

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

LEGAL ENTITY

To operate CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

NAME OF FACILITY OR AGENCY

Located at 3635 NORTH 22ND STREET, PHILADELPHIA, PA 19140

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICES TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 14
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 2, 2010 until March 2, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 141672

Robert E. Robinson

ISSUING OFFICER

Kenneth Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT
MAILING DATE: SEP 03 2010

Mr. Rex Barr, Administrator
Chelten Christian Crusade for all People, Inc.
605 East Chelten Avenue
Philadelphia, Pennsylvania 19144

RE: Chelten Christian Crusade for all People, Inc.
3635 North 22nd Street
Philadelphia, Pennsylvania 19140

Dear Mr. Barr:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 11, 2010, June 15, 2010, June 22, 2010 and August 20, 2010 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
93a	III	11	\$3	\$33	15 calendar days from mailing date of this letter
187a	III	11	\$3	\$33	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

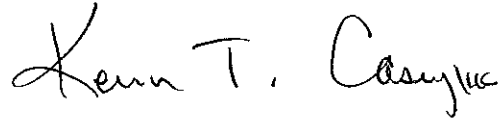
Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

Mr. Rex Barr

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

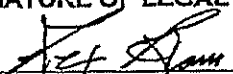
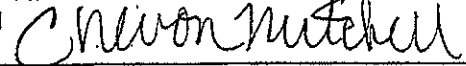
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey". The signature is written in black ink and is positioned above the typed name.

Kevin T. Casey
Deputy Secretary


Enclosures
License
Violation Report


VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Chelten Christian Crusade for all People 3635 North 22 nd Street, Philadelphia, Pa 19140		CURRENT LICENSE NUMBER 141671	
INSPECTION DATE(S) (Include all dates of the inspection) June 11, 2010, June 15, 2010 and June 22, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">REX BARR (Administrator)</p>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 8/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/17/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	The door between the staff bedroom and the resident's bedroom on the first floor does not close properly. There is no functioning door mechanism to keep the door closed. Repeated Violation – 9/30/09, et al	6/22/10	The door between the STAFF AND residents room on First Floor rear now have a self closer on it and also closes properly and completely The staff will check door daily to assure this violation do not recur.	8/24/10 GEM

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE  Rex Bart Administrator		DATE 8/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Chevron Mitchell	DATE 8/17/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
85a Sanitary conditions shall be maintained.	On 6/15/10, Resident #1 fell at the home and sustained a cut across the bridge of the nose, causing a bleed. A representative of the Department observed Administrator A cleaning the cut without wearing gloves. Administrator A also did not wash his hands prior to cleaning the cut and after.	6/16/10	Administrator in the future will make sure to wash hands prior to administering any first Aid to any resident or staff and after any incident happen. Administrator have gotten a lesson from the other Administrator and staff. This violation should not recur in future	Steps have been taken to correct violation, full compliance is not verifiable  Wate (DPW)

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[Signature] (Administrator)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE [Signature]		DATE 8/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION [Signature]
			DATE 8/17/10

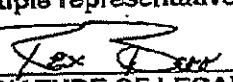
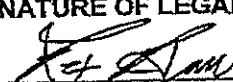

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85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	On 6/15/10, representatives of the Department observed 11 filled black trash bags and 3 filled white trash bags belonging to the home, on the pavement just outside the front of the home. One of the trash bags had been torn open, which contained food particles from chicken and burnt toast. Repeated Violation – 9/30/09, et al	6/22/10	Administrator Explained to staff the reasoning for keeping trash in receptacles for prevention of rodents and insects in the future ALL TRASH are LEFT in Cans and put out covered. Administrator will remind staff weekly to keep this from being a violation in the future. The trash was removed from the property. cem 8/17/10	8/17/10 [Signature]

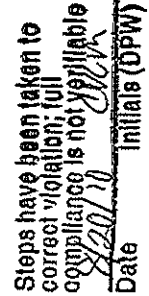
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Rex Barr Administrator</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Rex Barr</i>	DATE <i>8/4/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>8/17/10</i>

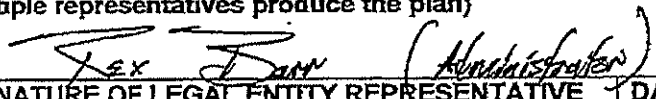

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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The narrow walkway in front of the house that is used to access the smoking area, has an 11 inch step leading to the drive way. The step does not have a handrail. Repeated Violation – 9/30/09, et al	<i>8/15/10</i>	The narrow walkway in front of house will have a new hand rail installed 8-15-10 Administrator will check handrail weekly to make sure the hand rail stays strong and sturdy for safety of residents. This should insure no recurrence of this violation.	

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100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	-The driveway to the home is the designated smoking area. The driveway is approximately 50ft in length by 8 ft wide. The entire area of the driveway has uneven surfaces due to broken concrete, which poses a tripping and fall hazard to residents. -A black wire with a frayed end was hanging down the side of the home, from the first floor roof to the ground. The side of the home which had this wiring hanging from it was located in the resident smoking area.	8/21/10 8/4/10	The drive way is suppose to get a New black topping by the 21 st of July. The residents have been instructed to use the small patio in front of building until the drive way is finish and clear of debris and free from any hazzard. Administrator have instructed staff to monitor daily to prevent this violation from recurring. The Black wire have also been removed and installed properly. Administrator will check for unsafe items around home when AT property daily. To make sure no recurrence	Steps have been taken to correct violation; full compliance is not yet attainable 8/21/10 Date Initials (DPW) 

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 Rex Damm (Administrator)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE 8-14-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  Chevron Mitchell
			DATE 8/17/10

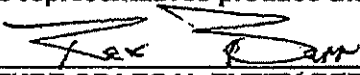
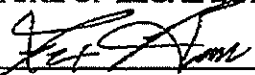
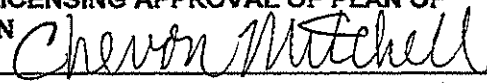
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10117 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	-The bedside lamp located in the middle room on the second floor was not accessible to the resident. -The bedside lamp located in the front room on the third floor was not operable. Repeated Violation – 9/30/09, et al	6/16/10	The bedside lamp in middle room on second floor was moved next resident for easy accessibility and resident can access from bed while lying down. STAFF will make sure and check daily to make sure that lamps on all floors works properly. bedside lamp on third floor was unplugged but STAFF will check and they clean rooms each day. This violation should not recur.	8/20/10 Dew

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Signature: <i>Les Barr</i> (Administrator) SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>
DATE 8-4-10	DATE 8/17/10	

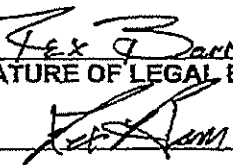
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102d Bathtubs and showers shall have slip-resistant surfaces.	The bathtub located in the third floor bathroom does not have a slip resistant surface.	6/16/10	The bathtub on third floor has a new slip resistant mat. STAFF will check the mats each day to make sure they are in tub and remain in good condition. Administrator will make checks to make sure this violation do not recur.	8/20/10 EVM

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 8-14-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/17/10

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	-On 6/15/10, the thermometer located in the commercial size refrigerator in the kitchen read 56°F. -On 6/15/10, the thermometer located in freezer #1 in the basement was observed at 20°F. -On 6/15/10, the thermometer located in freezer #2 in the home's basement was observed at 50°F. Repeated Violation – 9/30/09, et al	6/15/10	Administrator Put New Thermometers in each refrigerator and all refrigerator and FREEZERS have been clean and disced. This will be done monthly in the future and monitored by Administrator. We will make sure food are stored AT THE PROPER degrees. refrigerator 40°F and FREEZER below 0°F.	8/20/10 Crm

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 8-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chevon Mitchell</i>	DATE 8/17/10

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144d Smoking outside of the smoking room is prohibited.	-On 6/15/10 at approximately 7:45am, representatives of the Department observed Resident #4 sitting on the front porch smoking. The front porch is not the home's designated smoking area. -On 6/15/10, a representative of the Department observed ashes in the middle bedroom on the third floor. The ashes were on the floor under the night stand by the door. The designated smoking area is on the exterior of the home.	6/16/10	Resident #4 normally followed all home rules and really was going through a very difficult time with [redacted] health which [redacted] refused help from any one and really stopped following rules. Resident #4 died 6/26/10. Administrator have going over the smoking rules with residents and have notes around the building and will continue to let residents know that smoking other than in smoking area will not be tolerated. residents have been informed get caught can get them a thirty day notice.	8/20/10 <i>ERM</i>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Rex Bur</i>		DATE 8-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>
			DATE 8/17/10

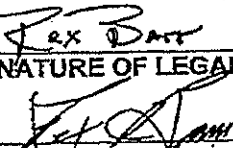
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162e A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with 161.	On 6/11/10, representatives of the Department arrived at the home at approximately 7:30am, and observed the staff placing apple sauce, cold cereal and coffee at the place settings for the residents. The breakfast menu posted for 6/11/10 listed grits, bacon, toast and apples. There was no change in the menu posted for residents' awareness.	6/14/10	The staff have been informed of the changing of the menu now. important it is and Administrator will do random checks of what we have on menus and make sure staff have what menu say or make sure they make the changes on menu.	8/20/10 erc

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[Signature] (Administrator)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE [Signature]	DATE 8-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION [Signature]	DATE 8/17/10

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184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	Resident #3 had a box of Glucometer testing strips in the medication drawer that were not labeled with the resident's name.	6/20/10	The factor that the strips come from refuse to accommodate our [redacted] making labels. but they finally started putting the name and how and what the strips are for on the box. Administrator will check and make sure when strips are sent to home they will be label in the future.	Steps have been taken to correct violation; full compliance is not verifiable [Signature] Date: 8/20/10 Initials (DPW)

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Rex Barr Administrator				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 8-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Chevron Mitchell	DATE 8/17/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (14) Name and initials of the staff person administering the medication.	-Resident #1's medication administration record for June, 2010 did not include a diagnosis for the resident's Labetalol 200mg medication or Seroquel 200mg tablet medication. -Resident #4's medication administration record for 6/1/10, 6/3/10 and 6/15/10 included Administrator A's initials as having administered all the resident's medications on those dates. The master key in the medication administration record did not include Administrator A's signature. Repeated Violation -- 9/30/09, et al	6/20/10 6/20/10	The medication Labetalol 200mg And Seroquel 200 mg Tablets have The Diagnosis and Pharmacist say They will make sure when med's are distributed that diagnosis will be on there. Administrator will check for diagnosis and make sure this is done each time we receive med's in the future to assure no recurrence. The administrator and any staff who administers medication will sign the master key each med in the Date 8/17/10	Steps have been taken to correct violation; full compliance is not verifiable Date 8/17/10 Initials (DPW)

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Chelton Christian Crusade for all People 3635 North 22 nd Street, Philadelphia, Pa 19140		CURRENT LICENSE NUMBER 141671	
INSPECTION DATE(S) (Include all dates of the inspection) June 11, 2010, June 15, 2010 and June 22, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
<i>Rex Barr</i> (Administrator)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Rex Barr</i>	DATE 8-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>	DATE 8/17/10


1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
221a The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.	-On 6/15/10, Administrator A stated that activities are provided to the residents only when staff have time to conduct them. -The activity calendar posted for June of 2010 offered only one activity per day.	6/17/10	Administrator A said no such thing and would have no reason to say that when there a activity calendar and activities provided monthly. I actually think this could have been a mistake. Our staff is committed to doing activities with the residents and daily and the activity calendars now have at least (2) activities per day. Administrator will make sure on future activity calendars there will be 2 activities each day.	<p>Steps have been taken to correct violation; full compliance is not yet attainable</p> <p><i>[Signature]</i> Date: 8/17/10 Initials (DPW)</p>


**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Chelton Christian Crusade for all People 3635 North 22 nd Street, Philadelphia, Pa 19140		CURRENT LICENSE NUMBER 141671	
INSPECTION DATE(S) (Include all dates of the inspection) June 11, 2010, June 15, 2010 and June 22, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
[Signature: Lex Barr] (Administrator)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE [Signature: Lex Barr]	DATE 8-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION [Signature: Chevron Mitchell]	DATE 8/17/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
226b If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.	Resident #4's support plan dated 3/18/10, states, "While [resident #4] is mobile, it is only from the first floor. [Direct Care Staff Person B] has noticed that after walking to [redacted] bedroom, [resident #4] was out of breath." Resident #4's room is located on the second floor of the home.	6/20/10	Administrator in the future will check support plans with all the necessary forms involved and MAKE SURE THE form is changed when necessary and updated. We will also make sure that there's no safety hazard when resident's need to change their living arrangements. Resident #4 passed away on 6/26/10 Date 8/17/10	Steps have been taken to correct violation; full compliance is not yet attainable Date 8/20/10 Initials (DPW) [Signature]

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Chelton Christian Crusade for all People 3635 North 22 nd Street, Philadelphia, Pa 19140		CURRENT LICENSE NUMBER 141671	
INSPECTION DATE(S) (Include all dates of the inspection) June 11, 2010, June 15, 2010 and June 22, 2010		REGIONAL REPRESENTATIVE Leslie Erhardt and Patricia Adams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Rex Barr (Administrator)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 8-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Chevron Mitchell	DATE 8/17/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
227e The resident's support plan shall document the ability of the resident to self-administer his/her medications or the need for medication reminders or medication administration.	Resident #3's assessment dated 2/25/10 states that the resident can self administer medications with assistance from others. However, the resident's support plan dated 3/18/10 states the resident cannot self administer medications.	6/18/10	Resident # 3's Support Plan have been changed to show Resident #3 Can self Administer Medications which now matches Assessment Administrator will check for unintentional mistakes made on resident record in the future. Administrator will audit resident Records monthly and make update them as necessary. Any updates will be reviewed with staff and the applicable Resident. com 8/17/10.	Steps have been taken to correct violation; full compliance is not verifiable 8/17/10 Date:  Initials (DPW)