



Report of an inspection of a Designated Centre for Disabilities (Adults)

Issued by the Chief Inspector

Name of designated centre:	Kingfisher 1
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	12 February 2020
Centre ID:	OSV-0004836
Fieldwork ID:	MON-0028234

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Kingfisher 1 provides a full-time residential service for up to 11 adult residents of varying age, with an intellectual disability. The designated centre aims to provide residents with a safe and homely environment in Limerick. The designated centre comprises of two community houses. Both houses are two storey buildings, providing residents with their own bedroom. One house has a single bed-sit and a single apartment attached to the house. The residents are supported in their home by social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 12 February 2020	11:00hrs to 18:20hrs	Elaine McKeown	Lead
Wednesday 12 February 2020	11:00hrs to 18:20hrs	Lucia Power	Support

What residents told us and what inspectors observed

The inspectors were able to speak with five of the residents currently residing in one of the houses during the inspection. All of these residents returned to the house in the evening after attending their respective day services. Inspectors spoke with the residents in both a group setting in the kitchen and individually as per the residents' choice.

One inspector was invited to visit the apartment where one resident enjoyed living. They told the inspector that they liked the new door that had been put into the apartment recently. They spoke of how they regularly visit family members and enjoy many activities which included basketball, swimming, bocce and art. The resident proudly showed the inspector some of their art work which was displayed on the walls of their home in addition to pictures of their graduation from a nearby university. The resident had received a certificate in advocacy leadership and independent living. They spoke of their love of music while showing the inspector a large number of compact discs stored in presses in their sitting room. They explained that they like to listen to their music every night and had enjoyed attending a concert of a favourite artist of theirs in a nearby town. The resident had taken part in fire drills and knew what to do in the event of the fire alarm sounding. They also explained how they were supported to manage their money each week by staff and identified staff members who they would speak to if they had any issue or concern. The resident was also observed to self-medicate to treat a headache which they had informed staff of on their return from their day service. While the resident was happy with their home and the staff supporting them they did express that as a sports fan they would like to go see their favourite team play a game. The resident was unaware of any plans for this to be facilitated at the time of this inspection.

Another resident outlined how they had enjoyed celebrating their birthday with their peers the previous weekend by having dinner in a location that they had chosen. They were also looking forward to visiting friends in another designated centre later in the evening. While the resident did tell the inspector that they were happy in their home they missed going shopping on Friday nights. This was also an issue for other residents spoken to at different times during the inspection.

Residents outlined how they like their home and the staff coming in to support them in the evenings and at weekends. Residents felt they had the opportunities to discuss planned activities at the weekly meetings and that they were offered choices to take part in group activities. Residents were observed to be relaxed and chat at ease in the group with the inspectors and supported each other to explain what they liked to do, which included going out for meals and visiting different tourist locations. They were supported by the staff team to inform the inspectors of their achievements in areas such as advocacy and independently travelling on public transport. Inspectors were also informed that a big party was planned in a local

sports club for a resident who will be celebrating a milestone birthday in the coming weeks. A social atmosphere was evident during this time and inspectors observed staff members interacting with the residents in a pleasant, warm and respectful manner.

While the inspectors did go to visit the other house in this designated centre at the beginning of the inspection they were not able to speak with any residents or staff at that time. Due to time constraints and the location of this house the inspectors did not go back to visit the house during this inspection.

Capacity and capability

During the inspection, staff were seen to engage with residents in a positive, professional and respectful manner. Staff were knowledgeable of the individual assessed needs of the residents that inspectors met with during the inspection. However, the compliance levels found during this inspection indicated that improvement was still required in relation to staffing resources in addition to the provider's governance and management of the designated centre.

This inspection was conducted following the response and subsequent updates received from the provider regarding findings of a previous inspection carried out in the designated centre on 9 October 2019. During that inspection the provider's compliance with regulations did not assure the Health Information and Quality Authority that residents were being supported by a service that was safe, appropriate to residents' needs, consistent and effectively monitored. While the provider had implemented measures since the last inspection to ensure effective monitoring of adverse events was taking place in the designated centre, the lack of adequate staff resources had not been addressed by the provider.

The provider had not ensured that the care and supports as outlined in the statement of purpose were available to residents. For example, the provider had not ensured all residents were able to engage in social activities, hobbies and leisure interests based on their preferences, these included completing the weekly grocery shopping, attending sporting fixtures or individual leisure interests such as attending concerts or music events. The provider had also not ensured all residents had been facilitated to access advocacy services.

At the time of this inspection there were two vacancies in the designated centre. One vacancy in each house. One of the residents that usually resides in the house that the inspectors visited was being supported in a nursing home at the time of this inspection.

The inspectors reviewed the staffing resources available in the designated centre. The provider had not provided any additional resources since the last inspection in

October 2019. While the inspectors acknowledged during this inspection that the provider had liaised with funding agency regarding the findings of the last inspection, no additional staffing supports had been put in place by the provider. The lack of adequate staff resources was identified as an action in the last inspection report and remains a concern for inspectors following this inspection.

Inspectors were informed that five residents from one of the houses are supported to access the community or social activities in a group with one staff member providing support. When one resident is unable to go on the planned outing then all residents remain in the house. Staff outlined how one resident was unable to participate in the weekly grocery shopping which had until recently taken place as a group activity on Friday evenings. Staff now complete the weekly grocery shopping on-line; however, as previously outlined both inspectors were told by different residents during the inspection that they missed this activity and there was no alternative activity available for the group to participate in as there was only one staff on duty in the evenings. The inspectors were informed that the residents now have their weekly meetings on Friday evenings to plan activities for the weekend for the group. However, the participation of all of the residents is required in these planned activities for any of the activities to go progress.

Residents do not have the option to do an alternative activity in a smaller group or individually or to remain in the house if they choose to. The person in charge outlined how one on-call staff is available to support the residents in the designated centre for some evenings during the week but this staff is also required to provide support to other houses in the region so cannot be available to support residents on activities in the community. The person in charge has located their office in this house and their scheduled rota provides additional support in the evenings and at the weekends when they are on-call, however, they as they are on-call for other centres in the region they cannot commit to supporting activities for residents either. One staff member provides support to the residents in each house at weekends. There is one sleep over staff in each house every night to support the residents. The person in charge also outlined that residents, apart from one resident who does not attend day services, do not have the option to stay in the house during the day if they choose not to go to their day services

Regulation 15: Staffing

The provider had not ensured that the number of staff was appropriate to the number and assessed needs of the residents.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured that the service provided was safe, appropriate to residents' needs, effectively delivered care and support in accordance with the statement of purpose.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had not ensured the statement of purpose contained all the information required in Schedule 1 of the regulations.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had submitted all notifications to the Chief Inspector as required by the regulations.

Judgment: Compliant

Quality and safety

Inspectors found that efforts were being made by the provider to address some actions following the last inspection in October 2019. These included addressing actions relating to regulation 17: Premises and regulation 28: Fire precautions. The provider had ensured a deep clean had been completed in one house since the last inspection. There were plans for this house to be re-painted in the coming weeks,

residents informed the inspectors that they had picked out their paint colours for their bedrooms. The person in charge outlined details of the progression of planned works for the kitchen renovations for both houses to be completed in the coming months. The provider had also installed a fire exit in the apartment dwelling since the last inspection. However, it was evident that improvement was still required in a number of areas during this inspection. These included staffing, general welfare and development, protection and residents rights.

Staff spoken to on the day of the inspection outlined the regular duties they performed as a lone worker in the house. One staff member is responsible to ensure the five residents are supported each morning and evening, which includes supporting intimate care needs for some residents. In addition, residents require support with their medicines and to prepare their meals. The staff member must ensure residents are supported in line with an active safeguarding plan in place for a resident. The staff who spoke with the inspectors worked in the house for many years and reported there were critical times each day when additional staffing resources were required to enable the residents to be supported as per their assessed needs. They outlined how the house was very busy in the mornings and evenings when the residents returned from their day services. The dynamics of the group and the changing needs of one resident has directly impacted on others in the house. The staff discussed the changes to activities such as the weekly shopping to meet the changing needs of one resident as a result of the limited staff resources available. They also expressed concern that when they are out in the community with the group they are unable to ensure residents are supported in line with their safeguarding plan. At present one staff member is required to provide constant supervision to the five residents in one house during social activities. In the second house one resident who had requested additional staff support during the day as they have retired had not received any additional staffing resources since the last inspection. They are currently supported for one hour each weekday by staff from the day service who support the individual to prepare their lunch. The resident had made a request for additional staff support during the day to assist them attain their goals which included going on a day trip. This resident had not been supported by the provider to access advocacy services since they had retired from their day service in 2019.

The staffing resources currently available to the designated centre were discussed with the person in charge and person participating management during the inspection. These included a core staff complement of staff, supporting the aging profile of the residents, the increasing healthcare needs, the provision of individualised support for residents should they be unable to attend their day service, the safeguarding of residents both in the house and in the community, the ability of residents to participate in activities of their choosing. The requirement of residents to be involved in group social activities was limited due to the lack of staffing resources in the designated centre, and this was evident from speaking with residents and staff. The inspectors also discussed the presence of litter and broken light fittings in the driveway at the front of one house. Inspectors observed discarded cigarette packets and drinks bottles on arrival at the house.

Inspectors reviewed a forensic assessment report that had been completed by an

external expert at the end of 2019. The report made a number of recommendations which included staffing supports for the resident, a scheduled timetable of activities and maintaining the previously agreed safeguarding measures while the resident is in public places. These recommendations had not been implemented by the provider at the time of this inspection.

Inspectors were informed by the person in charge that residents accessing community activities such as hair appointments and sports events are impacted due to the lack of staff resources. While the person in charge supported residents to attend healthcare appointments, other leisure activities are completed as a group activity usually at weekends. In addition, on the day of the inspection, one resident had requested to visit friends in another designated centre in the evening. While the staff member spoke in a respectful and caring manner they could not confirm at that time if the activity was able to go ahead.

Overall, residents had limited opportunities for individualised supports from staff, some residents were not able to attain their goals and staff were unable to ensure the safeguarding of all residents both in the designated centre and in public places.

Regulation 13: General welfare and development

The provider had not ensured that each resident was provided with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes. The provider had not supported opportunities for residents to partake in activities in accordance with the residents interest and capacities.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had ensured that there were systems in place for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 8: Protection

The provider had not ensured that all residents were effectively protected from all

forms of abuse.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider had not ensured that all residents had the freedom to exercise choice and control in their daily lives or access to advocacy services and information about their rights.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Kingfisher 1 OSV-0004836

Inspection ID: MON-0028234

Date of inspection: 12/02/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Engagement continued with the HSE in relation to funding the two business cases relating to this designated centre. To date funding has not been approved. • Provider will continue to advocate with the HSE on these business cases at monthly business case meetings. This was last discussed with the HSE at the monthly business case on 11th February 2020, these meetings are currently suspended due the Covid – 19 situation • The vacant room remains vacant in one house and has improved the staff ratio from 1:6 to 1:5. The provider will continue to advocate with the HSE re reducing the capacity from 6 to 5 residents in this house. • During Covid19 all day services are suspended. In this regard 2 day service staff have been redeployed to one house in the designated centre to support residents from Monday to Friday. In the second house one day services staff has been redeployed and the number of residents has reduced from 4 to 3 in this COVID 19 period. • A strategy of cocooning residents is currently being adopted in line with public health advice therefore activities are restricted to the house. All residents are coping well with this new arrangement. • PIC contacted Advocacy organisation on behalf of person supported who chooses to remain at home. PIC spoke to Regional Co-Ordinator and explained the referral. This person advised that they would not be able to do anymore for the PSS than the BOCSL is currently doing as the PSS is refusing the various supports and services offered. • As the person supported chooses not to attend day services she is not present during advocacy meetings. However, staff provide her with an update of issues discussed and ensure that any issues which she wishes to forward to advocacy are forwarded. <p>This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Since the previous inspection the following has happened:</p> <ul style="list-style-type: none"> • Safeguarding plan continues to be monitored by PIC and followed by staff. • The Report on Audit of Designated officer files in respect of peer to peer safeguarding concerns in respect of Garda Reporting has been completed by the Designated officer. A copy of this report has been submitted to HIQA. • A BOCSI national audit of safeguarding took place over three days from 2nd March in the Limerick Services. This was conducted by 3 Senior Staff external to the Limerick Services. The challenges experienced in this designated centre were highlighted to the audit team in advance of this audit. This designated centre formed part of the review. Both PPIMs for the centre were interviewed. We await the report and its recommendations. • The business cases remain with the HSE. No funding has been approved to date. • Consideration is being given to the use of personal assistants for residents within Kingfisher 1. The organization has a comprehensive and robust policy around the use of P.A. In light of the Covid19 outbreak this is temporarily on hold. • Person in charge made contact with personal assistant agency but due to the restrictions of Covid19, all further interaction has been put on hold. • The action that was planned in respect of upgrading the kitchen in two houses has been put on hold during this Covid 19 period as advised by Infection Control guidance. <p>This compliance plan response from the registered provider did not adequately assure the Chief Inspector that the actions will result in compliance with the regulations.</p>	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of purpose and function is being updated to reflect the engagement with external advocacy which has taken place.</p>	
Regulation 13: General welfare and development	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> • The PPIM has linked with the PIC of other designated centres within the management area and asked that if people supported from another area were going to a social event that they would link in with the people in Kingfisher 1 to see would any of the residents like to attend eg matches and trips away. This is currently on hold during this Covid 19 period. • Consideration is being given to the use of personal assistants for residents within Kingfisher 1. The organization has a comprehensive and robust policy around the use of P.A. In light of the Covid19 outbreak this is temporarily on hold due to considerations of infection control. • Engagement continues with the HSE in relation to funding the two business cases relating to this designated centre. To date funding has not been approved. Provider will continue to advocate with the HSE on these business cases at monthly business case meetings. This was last discussed with the HSE at the monthly business case on 11th February 2020, these meetings are currently suspended due the Covid – 19 situation • The vacant room remains vacant in one house. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The Report on Audit of Designated officer files in respect of peer to peer safeguarding concerns in respect of Garda Reporting has been completed by the Designated officer. A copy of this report has been submitted to HIQA. • A national audit of safeguarding took place over three days from 2nd March in the Limerick Services. This was conducted by 3 Senior Staff external to the Limerick Services. The challenges experienced in this designated centre were highlighted to the audit team in advance of this audit. This designated centre formed part of the review. Both PPIMs for the centre were interviewed. We await the report and its recommendations. • Safeguarding plans and risk assessments continue to be monitored by PIC. • Consideration is being given to the use of personal assistants for residents within Kingfisher 1. The organization has a comprehensive and robust policy around the use of P.A. In light of the Covid19 outbreak this is temporarily on hold. Person in charge had made contact with personal assistant agency but due to the restrictions of Covid19, all further interaction has been put on hold. • Engagement continues with the HSE in relation to funding the two business cases relating to this designated centre. To date funding has not been approved. Provider will continue to advocate with the HSE on these business cases at monthly business case meetings. This was last discussed with the HSE at the monthly business case on 11th February 2020, these meetings are currently suspended due the Covid – 19 situation 	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Engagement continues with the HSE in relation to funding the two business cases relating to this designated centre. To date funding has not been approved. Provider will continue to advocate with the HSE on these business cases at monthly business case meetings. This was last discussed with the HSE at the monthly business case on 11th February 2020, these meetings are currently suspended due the Covid – 19 situation • All risk assessment reviews are up to date. • The person attends weekly house meetings where the staff on duty will advocate for the person supported on any issues raised. As the person supported chooses not to attend day services she is not present during advocacy meetings. However, staff provide her with an update of issues discussed and ensure that any issues which she wishes to forward to advocacy are forwarded • During Covid19 all day services are suspended and 2 day service staff have been redeployed to one house in the designated centre to support residents from Monday to Friday. In the second house one day services staff has been redeployed and the number of residents has reduced from 4 to 3 in this period. • A strategy of cocooning residents is currently being adopted in line with public health advice therefore activities are restricted to the house. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Orange	12/10/2020
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	12/10/2020
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in	Not Compliant	Orange	12/10/2020

	accordance with their interests, capacities and developmental needs.			
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	12/10/2020
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	12/10/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	12/10/2020
Regulation 03(1)	The registered provider shall prepare in writing	Not Compliant	Orange	10/04/2020

	a statement of purpose containing the information set out in Schedule 1.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	12/10/2020
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	12/10/2020
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	12/10/2020
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and	Not Compliant	Orange	12/10/2020

	information about his or her rights.			
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