

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

ORIGINAL

PRINTED: 04/13/2015
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435051 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 04/01/2015 |
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| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MEADOWBROOK | STREET ADDRESS, CITY, STATE, ZIP CODE 2500 ARROWHEAD DR RAPID CITY, SD 57702 |
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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) COMPLETION DATE |
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| F 000 | <p><i>Addendums noted with an asterisk per 4/30/15 telephone to facility interim administrator. JASDOH/ME</i></p> <p>INITIAL COMMENTS</p> <p>Surveyor: 32572 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 3/24/15 through 3/25/15 and from 3/31/15 through 4/1/15. Areas surveyed were medication administration, infection control, pressure ulcers, falls, dining services, and rehabilitation. Golden LivingCenter-Meadowbrook was found not in compliance with the following requirements: F281, F314, and F514.</p> | F 000 | <p>STATEMENT OF COMPLIANCE: The following represents the plan of correction for the alleged deficiencies cited during the survey that was conducted on April 1, 2015. Please accept this plan of correction as the living center's Credible Allegation of Compliance with the completion date of April 30, 2015. The completion and execution of this plan of correction does not constitute an admission of guilt or wrong doing on the part of the living center. This plan of correction is completed in good faith and as the living center's commitment to quality outcomes for the residents. In addition, this plan of correction is completed as it is required by law.</p> | |
| F 281 SS=D | <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 26632 Based on record review and interview, the provider failed to ensure physician's orders were followed for one of one sampled resident (1). Findings include:</p> <p>1. Review of resident 1's medical record revealed: *An 8/20/14 physician's order that daily baths were recommended. *A 10/31/14 physician's order for daily baths with no exceptions. *A 1/5/15 physician's note and order "Please re-note order of 10/31 [2014] as to baths and especially the betadine order - Pt. [patient/resident 1] advises not being done - This order is to be continuous - DO NOT STOP.</p> | F 281 | <p>F 281 Services provided meet professional standards</p> <p>Resident #1 is receiving daily baths*<i>on reviewing of the bath records. JASDOH/ME</i> Residents residing in the facility have the potential to be affected in a similar manner.</p> | 4/30/2015 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i> | TITLE <i>Administrator</i> | (X6) DATE <i>4-22-2015</i> |
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

APR 27 2015

If continuation sheet Page 1 of 13
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| F 281 | Continued From page 1 Please send me bath log in 30 days to review." *A 2/17/15 physician's note and order "ONCE AGAIN - above order and not date to note of 10/31 is NOT being done and the 30 day deal NOT DONE. If not followed and reported to me in 30 days I plan to file a complaint with Social Services - I am not kidding." *A 3/8/15 physician's note and order "Bath Daily. Fax me bath record the last 30 days. DON [director of nursing] please call me in AM as to this." Review of resident 1's weekly bathing report for the weeks of 10/29/14 through 3/18/15 revealed: *She had only received daily baths for two weeks of those twenty-one weeks. *Two of those twenty-one weeks had no baths documented. Interview on 3/24/15 at 11:00 a.m. with the west regional transitional leader revealed: *She agreed the above physician's orders had not been followed. *She was aware bathing was an issue. A policy for Physician's Orders had been requested from the west regional transitional leader/RN on 3/31/15 at 5:30 p.m. None was received by the end of the survey. | F 281 | Residents residing in the facility have been interviewed and bathing preferences have been obtained. New admissions to the facility will be interviewed during the admission process to obtain bathing preferences. Staff members have been re-educated on the bathing preference process. Executive Director, Director of Nursing and Interdisciplinary team have reviewed contents of the Resident's Bill of Rights handbook *five JASDDO/HMF Executive Director or designee will complete random resident interview audits of bathing preferences weekly x 4 weeks then monthly x 2 months to ensure resident's bathing preferences have been honored. Results will be reviewed at QAPI meetings for further recommendations. *monthly JASDDO/HMF *honored and physician ordered baths JASDDO/HMF | |
| F 314 SS=H | 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having | F 314 | | |

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| F 314 | <p>Continued From page 2</p> <p>pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 26632 Based on record review, interview, and pressure ulcer decision making tool, the provider failed to ensure: *One of one sampled resident (2) had not acquired six pressure ulcers (break in skin from continued pressure) after admission to the facility. *One of one sampled resident (2) had not acquired an osteomyelitis (infection in the bone) in a pressure ulcer. *One of one sampled resident's (5) pressure ulcer had been identified in a timely manner to prevent further skin damage. Findings include:</p> <p>1. Review of resident 2's medical record revealed: *She had been admitted on 4/8/14 with a fracture of her left femur (large bone in thigh). She had no pressure ulcers on admission. *She had additional diagnoses of dementia (altered thought process), anemia (low red cell blood count), osteoarthritis (arthritis in bones), atrial fibrillation (irregular heart rate), and hypertension (high blood pressure). *She did not have any preventative measures put in place when she had been admitted. *During her stay she had acquired six pressure ulcers (medial coccyx [center of tailbone], right coccyx [right of the tailbone], left heel, left hip, right iliac crest [top of right hip bone], and left first toe). Those pressure ulcers included:</p> | F 314 | <p>F 314 H Treatment/Services to prevent/heal pressure sores</p> <p>Resident 2 and 5 had a comprehensive skin assessment completed to identify any skin concerns. Physician and responsible parties have been notified of any skin concerns identified. Physician orders have been obtained and are being followed. Care plan has been reviewed has been reviewed and revised to reflect resident's current status.</p> <p>Residents residing in the facility have the potential to be affected in a similar manner.</p> <p>Residents residing in the facility have had a comprehensive skin assessment completed to identify any skin concerns. Physician and responsible parties have been notified of any skin concerns identified. Physician orders have been obtained and are being</p> | 4-30-2015 | |

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| F 314 | Continued From page 3 -A stage two (shallow open area of skin) pressure ulcer to her medial coccyx on 4/15/14. It was closed as of 5/13/14 when she readmitted after a hospitalization from 5/9/14 through 5/12/14. -A stage two admitted pressure ulcer to her right coccyx on 5/13/14. It was healed as of 5/26/14. -She was hospitalized from 6/13/14 through 6/16/14 and the pressure ulcer to her right coccyx was not present. -The right coccyx pressure ulcer was reacquired on 6/23/14 and was a stage two. There was no record of that pressure ulcer after 6/23/14 when it was open and a stage two. -A stage two pressure ulcer to her left heel on 5/5/14 that healed on 7/14/14. -An unstageable (Full skin thickness tissue loss covered by slough [yellow, tan, gray, green, or brown tissue] and/or eschar [scabbed appearance]) pressure ulcer to her left hip was still present on 3/23/15. -A stage one (Intact skin with redness that does not resolve) pressure ulcer to her right iliac crest. That pressure ulcer became unstageable on 1/26/15 and on 3/16/15 it was healed. -A stage two pressure ulcer to her left first toe on 11/3/14 was still present, and was unstageable on 3/23/14. Review of resident 2's clinical health status assessments for the following dates revealed: *4/8/14 She had no pressure ulcers present. She had a Braden (scale for predicting pressure ulcer risk) score of sixteen and was at risk for developing a pressure ulcer. *5/2/14 One sacral pressure ulcer that stated "Sore covered with Mepilex [dressing], CDI [clean, dry, and intact]," no stage noted. She had a Braden scale score of thirteen and was a moderate risk for a pressure ulcer. | F 314 | followed. GLC – Meadowbrook skin integrity guidelines are in place. The Director of Nursing has reviewed the Golden Living Center Skin integrity guideline. Nursing staff have been reeducated on the Skin integrity guideline. Director of Nursing or designee will complete ^{*of all pressure ulcers} audits weekly x 4 weeks then monthly x 2 months to ensure compliance the skin integrity guideline. Results will be reviewed at ^{*monthly} QAPI meetings for further recommendations. <i>* Four care plan audits per week for four weeks, then monthly times 2 months will be completed by the DON or designee.</i> | |

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| F 314 | <p>Continued From page 4</p> <p>*6/16/14 One stage two pressure ulcer to her left coccyx with a Braden scale score of seventeen and was at risk for a pressure ulcer.</p> <p>*9/19/14 revealed:</p> <ul style="list-style-type: none"> -An unstaged pressure ulcer to the left outer foot. -An unstaged pressure ulcer to her left heel. -An unstaged pressure ulcer to her right heel. -An unstaged pressure ulcer to the upper left of her coccyx with documentation "Tunneled, reddened around site, packing placed." -An unstaged pressure ulcer to the lower left of her coccyx with documentation "Area that is red, no blanching [color remains red when skin is pressed], closed." -An unstaged pressure ulcer to the left hip with documentation "Sore, red, no blanching w [with] black area in middle." -She had a diagnoses of osteomyelitis [bone infection]. -Her Braden scale score was seven at a severe risk for pressure ulcers. <p>*10/20/14 revealed:</p> <ul style="list-style-type: none"> -A stage two pressure ulcer to her right hip. -A stage two pressure ulcer to her coccyx. -A unstageable pressure ulcer to her first left toe. -A unstageable pressure ulcer to her left hip. -Her Braden scale score was fourteen with am moderate risk for pressure ulcers. <p>*2/9/15 Pressure ulcer to both her right and left hip with a Braden scale score thirteen for a moderate risk for pressure ulcers.</p> <p>Review of a 9/13/14 hospital history and physical revealed diagnoses included a sacral decubitus (pressure ulcer) stage three or above that was very suspicious for osteomyelitis.</p> <p>Review of the 9/19/14 hospital discharge summary revealed discharge diagnoses that</p> | F 314 | | | |

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| F 314 | <p>Continued From page 5</p> <p>included sepsis (severe infection) due to infected sacral decubitis, osteomyelitis in progress.</p> <p>Review of resident 2's wound evaluation flow sheets for her pressure ulcers revealed:</p> <ul style="list-style-type: none"> *A waffle overlay (cover over regular mattress) was placed on her bed on 4/15/14. *Bilateral Prevalon boots (pressure reducing boots for feet and heels) had been placed on 5/5/14. *She was on a specific turning and repositioning program to be turned or repositioned every one to two hours starting on 4/15/14. *An Alpha active mattress (A pressure redistributing mattress overlay system for the prevention and management of pressure ulcers.) was initiated on 5/13/14 when she returned from a hospitalization. *Her turning and repositioning program was changed on 9/1/14 to thirty to sixty minutes on her left side and one to two hours on her right side. *A MA 65 mattress (Mattress with alternating air pressure) <p>Review of resident 2's focus area for pressure ulcers initiated on 6/30/14 revealed interventions that included:</p> <ul style="list-style-type: none"> *Bilateral Prevalon boots at all times. *She had a MA 65 lipped mattress for wound care purposes. *Turning and repositioning schedule per assessment. *Provide assistance with changes in position every two to three hours as resident will allow. <p>Review of the provider's undated Pressure Ulcer Risk Identification/Prevention Diagram revealed:</p> <ul style="list-style-type: none"> *Upon admission a skin assessment would have been completed. | F 314 | | |

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| F 314 | <p>Continued From page 6</p> <p>*If the resident was at risk for a pressure ulcer immediate interventions would have been implemented.</p> <p>*If the resident had a pressure ulcer present a pressure reduction mattress would have been initiated.</p> <p>*Develop an individualized care plan.</p> <p>Surveyor: 28057</p> <p>2. Review on 3/24/15 of resident 5's treatment administration records (TAR) revealed:</p> <p>*March 2015 TAR had:</p> <ul style="list-style-type: none"> -A daily treatment for a pressure ulcer on her left medial (outside edge) foot. -No documentation for four of those twenty-four days that the treatment above had been completed. -No documentation to support why it had not been completed. <p>*February 2015 TAR had:</p> <ul style="list-style-type: none"> -A treatment to be done every Monday, Wednesday, and Friday for a pressure ulcer on her left medial foot from 2/1/15 through 2/23/15. -It had not been documented as completed on 2/4/15, Wednesday. -A change in the treatment to her left foot to be done every day starting on 2/24/15. -It had not been documented as completed on 2/26/15. <p>*January 2015 TAR had:</p> <ul style="list-style-type: none"> -A treatment to be done as needed for a pressure ulcer on her left medial foot that had started on 1/21/15 and ended on 1/23/15 to be cleansed with normal saline and cover with a hydrocolloid dressing (An absorbent dressing that provided a moist healing atmosphere to the wound). -Another treatment using a hydrocolloid dressing to be done every Monday, Wednesday, and Friday for a pressure ulcer on her left medial foot | F 314 | | |

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| F 314 | <p>Continued From page 7 from 1/23/15 through 2/24/15. -No treatments had been documented in January as being completed to her foot until they had been scheduled on Monday, Wednesday, and Friday starting on 1/23/15.</p> <p>Review of her nursing progress notes from 1/1/15 through 3/24/15 regarding resident 5 revealed: *On 1/13/15 licensed practical nurse (LPN) B documented the resident had a "wound" on her sacrum (bottom). *The rest of the resident's skin remained intact (without open areas) but fragile in appearance. *On 1/26/15 the daughter was called by registered nurse (RN) A to update her on the resident's skin. *The daughter had agreed the "wounds" had caused the resident less pain, and the treatments were effective. *There had been no documentation to indicate the resident's foot was red or had any other signs of skin breakdown until an order request was sent by facsimile to the physician on 1/19/15.</p> <p>Review of the resident's weekly skin assessments documented on her January 2015 TAR revealed: *She had a weekly assessment completed on 1/13/15 before the ulcer was documented. *The next one had been completed on 1/20/15 after the pressure ulcer had been documented on her left foot.</p> <p>Review of resident 5's physician's facsimile orders revealed she had a newly acquired pressure ulcer on her medial left foot. The pressure ulcer was described as unstageable. It had been covered with eschar and measured 1.5 by 1.0 by 0 and it had not stated inches or</p> | F 314 | | | |

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| F 314 | <p>Continued From page 8</p> <p>centimeters. The facsimile sent to the physician had requested orders to change the hydrocolloid dressings on Monday, Wednesday, Friday, and as needed. The request had been sent to the physician on 1/19/15, and those orders were received on 1/21/15.</p> <p>Review of her care plan last revised on 2/9/15 revealed:</p> <ul style="list-style-type: none"> *She had a pressure ulcer listed as a focus. *It had not addressed that she had two pressure ulcers or where they were located. *Her goals were she would not have any further skin breakdown, and the pressure ulcers would heal without complications. *For interventions it had included a Prevalon boot to the left foot and to float her left heel in bed as she had allowed. *Weekly skin assessments were to have been completed by the licensed nurse. *Those interventions had been initiated on 8/16/13. *She had goals under her dietary assessment her skin would remain intact initiated on 8/8/14. -It was last dated as reviewed on 4/21/15. -It was not changed to reflect the presence of two pressure ulcers, one on her coccyx (bottom) and one on her left foot. *On 1/28/15 the dietary services manager had stated the resident was on a magic cup (nutrition supplement) twice a day for extra protein and calories. *She had not addressed the resident's dietary needs related to her pressure ulcers. <p>Review of her weekly wound evaluation flow sheets documentation from 1/19/15 through 3/23/15 for her left medial foot revealed:</p> <p>*Current preventative interventions had included:</p> | F 314 | | |

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| F 314 | <p>Continued From page 9</p> <ul style="list-style-type: none"> -An Alpha Active mattress. -A wheelchair cushion. -A specific turn/reposition program. *It had not addressed the use of the Prevalon boot. <p>Interview on 3/25/15 at 3:29 p.m. with the provider's west region transitional leader/RN confirmed:</p> <ul style="list-style-type: none"> *Resident 5's weekly wound documentation had not been entered on 3/23/15 by RN A. *RN A had forgotten to enter the measurements. *She had re-measured and documented it today. <p>Interview on 3/25/15 at 3:55 p.m. with RN C confirmed treatments were to be done as ordered or documented why it had not been done, example refused by the resident. She confirmed there had been no documentation done on a daily basis to support the Prevalon boot was used as ordered.</p> <p>Interview on 3/25/15 at 5:08 p.m. with the provider's west region transitional leader/RN confirmed:</p> <ul style="list-style-type: none"> *The use of the Prevalon boot was a nursing initiated order. *It was poorly written on the nursing assistant "cheat sheets" that directed resident care. *It had stated "foam boots" on the cheat sheet. <p>3. Review of the provider's revised November 2014 Skin Integrity Guideline revealed:</p> <ul style="list-style-type: none"> *The purpose was to decrease pressure ulcer and/or wound formation. *Residents at risk were to be identified and interventions implemented to prevent breakdown. *Residents were to have been observed by the certified nursing assistant (CNA) daily for any | F 314 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435051 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 04/01/2015 |
|--|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MEADOWBROOK | | STREET ADDRESS, CITY, STATE, ZIP CODE 2500 ARROWHEAD DR RAPID CITY, SD 57702 | | |
| (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) COMPLETION DATE |
| F 314 | Continued From page 10 reddened or open areas. *The CNA was to have reported any of those changes to the nurse. *Nutritional assessments were to have been completed to identify nutritional needs. *Documentation was to have been completed on a monthly basis by the dietary manager on any resident with a stage II or greater pressure ulcer until it had healed. *The care plan was to have implemented, evaluated, and revised care based on the resident needs. | F 314 | | |
| F 514 SS=D | 483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Surveyor: 26632 Based on record review and interview, the provider failed to ensure complete and accurate documentation was maintained for one of one resident (3) who was discharged against medical advice (AMA). Findings include: | F 514 | | |

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| F 514 | <p>Continued From page 11</p> <p>1. Review of resident 3's medical record revealed: *She had been admitted on 9/25/14 for rehabilitation therapy after a left knee joint replacement. *She was discharged AMA on 9/28/14 at 4:06 p.m. *A release of responsibility for AMA discharge had been signed by her husband and the director of nursing service on 9/28/14. *Review of the interdisciplinary progress notes revealed no documentation resident 3's physician had been made aware of the AMA discharge. *Review of the interdisciplinary progress notes regarding resident 3 also revealed: -She had confusion to time and place. -Required assistance with transfers from wheelchair to other surfaces (bed, toilet, and reclining chair). -Was not able to ambulate independently. -Had a urinary catheter (tube in bladder to drain urine). -Had received narcotic pain medication. -No documentation of why resident 3 discharged AMA.</p> <p>Interview on 4/1/15 at 3:30 p.m. with the interim director of nursing (DON) revealed: *She had not been the DON when resident 3 had been admitted or discharged. *She agreed resident 3's physician should have been notified of her AMA discharge. *She agreed the documentation in the interdisciplinary notes did not reflect why resident 3 had discharged AMA.</p> <p>Review of the provider's 11/12/14 Notification of Change in Resident Health Status policy</p> | F 514 | <p>F 514 Res Records- Complete/accurate/accessible</p> <p>Resident #3 no longer resides in facility therefore no correction can be made.</p> <p>Residents residing in the facility have the potential to be affected in a similar manner.</p> <p>Executive Director, Director of Nursing and Interdisciplinary team have reviewed the Golden Living Policy 'Notification of Change in Resident Health Status'</p> <p>Licensed nursing staff have been re-educated on the Golden Living Policy 'Notification of Change in Resident Health Status'</p> <p>*five JASDDOHMF Director of Nursing or designee will complete random audits weekly x 4 weeks then monthly x 2 months to ensure physician and responsible party notification has been completed when a resident experienced a condition change. Results will be reviewed at *monthly JASDDOHMF</p> | 4-30-2015 |

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| F 514 | Continued From page 12 revealed: *The center would consult the resident's physician when there was a decision to discharge a resident. *The appropriate notification time was listed as immediate. | F 514 | QAPI meetings for further recommendations. | |