ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

January 18, 2019

Michele Benae Bush, Registered Agent
Ambassador Nursing & Rehabilitation II, LLC
240 Fencl Lane
Hillside, Illinois 60162

RE:	Complaint #:	IL 103322
	Survey Date:	November 21, 2018
	Docket #:	19-C0011
	Violation Type:	B Violation with Fine

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as Ambassador Nursing & Rehab Center.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Enclosure
cc: Administrator
File
Ambassador Nursing & Rehab Center/November 21, 2018/19-C0011/RegAgent/kk

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: AMBASSADOR NSG & REHAB CENTER COMPLAINT #: 0103322
LIC. ID #: 0049924
DATE COMPLAINT RECEIVED: 06/11/18 15:34:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1
131	RESIDENT INJURY	1

X The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. AMBASSADOR NURSING & REHABILITATION II, LLC, D/B/A, AMBASSADOR NURSING & REHAB CENTER,) Respondent.	))))))))	Docket No. NH19-C0011

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLAN OF CORRECTION REQUIRED; NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS;
NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Complaint Investigation conducted by the Department on November 21, 2018, at Ambassador Nursing & Rehab Center, 4900 N. Bernard, Chicago, Illinois 60625. On January 9, 2019, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$2,200.00**, as follows:

- **Type B violation** of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6), 300.1220b)3) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)6) and 300.3240a).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
P.O. Box 4263
Springfield, Illinois 62708

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

(A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department.

(B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license; the license shall not be renewed; or

(C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation. (Please refer to the Notice of Fine Assessment section on where to send your fine Payment).

Plan of Correction, Hearing Requests and Waivers can be emailed to the following email address: DPH.LTCQA.POCHearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Sammye Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Dated this 18th day of January ,2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. AMBASSADOR NURSING & REHABILITATION II, LLC, D/B/A, AMBASSADOR NURSING & REHAB CENTER , Respondent.	)	Docket No. NH 19-C0011

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Plan of Correction Required; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent:	Michele Benae Bush
Licensee Info:	Ambassador Nursing & Rehabilitation II, LLC
Address:	240 Fencl Lane Hillside, Illinois 60162

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 18th day of January, 2019.

Sammye Geer

Sammye Geer
Administrative Assistant I
Long Term Care – Quality Assurance
Office of Health Care Regulations

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000186	A. BUILDING: _____ B. WING _____	C 11/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMBASSADOR NURSING & REHAB CENTER	4900 NORTH BERNARD CHICAGO, IL 60625

(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
S9999	Final Observations Statement of Licensure Violation: 1 of 1 Violation: 300.610a) 300.1210b) 300.1210d)6) 300.1220b)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three	S9999		

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S9999	Continued From page 2 months. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) These Requirements are not met as evidenced by: Based on interview and record reviews, the facility failed to follow its policy on preventing falls and implementation of fall risk interventions to reduce or prevent the risk of falling for one (R7) of five residents reviewed for fall prevention. This failure resulted in R7 falling from bed, then being sent to the hospital for evaluation where R7 was diagnosed with a left leg fracture. Findings include: R7 is an 86 year old. female, admitted into the facility on 03/23/2012 with diagnoses of Personal History of (Healed) Traumatic Fracture; Contracture, Right Knee; Glaucoma Secondary to other Eye Disorders, Unspecified Eye, Stage Unspecified and Unspecified Dementia without Behavioral Disturbance. According to R7's MDS (Minimum Data Set) dated 4/10/18, she (R7) has short and long-term memory problems. Per MDS also, R7 does not have bed alarm.	S9999		

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S9999	Continued From page 3	S9999		

Fall risk review dated 4/10/18, 4/16/18, 6/3/18 and 6/8/18 all documented that R7 had been determined to be high risk for falls.

R7's Physician Order Sheets documented:
7/17/2015: Bed sensor alarm while in bed
7/17/2015: Bed sensor alarm while in bed, and low bed/floor mats.

R7's care plan on fall dated 10/10/17 documented the following interventions:
Gather information on past falls and attempt to determine cause of falls. Anticipate and intervene to prevent future recurrence.
Be sure call light is within reach and encourage to use it for assistance as needed. Respond promptly to all request for assistance.
Anticipate and meet needs.
Complete fall risk assessment per facility protocol.

R7's care plan on fall also documented the following interventions:
4/16/18: sent to hospital emergency for evaluation.
No updated interventions was made on 4/16/18.
6/3/18: fall mats bilaterally.

R7's progress notes dated 4/16/18 documented: had a fall incident and was found on the floor turned on her left side. Denied any pain, able to move extremities, no apparent injury noted. Was sent to the hospital for evaluation.

Hospital records dated 4/16/18 Discharge Summary indicated that R7 came to the hospital with Primary diagnosis of Falling injury, condition is improved and decision is discharge. X-rays were done as follows: CT (Computerized

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S9999	Continued From page 4	S9999		

Tomography) cervical spine and CT brain without contrast both revealed negative results. R1 came back into the facility on the same day.

R7's progress notes dated 6/3/18 documented: R7 lying on the right side of her bed. No apparent injuries were noted, able to move all extremities within normal limits. Was sent to the hospital for evaluation.

Ambulance report dated 6/3/18 documented: Called to (name of facility) for an 88 years old female for a fall. Upon arrival, nurse reports at 11:45 AM the patient was found lying right lateral recumbent on the floor next to her bed apparently having a fall. Trauma assessment reveals bruising on the right upper extremity.

Hospital records dated 6/3/18 indicated that R7 presented to the emergency department (ED) due to an unwitnessed fall in the nursing facility. The ED notes also revealed that during general examination of R7's extremities, tenderness was appreciated with palpation over left elbow, shoulder and clavicle. ED notes also documented that R7 had bruising noted to the right forearm, moving all extremities. Diagnostic work-ups as follows: Head CT ; Cervical spine CT; RAD (radiation dose) Shoulder and RAD elbow, left were all done and all tests indicated no fracture or dislocation noted. There were no diagnostic or x-rays done on R7's lower extremities per hospital records. R7 was readmitted back into the facility on 6/4/18.

R7's progress notes dated 6/10/18 documented: V15 (RN) was alerted that R7 was observed with a bruise. V15 went to see R7 which she performed assessment and noted a discoloration on R7's lateral aspect of left thigh. V14 was

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S9999	Continued From page 5 notified and ordered to send R7 to the hospital for further evaluation. Hospital records dated 6/10/18 on Clinician History of Present Illness Summary stated that R7 was brought due to a chief complaint of left posterior thigh ecchymosis noted by the nursing facility today. Radiology reports as follows: 6/10/18: Femur 2 or more views left; History: Left leg pain status post fall; Impression: Impacted mildly displaced oblique fracture of the distal femoral metaphysis that extends to the lateral femoral condyle. 6/11/18: CT Lower extremity left without contrast; History: Left leg fracture; Impression: Impacted distal femoral metaphyseal fracture without intra-articular extension of the fracture line. On 11/15/18 at 2:55 PM, V11 (Licensed Practical Nurse, LPN) was interviewed regarding R7's fall incident last 4/16/18. V11 stated, "I was going upstairs from a break and I heard her (R7) from the door asking for help so I went to her (R7) room. She (R7) was on the floor, side of the bed, lying on her (R7) left side asking for help. At first, she (R7) denied any pain, when we turned her, I was with a nurses' aide, don't remember the aide's name, she (R7) complained of back pain. There were no visible injuries and she (R7) can still move her (R7) extremities except the contracted right knee. We put her (R7) on the bed, she (R7) was moaning in native language. I asked her (R7) and said back pain. I gave her (R7) PRN (when needed) pain , I notified V14's office and was told to send out R7 to the hospital for evaluation. She (R7) doesn't know how to use call light and doesn't talk at all. I don't remember if there's any bed alarms at that time, otherwise it will go off. I didn't hear any sound at that time, we just monitor her closely."	S9999		

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S9999	Continued From page 6 On 11/15/18 at 3:14 PM, V12 (LPN) was asked regarding R7's fall incident last 6/3/18. V12 stated, "V16 (CNA) came to me and told me that R7 was on the floor on the side of the bed. What I remember was I saw her (R7) lying on her side, on the floor. We both took the lift and brought her (R7) back to bed. I did a full body assessment - no redness on parts of the body, able to move her (R7) extremities without any indication of pain. She (R7) was confused, not so verbal and unable to relate to me what happened with the fall. I called V18 (Physician) and ordered to send her (R7) to the hospital. I always remind CNAs to always make sure that her (R7) bed is lowered and fall mats in placed. I don't remember if she had a bed alarm." On 11/19/18 at 12:05 PM, V15 (RN) was asked regarding R7's bruise noticed last 6/10/18. V15 stated, "I worked 7-3 shift. Afternoon shift came, it was V17 (CNA) who changed her (R7) incontinent brief and noticed a bruise and told me. I went to her (R7) room and saw a bruise on the lateral aspect of her (R7) left thigh. So I called V14 and explained the situation and ordered to send her (R7) to the hospital. When I went to her (R7) room, she (R7) is not that verbal, unable to verbalize any pain. Bed is in low position. I don't remember if there were siderails up that time, I don't remember if fall mats were there. She (R7) is not high risk for falls because she (R7) has never fallen on my shift. I don't remember any chair/bed alarms because she has not fallen on my shift and she (R7) doesn't need any alarms. I was not informed that she (R7) is a fall risk. I didn't look into her care plan to find out if she needs interventions for fall prevention because there's not any condition that made me review her (R7) care plans."	S9999		

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S9999	Continued From page 7 On 11/19/18 at 12:50 PM, V17 (CNA) was asked regarding R7's bruise. V17 stated, "I was the one who noticed the bruise on her (R7) left thigh. I was doing patient care when I went to change her (R7) and noticed the bruise on her left thigh. I reported it to V15. She (R7) doesn't talk that much. That time when I noticed the bruise, she (R7) wasn't moving, bed was low, fall mats were there. I don't remember if she has a bed alarm. I don't think she has an alarm in bed because she doesn't need it. She (R7) was bedbound. Yes, 100% there was no alarm on her (R7) bed, not that I remember. I have never known her (R7) to fall. She (R7) is not a fall risk at all." V16 was also interviewed regarding R7's fall incidents and verbalized does not remember the fall incidents anymore. On 11/20/18 at 10:30 AM, V2 was asked regarding falls. V2 stated, "There is a Falling Star Program which the Restorative Department is the one running the program. I oversee this program. When a patient comes in, the restorative department assessed the resident and if they are high risk for falls they will be evaluated and if they are needed to be in the program. If a resident had a fall incident, it automatically include that resident in the falling star program. If a resident had a fall incident, the IDT (interdisciplinary team) consisting of Social Services, Nursing, Administration, Restorative, Activities do a morning meeting but other than that, we meet every week to talk about fall interventions. The Restorative Department is responsible for notifying the nurses and CNAs with regards to fall interventions, regardless if resident had not fallen on their shift, that resident is still considered to be high risk and fall interventions need to be	S9999		

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S9999	Continued From page 8	S9999		

implemented. We have bed pad alarm and chair alarms as part of the interventions in preventing falls. For residents who are bed bound, bed pad alarm is to be used."

On 11/20/18 at 12:02 PM, V19 (LPN/Restorative) was asked regarding R7 and the Falling Star Program. V19 stated, "This is the program for the facility for falls. When someone had a fall, IDT meet and go over interventions to be taken into place. We place a falling star sign next to their names by the door in their rooms so staff would know if they are high risk for falls. I don't remember R7 as high risk because she was bed bound. I cannot recall when we placed her on the falling star program." V19 continued, "In preventing falls and future falls, we need to place fall mats, bolsters, place resident in a room close to nurses' station, if resident is confused and doesn't know how to use call light - an alarm is to be placed depending on the team's decision and doctor's orders."

On 11/21/18 at 10:40 AM, V30 (Medical Director) was interviewed regarding falls and fractures. V30 stated, "If a resident had fallen and there were no complaints of pain or any bruising at the time of fall, then a week later complained of pain or a bruise had developed and x-ray can confirmed fracture. The hurting, bruise and swelling may not show up at the time of fall but it developed over time and may not show up like in an oblique fracture." V30 was asked on expectations on staff regarding interventions in preventing falls. V30 further stated, "The goal is no fall incidents as much as possible. Fall precautions should take in place both for low and high risk individuals. The use of bed and chair alarms, supervision, lowered beds and fall/floor mats should be part of the interventions in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000186	A. BUILDING: _____ B. WING _____	C 11/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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) COMPLETE DATE
S9999	Continued From page 9	S9999		

preventing falls. We cannot confine the residents all the time so we also need to provide mobility and exercises. For bed bound and confused residents who are excited to get out of bed, bed alarms should be placed since they don't follow instructions and fall/floor mats should be in placed at all times."

Facility's policy titled "Policy and Procedure Falling Star Program" revised date 05/2012 documented in part:
Purpose: To evaluate a resident for the potential risk of falling and plan appropriate measures and interventions to reduce or eliminate those risks.
Policy:
5. A Plan of Care will be initiated utilizing fall prevention strategies to reduce or eliminate each resident's fall risk.
6. Every fall incident will be reviewed by the IDT Committee to determine whether fall interventions are appropriate.
8. Upon fall incident the following procedure will be completed:
The resident's care plan will be updated with new interventions for any identified risk factor that was identified. If the resident had not previously been placed in the Falling Star Program, the resident will be assessed for the program.
Safety movement devices will be used as an integral tool to prevent unassisted ambulation and to prevent/reduce resident falls.
All alarms and sound monitors will be installed according to manufacturer recommendations.

Facility's policy titled "Incidents/Accidents/Falls, undated, stated in part: "Procedure: 15. Based on the results of the incident/accident/fall, the resident's care plan will be addressed to ensure that any needed points of focus have measurable

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S9999	Continued From page 10 goals with appropriate interventions in place. (B)	S9999		