Sunnyside Lutheran Retirement Village

Performance Report

6 Trinity Drive   
HORSHAM VIC 3400  
Phone number: 03 5382 0034

**Commission ID:** 3057

**Provider name:** Lutheran Church of Australia Victorian District

**Site Audit date:** 31 May 2022 to 3 June 2022

**Date of Performance Report:** 11 July 2022

# Performance report prepared by

S Byers, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 24 June 2022

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

All consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. For example:

* Consumers and representatives were satisfied consumers are treated with dignity and respect, and their identity, culture and diversity are individually valued.
* Consumers said they are encouraged to exercise choice and make decisions about their care and services, while being supported to maintain relationships important to them. Consumers said they receive sufficient information to enable informed decision making.
* Consumers said they feel independent and supported to take risks that benefit their sense of well-being.
* Consumers were satisfied their privacy is respected and the confidentiality of their personal information is maintained by the service.

Staff demonstrated how they provide culturally safe care and services according to the consumers’ needs and preferences. Staff described how consumers are supported to understand the risks and benefits of specific activities. Staff outlined how information is communicated in a timely manner and in a way that is accessible and clearly understood by all consumers.

Care documents reflected individual consumers' identity, cultural needs and preferences. Consumer care plans identified consumers can safely engage in activities of choice and are supported to take risks.

The service demonstrated it has policies and procedures in place to guide staff practice in relation to cultural diversity, privacy and keeping personal information confidential.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Overall, consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* All consumers and representatives were satisfied they are involved in the planning of the consumer’s care and services. All confirmed being involved in risk assessment and care planning.
* Consumers and representatives were satisfied that assessment and care planning identify current risks, needs, goals and preferences and consumers receive the care that they need.
* Consumers and representatives said staff explain relevant information about their care, have been informed of the outcomes of assessments and offered a copy of the consumers care plan.

Staff demonstrated knowledge of risks for individual consumers and how they are reflected in assessments. Staff described what is important to consumers, in terms of how their personal and clinical care is delivered including end of life wishes. Staff confirmed they can access care plans at any time to ensure care is provided according to consumer needs and preferences. Staff described the process for review and evaluation of care and services.

Consumer files reflected consideration of risks, consultation with the consumer and representative and tailored strategies to minimise the identified risks. Care planning documents reflected the consumers individual needs and preferences including advance care planning and end of life wishes. Care planning documents demonstrated input from consumers and others participating in the assessment and planning processes including medical and allied health professionals. Care plans demonstrated regular review and when circumstances change or following incidents.

The service demonstrated it has assessment and care planning and review processes in place to guide staff practice.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Overall, consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers and representatives provided positive feedback about the care and services they receive and said consumers are provided with care that reflects their individual needs and preferences. For example, consumers were satisfied with how the service manages pain, skin integrity and wounds.
* Consumers were satisfied that staff are aware of their preferences, the personal and clinical care delivered is consistent, and they do not need to repeat themselves.
* Consumers and representatives were satisfied with access and referral to their medical practitioner and other health professionals as needed.
* Consumers and representatives were satisfied with the actions the service has taken to minimise infection, including COVID-19.

Staff demonstrated knowledge and understanding of individual consumer clinical and personal care needs. Staff described the high impact or high prevalence risks for individual consumers and the tailored strategies in place to manage those risks. Staff described how deterioration or changes are identified, actioned and communicated. Allied health professionals confirmed receiving timely referrals and accurate information where consumer care is shared.

Care files reflected care is tailored to the consumer’s needs and interventions are best practice for skin integrity, pain management and minimising restrictive practices. Care documentation demonstrated the use of non-pharmacological interventions with regular consultation with representatives and review by medical practitioners. Consent was obtained and documented where required. Care planning documents identified key high impact and high prevalence risks and the individualised strategies implemented to minimise and manage those risks. Care planning documents reflected the identification of and response to, deterioration or changes in function, capacity and condition.

Referral processes are in place and appropriate and timely referrals to external specialists, general practitioners and allied health are documented. Information is effectively documented and communicated within the organisation and with external services involved in care as required.

The service demonstrated end of life needs are met in line with consumer wishes and comfort is maintained.

The service has an infection control policy and a service-specific outbreak management plan which include a focus on COVID-19 related prevention, assessment, management and monitoring requirements. Clinical infection documents reflected the service is responding appropriately to consumers who develop clinical infections and monitoring the use of prescribed antibiotics. Staff are required to complete annual mandatory training in infection control, hand hygiene, Personal Protective Equipment (PPE) and infection control.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall, consumers considered that they get the services and supports for daily living that are important for their health and well-being, and that enable them to do the things they want to do. For example:

* All consumers felt supported to participate in the activities of their choice and that the service supports them to access interests in the community. Several consumers stated the service supports their choice to visit family and friends independently outside of the service.
* Consumers said they feel supported by staff to maintain emotional, spiritual and psychological well-being. Consumers described how staff regularly enquire about their well-being, and that they are kind and supportive.
* Consumers were satisfied the service supports their social and personal relationships.
* Consumers were satisfied that their needs and preferences are effectively communicated.
* Most consumers were satisfied with the choice of meals offered by the service and are actively encouraged to provide feedback about the menu and meals. Consumers said they can request individual changes to their diet based on preference and choice.

Staff demonstrated they know consumers well, describing how they provide care to support consumer independence, quality of life and well-being. Staff explained how they support consumers to participate in the community and keep in touch with the people important to them. Staff explained dietary needs and preferences of consumers. Staff have access to appropriate equipment when it is needed and described how they report equipment faults.

Lifestyle care plans were individualised and included current information about the consumer’s life history, needs, goals and preferences. Consumer care files contained adequate information to support the effective and safe sharing of consumers’ care and timely and appropriate referrals are actioned where required.

The service’s lifestyle program targets both group and individual consumer needs. The range of activities offered by the service accommodate consumers with differing cognitive and physical abilities.

Consumers were observed to be engaged in a range of group activities during the site audit. Staff were observed encouraging and supporting consumers. Meal services were observed to be relaxed and social. Equipment was clean and well maintained.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Overall consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers said they felt safe and at home in the service.
* Consumers were satisfied with the cleanliness of the service and equipment.
* Consumers expressed confidence that if repairs are required, maintenance is prompt and responsive.

The service environment was welcoming, well-lit and clean with a range of communal spaces comfortably furnished, providing opportunities for consumer socialisation and engagement. Consumer’s bedrooms were personalised with photographs and furnishings. Signage on display highlighted different areas of the service. Consumers’ rooms in the memory support unit had the consumer’s name and a picture of their choice on the door to assist with identification.

Maintenance staff described the scheduled and preventative maintenance program in place. Maintenance records demonstrated regular and timely maintenance of the service environment, furniture, fittings and equipment.

The service was observed to be clean, well maintained and comfortable. Consumers were observed to be moving around the service freely either independently or with staff assistance. There was a variety of equipment available and observed to be clean, safe and suitable for individual consumer needs.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Overall, consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate and timely action is taken by the service. For example:

* All consumers were satisfied with the process of lodging a complaint and providing feedback about their care and services. Consumers described how concerns they have raised in the past were addressed and an open disclosure process was followed.
* Most consumers were satisfied with management’s response to feedback and complaints. Consumers described management as being approachable if they want to provide positive or negative feedback about their care and services.

Staff described how they support consumers to raise concerns or provide feedback about their care and services. Most staff demonstrated understanding of open disclosure principles and confirmed completing training on the topic. Staff provided practical examples of their role in the open disclosure process.

Management described how the complaints process is used to inform the services plan for continuous improvement and provided practical examples where feedback/complaints have been used to improve the quality of care and services.

Feedback and complaint documents reviewed by the Assessment Team identified appropriate action was taken to resolve complaints, and that systemic improvements were being made to the service as a result.

The service demonstrated it has processes in place to encourage and support consumers and representatives to raise feedback and complaints.

Feedback forms, advocacy and external complaints information was observed on display in the common areas and readily available for consumers and representatives.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives said staffing levels could be improved, however, confirmed this did not impact on the quality of care provided to consumers.
* Consumers and representatives were satisfied staff had the knowledge and skills to meet care needs.

Staff were satisfied they are appropriately supported and receive relevant training to perform their roles. Staff confirmed completing mandatory training and were confident that, where required, additional training could be requested. Staff confirmed they participate in regular performance appraisals.

Roster documents demonstrated most shifts are allocated and filled. Call bell reports demonstrated call bells are responded to in a timely manner.

The service demonstrated the workforce is planned to ensure sufficient skill mix in various roles to enable the delivery of safe and effective quality care and services. Strategies are in place to manage unplanned leave including ongoing recruitment.

The service has recruitment processes in place to ensure staff have the qualifications, skills, and knowledge to successfully perform their role.

The organisation demonstrated it has a staff performance framework in place. The service demonstrated it has formal and informal processes in place to monitor and review the performance of each member of the workforce.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Overall, consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Management described how they engage consumers in the development, delivery and evaluation of care and services. Consumers expressed how they were supported in this engagement and provided practical examples of engagement including attendance at the monthly residents meeting, clinical governance committee and involvement in selection panels for new staff.

The organisation has a suite of systems, process and materials in place to promote a culture that is safe, inclusive and quality care and service and is accountable for their delivery. Consumers reported feeling safe and included at the service and considered it their home.

The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk. The organisation has an incident management system in place. Risks are reported, escalated and reviewed by management at service level and by the Board.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance. The service demonstrated it regularly reviews, analyses and reports on relevant consumer data, investigating any trends to improve the quality of the care and services provided.

The service demonstrated it has a clinical governance framework in place which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff confirmed they have been educated about the policies and were able to provide examples of their relevance to their work

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.