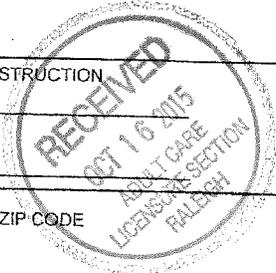


Division of Health Service Regulation



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/10/2015
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NAME OF PROVIDER OR SUPPLIER BROOKDALE ROBINWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROBINWOOD ROAD GASTONIA, NC 28054
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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
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey and complaint investigation on September 8, 9 and 10, 2015. The complaint investigation was initiated by the Gaston County Department of Social Services on August 19, 2015.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; This Rule is not met as evidenced by: Based on observations and interviews the facility failed to assure walls, ceilings and floors were in good repair in 7 resident bedrooms (Rooms #2, #3, #4, #5, #7, #12, #26). The findings are: Observation of resident room #2 on 9/8/15 at 10:00am revealed 3 carpet stains dark gray in color, ranging in size of approximately 8 to 25 inches. Observation of resident room #3 on 9/8/15 at 10:10am revealed numerous stains on the carpet dark brown in color with several that were reddish in color. Observation of resident room #4 on 9/8/15 at 10:20am revealed 4 brownish carpet stains ranging in size of approximately 7 inches to 12 inches.	D 074	The Maintenance Technician and Executive Director checked resident rooms to identify carpet that currently needs replacing. Executive Director/Maintenance Technician/designee will arrange for installation of new flooring in those rooms. The Executive Director/Maintenance Technician/designee will check each resident room at least quarterly for necessary carpet cleaning or replacement.	11/9/15

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Paula Withers</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>10/9/15</i>
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Plan of Correction Accepted by Joseph Cline, RN on 10/16/15.

Joseph Cline

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D 074	<p>Continued From page 1</p> <p>Observation of resident room #5 on 9/8/15 at 10:30am revealed multiple stains covering the largest part of the carpet that were grayish in color.</p> <p>Observation of resident room #7 on 9/8/15 at 10:45am revealed 2 dark colored stains approximately 6 to 9 inches in diameter.</p> <p>Observation of resident room #12 on 9/8/15 at 10:50am revealed 4 stains approximately 13 inches diameter in size.</p> <p>Observation of resident room #26 on 9/10/15 at 10:53am revealed:</p> <ul style="list-style-type: none"> - Food and paper debris on the carpeted floor. - Five quarter sized stains on the carpet next to the resident's night stand. - The stains were light discolored areas on dark carpet. - The color appeared to have been bleached out of the stained areas. <p>Confidential interviews with 7 residents revealed:</p> <ul style="list-style-type: none"> -The floors are vacuumed by housekeeping staff once per week and when needed. -The stains in the carpet come from residents spilling drinks. -Their roommate spilled colored juice "almost daily." -Sometimes some company comes and cleans the carpets, but they do not get the stains out. -The carpet in the rooms needs replacing because they are too stained and cannot be cleaned. -"As long as the floors are clean I don't mind the stains." -"I have lived here 3 years and the carpet stains were here when I moved in." 	D 074		

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D 074	<p>Continued From page 2</p> <p>-The facility is very clean.</p> <p>Interview with the Executive Director on 9/10/15 at 4:00pm revealed:</p> <p>-The Maintenance Director cleans the floors when we notice a fresh spill.</p> <p>-We have an outside company come in to the facility and clean the carpets.</p> <p>-We have replaced some of the carpet in the resident rooms in the facility.</p> <p>-Some of the rooms have been cleaned twice because of heavy staining.</p> <p>Review of documentation provided by the facility on 9/10/15 at 4:45pm of carpet cleaning receipts revealed:</p> <p>-An invoice dated 5/21/15 for the carpet cleaning for rooms #27, #31 and #56.</p> <p>-An invoice dated 5/22/15 for the carpet cleaning for rooms #36, and #39.</p> <p>-An invoice dated 6/9/15 for the carpet cleaning for rooms #8, #20, #35, #37, #41 and #42.</p> <p>-An invoice dated 6/23/15 for the carpet cleaning for "All Halls and Common Areas".</p> <p>-An invoice dated 8/17/15 for the carpet cleaning for "Clean all carpet in Common Areas".</p> <p>-An invoice dated 8/27/15 for the carpet cleaning for rooms #54 and #39.</p>	D 074		
D 131	<p>10A NCAC 13F .0406(a) Test For Tuberculosis</p> <p>10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions.</p>	D 131	<p>The Health and Wellness Director or Resident Care Coordinator will test all new employees for tuberculosis prior to employment. The Business Office Coordinator will obtain documentation of the TB test before hiring a new employee. The Business Office Coordinator maintains a tracker to monitor compliance with TB tests. The Executive Director/designee will review each new employee's records for three weeks.</p>	<p>10/31/15</p>

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D 131	<p>Continued From page 3</p> <p>Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 5 sampled staff (Staff B) was tested upon employment for tuberculosis (TB) disease in compliance with control measures adopted by the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Staff B's personnel file revealed: -A hire date of 8/6/15 as a Personal Care Aide (PCA). -No documentation of a TB test.</p> <p>Interview with the Executive Director on 9/10/15 at 3:00 pm revealed: -It was the Business Office Coordinator's (BOC) responsibility to schedule new employees for their TB testing. -It was the responsibility of the Resident Care Coordinator and the Health and Wellness Nurse to assure that it (TB testing) was completed.</p> <p>Interview with the BOC on 9/10/15 at 3:45 pm revealed: -She had spoken with Staff B and she had received a TB test when she was hired. -The employee read the TB test herself and did not get the nurse to read it.</p>	D 131	<p>The Resident Care Coordinator has reviewed all current residents' MARs and physician orders to verify accuracy. The Health and Wellness Director (HWD) and Resident Care Coordinator (RCC) will re-train Med Techs on processing and clarifying physician orders, including those on an FL-2. New Order Tracking Forms will track new physician order processing including order clarification, transcription accuracy, and</p>	10/31/15
D 344	<p>10A NCAC 13F .1002(a) Medication Orders</p> <p>10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with</p>	D 344		

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D 344	<p>Continued From page 4</p> <p>the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments:</p> <p>(1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility;</p> <p>(2) if orders are not clear or complete; or</p> <p>(3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same.</p> <p>The facility shall ensure that this verification or clarification is documented in the resident's record.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure medication orders were clarified for 1 of 7 sampled residents. (Resident #7) regarding Ketotifen and Vicodin 5/325.</p> <p>The findings are:</p> <p>Review of Resident #7's current FL2 dated 8/5/15 revealed:</p> <ul style="list-style-type: none"> - Diagnoses of dementia, glaucoma, and hypertension. - An admission date of 7/18/13. - A medication order for Vicodin 5/325, 1 every 12 hours as needed. (Vicodin is a narcotic analgesic used to treat moderate to severe pain.) <p>Review of Resident #7's prior FL2 dated 6/20/15 revealed:</p> <ul style="list-style-type: none"> - A medication order for Ketotifen 0.025%, instill 1 drop into both eyes daily. (Ketotifen is a medication used to treat allergic conjunctivitis.) - A medication order for Hydrocodone/Acetaminophen 5/325 (Generic 	D 344	<p>receipt of medications. The HWD/RCC/designee will review New Order Tracking Forms daily for 4 weeks when in the community to monitor accuracy and receipt of medications. Monitoring will then be completed twice weekly for 4 weeks and ongoing after that period.</p>	10/31/15

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D 344	<p>Continued From page 5</p> <p>Vicodin) 1 every 6 hours as needed for pain.</p> <p>Continued record review revealed a subsequent medication order dated 8/14/15 for Hydrocodone/Acetaminophen 5/325, 1 tablet every 6 hours as needed.</p> <p>Review of Resident #7's Medication Administration Records (MARs) for August and September 2015 revealed:</p> <ul style="list-style-type: none"> - An entry for Ketotifen 0.025%, 1 drop into both eyes every day for allergy, with a scheduled administration time of 7am. - The Ketotifen had been initialed as administered daily from 8/1/15 through 9/9/15. - An entry on the August 2015 MAR for Hydrocodone/Acetaminophen 5/325 1 every 6 hours as needed, with a notation d/c (discontinue) on 8/14/15. - No Hydrocodone/Acetaminophen 5/325 had been documented as administered in August 2015. - No entry for Hydrocodone/Acetaminophen 5/325 on the September 2015 MAR. <p>Review of the resident's medications on hand revealed:</p> <ul style="list-style-type: none"> - A bottle is Ketotifen drops, 1 drop into both eyes daily, with a dispense date of 6/24/15 from the pharmacy of contract. - The bottle of Ketotifen was more than 90% full. - A bottle of Hydrocodone/Acetaminophen 5/325 #45, 1 tablet every 6 hours as needed, with a dispense date of 8/14/15. <p>Interview with the Medication Aide (MA) on 9/9/15 at 10:50am revealed:</p> <ul style="list-style-type: none"> - She had never administered any of the Hydrocodone/Acetaminophen 5/325 because she did not believe Resident #7 had an order for it. 	D 344		

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D-344	<p>Continued From page 6</p> <p>Interview with Resident #7 on 9/8/15 at 9:45am, and 9/10/15 at 3:40pm revealed:</p> <ul style="list-style-type: none"> - He believed he received his medications as ordered by his physician. - He wasn't sure how many different eye drops he took each day. - He did not have any prn (as needed) medications he had to ask for. <p>Interview with a pharmacy technician at the dispensing pharmacy of contract on 9/10/15 at 3:45pm revealed:</p> <ul style="list-style-type: none"> - The original order they had on file for Resident #7's Ketotifen was dated 4/22/14. - The Ketotifen was last dispensed on 6/24/15 for a 30 day supply. - Resident #7 received some of his medications from the Veteran's Administration (VA). <p>On 9/10/15 the prescribing practitioner for Resident #7 faxed order clarifications that revealed:</p> <ul style="list-style-type: none"> - Discontinued the Hydrocodone/Acetaminophen. - Continue the Ketotifen 0.025%, 1 drop into both eyes daily as needed for allergic conjunctivitis. <p>An attempted telephone interview on 9/10/15 at 3:55pm with the prescribing practitioner was unsuccessful.</p>	D 344		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:</p>	D 358	<p>The Med Techs will be re-trained on documenting properly on the MARs, reading orders, and following parameters set by the physician. The HWD/RCC/designee will monitor MARs daily for 4 weeks when in the community for completion and following parameters. Monitoring will then be twice weekly for 4 weeks when in the community and ongoing after that period.</p>	<p>10/31/15</p>

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D 358	<p>Continued From page 7</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure medications were administered as ordered by a licensed prescribing practitioner to 2 of 7 sampled residents, #7 and #8. (Dorzolamide/Timolol, Latanoprost, Lisinopril, Fluticasone, and Flunisolide.)</p> <p>The findings are:</p> <p>A. Review of Resident #7's most recent FL2 dated 8/5/15 revealed:</p> <ul style="list-style-type: none"> - Diagnoses of dementia, glaucoma, and hypertension. - An admission date of 7/18/13. - Medication orders for Flunisolide nasal spray twice daily, Lisinopril 5mg daily, and Dorzolamide 22.3mg/Timolol 6.8mg/ml, 1 drop into both eyes twice daily. (Dorzolamide/Timolol is a medication used to treat glaucoma, Lisinopril is a medication used to treat hypertension and heart failure, and Flunisolide is a steroid nasal spray used to treat allergic rhinitis. <p>Review of Resident #7's prior FL2 dated 6/20/15 revealed:</p> <ul style="list-style-type: none"> - An additional diagnosis of acute on chronic dizziness with orthostatic hypotension. - Medication orders for Lisinopril 10mg, 1 every morning if blood pressure is greater than 140/90, Fluticasone nasal spray, 1 spray into each nostril twice daily, Latanoprost 0.005%, 1 drop into both eyes at bedtime, and Flunisolide nasal spray, 1 spray into each nostril every 12 hours as needed 	D 358		

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D 358	<p>Continued From page 8</p> <p>for nasal congestion. (Fluticasone is a steroid nasal spray used to treat allergic rhinitis, and Latanoprost is a medication used to treat glaucoma.)</p> <p>Record review revealed a prior order for Resident #7's Lisinopril 5mg on a 3/3/15 and 6/11/15 signed physician order sheet for 1 tablet daily, hold for SBP less than 100.</p> <p>Review of Resident #7's Medication Administration Records (MARs) for August and September 2015 revealed:</p> <ul style="list-style-type: none"> - An entry for Lisinopril 5mg, 1 tablet daily, hold for systolic blood pressure (SBP) less than 100. - No entry for Lisinopril 10mg. - An entry for Fluticasone, 1 spray into each nostril twice daily. - Latanoprost 0.005% drops, 1 drop into both eyes at bedtime. - Flunisolide, 1 spray into each nostril every twelve hours as needed for nasal congestion. No Flunisolide had been administered in September, but 4 doses had been documented as administered in August 2015. - No entry for Dorzolamide/Timolol eye drops. <p>Review of Resident #7's vital sign monitoring forms revealed:</p> <ul style="list-style-type: none"> - Resident #7's blood pressures ranged from 96/62 to 144/74 in September 2015. - Resident #7's blood pressures ranged from 99/69 to 133/78 in August 2015. - Resident #7's blood pressures ranged from 118/70 to 150/78 in July 2015. <p>Further review of Resident #7's record revealed:</p> <ul style="list-style-type: none"> - Resident #7's blood pressure on 9/7/15 was 99/64, and Lisinopril 5mg was not held and initialed as administered. 	D 358		

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D 358	<p>Continued From page 9</p> <ul style="list-style-type: none"> - Resident #7's blood pressure on 9/8/15 was 99/78, and Lisinopril was not held and initiated as administered. <p>Interview with the MA on 9/9/15 at 11:15am who administered the Lisinopril on 9/7/15 and 9/8/15 revealed, "I just missed it."</p> <p>Interview with Resident #7 on 9/8/15 at 9:45am, and 9/10/15 at 3:40pm revealed:</p> <ul style="list-style-type: none"> - He believed he received his medications as ordered by his physician. - He wasn't sure how many different eye drops he takes each day. <p>Interview with a pharmacy technician at the the dispensing pharmacy of contract on 9/10/15 at 3:45pm revealed:</p> <ul style="list-style-type: none"> - They have never had an order for Resident #7's Dorzolamide/Timolol eye drop. - Resident #7 gets some of his medications from the Veteran's Administration (VA). <p>Observation of Resident #7's medications on hand on the afternoon of 9/9/15 revealed:</p> <ul style="list-style-type: none"> - A box containing Flunisolide nasal spray, labeled 1 spray into each nostril twice daily, with a dispense date of 5/12/15 from the VA. - A plastic baggie containing Fluticasone nasal spray, 1 spray into each nostril, and dispensed from the pharmacy of contract on 8/27/15. - A bottle of Lisinopril 10mg tablets, labeled 1/2 tablet by mouth daily, with no blood pressure parameter noted, and dispensed on 6/13/15 by the VA. (Per observation, there were half tablets and whole tablets in the bottle.) - A bottle of Latanoprost drops labeled, 1 drop into both eyes at bedtime, and dispensed on 9/6/15. - No Dorzolamide/Timolol drops available to 	D 358		

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D 358	<p>Continued From page 10</p> <p>administer.</p> <p>Interview with a Medication Aide (MA) on 9/9/15 at 11:02am revalued:</p> <ul style="list-style-type: none"> - The facility can order medications from the pharmacy of contract if they ran out of medications from the VA. - When administering medications to residents, the MA goes by the MAR, and not what was on the medication label. - The MAs, facility Registered Nurse, and RCD all check the MARs for accuracy. -The MAs fax new orders to the pharmacy and change the MARs to reflect those orders. <p>Interview with the facility Administrator on 9/10/15 at 9:10am revealed the RCD completed new FL2s for the physician's signatures.</p> <p>Interview with the Resident Care Director (RCD) on 9/10/15 at 10:35am revealed:</p> <ul style="list-style-type: none"> - The MAs fill out the new FL2s for the physician's signature. - The MAs fax new orders to the pharmacy, and make changes on the MARs to reflect these new orders. - The 8/5/15 FL2 for Resident #7 "doesn't look like one of ours, not sure where it came from." - The MAs clarify new FL2s when they come in if there are any discrepancies with the prior orders. - The RCD was not sure what happened with Resident #7's FL2 clarification. <p>On 9/10/15 the prescribing practitioner for Resident #7 faxed order clarifications that revealed:</p> <ul style="list-style-type: none"> - Discontinued the Flunisolide nasal spray. - Continued the Lisinopril 5mg daily with parameters to hold for SBP less than 100. - Continued both the Dorzolamide/Timolol and 	D 358		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/10/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE ROBINWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROBINWOOD ROAD GASTONIA, NC 28054		
(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
D 358	<p>Continued From page 11</p> <p>Latanoprost eye drops.</p> <ul style="list-style-type: none"> - Continued the scheduled Fluticasone nasal spray. <p>Attempts to contact the prescribing practitioner on 9/10/15 at 3:23pm prior to exit were unsuccessful.</p> <p>B. Review of Resident #8's most recent FL2 dated 6/11/15 revealed:</p> <ul style="list-style-type: none"> - Diagnoses of chronic obstructive pulmonary disease, hypertension, and generalized anxiety disorder. - An admission date of 7/25/12. - A medication order for Lisinopril 5mg, 1 daily, hold for systolic blood pressure (SBP) less than 100. <p>Review of Resident #8's Medication Administration Record (MAR) for September 2015 revealed:</p> <ul style="list-style-type: none"> - Blood pressures were checked daily, and ranged from 125/81 to 169/83. - An entry for Lisinopril 5mg, 1 daily, hold for SBP less than 100. - The Lisinopril was documented as administered daily. <p>Review of Resident #8's MAR for August revealed:</p> <ul style="list-style-type: none"> - Gaps in the monitoring the daily blood pressure for 11 days out of 31. - The missed days were the 1st through the 5th, 8th through the 12th, and the 15th. - Blood pressures ranged from 101/53 to 171/78 for the days recorded. <p>Interview with the Resident Care Director on 9/10/15 at 10:35am revealed she was not sure why the blood pressures were not taken on those</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/10/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE ROBINWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROBINWOOD ROAD GASTONIA, NC 28054		
(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
D 358	Continued From page 12 days in August 2015 for Resident #8. Interview with Resident #8 revealed on 9/10/15 at 10:53am revealed the MA usually check my blood pressure, "but not every day." Interview with the Medication Aide (MA) on 9/10/15 at 11:15am revealed she was not sure why the blood pressures weren't documented for Resident #8, but believed they were performed.	D 358		

The following is the Plan of Correction for **Brookdale Robinwood**. This Plan of Correction is in regards to the Statement of Deficiencies dated September 21, 2015. This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

