on 3/03/15. Her diagnoses were muscle weakness and depression.</p> <p>Patient #12's POC for the certification period from 1/20/15-3/20/15 called for occupational therapy services. The OT saw Patient #12 twice, on 1/22/15 and 2/11/15. The COTA saw Patient #12 on 1/23/15, 1/29/15, 2/02/15, 2/03/15, 2/05/15, 2/09/15, 2/17/15, 2/19/15, 2/23/15, and 2/25/15.</p> <p>The OT's progress note, dated 2/11/15 at 2:00 PM, did not mention plans for discharge. The</p>	G 190	<p><b><u>G 190 484.32(a) SUPERVISION OF PHYSICAL &amp; OCCUPATIONAL THERAPY</u></b></p> <p>Director of Clinical Services and/or designee to audit 100% of all Re-certifications for therapy services for an evaluation within 5 days prior to certification period ending for collaboration, update and re-evaluation for Plan of Care for compliance x 3 months.</p> <p>Policy No. 1300.08/1 (Attachment A)</p> <p>Policy No. 500.62/3 (Attachment B)</p> <p>Policy No. 500.60/3 (Attachment C)</p>	ongoing

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G 190	Continued From page 3 COTA's note, dated 2/23/15 at 3:38 PM, stated Patient #12 had fallen earlier that day without apparent injury. Communication between the OT and the COTA was not documented. The COTA saw Patient #12 the final time at 10:16 AM on 2/25/15 and discharged her from occupational therapy services. The note stated the COTA finalized Patient #12's home exercise program and discharged her from skilled occupational therapy services. Again, communication with the OT was not documented. No documentation was present to show the OT assessed Patient #12's readiness for discharge or instructed the COTA to discharge her.  The OT was interviewed on 3/12/15 beginning at 8:30 AM. She confirmed Patient #12's readiness for discharge from occupational therapy services and direction to the COTA were not documented.	G 190	
G 236	484.48 CLINICAL RECORDS  A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary.  This STANDARD is not met as evidenced by:	G 236	<p><u>G 236 484.48 CLINICAL RECORDS</u></p> <p>██████ (EMR Vendor) suspended as of 03/24/2015 secondary to documentation signature and related process errors. Implementation of paper documentation initiated per Policy and Procedure effective 03/24/2015. <i>3/24/15</i></p> <p>Education provided to Home Health disciplinary team regarding Home Health Policy &amp; Procedure and Regulatory Guidelines for note check in /time requirements for documentation compliance on 03/26/2015. <i>3/26/15</i></p> <p>Policy 900.52 (Attachment D)</p> <p>Director of Clinical Service and/or designee to audit 100% of all new/recertification Plan of Care(s) for allergies, completion of 485 documentation of pertinent past and current findings in accordance with accepted professional standards for every patient receiving Home Health Services x 1 month then Clinical Programs to audit quarterly 10% of Active charts and 4% of discharged charts beginning May 2015. <i>ongoing</i></p>

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G 236	<p>Continued From page 4</p> <p>Based on review of medical records and staff interview, it was determined the agency failed to ensure medical records contained complete documentation for 6 of 12 patients (#1, #2, #3, #6, #10, and #12) whose records were reviewed. This had the potential to interfere with the clarity of the record and impede coordination and safety of patient care. Findings include:</p> <p>1. Patient #12's medical record documented an 87 year old female whose SOC was 1/26/15. She was discharged on 3/03/15. Her diagnoses were muscle weakness and depression.</p> <p>Patient #12's medical record contained a "Medical Social Worker Assessment," dated 1/28/15 at 4:10 PM, which was signed 2/03/15 at 10:08 AM, 6 days later.</p> <p>Patient #12's medical record contained an untitled progress note by the PT, dated 2/05/15 at 11:15 AM, which was not signed until 2/10/15 at 7:54 AM, 5 days later.</p> <p>Patient #12's medical record contained an untitled progress note by the PT, dated 2/09/15 at 12:55 PM, which was not signed until 2/15/15 at 4:53 PM, 6 days later.</p> <p>Patient #12's medical record contained an untitled progress note by the RN, dated 2/11/15 at 1:00 PM, which was not signed until 2/19/15 at 2:58 PM, 8 days later.</p> <p>The Director of Clinical Services reviewed Patient #12's medical record and was interviewed on 3/12/15 beginning at 9:00 AM. She confirmed the delays in staff completing and signing Patient #12's medical record.</p>	G 236			



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G 236	<p>Continued From page 5</p> <p>Staff did not complete and sign Patient #10's progress notes in a timely manner.</p> <p>In addition, a physician progress note, dated 10/08/14, stated Patient #12 was allergic to iodine. The note stated it was faxed to the agency on 1/19/15, the day prior to Patient #12's admission. Her POC for the certification period 1/20/15-3/20/15 stated her allergies were "Unknown." "Unknown" was also documented on Patient #12's undated medication list from her admission.</p> <p>The Administrator reviewed Patient #12's medical record on 3/11/15 beginning at 3:00 PM. She stated the allergy documentation was a computer glitch and the "Unknown" designation was inadvertently entered into her record.</p> <p>The agency did accurately document Patient #12's allergies.</p> <p>2. Patient #2's medical record documented a 48 year old male whose SOC was 1/26/15. He was currently a patient as of 3/12/15. His diagnosis was multiple sclerosis.</p> <p>Patient #2's medical record contained an untitled progress note by the RN, dated 2/11/15 at 4:10 AM, which was not signed until 2/17/15 at 1:07 PM, 6 days later.</p> <p>Patient #2's medical record contained a "Medical Social Worker Assessment," dated 2/12/15 at 3:30 PM, which was not signed until 2/17/15 at 5:13 PM, 5 days later.</p> <p>Patient #2's medical record contained an untitled</p>	G 236			

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G 236	<p>Continued From page 6</p> <p>progress note by the PTA, dated 2/16/15 at 10:53 AM, which was not signed until 2/23/15 at 7:01 AM, 7 days later.</p> <p>Patient #2's medical record contained an untitled progress note by the PTA, dated 2/24/15 at 8:42 AM, which was not signed until 3/01/15 at 8:45 AM, 5 days later.</p> <p>The Director of Clinical Services reviewed the medical record and was interviewed on 3/12/15 beginning at 9:00 AM. She confirmed the delays in staff completing and signing Patient #2's medical record.</p> <p>Staff did not complete and sign Patient #2's progress notes in a timely manner.</p> <p>3. Patient #3's medical record documented a 69 year old female whose SOC was 1/31/15. She was currently a patient as of 3/12/15. Her diagnosis was pressure ulcer and paraplegia.</p> <p>Patient #3's medical record contained an untitled progress note by the RN, dated 2/16/15 at 3:00 PM, which was not signed until 2/25/15 at 8:19 AM, 9 days later.</p> <p>Patient #3's medical record contained an untitled progress note by the RN, dated 2/18/15 at 2:30 PM, which was not signed until 2/25/15 at 11:00 AM, 7 days later.</p> <p>Patient #3's medical record contained an evaluation by the PT, dated 2/11/15 at 10:25 AM, which was signed 2/16/15 at 9:23 AM, 5 days later.</p> <p>The Director of Clinical Services reviewed Patient</p>	G 236			

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G 236	<p>Continued From page 7</p> <p>#3's medical record and was interviewed on 3/12/15 beginning at 9:00 AM. She confirmed the delays in staff completing and signing Patient #3's medical record</p> <p>Staff did not complete and sign Patient #3's progress notes in a timely manner. Staff did not ensure the record was accurate.</p> <p>4. Patient #6's medical record documented a 68 year old female whose SOC was 2/09/15. She was currently a patient as of 3/12/15. Her diagnosis was pancreatic cancer.</p> <p>Patient #6's medical record contained an evaluation by the PT, dated 2/11/15 at 10:25 AM, which was signed 2/16/15 at 9:23 AM, 5 days later.</p> <p>Patient #6's medical record contained an untitled progress note by the RN, dated 2/19/15 at 1:45 PM, which was not signed until 2/25/15 at 10:04 AM, 6 days later.</p> <p>Patient #6's medical record contained an untitled progress note by the PT, dated 2/26/15 at 9:10 AM, which was not signed until 3/03/15 at 4:14 PM, 5 days later.</p> <p>Patient #6's medical record contained an aide supervisory visit by the RN, dated 2/26/15 at 4:15 PM, which was not signed until 3/02/15 at 9:39 AM, 4 days later.</p> <p>The Director of Clinical Services reviewed Patient #6's medical record and was interviewed on 3/12/15 beginning at 9:00 AM. She confirmed the delays in staff completing and signing Patient #6's medical record</p>	G 236		

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G 236	Continued From page 8  Staff did not complete and sign Patient #12's progress notes in a timely manner.  5. Patient #10's medical record documented a 61 year old male whose SOC was 1/26/15. He was discharged on 2/19/15. His diagnosis was lung cancer.  Patient #10's medical record contained an untitled progress note by the RN, dated 1/30/15 at 9:00 AM, which was not signed until 2/04/15 at 11:17 AM, 5 days later.  Patient #10's medical record contained an untitled progress note by the PT, dated 2/02/15 at 12:45 PM, which was not signed until 2/09/15 at 1:03 AM, 7 days later.  Patient #10's medical record contained an untitled progress note by the RN, dated 2/06/15 at 10:40 AM, which was not signed until 2/13/15 at 3:45 PM, 7 days later.  Patient #10's medical record contained an untitled progress note by the LCSW, dated 2/06/15 at 11:15 AM, which was not signed until 2/15/15 at 2:58 PM, 9 days later.  The Director of Clinical Services reviewed Patient #10's medical record and was interviewed on 3/12/15 beginning at 9:00 AM. She confirmed the delays in staff completing and signing Patient #10's medical record.  Staff did not complete and sign Patient #10's progress notes in a timely manner.  6. Patient #1 was a 77 year old male admitted to	G 236			

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  137070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/12/2015
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NAME OF PROVIDER OR SUPPLIER  CREST HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 700 IRONWOOD DR, 255 COEUR D'ALENE, ID 83814
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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) COMPLETION DATE
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G 236	<p>Continued From page 9</p> <p>the agency on 10/25/12 for treatment of a leg ulcer. Additional diagnoses included late effects of cerebrovascular disease, hemiplegia, and chronic venous embolism and thrombosis. He received SN, OT, and MSW services. His record, including the POC, for the certification period 2/12/15 to 4/12/15, was reviewed.</p> <p>A skilled nursing visit note dated 2/18/15 beginning at 11:00 AM, was not completed until 2/25/15 at 8:08 AM, 7 days later.</p> <p>The Director of Clinical Services reviewed Patient #12's medical record and was interviewed on 3/12/15 beginning at 9:00 AM. She confirmed the delays in staff completing and signing Patient #12's medical record.</p> <p>Staff did not complete and sign Patient #10's progress notes in a timely manner.</p>	G 236		
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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  OAS001140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/12/2015
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NAME OF PROVIDER OR SUPPLIER  CREST HOME HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 700 IRONWOOD DR, 255 COEUR D'ALENE, ID 83814
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N 000	16.03.07 INITIAL COMMENTS  The following deficiencies were cited during the Idaho state licensure survey of your home health agency conducted from 3/09/15 through 3/12/15. Surveyors conducting the licensure review were:  Gary Guiles, RN, HFS, Team Leader Don Sylvester, RN, HFS	N 000	<p style="text-align: center;"><b>RECEIVED</b>  APR 06 2015  FACILITY STANDARDS</p>	
N 123	03.07025.THERAPY SERV.  N123 025. THERAPY SERVICES. Any therapy services offered by the HHA directly or under arrangement are given by a qualified therapist or by a qualified therapy assistant under the supervision of a qualified therapist and in accordance with the plan of care.  This Rule is not met as evidenced by: Refer to G 190.	N 123		4/12/15
N 180	03.07031.CLINICAL REC.  N180 02. Contents. Clinical records must include:  f. Signed and dated clinical and progress notes;  This Rule is not met as evidenced by: Refer to G 236.	N 180		3/26/15

Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Administrative* (X6) DATE: *4/3/15*