RI Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALR01454 | A. BUILDING: _____ B. WING _____ | 03/17/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PACIFICA SENIOR LIVING VICTORIA COURT | 55 OAKLAWN AVENUE CRANSTON, RI 02920 |

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| S 003 | Initial Comments<br><br>An unannounced biennial State Licensure survey was conducted at this residence. Deficiencies were identified. | S 003 | RECEIVED APR 05 2021 FACILITIES REGULATION | |
| S 205<br>DTP 4/6/21 | Organization And Management 2.4.12(J)(1) Administrative Management<br><br>2.4.12 (J) (1) Personnel Criminal Records Check<br><br>1. Pursuant to R.I. Gen. Laws § 23-17.4-27, all employees of assisted living residences licensed under the Act, hired after September 30, 2014, and having routine contact with a resident or having access to a resident's belongings or funds shall undergo a national criminal background records check which shall include fingerprints submitted to the Federal Bureau of Investigation (FBI) by the Bureau of Criminal Identification of the Department of Attorney General. The national criminal records check shall be processed, prior to, or within one (1) week of employment.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview it has been determined the residence failed to ensure employees having routine contact with a resident or having access to a resident's belongings or funds shall undergo a national criminal background records check as required for two of seven employees reviewed, Staff A and B.<br><br>Findings are as follows:<br><br>- Personnel record review of Staff A revealed a hire date of 09/03/2020, this employee was hired as a Registered Nurse/Resident Care Director. | S 205 | S 205 Organization and Management 2.4.12 (J)(1)<br>Administrative Management 3/24/2021<br><br>Staff A has completed a national background criminal check on 3/24/2021. (Please see attached copy of BCI)<br><br>Staff B has completed a national criminal background check on 3/24/2021 (Please see attached copy of BCI) 3/24/2021<br><br>The Business Office Manager has been retrained and inserviced on the on-boarding requirements as outlined by the facilities regulations. The Business Office Manager has been retrained on the Pacifica Senior Living new hire orientation tracker to ensure compliance with all employee onboarding requirements. All employee files have been audited and employees who require specific documentation have been notified. 3/18/2021<br>Going forth, the national criminal background check shall be processed, prior to, or within one (1) week of employment.To ensure this deficient practice does not recur, the ED will audit employee file prior to start of hire date. | |

Facilities Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 4/5/2021

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| S 205 | Continued From page 1<br>There is no evidence a national criminal background records check was completed within one week as required.<br><br>- Personnel record review of Staff B revealed a hire date of 11/02/2020, this employee was hired as a Personal Care Assistant. There is no evidence a national criminal background records check was completed within one week as required.<br><br>During an interview on 03/17/2020 at approximately 12:30 PM, Staff C, Business Office Manager, was unable to provide evidence Staff A and B underwent a national criminal background records check within one week of hire. | S 205 | | |
| S 375<br>DTP 4/6/21 | Residency Requirements 2.4.16(F) Resident Assessment/Service Plans<br><br>2.4.16 (F) Nurse Review<br><br>1. Nurse review is necessary for all levels of licensure.<br><br>a. A registered nurse shall visit the residence at least once every thirty (30) days except as provided in § 2.4.16(F)(1)(b) of this Part and shall complete a review to include the following:<br><br>(1) Monitor the medication regimen for all residents;<br>(2) Review any new physician orders and evaluate the health status of all residents by identifying symptoms of illness and/or changes in mental/physical health status;<br>(3) Evaluate the appropriateness of placement for each resident;<br>(4) Make any necessary recommendations to the | S 375 | S 375 Residency Requirements 2.4.16 (F) Resident Assessment/ Service Plans 2.4.16 (F) Nurse Review<br><br>Quarterly Nursing Assessments have been updated to include skilled services provided by an outside agency for both Resident ID #1 beginning 10/11/2021 and for Resident ID #2 beginning on 3/5/2021<br>Resident ID #2 Quarterly Nursing Assessment has been documented to include Resident ID #2's medical leave of absence from 2/27/2021 through 3/4/2021, as required.<br>To ensure the deficient practice will not recur, the Resident Care Director has been retrained regarding nurse reviews to reflect changes of condition... continue to page 3... | 4/6/21 |

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| S 375 | Continued From page 2<br><br>administrator;<br>(5) Follow up on previous recommendations;<br>(6) Provide a signed, written report in the residence documenting:<br>(AA) Date and time of assessment;<br>(BB) Recommendations for follow-up;<br>(CC) Progress on previous recommendations;<br>(DD) Verification that the medication listed by the pharmacist on the mediset, blister pack or medication container is current with physician orders (M-1 level only);<br>(EE) Physical assessment identifying symptoms of illness and/or changes in mental or physical health status and appropriateness of placement;<br>(FF) Such reports shall be on file at the residence.<br><br>(7) Complete the quarterly evaluation of the residence's registered medication aide(s) administration of medication. (Approved Department form is available for downloading online).<br><br>b. In those residences that have one or more licensed registered nurses (i.e., at least one full-time equivalent equal to thirty-five (35) hours) on- site, the nurse review shall be completed at least once every ninety (90) days.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview it has been determined the residence failed to ensure the nurse reviews reflected changes of condition related to receiving skilled services for two of three sample residents, Resident ID #s 1 and 2.<br><br>Findings are as follows: | S 375 | continue from page 2...<br><br>related to residents receiving skilled services.<br>All residents had potential to be affected by this deficient practice.<br><br>Nurse reviews will be audited on a regular basis by the Executive Director for continued compliance. Quarterly audits of nurse reviews by the Regional Director will completed to ensure continued compliance. | 4/6/2021 |

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| S 375 | Continued From page 3<br>1) Record review of Resident ID #1's "Quarterly Nursing Assessment" dated 01/25/2021 failed to include skilled services provided by an outside agency beginning 10/11/2020.<br><br>2) Record review of Resident ID #2's "Quarterly Nursing Assessment" dated 03/05/2021 failed to include skilled services provided by an outside agency beginning 03/05/2021.<br><br>Additionally, Resident ID #2's "Quarterly Nursing Assessment" dated 03/05/2021 failed to reflect his/her medical leave of absence from the residence on 02/27/2021 through 03/04/2021.<br><br>During an interview on 03/17/2021 at approximately 2:45 PM, the Resident Care Director acknowledged that outside services were not documented on the "Quarterly Nursing Assessment" for Resident ID #s 1 and 2, or Resident ID #2's placement out of the facility, as required. | S 375 | | |
| S 390 | Residency Requirements 2.4.16(G)(3) Resident Assessment/Service Plan<br><br>2.4.16 (G)(3) Service Plans<br><br>3. The service plan shall be reviewed by both parties at intervals not to exceed twelve (12) months and each time a resident's condition changes significantly and all changes shall be acknowledged in writing by both parties.<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview it has been determined the residence failed to document a description of the services and | S 390 | S 390 Residency Requirements 2.4.16 (G)(3)<br>Residency Assessment/ Service Plan 2.4.16 (G)(3) Service Plans<br><br>Resident ID #1 and #2 have updated service plans that include all services provided by outside healthcare agencies. All residents had potential to be affected by this deficuent practice.<br><br>All residents with outside service providers have been identified with updated service plans. To ensure this deficient practice will not recur, service plans will be audited on a regular basis by the Executive Director for continued compliance. Quarterly audits of service plans by the Regional Director of Operations will be completed to ensure compliance. | 4/6/2021<br><br>4/6/21 |

DIP 4/6/21

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| S 390 | Continued From page 4<br>interventions needed, including all services provided by outside healthcare agencies on the service plan for two of three sample residents, Resident ID#s 1 and 2.<br><br>Findings are as follows:<br><br>1) Record review revealed Resident ID #1 was admitted to skilled services by an outside health agency on 10/11/2020 for wound care.<br><br>Resident ID #1's "Needs and Services Plan" dated 07/13/2020 failed to provide evidence of being updated to reflect this change in services provided.<br><br>2) Record review revealed Resident ID #2 was admitted to skilled services by an outside health agency on 03/05/2021 for physical therapy after a medical leave of absence from the residence from 02/27/2021 through 03/04/2021.<br><br>Resident ID #2's "Needs and Services Plan" dated 09/25/2020 failed to provide evidence of being updated to reflect this change in services provided or the placement out of the facility from 02/27/2021-03/04/2021.<br><br>During an interview on 03/17/2021 at approximately 2:45 PM, the Resident Care Director acknowledged that outside services were not documented on the "Needs and Services Plan" for Resident ID #s 1 and 2, or Resident ID #2's medical leave of absence, as required. | S 390 | | |
| S 470 | Residential Care Services 2.4.20(C)(1-5) Illness And Emergencies<br><br>2.4.20 (C) (1-5) Reporting of Communicable | S 470 | S 470 Residential Care Services 2.4.20 (C)(1-5) Illness And Emergencies<br>2.4.20 (C) (1-5) Reporting of Communicable Diseases<br><br>continue to page 6... | |

DTP 4/6/21

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| S 470 | Continued From page 5<br>Diseases<br><br>1. Each residence shall report promptly to the Center for Acute Infectious Diseases Epidemiology (IDE), cases of communicable diseases designated as "reportable diseases" when such cases are diagnosed in the residence in accordance with rules and regulations pertaining to the "Rules and Regulations Pertaining to Counseling, Testing, Reporting and Confidentiality".<br><br>2. When infectious diseases present a potential hazard to residents or personnel, these shall be reported to the Center for Acute Infectious Diseases Epidemiology (IDE) even if not designated as "reportable diseases."<br><br>3. When outbreaks of food-borne illness are suspected, such occurrences shall be reported immediately to the Center for Acute Infectious Diseases Epidemiology (IDE) or to the Center for Food Protection.<br><br>4. Residences must comply with the provisions of R.I. Gen. Laws § 23-28.36-3, which requires notification of fire fighters, police officers and emergency medical technicians after exposure to infectious diseases.<br><br>5. Infection Control<br><br>Infection control provisions shall be established for the mutual protection of residents, employees, and the public. The residence shall be responsible for no less than the following:<br><br>a. Establishing and maintaining a residence-specific infection prevention program; | S 470 | continued from page 5...<br><br>Staff C, D, and G have been informed that cloth face masks are not allowed to be worn at any time in the community/ facilty. The Executive Director and Resident Care Director inserviced Staff C, D, E, F, and G on Personal Protective Equipment (PPE) and proper usage and wear of facemasks. 3/18/21<br><br>All employees have been inserviced and retrained on company policies and procedures regarding proper usage of Personal Protective Equipment (PPE), specifically facemasks. All employees have been notified that healthcare personnel are not allowed to wear cloth face masks in the community/facilty at any time and that face masks should be applied correctly to cover the nose and mouth in resident areas. 3/23/21<br><br>To ensure this deficient practice does not recur, extra facemasks have been supplied to the front desk, the wellness room as well as to each manager's office to ensure facemasks are always available to the employees. 3/18/2021 | |

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| S 470 | Continued From page 6<br><br>b. Establishing policies governing the admission and isolation of residents with known or suspected infectious diseases;<br><br>c. Developing, evaluating and revising on a continuing basis infection control policies, procedures and techniques for all appropriate areas of the residence;<br><br>d. Developing and implementing protocols for:<br><br>(1) Discharge planning to home that include full instructions to the family or caregivers regarding necessary infection control measures; and<br><br>(2) Hospital and/or nursing facility transfer of residents with infectious diseases which may present the risk of continuing transmission. Examples of such diseases include, but are not limited to, tuberculosis (TB), Methicillin resistant staphylococcus aureus (MRSA), vancomycin resistant enterococci (VRE), and clostridium difficile;<br><br>This Requirement is not met as evidenced by:<br>Based on surveyor observations and staff interviews it has been determined the facility failed to establish infection control provisions for the mutual protection of residents, employees, and the public relative to COVID-19 Standards.<br><br>Findings are as follows:<br><br>The Centers for Disease Control and Prevention (CDC) publication "Healthcare Workers Infection Control Guidance" updated on 12/14/2020, states in part " ...Take steps to ensure that everyone adheres to source control measures ... HCP (healthcare personnel) should wear a facemask | S 470 | | |

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| S 470 | Continued From page 7<br>at all times while they are in the healthcare facility ...facemasks are preferred over cloth face masks for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others ..."<br><br>During surveyor observations on 03/16/2021 and 03/17/2021, the following observations were made, all times are approximate:<br><br>- 03/16/2021 12:00 PM-1:00 PM, Staff D, server, setting dining room tables, preparing beverages, and serving residents while wearing a cloth mask.<br><br>-03/16/2021 12:00 PM and 12:45 PM, Staff C, Business Office Manager, in the main common area with several residents present while wearing a cloth mask.<br><br>-03/16/2021 12:40 PM, Staff E, dishwasher, unloading the dishwasher and putting cups and plates into the food service area, with his mask beneath his nose.<br><br>-03/16/2021 1:00 PM and 2:45 PM, Staff F, concierge, in the main common area with several residents present with her mask beneath her chin exposing her mouth and nose.<br><br>-03/17/2021 8:45 AM and 10:30 AM, Staff G, housekeeper, outside the doorway of the resident recreation area, with several residents present, while wearing a cloth mask.<br><br>-03/17/2021 9:30 AM and 2:15 PM, Staff C, outside the doorway of the resident recreation area, with several residents present, while wearing a cloth mask. | S 470 | | |

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| S 470 | Continued From page 8<br>-03/17/2021 10:45 AM, 1:30 PM, and 3:00 PM, Staff F, in the main common area with several residents present with her mask beneath her chin exposing her mouth and nose.<br><br>-03/17/2021 1:20 PM, Staff G, in the resident food service area while wearing a cloth mask.<br><br>-03/17/2021 1:25 PM, Staff E, clearing resident meal plates with residents present in the dining room, with his mask beneath his nose.<br><br>During an interview on 03/17/2021 at approximately 2:40 PM, the Resident Care Director acknowledged Staff C, D, and G were wearing cloth masks and masks should be applied correctly to cover the nose and mouth in resident areas. | S 470 | | |
| S 565<br>DTP<br>4/6/21 | Residential Care Services 2.4.24(B)(1) Medication Services<br><br>2.4.24 (B) (1) Administration of Medications<br><br>1. Residences licensed at the M1 level may administer medications to residents including, but not limited to, removing medication containers from storage, assisting with the removal of a medication from a container for residents with disability which prevents independence in this act, and/or administering the medication directly to the resident.<br><br>a. The resident or guardian must provide written authorization for the residence to provide administration of medications.<br><br>b. Medications shall be administered in accordance with written orders of a physician. | S 565 | S 565 Residential Care Services 2.4.24 (B) (1) Medication Services<br>2.4.24 (B)(1) Administration of Medications<br><br>Resident ID #1 prescribed as needed medications are available to be dispensed. 4/5/21<br><br>Resident ID #3 prescribed as needed medication "Acetaminophen 325 MG Tablet" has been discontinued. 4/5/21<br><br>Resident ID #3 prescribed as needed medication, "Azelastine 0.1%" nasal spray is available to be dispensed. 4/2/21<br><br>Resident ID #1's Medication Administration Record (MAR) has been corrected....continue to page 10... | |

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| S 565 | Continued From page 9<br>The residence must provide in writing, a description of services provided by the residence to each physician, including limitations on service.<br><br>c. All medications must be checked against a physician's orders by a licensed nurse, or pharmacist.<br><br>d. The resident must be identified prior to administration of any medication.<br><br>e. The medication must be in the original pharmacy-dispensed container with proper label and directions attached and be administered in accordance with such label.<br><br>f. Injectable medications, including but not limited to insulin, which cannot be self-administered by the resident, must be administered by a licensed nurse.<br><br>g. There shall be written a policy/procedure for the disposal of hypodermic needles, syringes and other such instruments that is in compliance with rules and regulations governing Hypodermic Needles, Syringes & Other Such Instruments (Part 20-15-6 of this Title).<br><br>(1) The legal destruction of hypodermic needles, syringes or other such instruments is the responsibility of the last entitled or authorized possessor.<br><br>(AA) All personnel or residents legally authorized to use disposal syringes and needles, shall destroy them after one (1) use.<br><br>(BB) Excess and undesired needles, syringes and other such instruments shall be stored in | S 565 | continue from page 9...<br><br>...and her Furosemide medication card matches from the Medication Administration Record (MAR).<br><br>To ensure these deficient practices do not recur, the Resident Care Director, or delegate, will review the MAR's daily for continued compliance on the administration of medication to include monitoring. Resident Care Director (not delegate) will ensure MAR review at least twice weekly.<br>All residents had potential to be affected by this deficient practice. | 4/5/2021 |

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| S 565 | Continued From page 10<br>impervious, rigid, puncture- resistant container for disposal. Intact needles shall be placed directly into the collection containers.<br><br>(CC) Personnel handling disposal waste materials such as needles, syringes, and other such instruments may treat and destroy such waste by a DEM-approved alternative treatment/destruction technology or prepare the regulated medical waste for off-site transport by a DEM-permitted medical waste transporter.<br><br>h. Individual medication records must be retained for each resident to whom medications are being administered and each dose administered to the resident must be properly recorded.<br><br>i. Any medication administered by the residence and refused by a resident shall be documented and reported, as appropriate.<br><br>j. Medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access. Provisions for safe storage may include lockable containers, secure spaces, or lockable units, as appropriate to the residence and the resident population.<br><br>k. All medication in the residence, regardless of whether controlled by employees or by the resident, shall be stored securely as stated in § 2.4.24(A)(3)(a)(8) of this Part.<br><br>l. All centrally stored medications shall be maintained in accordance with manufacturer's labeling and administered by authorized personnel. | S 565 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ALR01454 | A. BUILDING: _____ B. WING _____ | 03/17/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PACIFICA SENIOR LIVING VICTORIA COURT | 55 OAKLAWN AVENUE CRANSTON, RI 02920 |

| (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 |
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| S 565 | Continued From page 11<br><br>This Requirement is not met as evidenced by:<br>Based on surveyor observation, record review and staff interview, it has been determined the residence failed to ensure that medications shall be stored securely and in such a manner to prevent spoilage, dosage errors, administration errors, and/or inappropriate access of medications related to two of three residents reviewed, Resident ID #s 1 and 3.<br><br>Findings are as follows:<br><br>During surveyor observation of the medication storage areas on 03/16/2021 at approximately 1:30 PM with the Resident Care Director (RCD), the following medications were actively prescribed but unavailable:<br><br>-Resident ID #1 "Acetaminophen 500 MG Tablet", prescribed as needed for pain<br><br>-Resident ID #1 "Mometasone Furoate 0.1% C Elocone 0.1% Cream", prescribed as needed for treatment of a rash<br><br>-Resident ID #3 "Acetaminophen 325 MG Tablet", prescribed as needed for pain and fever<br><br>-Resident ID #3 "Azelastine 0.1%" nasal spray, prescribed as needed for running or itching nose, or sneezing<br><br>Record review of Resident ID #1's Medication Administration Record (MAR) revealed a physician's order for "Furosemide 20 MG 2 tabs by mouth daily 40 MG"; the medication card available to be dispensed stated " Furosemide 40 MG Tablet ...Take 1 Tablet by Mouth Daily." | S 565 | | |

RI Department of Health

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| S 565 | Continued From page 12<br><br>Record review of the facility policy titled "Medication Refills" dated 11/30/2018 states in part, " ...Medication refills will be obtained in a timely manner to ensure residents have all physician ordered medication available ..."<br><br>During an interview on 03/16/2021 at approximately 2:30 PM, the RCD acknowledged prescribed medication should be available to be dispensed and the instructions on Resident ID #1's Furosemide medication card differ from the MAR potentially leading to error. | S 565 | | |
| S 925<br>DTP<br>4/6/21 | Limited Health Services License Require 2.6.2(O) Specific Requirements<br><br>2.6.2 (O) Specific Requirements<br>O. Evidence of Pre-employment and Ongoing Health Screening<br>Upon hire and prior to delivering services, employment health screenings shall be required for each individual who has or may have direct contact with a resident receiving limited health services. Such health screening shall be conducted in accordance with the rules and regulations pertaining to Immunization, Testing, and Health Screening for Health Care Workers (Part 20-15-7 of this Title).<br><br>This Requirement is not met as evidenced by:<br>Based on record review and staff interview it has been determined the residence failed to obtain proper employment health screenings prior to delivering service for each individual who has or may have direct contact with a resident receiving limited health services for three of seven sampled staff reviewed, Staff B, H, and I. | S 925 | S 925 Limited Health Services License Require 2.6.2 (O) Specific Requirements<br><br>Staff B has provided evidence of a two-step Purified Protein Derivative (PPD) (Please see attached forms) 4/5/21<br><br>Staff B is off the schedule pending evidence of vaccination against Tetanus, Diptheria, and Pertussis (TDAP). 4/5/21<br><br>Staff H has provided evidence of a two-step PPD test. (please see attached forms) 4/5/21<br><br>Staff I has provided evidence of vaccination against Varicella and TDAP as required. (Please see attached forms) 4/5/21<br><br>continue to page 14.... | |

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| S 925 | Continued From page 13<br>Findings are as follows:<br><br>Per the Rules and Regulations Pertaining to Immunization, Testing, and Health Screening for Health Care Workers [R 23-17-HCW] it states, in part ..."any individual who has or may have direct contact with a resident receiving limited health services must have upon hire or prior to delivering service a review of health records, pertinent laboratory results, and other documentation of a health care worker performed by a licensed practitioner is required in order to determine that the health care worker is free of the communicable diseases cited in these Regulations, and is also appropriately immunized, tested, and counseled prior to employment..."<br><br>1) Personnel record review for Staff B revealed a hire date of 11/02/2020. This employee was hired as a Personal Care Assistant (PCA).<br><br>The record failed to reveal evidence of vaccination against Tetanus, Diphtheria, and Pertussis (TDAP) and a two-step Purified Protein Derivative (PPD) test upon hire as required.<br><br>2) Record review for Staff H revealed a hire date of 01/04/2021. This employee was hired as a Certified Medication Technician (CMT)/PCA.<br><br>The record failed to reveal evidence of a two-step PPD test upon hire as required.<br><br>3) Record review for Staff I revealed a hire date of 07/20/2020. This employee was hired as a PCA.<br><br>The record failed to reveal evidence of vaccination against Varicella and TDAP as required. | S 925 | Continued from page 13....<br><br>To ensure the deficient practice will not recur, the business office manager has been retrained on the onboarding requirements as outlined by the facilities regulations. The business office manager has been retrained on the orientation tracker to ensure compliance with all onboarding requirements.<br>The Executive Director will audit the employee's personnel files for all required documentation prior to employee date of hire and quarterly to maintain compliance.<br><br>All employee files have been audited and employees who require specific documentation have been notified.<br>All employees will have required employment health screenings in accordance with the rules and regulations pertaining to Immunization, Testing, and Health Screening for Health Care Workers. | 3/18/21<br><br>4/10/21 |

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| S 925 | Continued From page 14<br><br>During an interview on 03/17/2021 at approximately 1:45 PM, Staff C, the Business Office Manager, was unable to provide evidence that the required health screenings were conducted as required for Staff B, H and I. | S 925 | | |