THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18182**
Establishment ID No:	**1647**
Name of Establishment:	**Rocky Acres**
Date of Inspection:	**24 April 2014**
Inspector's Name:	**Paul Nixon**

1.0 GENERAL INFORMATION

Name of home:	Rocky Acres
Type of home:	Residential Care Home
Address:	Rocky Acres 8 Portavogie Road Ballyhalbert BT22 1BU
Telephone number:	(028) 4275 8715
E mail address:	rockyacresrh@aol.com
Registered Organisation/ Registered Provider:	Rocky Acres Ms Margaret Cully Ms Jean Cully
Registered Manager:	Ms Margaret Cully
Person in charge of the home at the time of Inspection:	Ms Margaret Cully
Categories of care:	RC – I RC-DE (for 2 named individuals)
Number of registered places:	13
Number of residents accommodated on day of inspection:	12
Date and time of current medicines management inspection:	24 April 2014 10.00 – 13.10
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	9 May 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 Margaret Cully (Registered Manager) and the deputy manager during the inspection
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

Rocky Acres is registered with The Regulation and Quality Improvement Authority (RQIA) to accommodate up to 13 residents within the category of older people aged 65 plus (RC-I) and RC-DE (two named residents).

The home is situated on the outskirts of the town of Ballyhalbert and is surrounded by spacious grounds and enjoys a panoramic view of the Irish Sea at the eastern point of the Northern Ireland coast.

Internally the home provides three single and five double bedrooms, large lounge and dining room with stunning views over the Irish Sea. All bedrooms have wash hand basin facilities.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Rocky Acres was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 24 April 2014 between 10.00 and 13.10. 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 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 registered manager of the home, Ms Margaret Cully and the deputy manager. 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 Rocky Acres 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 four requirements and six recommendations made at the previous medicines management inspection, on 9 May 2011, were examined during the inspection. Three of the four requirements are assessed as compliant and one is assessed as moving towards compliance. Five of the six requirements are assessed as compliant and one is assessed as moving towards compliance.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents, discussion with other inspectors and any intelligence received from trusts and other sources.

A number of areas of good practice were noted and highlighted during this inspection. These included the robust audit arrangements, the recording of the dates and times of opening of medicines in order to facilitate the audit process and the running stock balances that are maintained for all solid dose formulation medicines.

Policies and procedures for the management of medicines need to be further developed in order to ensure that they cover each of the activities concerned with the management of medicines. Standard Operating Procedures for the management of controlled drugs should be developed.

Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.

The audit trails, which were performed on randomly selected medicines, indicated that good correlations existed between the prescribed instructions, patterns of administration and stock balances. The registered manager and staff are commended for their efforts.

The bisphosphonates alendronic acid and risedronate sodium are administered to residents with or after food. These medicines must be administered in accordance with the manufacturers' instructions.

With the exception of the personal medication records, the medicine records were maintained in a broadly satisfactory manner. The personal medication record sheets must be completed with all necessary information. The format of the personal medication record sheet must facilitate the recording of this information. Handwritten entries on the personal medication record sheets should be verified and signed by two staff members. A record must be made of the assistance provided by staff to a resident when self-administering medication. The disposal of medicines record should be signed by the staff member returning medicines to the community pharmacy.

Medicines were stored safely and securely. Storage was observed to be tidy and organised. In order to conform with the requirements of the Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973, the controlled drug cabinet must be fixed to a wall of solid construction with rag or rawl bolts.

The inspection attracted a total of four requirements and four recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 9 May 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	19(2)	A record must be kept of all medicines management training and development activities completed by staff. **Stated once**	A record is now maintained of the medicines management training and development activities completed by staff.	**Compliant**
2	13(4)	The following information must be included in the personal medication record: • The medication form; • The commencement date of treatment; and, • In the absence of the prescriber's signature, the signatures/initials of the two members of staff who wrote and checked the handwritten medicine entry. **Stated once**	The medication form and commencement date of treatment are recorded on the personal medication record sheets. In the absence of the prescriber's signature, two staff members do not sign/initial handwritten entries. A recommendation has been made	**Moving towards compliance**
3	13(4)	The receipt of medicines record must be signed or initialled by the member of staff receiving the medication into the home. **Stated once**	This practice is now observed.	**Compliant**

4	13(4)	The necessary arrangements must be made to ensure that labelling enables staff to positively identify each medicine. **Stated once**	The labelling on the medicines that were examined enabled them to be positively identified.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	The following attention should be given to the management of warfarin: • The registered manager should request the prescriber to provide written confirmation of dose changes to warfarin; and, • The record of the orally received warfarin dosage instructions should be supplemented by including the name and job title of the person providing and the signature of the member of staff receiving the instructions. **Stated once**	Written confirmation of warfarin dose changes is provided by the prescribers. The recordings of warfarin dosage instructions were satisfactory.	**Compliant**
2	30	The medicines management policies and procedures should be reviewed. **Stated once**	The review of the medicines management policies and procedures had resulted in a list of policy statements being drawn up without any accompanying procedures. The medicines management policy and procedures, therefore, need to be further developed. A recommendation has been made.	**Moving towards compliance**

3	30	A list of the names, signatures and initials of staff authorised to administer medicines should be maintained. **Stated once**	This list is now in place.	**Compliant**
4	31	A record of medicines requested should be maintained. **Stated once**	This record is now maintained.	**Compliant**
5	32	A medicines trolley should be purchased. **Stated once**	A medicines trolley is in use.	**Compliant**
6	33	Where a resident self-administers medication, recorded evidence should be maintained that the risks had been assessed and the competence of the resident to self-administer confirmed. **Stated once**	This recorded evidence is maintained.	**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:	
A range of audits was performed on randomly selected medicines. These audits indicated that medicines are being administered to residents in accordance with the prescribers' instructions. Written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home. Repeat prescriptions are requested by either the registered manager or deputy manager and medicines are checked against the prescription form on their receipt into the home. The arrangements for the management of warfarin were examined. The current written confirmation of dosage regimes was held on the file. A daily running balance of warfarin tablets is maintained. The two audits which were performed on warfarin preparations showed good correlations between the prescribed instructions, patterns of administration and stock balances. The bisphosphonates alendronic acid and risedronate sodium are administered to residents with or after food. The absorption of these medicines is affected by food. They must, therefore, be administered in accordance with the manufacturers' instructions. A requirement is stated.	Substantially compliant

Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The management of medicines policy and procedures need to be further developed. There was a list of policy statements relating to the management of medicines. There were, however, no accompanying procedures. The registered person should ensure that there are comprehensive policies and procedures for the management of medicines. There were no Standard Operating Procedures for the management of controlled drugs. The registered person should ensure these are developed. The registered manager was referred to RQIA website, where guidance on the development of Standard Operating Procedures for the management of controlled drugs is available. Two recommendations are stated.	Moving towards compliance
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:	
The registered manager explained the arrangements that are in place for staff induction and update training and confirmed that all staff members who manage medicines are trained and competent in the procedures which they are required to perform. A record of the training and development activities completed by staff in relation to the management of medicines is maintained.	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:	
The registered manager evaluates the impact of medicines management training on staff members through supervision and observation of practice. Staff appraisals and competency assessments are undertaken on an annual basis and a record of this activity is maintained. A sample of the staff competency assessments was examined.	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:	
Training in specific techniques is not required by the staff at this time.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
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:	
Monthly medication audits are performed by the registered manager, who stated that satisfactory outcomes had been obtained. The need to maintain recorded evidence of this audit activity was discussed. The observations made during this inspection reflected the satisfactory outcomes of the home audit activity. In order to facilitate the audit activity, dates and times of opening are recorded on the medicine containers. This good practice is commended.	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:	
The medicine records were legible and had been constructed and completed to ensure a clear audit trail.	Compliant
Criterion Assessed: 31.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
A randomly selected sample of the above medicine records was assessed. With the exception of the personal medication records, these records had been maintained in a broadly satisfactory manner. A good correlation was observed between the entries on the personal medication record and medication administration record sheets and the details printed on the medicine labels. The home uses pre-printed medicine order sheets as personal medication record sheets. However, these sheets do not facilitate the recording of certain essential information - the routes of administration, specific times of administration, any special requirements (e.g. before meals) and dates of discontinuation were observed to not be recorded. The registered person must ensure that the personal medication record sheets are completed with all necessary information. The format of the personal medication record sheet must facilitate the recording of this information. A requirement is stated.	Substantially compliant

In the absence of the prescriber's signature, handwritten entries on the personal medication record sheets had not been verified and signed by two staff members. A recommendation is stated. One resident receives staff assistance when self-administering Seretide Evohaler. A record of this assistance is not maintained. A record must be made of the assistance provided by staff to a resident when self-administering medication. A requirement is stated. Entries in the disposal of medicines record book had only been signed by the community pharmacist. This record should also be signed by the staff member returning medicines to the community pharmacy. A recommendation is stated.	
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:	
There have been no Schedule 2 controlled drugs. The receipts and administrations of Schedule 3 controlled drugs subject to safe custody requirements are recorded in the controlled drug record book. The need to also record the disposal of any discontinued controlled drug and to bring the stock balance to zero in the controlled drug record book was discussed.	Not applicable

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:	
Storage was observed to be tidy and organised. There was sufficient storage space for medicines in the medicine trolley and medicine cupboard. Appropriate arrangements are in place for the stock control of medicines. The controlled drug cabinet had been attached to the inside of the medicine trolley. This is an unsatisfactory arrangement. In order to conform with the requirements of the Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973, the controlled drug cabinet must be fixed to a wall of solid construction with rag or rawl bolts. A requirement is stated.	Substantially compliant
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:	
The medicine keys were observed to be in the possession of the registered manager.	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:	
There have been no Schedule 2 controlled drugs. One resident is prescribed the Schedule 3 controlled drug temazepam. The registered manager has performed a risk assessment and decided that the stock balance of this medication should be reconciled by two staff once daily. This arrangement will be reviewed by the registered manager if any additional controlled drugs are prescribed. Records of stock balance checks were inspected and found to be satisfactory.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

None

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 Margaret Cully (Registered Manager),** during the inspection, 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:

Paul Nixon
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

ROCKY ACRES
24 APRIL 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 specific actions set out in the Quality Improvement Plan were discussed with **Ms Margaret Cully, Registered Manager**, during the inspection visit.

The timescales for completion commence from the date of inspection.

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 all requirements 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 REQUIREMENTS **This section outlines the actions 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 person must ensure that bisphosphonates are administered in accordance with the manufacturers' instructions. **Ref: Criterion 30.1**	One	These are being administered as per manufacturerers' instructions	25 May 2014
2	13 (4)	The registered person must ensure that the personal medication record sheets are completed with all necessary information. The format of the personal medication record sheet must facilitate the recording of this information. **Ref: Criterion 31.2**	One	New sheets have been produced and are now in use	25 May 2014
3	13 (4)	The registered person must ensure that a record is made of the assistance provided by staff to a resident when self-administering medication. **Ref: Criterion 31.2**	One	If any medication is self administered it is observed and noted by staff	25 May 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13 (4)	The registered person must ensure that the controlled drug cabinet is fixed to a wall of solid construction with rag or rawl bolts. **Ref: Criterion 32.1**	One	This has been removed from the medicines trolley and fixed to a solid wall	25 May 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 person should ensure that there are comprehensive policies and procedures for the management of medicines. **Ref: Criterion 30.2**	One	These have been developed further as requested	25 May 2014
2	30	The registered person should ensure that Standard Operating Procedures for the management of controlled drugs are developed. **Ref: Criterion 30.2**	One	Operating Procedures have been partially written up and are being further developed	25 July 2014
3	31	The registered person should ensure that, in the absence of the prescriber's signature, handwritten entries on the personal medication record sheets are verified and signed by two staff members. **Ref: Criterion 31.2**	One	New form has been worked up and this procedure has been put in place	25 May 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	31	The registered person should ensure that the disposal of medicines record is signed by the staff member returning medicines to the community pharmacy. **Ref: Criterion 31.2**	One	This is now in place as required.	25 May 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	Margaret Cully
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Maureen Pue

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nixon	02/07/14
B.	Further information requested from provider		X	Paul W. Nixon	02/07/14