

Appendix B Compliance Findings Chart

The brief descriptions in the chart that follows summarize the Settlement Agreement requirements. Part II, Sections C through V of the Settlement Agreement should be referenced for the full requirements.

Key

SC = Substantial Compliance

Blank = Noncompliance

NR = Not Rated

Sub-Section	Brief Description	Abilene	Austin	Brenham	Corpus Christi	Denton	El Paso	Lubbock	Lufkin	Mexia	Richmond	Rio Grande	San Angelo	San Antonio
Section C: Protection from Harm – Restraints														
C.1	No prone restraints. Restraint use only if immediate and serious risk of harm; after a graduated range of less restrictive measures; reasons other than punishment or staff convenience			SC		SC		SC						
C.2	Terminate restraint as soon as individual is no longer a danger to self or others		SC	SC		SC		SC		SC	SC	SC	SC	SC
C.3	Policies governing restraints. Restraint must be least restrictive intervention. All staff must have competency-based training on restraint technique		SC	SC	SC	SC		SC	SC	SC	SC		SC	
C.4	Limit use of all restraints, other than medical, to crisis interventions; strategies to minimize the need for medical restraints developed and implemented									SC				
C.5	Restraint monitoring: Face-to-face assessment (15 min) monitor and document vital signs (30 min)													
C.6	Restraint procedure and documentation: check for injury, opportunity for exercise, eat near meals, drink fluids, use toilet/bed pan.									SC			SC	
C.7	Longitudinal assessment of restraint use for each individual (≥ 3 restraints in rolling 30-day period)													
C.7.a	Review adaptive skills and biological, medical and psychosocial factors			SC		NR						NR	SC	SC
C.7.b	Review contributing environmental factors			SC		NR						NR	SC	SC
C.7.c	Review or perform structural assessments of behavior provoking restraints			SC		NR						NR	SC	SC
C.7.d	Review functional assessment of			SC		NR						NR	SC	SC

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	behavior provoking restraints													
C.7.e	Develop and implement PBSP based on individual's strengths			SC		NR			SC			NR		SC
C.7.f	Individual's treatment plan is implemented with high degree of treatment integrity					NR						NR		SC
C.7.g	As necessary, assess and revise PBSP			SC		NR						NR	SC	SC
C.8	Within 3 business days each Facility will review the use each use of restraint, and take necessary action							SC	SC	SC				SC
Section D: Protection from Harm – Abuse, Neglect and Incident Management														
D.1	Policies and procedures: no tolerance of abuse, neglect, and exploitation (ANE); and staff are required to report	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
D.2	Implement incident management policies and procedures:													
D.2.a	Immediately report serious incidents and serious injurious	SC			SC			SC	SC			SC		SC
D.2.b	Take immediate action to protect individuals	SC		SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
D.2.c	Competency-based training on signs and reporting of ANE	SC	SC	SC	SC	SC		SC	SC	SC	SC	SC	SC	
D.2.d	Notification of obligation to report ANE	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
D.2.e	Mechanisms to educate and support individuals, Legally Authorized Representatives (LARs) and correspondents to identify and report ANE	SC		SC	SC	SC	SC	SC	SC	SC		SC	SC	SC
D.2.f	Postings on rights including information for reporting violations of rights	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
D.2.g	Procedures for referring ANE to law enforcement	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
D.2.h	Reporters not subject to retaliation	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
D.2.i	Audits to determine that significant injuries are reported for investigation					SC	SC	SC		SC	SC	SC	SC	SC
D.3	Timely and thorough investigation of ANE, death, theft, serious injury and other serious incidents, including:													
D.3.a	Investigators are qualified; trained in working with people with ID; outside the direct line of supervision	SC		SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
D.3.b	Cooperation with outside entities conducting investigations	SC		SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
D.3.c	Coordinate investigations with law enforcement	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
D.3.d	Safeguard evidence	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
D.3.e	Start investigations within 24 hours and complete within 10 calendar days			SC		SC		SC	SC	SC		SC		SC
D.3.f	Investigative reports provide clear basis for its conclusion	SC			SC			SC	SC	SC		SC	SC	

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D.3.g	Written reports are reviewed by supervisory staff, and corrections made	SC			SC		SC	SC	SC			SC		
D.3.h	Facility also prepares a written report for each unusual incident	SC		SC	SC		SC	SC	SC	SC		SC	SC	
D.3.i	Corrections to prevent a reoccurrence are implemented promptly and thoroughly; such actions are tracked and documented			SC				SC				SC		
D.3.j	Investigation records are maintained to allow easy access	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
D.4	Tracking and trending of unusual incidents and investigation results, and action to correct			SC				SC				SC		
D.5	Background investigation of all staff or volunteers who work with individuals	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
Section E: Quality Assurance														
E.1	Comprehensive Quality Assurance (QA) procedures including: Track data with sufficient particularity to identify trends													
E.2	Analyze data, and when needed, develop corrective action plans													
E.3	Disseminate corrective action plans to all responsible entities	SC	SC			SC	SC	SC	SC			SC	SC	
E.4	Monitor and document corrective action plans to ensure implementation													
E.5	Modify corrective action plans, as necessary, to ensure effectiveness													
Section F: Integrated Protection, Services, Treatment and Supports														
F.1	Interdisciplinary teams for each individual:													
F.1.a	Team facilitated by one person, who ensures members participate in assessing, developing, monitoring, and revising													
F.1.b	Team includes required members													
F.1.c	Conduct comprehensive assessments of sufficient quality, routinely and in response to changes													
F.1.d	Assessment results are used to develop, implement, and revise ISP													
F.1.e	Develop ISP in accordance with Americans with Disabilities Act (ADA) and Olmstead decision													
F.2	Policies and procedures that provide for the development of integrated ISPs, including:													
F.2.a	ISP developed and implemented for each individual:													
F.2.a.1	ISP addresses preferences and													

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	strengths, prioritized needs, explains barriers, and encourages community participation													
F.2.a.2	Specifies measureable goals and objectives to attain outcomes to address preferences and meet needs, and overcome identified barriers to living in most integrated setting													
F.2.a.3	Integrates all protections, services and supports													
F.2.a.4	Identifies methods for implementation, time frames, and responsible staff													
F.2.a.5	Provides interventions that effectively address needs, and are functional at Facility and in community													
F.2.a.6	Identifies data to be collected; frequency of collection; person responsible for collection; and person responsible for review													
F.2.b	Coordinate all goals, objectives, anticipated outcomes, services, supports and treatments in ISP													
F.2.c	ISP is assessable and comprehensible to staff responsible for implementing													
F.2.d	Assess progress monthly and take necessary corrective action													
F.2.e	Competency-based staff training on ISP development and implementation													
F.2.f	ISP prepared within 30 days of admission and revised annually; put into effect within 30 days of preparation													
F.2.g	QA processes – ensure ISP developed and implemented consistent with Provision F													
Section G: Integrated Clinical Services														
G.1	Provide integrated clinical services (i.e., general medicine, psychology; psychiatry, nursing, dentistry, pharmacy, physical therapy, speech therapy, dietary, and occupational therapy)													
G.2	Appropriate clinician review of recommendations from non-facility clinicians; and referral to team as appropriate			SC				SC			SC			
Section H: Minimum Common Elements of Clinical Care														
H.1	Assessments and evaluations done regularly and in response to change in status													
H.2	Diagnoses shall clinically fit the corresponding assessments or	SC	SC		SC		SC	SC	SC	SC		SC	SC	SC

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	evaluations and be consistent with DSM and ICD													
H.3	Treatments and interventions are timely and clinically appropriate based upon assessments and diagnoses													
H.4	Clinical indicators of the efficacy of treatments and interventions are determined in a clinically justified manner													
H.5	System developed and maintained to effectively monitor health status of individuals													
H.6	Treatments and interventions modified in response to clinical indicators													
H.7	Integrated clinical services policies, procedures and guidelines to implement Provision H													
Section I: At-Risk Individuals														
I.1	Regular risk screening, assessment and management system to identify individuals whose health or well-being is at risk													
I.2	Interdisciplinary assessment of services and supports for at-risk individuals (five working days)													
I.3	Implement a plan to minimize risk within 14 days; integrated into ISP													
Section J: Psychiatric Care and Services														
J.1	Provide psychiatric services only by qualified professionals	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
J.2	Psychotropic medications only after evaluated and diagnosed, in a clinically justifiable manner, by a board-certified or board-eligible psychiatrist	SC	SC		SC	SC	SC	SC	SC	SC		SC		SC
J.3	No psychotropic medications as substitute for treatment, in absence of psychiatric diagnosis, for convenience of staff, or as punishment						SC					SC		
J.4	Pre-treatment sedation for medical and dental care: strategies to minimize or eliminate; coordinate with other supports and services											SC		
J.5	Sufficient board-certified or board-eligible psychiatrists to assure provision of required services	SC	SC	SC		SC	SC	SC		SC	SC	SC		
J.6	Procedures for psychiatric assessment, diagnosis, and case formulation (Appendix B)	SC	SC		SC			SC	SC	SC		SC		
J.7	Use of Reiss Screen for Maladaptive Behaviors to screen for possible psychiatric disorder; all identified	SC	SC		SC	SC	SC	SC	SC	SC	SC	SC		

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	individuals receive a comprehensive psychiatric assessment and diagnosis													
J.8	Integrate pharmacological treatments with behavioral and other interventions through combined assessment and case formulation						SC	SC	SC			SC		
J.9	Least intrusive and most positive interventions to treat behavioral or psychiatric condition						SC	SC						
J.10	Before psychotropic medications, IDT to conduct risk-benefit analysis, and consider alternative treatment			SC		SC	SC	SC	SC					
J.11	Facility-level review system for monthly monitoring of prescription of polypharmacy	SC	SC		SC	SC		SC			SC	SC		
J.12	System for monitoring, detecting, reporting and responding to side effects of psychotropic medications, such as MOSES/DISCUS	SC		SC	SC	SC	SC	SC	SC					SC
J.13	Psychotropic medication treatment plan includes: clinically justifiable diagnosis or behavioral-pharmacological hypotheses; therapeutic effect timeline; and plan for monitoring. Treatment to be monitored no less than quarterly		SC		SC			SC				SC		
J.14	Informed consent must be obtained prior to administering psychotropic medications or other restrictive procedures	SC	SC	SC	SC	SC		SC	SC					
J.15	Neurologist and psychiatrist coordinate use of medications through the IDT process when they are prescribed to treat both seizures and a mental health disorder	SC	SC	SC	SC	SC	SC	SC			SC			
Section K: Psychological Care and Services														
K.1	Professionals with Master's Degree and BCBA to provide services to individuals needing PBSP and all individuals to maximize regression and loss of skills, reasonable safety, and freedom from undue restraint											SC		
K.2	Qualified director of psychology	SC	SC	SC		SC	SC	SC	SC	SC	SC	SC	SC	SC
K.3	Establish a peer-based system to review the quality of PBSPs			SC		SC	SC	SC	SC	SC			SC	SC
K.4	Develop and implement standard procedures for data collection for PBSPs, monthly review of data, and changes to plans, as appropriate						SC							
K.5	Standard psychological assessment procedures that identify medical, psychiatric, environmental or other								SC				SC	

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	reasons for target behaviors and for other psychological needs that may require intervention.													
K.6	Psychological assessments based on current, accurate and complete clinical and behavioral data								SC					
K.7	Psychological assessments completed for each individual pursuant to the Facility's standard psychological assessment procedures						SC		SC				SC	SC
K.8	Provide individuals needing psychological services other than PBSPs with such services, and measure efficacy of treatment					SC				SC			SC	
K.9	Develop PBSPs, obtain necessary consents and approvals, and implement.												SC	
K.10	Organize and maintain documentation related to PBSPs so progress can be measured to determine efficacy of treatment, including psychiatric treatment						SC							
K.11	PBSPs written to allow understanding for implementation by direct support professionals	SC	SC	SC		SC	SC	SC	SC	SC	SC	SC	SC	SC
K.12	Provision of competency-based training for all direct support professionals and supervisors for PBSPs													
K.13	Maintain an average ratio of psychology professionals of 1:30 and psychology assistants of 1:60.											SC		
Section L: Medical Care														
L.1	All individuals receive routine, preventive and emergency medical care consistent with current, generally accepted professional standards													
L.2	Establish and maintain a medical review system that consists of non-Facility physician case review and assistance													
L.3	Medical quality improvement process to collect data relating to the quality of medical services; assess data for trends; initiate outcome-oriented inquiries, identify and initiate corrective actions, and monitor to assure remedies are achieved										SC			
L.4	Policies and procedures for provision of medical care consistent with current, generally accepted professional standards of care													

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Section M: Nursing Care														
M.1	Nurses shall document nursing assessments; identify health care problems; notify physician of health care problems; and monitor, intervene, and keep appropriate records of individuals' health care status sufficient to readily identify changes in status.													
M.2	Update nursing assessments for each individual quarterly or more often as indicated by the individual's health status			SC							SC			
M.3	Develop and implement nursing interventions annually to address each individual's health care needs, including needs related to at-risk conditions, and modify as needed													
M.4	Develop and implement nursing assessment and reporting protocols to address health status of individuals served			SC		SC				SC	SC			
M.5	Develop and implement a system of assessing and documenting clinical indicators of risk for each individual; and teams to discuss status as part of integrated reviews based on individual's needs													
M.6	Develop and implement nursing procedures for administration of medications in accordance with current, generally accepted professional standards of care			SC		SC				SC	SC			
Section N: Pharmacy Services and Safe Medication Practices														
N.1	Pharmacist medication regimen reviews at prescription of a new medication, and as clinically indicated, make recommendations	SC	SC	SC		SC	SC	SC			SC	SC		
N.2	Quarterly comprehensive drug regimen reviews to review lab results	SC	SC	SC	SC		SC	SC						SC
N.3	Collaboration between prescribing medical practitioners and pharmacists for monitoring of use of "stat" medications, chemical restraints, anticholinergics, benzodiazepines, and polypharmacy to ensure clinical justification	SC		SC			SC	SC	SC					SC
N.4	Treating medical practitioners shall consider pharmacist recommendations and document any recommendations not followed noting clinical rationale	SC	SC	SC		SC	SC	SC		SC	SC	SC		SC
N.5	Tardive dyskinesia monitoring using	SC		SC	SC	SC	SC	SC						

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	MOSES or DISCUS													
N.6	Identification, reporting, and follow-up for significant or unexpected adverse drug reactions	SC	SC	SC		SC		SC			SC			
N.7	Regular drug utilization evaluations in accordance with current, generally accepted professional standards of care	SC	SC	SC		SC	SC	SC		SC	SC			SC
N.8	Regular documentation, reporting, data analysis and follow-up remedial action regarding actual and potential medication variances			SC		SC					SC			
Section O: Minimum Common Elements of Physical and Nutritional Management														
O.1	Overarching provision requiring PNMPs for all appropriate individuals, integration with IDTs, and a PNM Team			SC			SC	SC		SC			SC	SC
O.2	Physical and nutritional interventions for individuals with PNM difficulties, and PNMT assessments													
O.3	Maintain and implement adequate mealtime, oral hygiene, and oral medication administration plans for individuals having physical or nutritional management problems					SC				SC				
O.4	Staff engage in mealtime practices that do not pose risk of harm to any individual							SC						
O.5	Competency-based training for all staff working with persons with PNMPs							SC			SC			
O.6	Monitor implementation of mealtime and positioning plans to ensure staff demonstrate competencies to safely and appropriately implement such plans													
O.7	Develop and implement a system to monitor progress of individuals with PNMPs, and revise, as necessary													
O.8	Evaluate each individual fed by a tube to ensure that the continued use of the tube is medically necessary, and, when appropriate, implement plan to return to oral eating			SC										
Section P: Physical and Occupational Therapy														
P.1	OT and PT screenings of each individual at the Facility, and, as needed comprehensive integrated OT and PT assessment			SC		SC	SC				SC		SC	SC
P.2	As part of ISP, develop and implement plan to address recommendations from comprehensive OT and PT assessments													

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P.3	Competency-based staff training related to OT and PT plans							SC			SC			
P.4	Systems to monitor and address implementation and effectiveness of OT/PT plans, as well as equipment, and status of individuals with OT/PT needs													
Section Q: Dental Services														
Q.1	Adequate and timely routine and emergency dental care and treatment consistent with current, generally accepted American Dental Association standards								SC					
Q.2	Develop and implement policies and procedures regarding comprehensive, timely provision of assessments to IDTs and dental services; desensitization and other supports to minimize use of sedation; strategies to address refusals; and tracking of sedation													
Section R: Communication														
R.1	Adequate number of speech language pathologists or other professionals with specialized training or experience to conduct assessments, develop and implement programs, provide staff training, and monitor the implementation of communication programs			SC		SC	SC	SC			SC	SC	SC	
R.2	Develop and implement a screening and assessment process to identify who could benefit from alternative or augmentative communication systems, including systems involving behavioral supports or interventions				SC			SC						
R.3	Specify in the ISP how the individual communicates, and develop and implement assistive communication interventions that are functional and adaptable to a variety of settings													
R.4	Develop and implement a monitoring system to ensure that the communication provisions of the ISP address communication needs in a manner that is functional and adaptable to a variety of settings and that such systems are revised as necessary													
Section S: Habilitation, Training, Education, and Skill Acquisition Programs														
S.1	Provide adequate habilitation services, including individualized training,													

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	education, and skill acquisition programs developed by IDTs to promote growth, development and independence of all individuals													
S.2	Annual assessments of individuals' preferences, strengths, skills, needs, and barriers to community integration in the areas of living, working and engaging in leisure activities													
S.3	Use information from assessments and review processes to develop, integrate and revise programs of training, education, and skill acquisition to address each individual's needs that include:													
S.3.a	Interventions that: 1) address needs for services; and 2) are practical and functional													
S.3.b	Training opportunities in the community													
Section T: Serving Institutionalized Persons in the Most Integrated Setting Appropriate to Their Needs														
T.1	Planning for Movement Transition and Discharge													
T.1.a	State shall take action to encourage and assist movement to the most integrated setting for individuals for whom it is not opposed by the individual or LAR													
T.1.b	Facility shall review, revise, or develop, and implement policies, procedures and practices related to transition and discharges													
T.1.b.1	Individuals' ISPs comprehensively describe protections, supports, and services; and identify and develop plans to overcome obstacles to movement to most integrated setting													
T.1.b.2	Education for individuals and their LARs regarding available community options to make informed choices													
T.1.b.3	Assess at least 50% of individuals for placement pursuant to its new or revised policies, procedures, and practices related to transition and discharge.													
T.1.c	IDT to develop and implement a community living transition plan and coordinate with Local Authority and community provider staff						SC		SC		SC	SC	SC	
T.1.c.1	Implement and coordinate community transition plan with provider staff													
T.1.c.2	Specify staff responsible and	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC		SC	SC

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	timeframes													
T.1.c.3	Review with individual and LAR	SC		SC		SC	SC	SC	SC	SC	SC		SC	SC
T.1.d	Comprehensive assessment of individuals' needs within 45 days prior to individuals' transition						SC							
T.1.e	Pre-move and post-move supports included in assessment are identified and in place at time of move or as identified in transition plan													
T.1.f	Quality assurance processes to ensure community living discharge plans are developed, and implemented by the Facility													
T.1.g	Facility to gather and analyze information related to obstacles to successful community placement and report annually on identification and remediation efforts; and DADS to take steps to overcome obstacles, as appropriate, including requesting assistance of other agencies and the legislature													
T.1.h	Each Facility to develop and issue to the Monitor and to DOJ a Community Placement Report	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC	SC
T.2	Serving persons who have moved from the Facility to more integrated settings appropriate to their needs													
T.2.a	Conduct post-move monitoring visits within each of three intervals of 7, 45 and 90 days respectively following an individual's move to the community, and if concerns are noted with regard to the provision of supports in transition plan, Facility to use its best efforts to ensure provision of support	SC			SC		SC		SC			SC	SC	SC
T.2.b	Monitor may review and participate in post-move monitoring visits for the purpose of assessing the adequacy of the Facility's monitoring	SC	NR		SC		SC	SC	SC	SC		SC	SC	SC
T.3	Non-applicability of procedures at Section T for individuals admitted for court-ordered evaluations													
T.4	Compliance with all CMS-required discharge planning procedures for persons moving out of state; persons discharged from emergency admission; discharged after order of protective custody; individuals receiving respite services for up to 60 days; for individuals determined not to be eligible	NR	SC				NR	SC	SC	SC	NR	NR	SC	SC

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	for admission; individuals discharged pursuant to court order vacating a commitment order; and individuals transferred to another SSLC													
Section U: Consent														
U.1	Facility shall maintain and update semi-annually a prioritized list of individuals lacking both functional capacity to render a decision regarding health or welfare and an LAR to render such decision										NR			
U.2	Starting with individuals with highest priority need, make reasonable efforts to obtain LAR for any individual lacking both functional capacity to render a decision regarding health or welfare and an LAR to render such decision										NR			
Section V: Recordkeeping and General Plan Implementation														
V.1	Maintain a unified record for each individual consistent with Appendix D								SC	SC			SC	
V.2	Develop, review, and/or revise, as appropriate, and implement, all policies, protocols, and procedures as necessary to implement Part II of this agreement							SC						
V.3	Implement additional QA procedures to ensure a unified record for each individual consistent with guidelines in Appendix D, including taking corrective actions, as needed					SC			SC		SC		SC	
V.4	Routinely use unified records in making care, medical treatment, and training decisions													