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DRIVING EXCELLENCE: DATA, QUALITY AND INNOVATION

Ready...Set...GO!

Survey Changes Phase 2

Beginning 11/28/2017

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ABILITY Network

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Learning Objectives

Learning Objectives

To be introduced and understood:

- The CMS rationale for survey change
- The principles of the Phase 2 requirements
- The basics of a facility assessment
- The basics of an “All hazards” risk assessment
- The requirements of Phase 2 changes

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CMS and the Survey Change

CMS States...**Why revision?**

- Actual law has not been updated since 1991
- Themes to match the priorities of HHS
- “Modernize”

4 Overlying Themes



Under the Auspices of QAPI:

- Highest Practicable Quality
- Resident Safety

- Person-centered/resident rights
- Moving towards “*Medical/Clinical*” evidenced-based practices
- Better/REQUIRED documentation of services and care
- Meeting legislative requirements (*Impact and Affordable Care Acts*)

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Phase 2 Overview

Phase 2 Changes

- Changing the numbering of the F-Tags (*has not been released*)
- Change in the survey process
- Expansion of requirements
- New requirements

Change F-Tag Numbering

- Changing numbers and will start 540+
- Creating new F-tag titles
- Creating new sub-parts to F-Tags
- Rearranging the sub-parts

Creating New F-Tags Titles

OLD

F279

§483.20 = Resident Assessment

§483.20(k)

The facility must develop a comprehensive care plan for each resident...

NEW

F279

§483.21 = Comprehensive Person-Centered Care Planning

§483.21(b)(2)

A comprehensive care plan must be...

Creating New Sub-Parts to F-Tags

§483.25 = Quality of Care

§ 483.25(n)

Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail.

Rearranging the Sub-Parts

OLD

F251

§483.15 = Quality of Life

§483.15(g)(2)

(2) A facility with more than 120 beds must employ a qualified social worker on a full-time basis.

NEW

F251

§483.70 = Administration

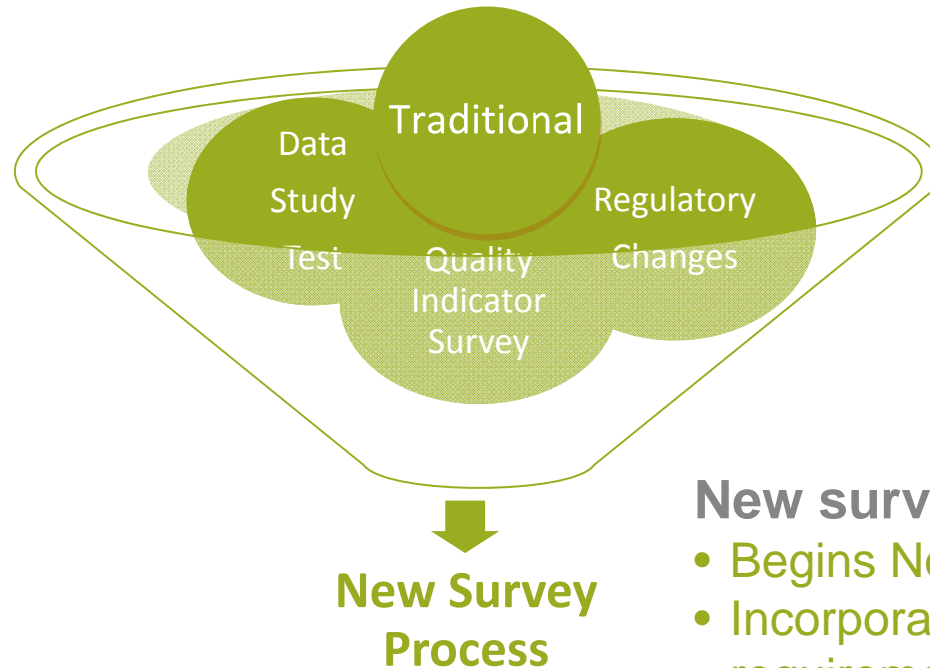
§483.70(p) Social worker

Any facility with more than 120 beds must employ a qualified social worker on a full-time basis.

New Survey Process

New survey protocol computer-based sample selection

- Offsite 70%
- Onsite 30%
- Investigation



New survey process

- Begins November 28, 2017
- Incorporates new requirements
- New F-Tag numbering

Where's Phase 2?

ALL of the language changes:
Implementation, 02-10-17

Specific changes:
Will be implemented beginning
November 28, 2017 (Phase 2)

F319

(Rev. 167, Issued: 02-10-17, Effective: 02-10-17, Implementation: 02-10-17)

§483.25(m) Trauma-informed care.

The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.

[§483.25(m) will be implemented beginning November 28, 2019 (Phase 3)]

§483.40 Behavioral health services.

Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.

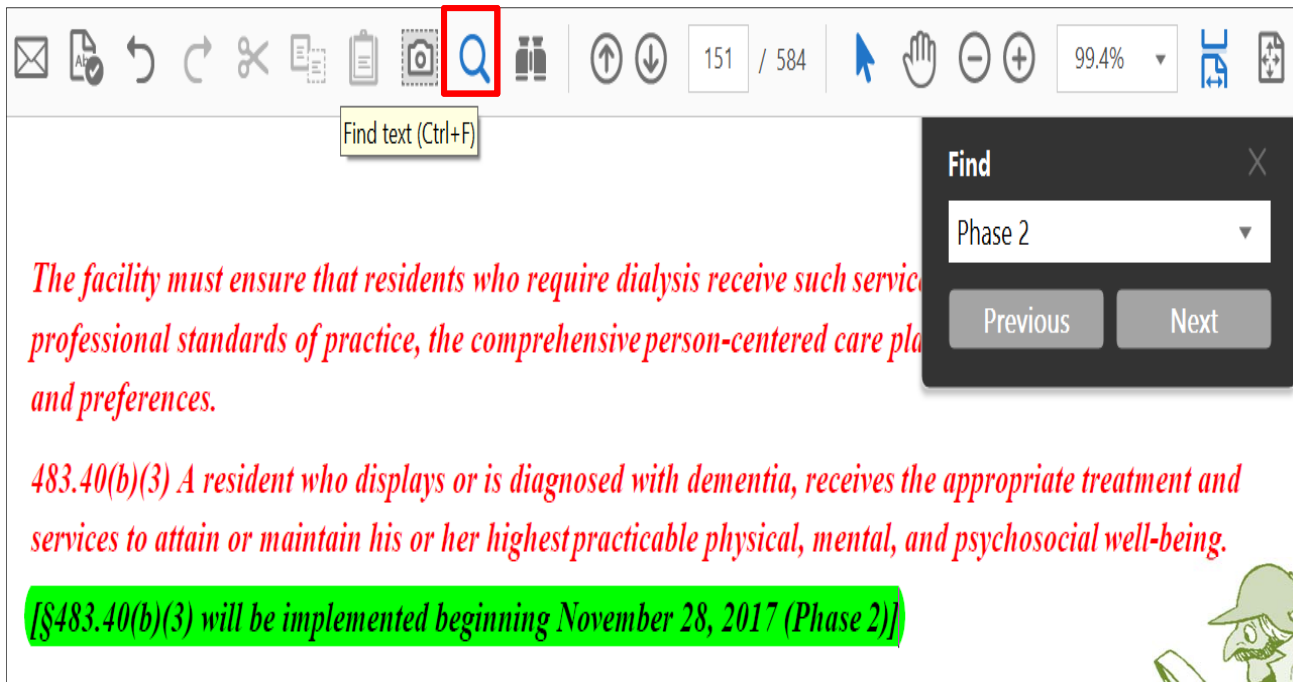
[§483.40 will be implemented beginning November 28, 2017 (Phase 2)]

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Use the Search tool to find all Phase 2

- Use the “Find” Tool
- Type: Phase 2



The screenshot shows a PDF viewer interface. The top toolbar includes icons for navigation and search. The search icon (magnifying glass) is highlighted with a red box. Below the toolbar, a tooltip reads "Find text (Ctrl+F)". A search dialog box is open, displaying "Phase 2" in the search field and "Previous" and "Next" buttons. The main content area shows two paragraphs of red text. The first paragraph is: "The facility must ensure that residents who require dialysis receive such services in accordance with the professional standards of practice, the comprehensive person-centered care plan, and the resident's needs, interests, and preferences." The second paragraph is: "483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being." The third line of text is highlighted in green: "[§483.40(b)(3) will be implemented beginning November 28, 2017 (Phase 2)]".

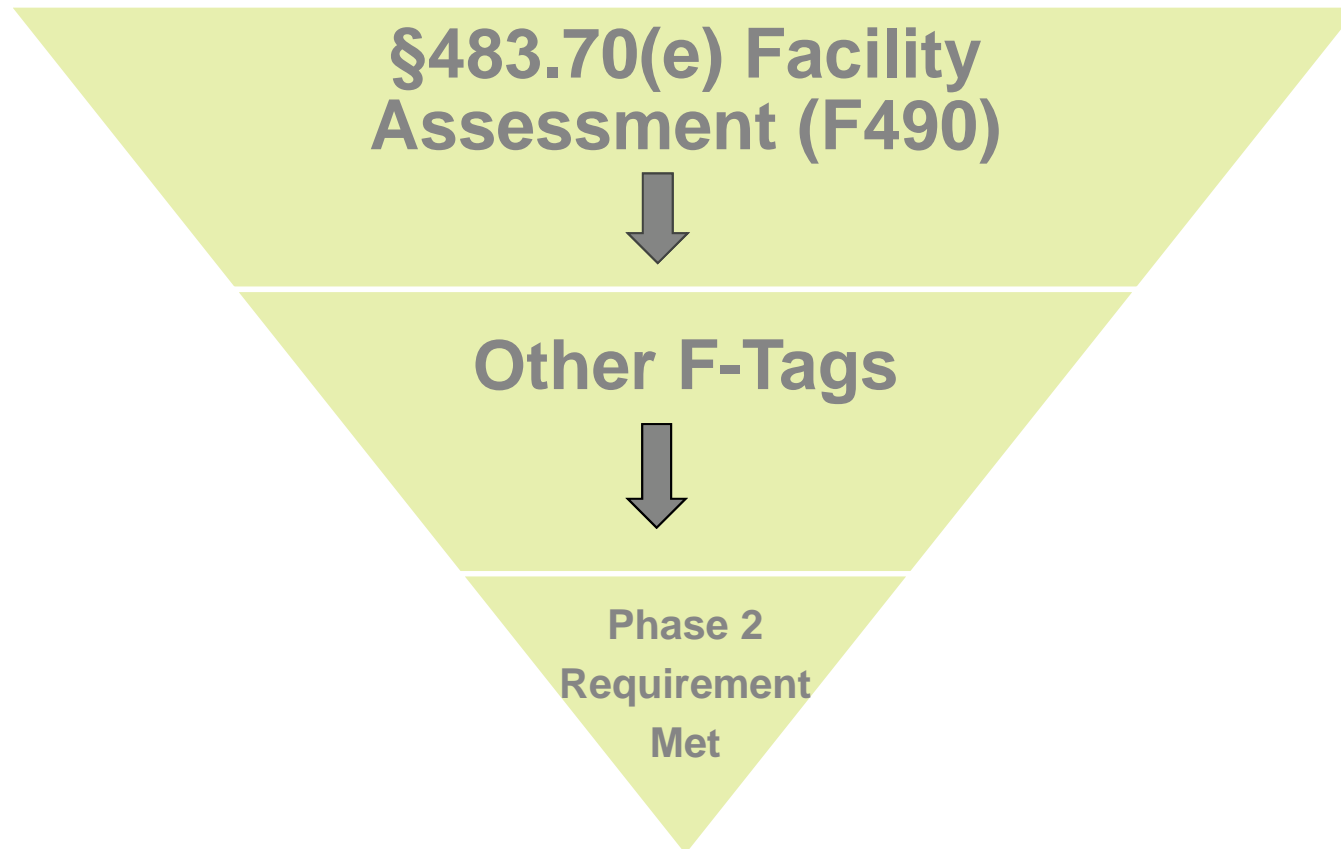
- Highlight the Line



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Phase 2 Facility Assessment Overview

Begin at the End



- Changes throughout new survey process refers to the §483.70(e)
- Will affect meeting the requirements of many *other* F-Tags

§483.70(e) Facility Assessment

- Assessment based on current population
- Assessment based on “capacity” population
- Determine resources for day-to-day services
- Determine resources for emergency services
- Review at least 1x/year
- Review/update if any changes occur
- Review/update if a planned change/modification
- Assessment Includes:
 - A. Residents
 - C. Facility resources
 - D. Risk assessment using an “all-hazards” approach
 - 1. Facility
 - 2. Community

Where to Begin.....

1. Build a working checklist/spreadsheet
2. Organize result: least number of checklist/spreadsheets
3. Categories per checklist/spreadsheets (*do not duplicate*)
4. Be sure to meet all required assessment areas
6. Review and finalize



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Resident Assessment

§483.70(e)(1)

Resident Population Assessment Sub Areas

- Build a spreadsheet/checklist with the different categories

- Diseases

State in generalities

Diabetes, arthritis, CHF, other cardiac issues, COPD;

Include behavioral health – depression, bipolar, anxiety disorders

- Physical disabilities

ADL categories and ambulation

- Cognition

Dementia

Alzheimer's

Behaviors such as wandering

§483.70(e)(1)

Resident Population Assessment Sub Areas

- Other “pertinent” facts
 - Diabetics who are on insulin injections*
 - On oxygen*
- Ethnic, cultural and/or religious factors that affect care (include but not limited to)
 - A. Activities - more during week
 - Saturday or Sunday religious observance*
 - B. Nutrition services
 - Kosher, vegetarian, no beef*
 - Ethnic needs such as tea versus milk, rice versus potatoes*
- Equipment for care
 - Mobile oxygen*
 - Canes, walkers and wheelchairs*
- Staff competencies for care

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Facility Assessment

Facility Assessment Includes....

- Services provided
 - Pharmacy*
 - Social service*
 - Therapies*
- Storage buildings
 - Garages/carports*
 - Storage buildings*
- All personnel, their education and competencies
 - Managers and staff*
 - Contract personnel*
 - Include all personnel, environmental services, safety, etc.*

Facility Assessment *cont'd*

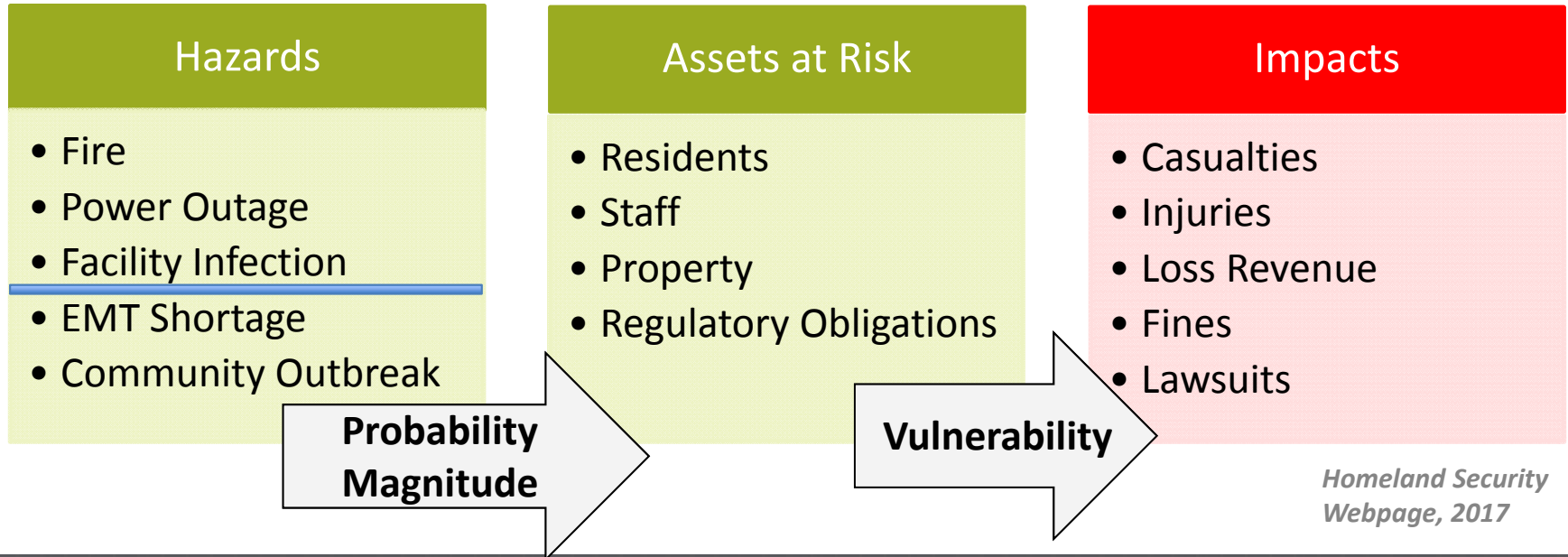
- Third-party arrangements that provide services and/or equipment for day-to-day operations AND emergencies
 - Contracts (Formalized and signed by all parties)*
 - Memoranda of understanding*
 - Other agreements*
- Health Information Technology
 - Electronic Health Record (EHR)*
 - Data analysis programs/companies*
 - Government HIT programs if using/sending PHI*

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All- Hazard Risk Assessment

§483.70(e)(3) Facility & Community Risk Assessment

- Risk assessment
A risk assessment is a process to identify potential hazards and analyze what could happen if a hazard occurs
- All hazards approach
List of ALL hazards, assets at risk and the impact
- Same process for facility and community



What to Do with the Risk Assessment?

- Need to compare to facility's policies and procedures
- Need to compare to results of facility assessment
- Identify any gaps
- Solve/alleviate the gaps
- Review on a yearly basis



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Phase 2 Process Changes

§483.12 Freedom from Abuse

- Annual notification to all staff about compliance to all of the reporting requirements
 - *Report to the state agency and one or more law enforcement entities **reasonable suspicion** of a crime*
 - *Report not later than **2 hours** if the event(s) results in **serious bodily injury***
- Posting “a conspicuous notice” of employee rights
- Prohibit and prevent retaliation of employees

§483.21 Comprehensive Care Plans

- Must develop and implement a baseline care plan
- Develop within 48 hours of admission
- Include but not limited to:
 - *Initial goals based on admission orders*
 - *Physician orders*
 - *Dietary orders*
 - *Therapy services*
 - *Social service services*
 - *PASARR recommendation, if applicable*

§483.21 Comprehensive Care Plans cont'd

- Develop a care plan in place of baseline care plan
 - *Developed within 48 hours*
 - *Meets all requirements in this section*
- Provide the resident/representative a summary of the baseline care plan (*include but not limited to*)
 - *Initial goals of the resident*
 - *Summary of the resident's medications*
 - *Dietary instructions*
 - *Services/treatments administered by the facility staff*
 - *Services/treatments administered by contract personnel*
 - *Updated information based on the comprehensive care plan*

“Back to the Future” The Nursing Process

- Perform a head-to-toe assessment with:
 - *Emphasis on “chief complaint/reason for transfer”*
 - *Include the “GG section”*
 - *Include ADL assessment - performance*
- Develop plan
 - *Incorporate transfer orders*
 - *Include all medical services*
 - * *continuous assessments*
 - * *weights*
 - * *vital signs*
 - * *dressings changes*
 - * *nursing orders (turning, repositioning)*
- Include all ADL assistance
- Include “evaluation” of care from ancillary services



§483.40 Behavioral Health Services

The facility must:

- Provide behavioral health services
- Have sufficient staff who provide direct services to residents with the appropriate competencies and skills
- Implement non-pharmacological interventions
- Provide the appropriate therapy
- Provide the service(s) OR
- Obtain the services from an outside source

“The Dream Team”

Behavioral Health Services

- Must recognize and define behavioral health
 - *Define mental health*
 - *Define behavioral health*

Distinguish between the two

 - + *Mental - disorders such as depression and psychosis*
 - + *Behavioral - behaviors such as addiction/dependency, stress, etc.*
- Assessment must include both, if applicable
- Qualified staff to assess, identify and develop plan of care
- Tools that assist with identification measuring success
- Ongoing assessment to meet goals

***Coming November 28, 2019: History of trauma and/or post-traumatic stress disorder**

§483.40(b)(3) Dementia Care

A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain/maintain highest practicable physical, mental, and psychosocial well-being.

- A separate nursing diagnosis in the care plan
 - Impaired memory*
 - Bathing self-care deficit*
- Goals/Outcomes
 - With cues, able to find own room*
 - With cues, be able to wash upper body*
- Interventions
 - Escort from dining center to room using same route and time for lunch*
 - Break up into steps (“Step 1 – rub soap on washcloth”)*
- Evaluation – determine if plan is meeting goals/outcomes
 - Document progress of finding room*
 - Document progress of washing upper body*

§483.40 Behavioral Health Services

- Assessment
 - *Include resident for data gathering*
 - *Include resident representative for data gathering*
 - *Include the physician*
 - *Include the pharmacist for review of medications*
 - *Observation as well as assessing*
- Assessment to include “behavioral” and “mental” health
 - *Mental - disorders such as depression and psychosis*
 - *Behavioral - behaviors such as addiction/dependency, stress, food intake*
- Nursing diagnosis + transferring physician diagnosis (dementia versus delirium)
- Planning – specific plan addressing and relating to the dementia
- Evaluation (updating plan if necessary) – based on documentation



§483.80 Infection Control

- Must establish an infection prevention and control program (following elements at a minimum):
 - *A system for preventing*
 - *A system for identifying*
 - *A system for reporting*
 - *A system for investigating*
 - *A system for control of infections/communicable issues*
- Program to include:
 - *Residents*
 - *Staff*
 - *Volunteers*
 - *Visitors*
 - *Other individuals providing services under a contractual arrangement*
- Individual “in charge” of the infection program

§483.80 Infection Control

Written standards, policies, and procedures (*include, but not limited to*):

- A system of surveillance designed to identify communicable infections
- A system of surveillance designed to identify communicable diseases before they spread to others
- When possible incidents of communicable disease or infections should be reported
- Standard/transmission-based precautions to prevent spread of infections
- When and how isolation should be used, including but not limited to:
 - ***The type/duration of the isolation***
 - ***Least restrictive as possible***
- Circumstances preventing direct care staff with a communicable disease/infected skin lesion be restricted with residents or their food
- Hand hygiene procedures for staff involved in direct resident contact

§483.80 Infection Control



Protocol to include:

- Symptoms
Must define “what should be” document: (Uniformity)
Example: Pneumonia – cough, lungs sounds, sputum
- R/O diagnosis
Example: bacterial pneumonia versus viral pneumonia
- Confirmation of infection
Example: chest x-ray, sputum culture
- Antibiotic prescribed – “3 D’s”
Correct Antibiotic (Drug)
Correct Dose
Correct Duration
- Post-antibiotic assessment – lungs clear, no cough

§483.80 Infection Control

- Can develop own protocols
 - **In conjunction with medical director**
 - **Evidenced-based practices**
- Can use McGeer protocols
 - **Developed for LTC**
 - **Not evidenced-based/no research on protocols**
- Can use combination of own and McGeer
- Resources for developing the program:
 - **CDC**

<https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>

§483.80 Infection Control System to Monitor Antibiotic Use (Log)

- Include resident/demographics
- Track type of infection

UTI

Wound

- Lab/radiograph to confirm infection
 - Actual “germ”
 - Drug prescribed (3 D’s)
- Start and end date of medication*
- Date no longer having symptoms
 - Include data analysis
- Number of systems affected (respiratory, UTI)*
Number of infective agents
% residents that had infection
% residents on antibiotic



§483.75 QAPI

Policies/Procedures to Include Feedback, Data Systems and Monitoring

- Obtain and use feedback to identify:
 - High risk problem(s)*
 - High volume problems(s)*
 - Problem prone problems(s)*
- System to identify, collect, use data from ALL departments
- Monitoring, and evaluation of performance indicators including methodology
- Adverse events and include:
 - systematic identification/reporting*
 - systematic tracking*
 - investigation*
 - Analysis*

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Phase 2 Department Changes

§483.35 Nursing Services AS LINKED TO THE FACILITY ASSESSMENT

- Appropriate competencies
- Appropriate staff based on resident population:
 - *Number*
 - *Acuity*
 - *Diagnoses*
- Sufficient numbers on a 24-hour basis

(Not applicable if facility has a waiver)

§483.45 Unnecessary Drugs



- No PRN for Antipsychotic Medications
 - *Unless necessary to treat a specific condition*
 - *Document rationale of prescribing physician/practitioner*
- Limitation of PRN
 - *If necessary to order as PRN, limited to 14 days*
 - *If exception, must document rationale and new duration*
 - *No renewal unless attending practitioner evaluates*

§483.45 Unnecessary Drugs

- Drug regimen review must include the review of the CHART and must be reviewed at least 1x/month by a licensed pharmacist
- A psychotropic drug affects brain activities associated with mental processes and behavior and includes but is not limited to:
 - **Anti-psychotic**
 - **Anti-depressant**
 - **Anti-anxiety**
 - **Hypnotic**
- Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d):
 - (1) *In excessive dose (including duplication of a drug)*
 - (2) *For excessive duration*
 - (3) *Without adequate monitoring*
 - (4) *Without adequate indications for its use*
 - (5) *Adverse consequences (reduced or discontinued)*
 - (6) *Any combination of (1) through (5)*
- Report irregularities to attending physician, medical director and DON

§483.45 Unnecessary Drugs

- Provide the physician a separate written report that lists, at a minimum, the resident's name, the relevant drug and the irregularity identified
- Attending physician must document in the resident's medical record:
 - *Identified irregularity has been reviewed*
 - *Any action taken*
 - *No medication change, document the rationale for no change*
- Develop and maintain policies and procedures for the monthly drug review include but are not limited to:
 - *Time frames for the different steps in the process*
 - *Steps pharmacist must take if irregularity requires urgent action*

§483.60 Food and Nutrition Services

- Facility has a full- or part-time nutritional professional on staff or on a consultant basis
- Bachelor's or higher degree in nutrition or dietetics
- Completed 900 hours of supervised dietetics practice under nutritional professional
- Licensed or certified in the state in which the services are performed. In a state that does not provide for licensure or certification, must be certified by dietetic organization
- Hired or contracted prior to November 28, 2016, must meet requirement no later than 5 years after November 28, 2016

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Phase 2 Other Changes

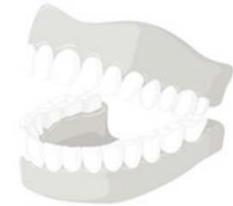
§483.10(g) Information and Communications

- Contact information for state and local advocacy organizations
 - State survey agency*
 - Adult protection*
 - State developmental disabilities assistance (per the federal law passed in 2000)*
- Information regarding Medicare/Medicaid eligibility and coverage
- Information for the Aging and Disability Resource Center
- Contact information for the Medicaid Fraud Unit

§483.15 Transfers and Discharges

- Documentation in the resident's medical record must include the basis for the transfer and must include:
 - ***Specific need(s) that cannot be met***
 - ***Facility attempts to meet the needs***
 - ***Service(s) available at receiving facility to meet the need***
- Information provided to receiving provider (*include at a minimum*):
 - ***Contact information of the practitioner responsible for the care***
 - ***Resident representative information including contact information***
 - ***Advance Directive information***
 - ***All special instructions or precautions for ongoing care***
 - ***Comprehensive care plan goals***
 - ***All necessary information/documentation to ensure a safe and effective transition of care***

§483.55 Dental Services



shutterstock - 346152242

- **Must have a policy identifying these circumstances:**
 - *Loss or damage of dentures is the facility's responsibility*
 - *May not charge a resident for the loss or damage*
- **If damage is the facility's responsibility, within 3 days:**
 - *Refer resident with lost or damaged dentures for dental services*
 - *If a referral does not occur within 3 days:*
 - + *Document what occurred to ensure resident could eat and drink +*
 - + *Document the extenuating circumstances that led to the delay*

§483.85 Compliance & Ethics Program

- Develop compliance and ethics policies and procedures
- Appoint an appropriate contact for the program
- Procedure to report violations anonymously
- Consequences for violation of a policy
- Assignment of specific individual(s) within personnel of the operating organization with the overall responsibility
 - CEO**
 - Board of directors member***
 - Director(s) of major divisions in the organization***
- Sufficient authority to the responsible appointee
- Communicate the policies and procedures to staff

§483.90 Physical Environment

§483.90(h)(5) Smoking Policies



Establish policies:

- In accordance with applicable federal, state, and local laws/regulations
- Designated smoking areas
- Smoking safety that takes into account non-smoking residents



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Questions

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Appendix

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Phase 1

Phase 1

- Expanded the regulation language
- Changed the language
 - *Standards of practice* → *Professional standards*
 - *Informed* → *Inform and participate*
- Added language
- Emphasis on:
 - *Person-centered/resident rights*
 - *Professional standards*
 - *Quality of care*
 - *Resident/staff safety*
 - *Documentation of care and services*

Implementation 02-10-17

Easy to Determine the Changes:

- In RED
- Date

F152

(Rev. 167, Issued: 02-10-17, Effective: 02-10-17, Implementation: 02-10-17)

F152

(Rev. 168, Issued: 03-08-17, Effective: 03-08-17, Implementation: 03-08-17)

§483.10(b)(3) In the case of a resident who has not been adjudged incompetent by the state court, *the resident has the right to designate a representative*, in accordance with State law and any legal surrogate *so* designated may exercise the resident's rights to the extent provided by state law. *The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated.*

Today...All Phase 1 Implemented

- Resident Rights and Facility Responsibilities*
- Freedom from Abuse Neglect & Exploitation*
- Admission, Transfer and Discharge*
- Resident Assessment
- Comprehensive/Person-Centered Care Plan*
- Quality of Life
- Quality of Care*
- Physician Services
- Nursing Services*
- Pharmacy Service*
- Lab, Radiology & other Servs.
- Dental Services*
- Food and Nutrition*
- Specialized Rehabilitation
- Administration*
- QAPI/QAA Committee*
- Infection Control*
- Physical Environment*

“Required minor changes to survey process”

~~Effective: 02-10-17; Implementation: 02-10-17~~

Effective: 03-08-17; Implementation: 03-08-17

**Changes more substantial and will be implemented in Phase 2/3*

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Resident Assessment

Just an Example for Resident Assessment

Resident	Religion	Ethnic	Acuity	Chief Dx	Other Pertinent Dx	Physical Disability	Walking Aid	Other ADL Equipment	Cognitive Disability	Other Info	Equipment For Care	Special Needs
Resident #1	Baptist		2	CHF	Arthritis Diabetes	Yes	Cane		N/A		Glucose Meter	Insulin injections
Resident #2		Indian	2	Arthritis	Unstable gait; Low wt	Yes	Walker	Eating Utensils	Depression			No beef; No milk
Resident #3	Jewish		3	CHF	Diabetes; COPD	Yes	Walker		Depression		Glucose Meter, mobile O2 tank	No pork; No milk
Resident #4	Christian		4	Dementia	COPD, Heat Dx	Yes	Immobile	Geri Chair	N/A	Turning Schedule, Urine Catheter, I&O	Oxygen, Lift	Food pureed All liquid meds

- Sort/develop pivot table for each column to tally
- Acuity example (**Define/distinguish the categories**):
2=2
3=1
4=1
- Limit the categories under each column

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Facility Assessment

Personnel Spreadsheet Example

- Develop a checklist with ALL needed information
- List by managers, staff, contract staff, volunteers, etc.

Person	Position	Credential	Staff Contract	Licensed In State	Education	Competencies/ Certification
Managers						
Fever, Scarlet	DON	RN	Staff	Yes	BSN	Case Mgmt.,
Redd, Pepper	Director of Food Servs	RD	Staff	Yes	BS Nutrition	
Walk, Mary	Director of Therapy	PT	Staff	Yes	BS Physical Therapy	
Staff						
Skin, Teri	Staff Nurse	RN	Staff	Yes	BSN	Wound Care
Fluid, Ivy	Staff Nurse	RN	Staff	Yes	Associated Degree	
Rubin, Billy	Staff Nurse	LPN	Staff	Yes	LPN training	Medication certification
Fluid, Ivy	Staff Nurse	RN	Contract	Yes	Associated Degree	
Rubin, Billy	Staff Nurse	LPN	Contract	Yes	LPN training	

- List by staff, contract, volunteers, etc.

Person	Position	Credential	Staff Contract	Licensed In State	Education	Competencies/ Certification
Fever, Scarlet	DON	RN	Staff	Yes	BSN	Case Mgmt.,
Redd, Pepper	Director of Food Servs	RD	Staff	Yes	BS Nutrition	
Walk, Mary	Director of Therapy	PT	Staff	Yes	BS Physical Therapy	
Skin, Teri	Wound Nurse	RN	Staff	Yes	BSN	Wound Care
Fluid, Ivy	Staff Nurse	RN	Staff	Yes	Associated Degree	
Rubin, Billy	Staff Nurse	LPN	Staff	Yes	LPN training	Medication certification
Fluid, Ivy	Staff Nurse	RN	Contract	Yes	Associated Degree	
Rubin, Billy	Staff Nurse	LPN	Contract	Yes	LPN training	

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All- Hazard Risk Assessment

Just One Example....



Risk Assessment Table

(1) Asset or Operation at Risk	(2) Hazard	(3) Senario (Location, Timing, Magitude)	(4) Opotunities for Prevention or Mitigation	(5) Probablity (L, M, H)	Impacts with Existing Mitigation (L, M, H)					(11) Overall Hazard Rating
					(6) People	(7) Property	(8) Operations	(9) Environment	(10) Entity	

Homeland Security
Webpage, 2017

ready.gov/business

§483.80 Infection Control

- An antibiotic stewardship program that includes:
 - **Antibiotic use protocols**
 - **System to monitor antibiotic use**



Antimicrobial stewardship:

A coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance and decreases the spread of infections caused by multidrug-resistant organisms (Association for Professionals in Infection Control and Epidemiology)

www.apic.org/Professional-Practice/Practice-Resources/Antimicrobial-Stewardship

Person Centered/Resident Rights

- §483.5 Definitions

Person-centered care. For purposes of this subpart, person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.

- §483.10 Resident Rights

The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

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Thank You

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