Agency fo	or Health Care Adminis	tration				0: 05/15/2018 1 APPROVE
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION 13 - CLOSED - MAIN LIC	(X3) DATE S COMPLI	
		95041	B. WING		04/2	5/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BARRING	TON TERRACE OF BOY	NTON BEACH	NGRESS AVE	0.400		
			BEACH, FL 3			
(X4) ID PREFEX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
K 000	INITIAL COMMENTS		K 000			
K 345 SS≃E	Barrington Terrace Of W1616009. a nursing i Florida, in accordance Protection Association delition) and applicable State Fire Marshall's I Florida Administrative 69A-53, F.A.C. and F Part II and F.S. 633.0 Protection (NFPA) 1 a Known as the Florida addington as the Florida and NFPA 101 Fire Alarm Maintenance.  Fire Alarm System - T A fire alarm system is accordance with an a with the requirements Electric Code, and NF	nducted on April 25, 2018 at Boynton Beach, license nome in Boynton Beach, license nome in Boynton Beach, swith National Fire (NFPA) 1 and 101 (2012 e requirements of Florida Rules and Regulations, Code F.A.C. 69A-3, F.A.C. tonda Statutes (F.S.) 400 215, adopting National Fire and 101(2012 Edition) Fire Prevention Code and tandards and requirements 1, Chapter 2. cription of the deficiencies, e visit.  System - Testing and esting and Maintenance tested and maintained in proved program complying of NFPA 70, National Fire Alarm Records of system nace and testing are readily unce and testing are readily	K 345			5/25/18

deficient practice would affect all smoke compartments, all occupants of the facility. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Statute or Rule is not met as evidenced by: Based on record review and staff interview,

Barrington Terrace Of Boynton Beach failed to

comply with NFPA 101 and NFPA 72 14.4.3.2.

Duct detector differential annual testing. The

TITLE (X6) DATE Electronically Signed 05/11/18

K345 SS=E Fire Alarm System - Testing

Barrington Terrace's fire alarm system is

tested and maintained in accordance with

and Maintenance

CFR9s): NFPA 101

STATE FORM ZG2J21 if continuation sheet 1 of 2

Agono, f	or Health Care Adminis	tration				: 05/15/2018 APPROVED
STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION 03 - CLOSED - MAIN LIC	(X3) DATE SI COMPLE	
		95041	B. WING		04/2	5/2018
	ROVIDER OR SUPPLIER	NTON BEACH 1425 S	ADDRESS, CITY, STA			
DARRING		BOYNT	ON BEACH, FL 3	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
K 345	Continued From page	1	K 345		i i i i i i i i i i i i i i i i i i i	
	04/25/18 at 11:00 AM Facilities, the facility f documentation the the annual differential tes	and staff interview, on , with the Director of		an approved program complying with requirements of NFPA 70, National Electric Code, and NFPA 72, National Alarm and Signaling Code. Records system acceptance, maintenance and testing are readily available.  Fire and Life Safety of America Inc. on May 10, 2018 conducted the Duct Detector Differential Testing at Barring Terrace. Documentation has been provided that all Duct Detectors passe testing successfully. Fire and Life Safety of America Inc. will be conducting Duc Detector Differential Testing on a year basis.  Executive Director and/or Designee we ensure that Duct Detector Differential Testing is conducted on a yearly basis ingoing.	Fire of i n gton sed fety ct thirty	

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/15/2018

041741	WEITT OF THE TETTT	D HOME OF CENTION			FURWI APPROVEL
CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 0	CONSTRUCTION 11 - MAIN FED	(X3) DATE SURVEY COMPLETED
		105850	B. WING		04/25/2018
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE	
BARRING	TON TERRACE OF BOY	NTON BEACH	1	425 S CONGRESS AVE SOYNTON BEACH, FL 33426	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
K 000	INITIAL COMMENTS		K 000		
	survey was conducte Barrington Terrace O home, in Boynton Be	Boynton Beach, a nursing ach, Florida 33426.			
	compliance with 42 C 488.307, and National	Boynton Beach is not in FR 483 Subpart B, 42 CFR If Fire Protection Association ition) requirements for			
	Initial Plan Review: 1 Existing NFPA 220 Construction Census 18				
K 345 SS=E		ription of noncompliance. Testing and Maintenance	K 345		5/25/18
	A fire alarm system is accordance with an a with the requirements Electric Code, and Ni and Signaling Code. acceptance, maintena available.  9.6.1.3, 9.6.1.5, NFP, This REQUIREMENT	ance and testing are readily			
	Barrington Terrace O comply with NFPA 10			K345 SS=E Fire Alarm System – Tes and Maintenance CFR9s): NFPA 101 Barrington Terrace's fire alarm system tested and maintained in accordance v	is

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Electronically Signed

05/11/2018

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.

TITLE

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/15/2018

DEFAIL	WENT OF HEALTHAN	ID HOWAIN SERVICES					APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0.0938-0391
	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION 11 - MAIN FED	(X3) DATE COMP	SURVEY LETED
		105850	B. WING			04/	25/2018
NAME OF P	ROVIDER OR SUPPLIER			5	TREET ADDRESS, CITY, STATE, ZIP CODE		
D. A. D. D. W. C.	TON TERRASE OF DOM	UTON DE LON		1	425 S CONGRESS AVE		
BARRING	TON TERRACE OF BOY	NION BEACH		В	SOYNTON BEACH, FL 33426		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI- DEFICIENCY)		(X5) COMPLETION DATE
K 345	04/25/18 at 11:00 AM Facilities, the facility f documentation the the annual differential tes	: and staff interview, on , with the Director of	к	345	an approved program complying with trequirements of NFPA 70. National Electric Code, and NFPA 72. National Alarm and Signaling Code. Records o system acceptance, maintenance and testing are readily available.  Fire and Life Safety of America Inc. on May 10, 2018 conducted the Duct Detector Differential Testing at Barring Terrace. Documentation has been provided that all Duct Detectors passe testing successfully. Fire and Life Safe of America Inc. will be conducting Duct Detector Differential Testing on a yearf basis.  Executive Director and/or Designee wi ensure that Duct Detector Differential Testing is conducted on a yearfy basis ingoing.	Fire f ton d ety t	

Facility ID: 95041

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/15/2018

		ID HOMAIN SERVICES				M APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES			_		OMB N	D. 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		E SURVEY PLETED
		105850	B. WING		04	/25/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
D. A. D. D. W. C.	TON TERRAPE OF BOY	NTON BELOW	1 .	425 S CONGRESS AVE		
BARRING	TON TERRACE OF BOY	NION BEACH		BOYNTON BEACH, FL 33426		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDERICENCY)	DBE	(X5) COMPLETION DATE
E 000	Initial Comments		E 000			
	conducted on April 25	y recertification survey 5, 2018 at Barrington Terrace nursing home, Emergency viewed.				
	compliance with 42 C	ergency Preparedness for				
	The following is a des noncompliance.					
E 013 SS=D	Development of EP F CFR(s): 483.73(b)	olicies and Procedures	E 013			5/25/18
	develop and impleme policies and procedur plan set forth in parag- assessment at parag- and the communication	edures. [Facilities] must int emergency preparedness res, based on the emergency graph (a) of this section, risk raph (a)(1) of this section, on plan at paragraph (c) of ies and procedures must be d at least annually.				
	*Additional Requirem Facilities:	ents for PACE and ESRD				
	policies and procedur plan set forth in parag- assessment at parag- and the communication this section. The policial address management					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Electronically Signed 05/11/2018 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.

### PRINTED: 05/15/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES ST

CENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	105850	B. WING	04/25/2018

	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	3	COMPLETED
		105850	B. WING		04/25/2018
	ROVIDER OR SUPPLIER TON TERRACE OF BO	YNTON BEACH		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 S CONGRESS AVE BOYNTON BEACH, FL 33426	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE COMPLETION
E 013	emergencies; and threaten the health staff, or the public must be reviewed a "Ifor ESRD Facilities the procedures. The disimplement emerger procedures. The disimplement emerger procedures, beard forth in paragraph (assessment at para and the communicativities section. The poreviewed and update emergencies includ equipment or power emergencies includ equipment or power emergencies water attural disasters like geographic area. This REGUIREMEN by:  Based on record residence of the procedure in the event of a dis would leave the fact would leave the fact would leave the fact would leave the fact would read the procedure of the proc	or water failure; care-related atural disasters likely act atural disasters likely or safety of the participants, the policies and procedures and updated at least annually, as at §494.62(b);] Policies and alysis facility must develop and top the participant and on the emergency plan set a) of this section, risk graph (a)(1) of this section, tion plan at paragraph (c) of ficilies and procedures must be ed at least annually. These e, but are not limited to, fire, failures, care-related supply interruption, and ely to occur in the facility's AT is not met as evidenced aview and interview, the facility and identify through a risk pazards approach in their sidness Program (EPP). This aster or other emergency lity and its occupants	EO	E013 SS=D Development of E and Procedures CFR9s):483.73(b) Barrington Terrace has develope implemented emergency prepara policies and procedures, identific through a risk assessment of all approach in their Emergency Preparedness Program (EPP) M Barrington Terrace is Managem have been in-serviced on the En Preparedness Program Manual. The Development of the Emerge Preparedness Program will be tr	od and adness ad hazards lanual. ent Team hergency

risk assessment. The Administrator

responsibility of the Executive Director

PRINTED: 05/15/2018

		ID HUMAN SERVICES MEDICAID SERVICES					APPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE	
		105850	B. WING			04/	25/2018
NAME OF PE	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
BARRING	TON TERRACE OF BOY	NTON BEACH			925 S CONGRESS AVE OYNTON BEACH, FL 33426		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 013	Continued From page acknowledged this ab	2 2 sence of documentation.	E	013	and/or designee. The Emergency Preparedness Program will be kept current and reviewed annually or as needed.		
E 018 SS=D	Procedures for Tracki CFR(s): 483.73(b)(2)	ng of Staff and Patients	E	018			5/25/18
	develop and impleme policies and procedur plan set forth in parag assessment at paragi and the communication this section. The polic reviewed and updated	edures. The [facilities] must int emergency preparedness es, based on the emergency graph (a) of this section, risk apph (a)(1) of this section, on plan at paragraph (c) of cless and procedures must be at least annually.] At a and procedures must					
	and sheltered patients an emergency. If on- patients are relocated [facility] must docume location of the receivi *[For PRTFs at §441. ICF/IIDs at §483.475( Policies and procedur	the location of on-duty staff is in the [facility's] care during duty staff and sheltered I during the emergency, the int the specific name and ing facility or other location. 184(b), LTC at §483.73(b), b), PACE at §460.84(b):] es. (2) A system to track the					
	the [PRTF's, LTC, ICF and after an emergen sheltered residents ar emergency, the [PRT						

Policies and procedures.

## PRINTED: 05/15/2018 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & I	OMB NO. 0938-0391			
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
	105850	B. WING		04/25/2018
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	

		105850	B. WING _	_		04/25/2018	
NAME OF PR	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
			- 1	14	25 S CONGRESS AVE		
BARRING	TON TERRACE OF BOYN	ITON BEACH		В	OYNTON BEACH, FL 33426		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X COMPL DA	LETION
E 018	includes consideration needs of evacuees; si transportation; identification(s) and prima communication with e assistance.  (y) A system to track temployees' on-duty at hospice's care during on-duty employees or relocated during the e must document the sy the receiving facility or Telocated during the error electron to the system of the receiving facility or Telocated during the error electron to the system of the receiving facility or the system of the receiving facility or the receiving facility or the receiving facility or the receiving facility, which includes considered the receiving facility, which includes excurse and maintain:  *[For ESRD at § 4944] procedures. (2) Safe excurse and maintain:  *[For ESRD at § 4944] procedures. (2) Safe excurse and maintain:  This REQUIREMENT by:	om the hospice, which of care and treatment aff responsibilities; cation of evacuation y and alternate means of xternal sources of the location of hospice dishettered patients in the an emergency. If the sheltered patients are mergency, the hospice pecific name and location of or other location.  920(b):] Policies and evacuation from the CMHC, eration of care and acuees; staff portation; identification of care and acuees; staff contains, identification of the contains of th	EO	18	E018 SS=D Procedures for Tracking of		
	failed to document a s	system to track the location			Staff and Patients		

PRINTED: 05/15/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND REAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING 105850 R MING 04/25/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1425 S CONGRESS AVE BARRINGTON TERRACE OF BOYNTON BEACH BOYNTON BEACH, FL 33426 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY E 018 Continued From page 4 F 018 of on duty staff and sheltered patients in their CFR9s): 483.73(b)(2) Emergency Preparedness Program (EPP). This Barrington Terrace has developed a in the event of a disaster or other emergency system to track the location of on-duty would leave the facility and its occupants staff and sheltered patients in their vulnerable to the hazards of the event. Emergency Preparedness Program. The findings included: Policies and Procedures as well as forms to assist for the tracking of Staff & During record review and staff interview, on Residents can be located in Section D of 04/25/18 at 4:45 PM, with the Director of Facilities. Barrington's Emergency Preparedness and Administrator, it was revealed the facility Program. failed to document a system to track the location of staff and patients. They did not address Barrington Terrace's Management Team specific names and locations. The Administrator and staff have been in-serviced on the acknowledged this absence of documentation. procedures for tracking Staff and Patients during a disaster situation. The Development of the Emergency Preparedness Program will be the responsibility of the Executive Director and/or designee. The Emergency Preparedness Program will be kept current and reviewed annually or as needed. E 029 Development of Communication Plan F 029 5/25/18 SS=D CFR(s): 483.73(c) (c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal. State and local laws. and must be reviewed and updated at least annually. This REQUIREMENT is not met as evidenced by:

Based on documentation and staff interview,

Barrington Terrace Of Boynton Beach failed to

comply with Emergency Preparedness Plan.

develop and maintain comprehensive

E029 SS=D Development of

Communication Plan

CFR9s):483.73(c)

### PRINTED: 05/15/2018 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES ST

			10.000
CENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	105950	R WING	

04/25/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BARRINGTON TERRACE OF BOYNTON BEACH			1425 S CONGRESS AVE BOYNTON BEACH, FL 33426		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 029	Continued From page 5 communication plan. This deficiency could affect all occupants of the facility in case of a fire or other emergency.  The finding included:  During documentation review and staff interview, on 04/25/18 at 4:15 PM, with the Director of Facilities and the Administrator, it was revealed that the facility's Emergency Preparedness Plan failed to include all essential elements, including but not limited to, a comprehensive communication plan. The Director of Facilities and the Administrator acknowledged the absence of documentation.	E	029	Barrington Terrace has developed and maintains an emergency preparedness communication plan that complies with Federal, State, and local laws. This plan is located in the Emergency Preparedness Plan (EPP) Manual.  Policies and Procedures regarding Internal and External Communications during and after the occurrence of a disastler are dictated in Barrington Terrace's Communication Plan is located in Section B of Barrington's Emergency Preparedness Program (EPP).  The Development and updating of the Communication Plan will be the responsibility of the Executive Director and/or designee. The Communication Plan will be the transparence of the Executive Director and/or designee. The Communication Plan will be the plan will be kept current and reviewed annually or as needed.	

Facility ID: 95041