Safety and Supervision of Residents

Policy Statement

Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities.

Policy Interpretation and Implementation

Facility-Oriented Approach to Safety

1. Our facility-oriented approach to safety addresses risks for groups of residents.

2. Safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes; QA&A reviews of safety and incident/accident reports; and a facility-wide commitment to safety at all levels of the organization.

3. When accident hazards are identified, the QA&A/Safety Committee shall evaluate and analyze the cause(s) of the hazards and develop strategies to mitigate or remove the hazards to the extent possible.

4. Employees shall be trained and inserviced on potential accident hazards and how to identify and report accident hazards, and try to prevent avoidable accidents.

5. The QA&A Committee and staff shall monitor interventions to mitigate accident hazards in the facility and modify as necessary.

Resident-Oriented Approach to Safety

1. Our resident-oriented approach to safety addresses safety and accident hazards for individual residents.

2. Staff shall use various sources to identify risk factors for residents, including the information obtained from the medical history, physical exam, observation of the resident, and the MDS.

3. The interdisciplinary care team shall analyze information obtained from assessments and observations to identify any specific accident hazards or risks for that resident. The care team shall target interventions to reduce the potential for accidents.

4. Implementing interventions to reduce accident risks and hazards shall include the following:

a. communicating specific interventions to all relevant staff;
b. assigning responsibility for carrying out interventions;
c. providing training, as necessary;
d. ensuring that interventions are implemented; and
e. documenting interventions.

5. Monitoring the effectiveness of interventions shall include the following:

a. ensuring that interventions are implemented correctly and consistently;
b. evaluating the effectiveness of interventions;
c. modifying or replacing interventions as needed; and
d. evaluating the effectiveness of new or revised interventions.

Systems Approach to Safety

1. The facility-oriented and resident-oriented approaches to safety are used together to implement a systems approach to safety, which considers the hazards identified in the environment and individual resident risk factors, and then adjusts interventions accordingly.

2. Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards in the environment.

3. The type and frequency of resident supervision may vary among residents and over time for the same resident. For example, resident supervision may need to be increased when there are temporary hazards in the environment (such as construction) or if there is a change in the resident's condition.

Resident Risks and Environmental hazards:

1. Due to their complexity and scope, certain resident risk factors and environmental hazards are addressed in dedicated policies and procedures. These risk factors and environmental hazards include:

a. Bed Safety
b. Safe Lifting and Movement of Residents
c. Falls
d. Smoking
e. Unsafe Wandering

OSHA COVID19 - Policies

The policies required based on OSHA ETS regulations are as listed below.

Click on name- link to access.

Respiratory Protection Plan - Marquis

Staff Screening Policy

Visitor Policy

Screening APP protocol: Screening APP protocol

Transmission Based Precautions: COVID-19 https://confluence.marquiscompanies.com/x/f4AxAw

Personal Protective Equipment: Eyewear https://confluence.marquiscompanies.com/x/8IAjAg

Personal Protective Equipment: Gloves https://confluence.marquiscompanies.com/x/_oAjAg

Personal Protective Equipment: Gowns https://confluence.marquiscompanies.com/x/6IAjAg

Administering Medication through a Small Volume (handheld) Nebulizer: https://confluence.marquiscompanies.com/x/E4TgAQ

CPAP/BiPAP Support: https://confluence.marquiscompanies.com/x/54fgAQ

Staff work day/ Break Guidance: https://confluence.marquiscompanies.com/x/FQEDAw

Cleaning and Disinfection of Rooms: https://confluence.marquiscompanies.com/x/AITjAw

Cleaning and Disinfection of Environmental Surfaces: https://confluence.marquiscompanies.com/x/AoTjAw

High Touch Surface Cleaning Log

High Touch Surface cleaning log: https://confluence.marquiscompanies.com/x/BITjAw

Communicable/Contagious Diseases, Employee: https://confluence.marquiscompanies.com/x/dongAQ

Employee Infection and Vaccination Status: https://confluence.marquiscompanies.com/x/mYngAQ

Family and staff communication policy: COVID Communication- Resident/Responsible party and Employees

Employee Return to Work- COVID Positive

Return to work - Post Exposure to COVID

Qualitative Fit Test Procedure- N95Qualitative Fit Test Procedure- N95

Personal Protective Equipment: Respirator Medical Evaluation and Fit Test

Medical Evaluation FIT test form

FIT Test Employee form

Personal Protective Equipment: Using Respirator (N95) (Seal test. Mini Respirator program)

Aerosol Generating Procedures (AGP)

Respirator Donning/Doffing/Seal Check: https://confluence.marquiscompanies.com/x/koTjAw

f. Poison Control
g. Electrical Safety
h. Water Temperatures

2. Other topics related to resident risk and environmental hazards may be addressed within related policies and procedures (for example, adequate lighting is addressed under the topic of falls).

References	
OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F689, F921
Related Documents	Accidents and Incidents – Investigating and Reporting; Poison Control; Smoking Policy – Residents; Resident-to-Resident Altercations (Resident Rights and Dignity); Falls and Fall Risk, Managing (Falls and Fall Risk); Wandering, Unsafe Resident (Behavior, Mood and Cognition)
Policy Revised	Date: *5/2010 By:* Marquis Companies

Poison Control

Policy Statement

Poison control information shall be readily available throughout the facility.

Policy Interpretation and Implementation

1. Information about poisoning and poison control, including key contact information, is located at Nursing stations/Medication rooms. This information shall be posted at each nurses' station and/or medication room and other areas of the facility where hazardous and poisonous substances may be used or stored.
2. Antidote information is also available at each nurses' station and/or Medication room.
3. If a resident is suspected of taking poison, nursing staff will notify the Attending Physician and Director of Nursing Services.
4. Administer treatment as ordered by the physician, based on poison control recommendations.
5. Nursing staff will document the resident's condition in the resident's clinical record, and the interventions that were made.
6. Staff will complete an incident report per the appropriate policy.

References	
OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F689
Related Documents	N/A
Policy Revised	Date: *5/2010 By:* Marquis Companies

Hazardous Areas in the Facility

Policy Statement

Hazardous areas in the facility shall be identified with appropriate precautionary signs.

Policy Interpretation and Implementation

1. All hazardous areas are so designated and can be identified on floor plans posted throughout the facility.
2. Hazardous areas, such as power rooms, boiler rooms, oxygen or other flammable liquids storage rooms, etc., are posted with No Smoking signs.
3. Smoking is prohibited in all hazardous areas.
4. The facility's Safety Committee shall recommend measures to ensure that residents cannot access hazardous areas in the facility.
5. The Administrator is responsible for communicating all safety recommendations adopted by the Safety Committee to the appropriate departments within the facility.
6. The Safety Committee shall periodically check for the implementation and integrity of measures intended to prevent residents from entering hazardous areas.

References	
OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F689; F836
Related Documents	N/A
Policy Revised	Date: *5/2010 By:* Marquis Companies

Electrical Safety for Residents

Policy Statement

The resident will be protected from injury associated with the use of electrical devices, including electrocution, burns and fire.

Policy Interpretation and Implementation

1. Orient the resident to basic electrical safety precautions as part of the admission process, and reinforce the following guidelines with the resident as indicated and/or appropriate:

    a. Ensure that the hands are dry before using an electrical device;
    b. Do not to use electrical devices while standing on a wet floor;
    c. Pull electrical cords out by the plug and never yank the cord;
    d. Report electrical devices if they cause even minor shocks;
    e. Unplug any electrical device that appears to be overheating by smell or touch;
    f. Do not use any electrical device that has been dropped or abused, or if liquid has spilled into it. Wait until it has been checked and declared safe for use; and
    g. Do not use electrical appliances where oxygen is being administered or stored.
    h. Do not use any additional electric adapters/plug ins that have not been approved by facility maintenance director.

2. Inspect electrical outlets, extension cords, power strips, and electrical devices as part of routine fire safety and maintenance inspections.

3. Portable space heaters are not permitted in the facility.

4. Halogen lamps shall be used with caution and away from combustible items in the resident's environment.

5. Extension cords shall not be used as a substitute for adequate wiring in the facility.

6. When extension cords are used, the following precautions must be taken and they must comply with NPFA standards;

    a. Secure extension cords and do not place overhead, under carpets, or where they can cause trips, falls, or overheat;
    b. Connect extension cords to only one device;
    c. Ensure that the type of cord used is appropriate of the size and type of electrical load;
    d. Ensure that cords have proper grounding; and
    e. Inspect regularly for fraying, cuts, or breakage.

7. Power strips shall not be used as a substitute for adequate electrical outlets in the facility. Power strips may be used for a computer, monitor, and printer. Power strips in use must comply with NFPA standards.

8. Power strips shall not be used with medical devices in resident-care areas.

9. When power strips are used, the following precautions must be taken, in addition to must meet NFPA standards;

    a. Install internal ground fault and over-current protection devices;
    b. Secure power strips so that they do not cause trips or falls; and
    c. Use power strips that are adequate for the number and types of devices used.

10. Ground fault circuit interruption devices shall be used in locations near water sources to prevent electrocution of residents and staff.

11. The use of electric blankets and electric heating pads is not allowed.

References	
OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F689
Related Documents	N/A
Policy Revised	Date: *5/2010 By:* Marquis Companies

Proper Use of Side Rails - Level II

Purpose

The purposes of these guidelines are to ensure the safe use of side rails as resident mobility aids and to prohibit the use of side rails as restraints unless necessary to treat a resident's medical symptoms.

Definition

Physical restraints are defined by the Centers for Medicare and Medicaid Services (CMS) as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. (Note: The definition of restraints is based on the functional status of the resident and not on the device, therefore any device that has the effect on the resident of restricting freedom of movement or normal access to one's body could be considered a restraint.)

General Guidelines

1. Side rails are considered a restraint when they are used to limit the resident's freedom of movement (prevent the resident from leaving his/her bed). (Note: The side rails may have the effect of restraining one individual but not another, depending on the individual resident's condition and circumstances.)

2. Side rails are only permissible if they are used to treat a resident's medical symptoms or to assist with mobility and transfer of residents.

3. An assessment will be made to determine the resident's symptoms or reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's:

    a. Bed mobility; and
    b. Ability to change position, transfer to and from bed or chair, and to stand and toilet.

4. The use of side rails as an assistive device will be addressed in the resident care plan.

5. Consent for using restrictive devices will be obtained from the resident or resident representative per facility protocol.

6. Less restrictive interventions that may be incorporated in care planning include:

    a. Providing restorative care to enhance abilities to stand safely and to walk;
    b. Providing a trapeze to increase bed mobility;
    c. Providing a bed cane/arc rail to increase bed mobility;
    d. Providing staff monitoring at night with periodic assisted toileting for residents attempting to arise to use the bathroom; and/or
    e. Furnishing visual and verbal reminders to use the call bell for residents who can comprehend this information.

7. Documentation will indicate if less restrictive approaches are not successful, prior to considering the use of side rails.

8. The risks and benefits of side rails will be considered for each resident.

9. Consent for side rail use will be obtained from the resident or resident's representative, after presenting potential benefits and risks. (Note: Federal regulations do not require written consent for using restraints. Signed consent forms do not relieve the facility from meeting the requirements for restraint use, including proper assessment and care planning. While the resident or representative may request a restraint, the facility is responsible for evaluating the appropriateness of that request.)

10. The resident will be checked periodically for safety relative to side rail use.

11. If side rail use is associated with symptoms of distress, such as screaming or agitation, the resident's needs and use of side rails will be reassessed.

12. When side rail usage is appropriate, the facility will assess the space between the mattress and side rails to reduce the risk for entrapment (the amount of safe space may vary, depending on the type of bed and mattress being used).

13. Side rails with padding may be used to prevent resident injury in situations of uncontrollable movement disorders, but are still restraints if they meet the definition of a restraint.

14. Facility staff, in conjunction with the Attending Physician, will assess and document the resident's risk for injury due to neurological disorders or other medical conditions.

References	
MDS (RAPs)	N/A
Survey Tag Numbers	F689; F604

Related Documents	Bed Safety
Risk of Exposure	N/A
Policy Revised	Date: *5/2010 By:* Marquis Companies

Accidents and Incidents - Investigating and Reporting

Policy Statement

All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator. All accidents and incidents involving residents on or off premises will be investigated and reported to the administrator. Investigations shall be completed within 5 days of the incident.

Policy Interpretation and Implementation

1. The Licensed Nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident. Incident would include, but are not limited to; found on floor, fall, bruise, skin tear, laceration, abrasion, excoriation, pressure ulcer, burn, elopement, resident to resident encounter, etc.

2. The following data, as applicable, shall be included in the resident's electronic clinical record.

   a. The date and time the accident or injury took place;
   b. The nature of the injury/illness (e.g., bruise, fall, nausea, etc.);
   c. The circumstances surrounding the accident or injury;
   d. Where the accident or injury took place;
   e. The injured resident's account of the accident or injury(as able);
   f. The Attending Physician who was notified;
   g. The injured resident's representative who was notified (for residents who are not their own responsible party;
   h. The condition of the injured resident, including his/her vital signs as applicable;
   i. The disposition of the resident (i.e., transferred to hospital, put to bed, sent home, returned to work, etc.);
   j. Any care plan changes made;
   k. Follow-up information;
   l. Other pertinent data as necessary or required; and
   m. The signature and title of the person completing the report.

3. Witnesses and/or those who may have knowledge of the accident or injury will be interviewed as part of the investigation. A summary of the interviews will be included as part of the investigation summary in the clinical record as applicable.

4. The Licensed Nurse and/or the department director or supervisor shall complete the appropriate resident event assessment within the clinical record.

5. For any accident/incident that may meet the definition of potential abuse/neglect, refer to Abuse Investigation policy and procedure.

References	
OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F607; F943; F689
Related Documents	Abuse and Neglect protocols, Assessing falls, elopement assessment, skin and wound assessments, resident to resident assessment.
Policy Revised	Date: *5/2010 By:* Marquis Companies
	Date: *8/2010 By:* Marquis Companies
	Date: *5/2011 By:* Marquis Companies
	Date: *8/2017 By:* Marquis Companies
	Date: *5/2018 By:* Marquis Companies

Bed Safety

Policy Statement

Our facility shall strive to provide a safe sleeping environment for the resident.

Policy Interpretation and Implementation

1. The resident's sleeping environment shall be maintained by the interdisciplinary team, considering the resident's safety, medical conditions, comfort, and freedom of movement, as well as input from the resident and family regarding previous sleeping habits and bed environment.

2. To try to prevent deaths/injuries from the beds and related equipment (including the frame, mattress, assistive devices, headboard, footboard, and bed accessories), the facility shall promote the following approaches:

   a. Inspection by maintenance staff of all beds and related equipment as part of our regular bed safety program to identify risks and problems including potential entrapment risks;
   b. Review that gaps within the bed system are within the dimensions established by the FDA (Note: The review shall consider situations that could be caused by the resident's weight, movement or bed position.);
   c. Ensure that when bed system components are worn and need to be replaced, components meet manufacturer specifications;
   d. Ensure that assistive mobility devices are properly installed using the manufacturer's instructions and other pertinent safety guidance to ensure proper fit (e.g., avoid bowing, ensure proper distance from the headboard and footboard, etc.); and
   e. Identify additional safety measures for residents who have been identified as having a higher than usual risk for injury including entrapment (e.g., altered mental status, restlessness, etc.).

3. The facility's education and training activities will include instruction about risk factors for resident injury due to beds, and strategies for reducing risk factors for injury, including entrapment.

4. If assistive devices for bed mobility are used, including but not limited to bed canes/arc rails, there shall be an assessment of the resident, consultation with the Attending Physician if indicated, and input from the resident and/resident representative.

5. The staff shall obtain consent for the use of the assistive device from the resident or the resident's representative prior to their use.

6. After appropriate review and consent as specified above, assistive devices may be used at the resident's request to increase the resident's sense of security (e.g., if he/she has a fear of falling, his/her movement is compromised, or he/she is used to sleeping in a larger bed).

7. Side rails may be used if assessment and consultation with the Attending Physician has determined that they are needed to help manage a medical symptom or condition, or to help the resident reposition or move in bed and transfer, and no other reasonable alternatives can be identified. (See Proper use of Side Rails policy)

8. Side rails shall not be used as protective restraints. Should a protective restraint be used, our facility's protocol for the use of restraints shall be followed.

9. The use of physical restraints on individuals in bed shall be limited to situations where they are needed to treat a resident's medical symptoms, and only after being reviewed by authorized individuals.

10. The staff shall report to the Director of Nursing and Administrator any deaths, serious illnesses and/or injuries resulting from a problem associated with a bed and related equipment including the bed frame, bed assistive device, side rails, and mattresses. The Administrator shall ensure that reports are made to the Food and Drug Administration or other appropriate agencies, in accordance with pertinent laws and regulations including the Safe Medical Devices Act.

References	
OBRA Regulatory Reference Numbers	N/A
Survey Tag Numbers	F689; F908
Related References	See also FDA's Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment; and The Hospital Bed Safety Workgroup's Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities and Home Care Settings
Policy Revised	Date: *5/2010 By:* Marquis Companies

Proper Use of Side Rails - Level II

Purpose

The purposes of these guidelines are to ensure the safe use of side rails as resident mobility aids and to prohibit the use of side rails as restraints unless necessary to treat a resident's medical symptoms.

Definition

Physical restraints are defined by the Centers for Medicare and Medicaid Services (CMS) as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. (Note: The definition of restraints is based on the functional status of the resident and not on the device, therefore any device that has the effect on the resident of restricting freedom of movement or normal access to one's body could be considered a restraint.)

General Guidelines

1. Side rails are considered a restraint when they are used to limit the resident's freedom of movement (prevent the resident from leaving his/her bed). (Note: The side rails may have the effect of restraining one individual but not another, depending on the individual resident's condition and circumstances.)

2. Side rails are only permissible if they are used to treat a resident's medical symptoms or to assist with mobility and transfer of residents.

3. An assessment will be made to determine the resident's symptoms or reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's:

   a. Bed mobility; and
   b. Ability to change position, transfer to and from bed or chair, and to stand and toilet.

4. The use of side rails as an assistive device will be addressed in the resident care plan.

5. Consent for using restrictive devices will be obtained from the resident or resident representative per facility protocol.

6. Less restrictive interventions that may be incorporated in care planning include:

   a. Providing restorative care to enhance abilities to stand safely and to walk;
   b. Providing a trapeze to increase bed mobility;
   c. Providing a bed cane/arc rail to increase bed mobility;
   d. Providing staff monitoring at night with periodic assisted toileting for residents attempting to arise to use the bathroom; and/or
   e. Furnishing visual and verbal reminders to use the call bell for residents who can comprehend this information.

7. Documentation will indicate if less restrictive approaches are not successful, prior to considering the use of side rails.

8. The risks and benefits of side rails will be considered for each resident.

9. Consent for side rail use will be obtained from the resident or resident's representative, after presenting potential benefits and risks. (Note: Federal regulations do not require written consent for using restraints. Signed consent forms do not relieve the facility from meeting the requirements for restraint use, including proper assessment and care planning. While the resident or representative may request a restraint, the facility is responsible for evaluating the appropriateness of that request.)

10. The resident will be checked periodically for safety relative to side rail use.

11. If side rail use is associated with symptoms of distress, such as screaming or agitation, the resident's needs and use of side rails will be reassessed.

12. When side rail usage is appropriate, the facility will assess the space between the mattress and side rails to reduce the risk for entrapment (the amount of safe space may vary, depending on the type of bed and mattress being used).

13. Side rails with padding may be used to prevent resident injury in situations of uncontrollable movement disorders, but are still restraints if they meet the definition of a restraint.

14. Facility staff, in conjunction with the Attending Physician, will assess and document the resident's risk for injury due to neurological disorders or other medical conditions.

References	
MDS (RAPs)	N/A
Survey Tag Numbers	F689; F604

Related Documents	Bed Safety
Risk of Exposure	N/A
Policy Revised	Date: *5/2010 By:* Marquis Companies

Safe Food Handling Process

Policy Statement

Food and Nutrition Services employees will follow safe food handling guidelines to prevent the spread of foodborne illness. HACCP principals followed.

Purchasing

Food will be bought from approved food distributors.

Receiving

Food items will be inspected and checked upon receipt to insure quality and food safety. – See policy for Receiving.

Dry Food Storage Guidelines

The Food and Nutrition Services Department will store dry food and supplies according to policy guidelines and state regulations. – See policy for Storage of Dry Food and Supplies.

Refrigeration & Freezer Storage

The Food and Nutrition Services Department will store frozen and refrigerated foods according to policy guidelines and state regulations. - See policy for Storage of Frozen and Refrigerated Foods.

Cooking & Serving Guidelines

Follow these guidelines for safe food handling when cooking and serving:

- Always wash raw fruits and vegetables thoroughly before cooking or serving. Wash fruits and vegetables in preparation sink only. (If the department does not have a preparation sink, the sink used will be thoroughly sanitized before fruits and vegetables are washed.)
- All food should be prepared as quickly as possible, minimizing time the food is in the "danger zone" (between 41o F and 135o F).
- Per state regulations, there will be no re-use of food that has already been served to another individual. (Including individually wrapped items and milk cartons.)
- All foods are to be covered when transporting through common areas.
- "Sneeze Guards" are recommended to protect unwrapped foods from contamination in buffets or salad bars that residents serve themselves.

Utensil Guidelines

Follow these guidelines for the correct handling of cooking and serving utensils:

- Utensils are used for handling food whenever possible. Clean hands or gloves may be used per state regulations. Gloves MUST be used when handling ready-to-eat foods.
- Flatware will be stored so that only the handles are touched.
- Clean & sanitize cutting boards between usage for different products. Wooden cutting boards are not allowed. Cutting boards are to be smooth and readily cleanable without discoloration or dark staining.

Additional Guidelines

Follow these additional guidelines to prevent the spread of foodborne illness

- Food brought into the facility from an outside source (see storage guidelines for resident / patient food refrigerators)
- Food and Nutrition Services employees are not assigned duties outside of the Food and Nutrition Services department before assuming their food handling duties.
- Doors in the department are to remain closed (hot weather may be an exception)

References

OBRA Regulatory Reference Numbers

Survey Tag Numbers

Related Documents

Policy Revised *Date:* 4/2018 *By:* Marquis Companies

Infection Control Committee Overview

Policy Statement

The Infection Control Committee shall take an active and effective role in preventing and managing communicable illnesses within our facility.

Policy Interpretation and Implementation

1. The Infection Control Committee shall oversee the surveillance, investigation, reporting, control and prevention of infections; occupational exposures to blood, body fluids, or other potentially infectious materials; and monitoring for proper implementation of and adherence to infection control policies and procedures.

2. The Infection Control Committee shall include the following individuals:

   a. Administrator (or designee);
   b. Medical Director;
   c. Director of Nursing Services;
   d. Infection Preventionist;
   e. Dietitian/Food Service Director;
   f. Environmental Services Director/Supervisor;
   g. Maintenance Director/Supervisor;
   h. Laundry Director/Supervisor; and
   i. Others as appropriate.

3. The Infection Control Committee shall meet at least monthly, or more often as appropriate. Infection Control Committee meetings may be included in the facility Quality Assessment and Assurance Committee meetings. Minutes of ICC meetings shall be submitted to the Quality Assessment and Assurance Committee, which will review, analyze, and act as needed upon the information and recommendations from the Infection Control Committee.

References

OBRA Regulatory Reference Numbers	483.65(a)
Survey Tag Numbers	F441
Related Documents	N/A
Policy Revised	Date: *6/2014 By:* Marquis Companies