

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ROSALIE J. DAPICE

LEGAL ENTITY

To operate HENDERSON HOUSE

NAME OF FACILITY OR AGENCY

Located at P.O.B. 6363,528-30 PRESSLEY ST, PITTSBURGH, PA 15212

(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 SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 25  
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 April 15, 2011 until April 15, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430950

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

APR 14 2011

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

Ms. Rosalie J. Dapice, Owner  
Henderson House  
PO Box 6363  
528-30 Pressley Street  
Pittsburgh, Pennsylvania 15212

Dear Ms. Dapice:

As a result of the Department of Public Welfare's licensing inspection on February 17, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', with a long horizontal line extending to the right.

Ronald Melusky  
Acting Director

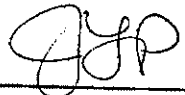
Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME HENDERSON HOUSE, P O B 6363 528-30 PRESSLEY ST PITTSBURGH, PA 15212		CURRENT LICENSE NUMBER 430950	
INSPECTION DATES (Include all dates of the inspection) 02/17/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Rosalie J Dupice</i>	DATE 3/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe Pazzino (JPP)</i>	DATE 4-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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 bathroom outside of room 207 had no window covering on the window in the shower.	2/28/11	Window Covering for the bathroom located outside room 207 was placed on the window in shower	4-6-11 JPP
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	there was a can of Krylon acrylic latex enamel and a can of Goof Off remover in the second floor dining room's unlocked sink cabinet. Both labels indicated to contact poison control immediately if ingested. No residents of the home are assessed safe to use or avoid poisonous materials.  <b>Western Region</b>	2/17/11	The poisonous materials Krylon & Goof off were removed from the sink cabinet and in the future daily monitoring will insure that no other poisonous materials are placed in this cabinet	<div style="font-size: small;">           Steps have been taken to correct violation; full compliance is not verifiable            Date <u>4-6-11</u> Initials (DPA) <u>JPP</u> </div>

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> HENDERSON HOUSE, P O B 6363-528 30 PRESSLEY ST PITTSBURGH, PA 15212		<b>CURRENT LICENSE NUMBER</b> 430950	
<b>INSPECTION DATES (Include all dates of the inspection)</b> 02/17/2011		<b>REGIONAL REPRESENTATIVE</b> Jason Williams, Larry Mazza	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Rosalie J Dupree</i>	<b>DATE</b> 3/15/11	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> -4-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The fire tower exit door on the 528 side of the building has a step down of approx. 5" to the porch. There is no hand rail installed by this door.	2/21/11	A Hand rail was installed by this door. Pictures are attached.	4-6-11 JJP

Western Region  
 Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME HENDERSON HOUSE, P O B 6363-528-30 PRESSLEY ST PITTSBURGH, PA 15212		CURRENT LICENSE NUMBER 430950	
INSPECTION DATES (Include all dates of the inspection) 02/17/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Rosalie J. Dapice</i>	DATE 3/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	There is no grab bar by the toilet in the private bathroom of room 104.	2-21-11	A Grab Bar was installed in the private bathroom of room 104. Pictures attached	4-6-11 <i>[Signature]</i>
<p style="font-size: 1.2em; margin: 0;">Western Region</p> <p style="margin: 0;">MAR 13 2011</p> <p style="margin: 0;">Adult Residential Licensing</p>				

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

NAME AND ADDRESS OF PERSONAL CARE HOME HENDERSON HOUSE, P O B 6363 528-30 PRESSLEY ST PITTSBURGH, PA 15212		CURRENT LICENSE NUMBER 430950	
INSPECTION DATES (Include all dates of the inspection) 02/17/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Rosalie J Dupier</i>	DATE 3/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 4-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	The exit door from the home's kitchenette on the first floor is marked "Emergency Exit Only" and leads to an alley alongside the home. As you exit the door there is a large storage shed built in the alley. The walkway between this shed and a wall outside the home is only 11 inches wide. This creates a dangerous situation if this exit were used in an evacuation.	2-21-11	A new sign has been installed reads this is not an exit. This exit has never been used as an emergency exit by any resident.	4-6-11 <i>JJP</i>
		4-30-11	The door was blocked by a large piece of furniture or otherwise and labeled "not an exit"	4-6-11 <i>JJP</i>

Western Region

Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME HENDERSON HOUSE, P O B 6363 528-30 PRESSLEY ST PITTSBURGH, PA 15212		CURRENT LICENSE NUMBER 430950	
INSPECTION DATES (Include all dates of the inspection) 02/17/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Rosalie J Dupice</i>	DATE 3/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 4-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home routinely has evacuation times which exceed 2 minutes and 30 seconds for fire drills. The home does not have a letter from a fire safety expert within the past year that indicates a safe evacuation time.	2-23-11	I received a letter from the fire chief stating fire drills conducted within a (4) four minute evacuation of residents from the building is an acceptable time. See attached copy.	4-6-11 JJP

Western Region

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

NAME AND ADDRESS OF PERSONAL CARE HOME HENDERSON HOUSE, P O B 6363 528-30 PRESSLEY ST PITTSBURGH, PA 15212		CURRENT LICENSE NUMBER 430950	
INSPECTION DATES (Include all dates of the inspection) 02/17/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Rosalie J. Lapini</i>	DATE 3/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JWP</i>	DATE 4-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY																																																																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Mont</th> <th style="width: 10%;">Date</th> <th style="width: 10%;">Time</th> <th style="width: 10%;">Evac. Time</th> <th style="width: 5%;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/29/2011</td><td>12:15 AM</td><td>2 min 40 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/10/2010</td><td>05:20 PM</td><td>3 min 3 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/22/2010</td><td>01:45 PM</td><td>3 min 2 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/30/2010</td><td>03:15 PM</td><td>3 min 1 sec</td><td>No</td></tr> <tr><td>May</td><td>05/19/2010</td><td>03:00 PM</td><td>3 min 30 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/22/2010</td><td>01:30 PM</td><td>3 min 10 sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/30/2010</td><td>01:00 AM</td><td>3 min 9 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/30/2010</td><td>02:00 PM</td><td>3 min 7 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/30/2010</td><td>05:00 PM</td><td>3 min 11 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/30/2010</td><td>02:30 PM</td><td>3 min 1 sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/02/2010</td><td>10:30 AM</td><td>2 min 12 sec</td><td>Yes</td></tr> <tr><td>Dec</td><td>12/31/2010</td><td>02:00 PM</td><td>2 min 9 sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/29/2011	12:15 AM	2 min 40 sec	No	Feb	02/10/2010	05:20 PM	3 min 3 sec	No	Mar	03/22/2010	01:45 PM	3 min 2 sec	No	Apr	04/30/2010	03:15 PM	3 min 1 sec	No	May	05/19/2010	03:00 PM	3 min 30 sec	No	Jun	06/22/2010	01:30 PM	3 min 10 sec	No	Jul	07/30/2010	01:00 AM	3 min 9 sec	No	Aug	08/30/2010	02:00 PM	3 min 7 sec	No	Sep	09/30/2010	05:00 PM	3 min 11 sec	No	Oct	10/30/2010	02:30 PM	3 min 1 sec	No	Nov	11/02/2010	10:30 AM	2 min 12 sec	Yes	Dec	12/31/2010	02:00 PM	2 min 9 sec	No			
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan	01/29/2011	12:15 AM	2 min 40 sec	No																																																																	
Feb	02/10/2010	05:20 PM	3 min 3 sec	No																																																																	
Mar	03/22/2010	01:45 PM	3 min 2 sec	No																																																																	
Apr	04/30/2010	03:15 PM	3 min 1 sec	No																																																																	
May	05/19/2010	03:00 PM	3 min 30 sec	No																																																																	
Jun	06/22/2010	01:30 PM	3 min 10 sec	No																																																																	
Jul	07/30/2010	01:00 AM	3 min 9 sec	No																																																																	
Aug	08/30/2010	02:00 PM	3 min 7 sec	No																																																																	
Sep	09/30/2010	05:00 PM	3 min 11 sec	No																																																																	
Oct	10/30/2010	02:30 PM	3 min 1 sec	No																																																																	
Nov	11/02/2010	10:30 AM	2 min 12 sec	Yes																																																																	
Dec	12/31/2010	02:00 PM	2 min 9 sec	No																																																																	

Western Region

Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME HENDERSON HOUSE, P O B 6363 528-30 PRESSLEY ST PITTSBURGH, PA 15212		CURRENT LICENSE NUMBER 430950	
INSPECTION DATES (Include all dates of the inspection) 02/17/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Rosalie J. Depina</i>	DATE 3/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i>	DATE 4-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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.	The posted menu on the day of the inspection indicated the lunch meal to include a grilled cheese sandwich, tomato soup, cookies, coffee or fruit punch. According to staff person B, the Administrator, the regular cook is off today and the meal was changed to salisbury steaks. No notice was posted for residents to be aware of this change in advance of the meal.	2-17-11	Staff were reminded of need to post any/all revisions to menu on the actual day of change in advance of the meal so that residents will have advanced notice. 4-6-11 JYP	Steps have been taken to correct violation; full compliance is not verifiable Date <u>4-6-11</u> Initials (DPW) <u>JYP</u>
Western Region				
Adult Residential Licensing				

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

NAME AND ADDRESS OF PERSONAL CARE HOME HENDERSON HOUSE, P O B 6363 528-30 PRESSLEY ST PITTSBURGH, PA 15212		CURRENT LICENSE NUMBER 430950	
INSPECTION DATES (Include all dates of the inspection) 02/17/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Rosalie J Depina</i>	DATE 3/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	Staff member C who administers medication to residents had no annual practicum completed for 2010.  Western Region  Adult Residential Licensing	3-15-11  4-30-11	Staff member C was on leave from work from 2/20/10 until 2/28/11 and received annual practicum upon return to work. See attached copy. The administrator will review all medication administration trained staff persons records to ensure they are updated in their current practicums.	4-6-11 <i>[Signature]</i>

4-6-11 *[Signature]*

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

NAME AND ADDRESS OF PERSONAL CARE HOME HENDERSON HOUSE, P O B 6363 528-30 PRESSLEY ST PITTSBURGH, PA 15212		CURRENT LICENSE NUMBER 430950	
INSPECTION DATES (Include all dates of the inspection) 02/17/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Rosalie J Lupice</i>	DATE 3/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	<p>-Resident #1 is prescribed Ibuprofen 200 mg, one tab every 4 hours as needed for pain/headache. Staff is currently giving this medication regularly at 8 AM and 4 PM.</p> <p>-Resident #2 is prescribed Acetomenophen 500 mg, two tablets every 8 hours as needed for chronic pain. Staff is currently giving this medication regularly at 8 AM and 4 PM.</p> <p>-Both residents were interviewed and stated that they never ask staff for the medications.</p>	2-18-11	<p>Both residents #1 &amp; #2 were to receive the medication as PRN.</p> <p>In the future med-techs. will only dispense PRN medication <u>upon</u> residents request.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>DATE 4-6-11 Initials (DPW)</p>
Western Region				
Adult Residential Licensing				

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

NAME AND ADDRESS OF PERSONAL CARE HOME HENDERSON HOUSE, P O B 6363 528-30 PRESSLEY ST PITTSBURGH, PA 15212		CURRENT LICENSE NUMBER 430950	
INSPECTION DATES (Include all dates of the inspection) 02/17/2011		REGIONAL REPRESENTATIVE Jason Williams, Larry Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Rosalie J. Iapece</i>	DATE 3/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 4-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The medical evaluation dated 6/25/10 for resident #2 indicates "portion controlled and sugar substitute" as dietary needs. The initial assessment dated 7/5/10 does not address these dietary needs.	2-18-11	In the future routine monitoring of required resident records will be made to insure all info is correct and accurate. All info on the medical evaluation will transfer to the assessment as well. Resident #2's assessment will be updated. The administrator will review all current resident records to ensure all information on the current medical evaluation has been transferred over to the assessment. 4-6-11 JJP	4-6-11 JJP
Western Region		4-30-11		
Adult Residential Licensing				

Steps have been taken to correct violation. Full compliance is not verifiable 4-6-11 JJP  
 Initials (DPW) \_\_\_\_\_  
 Date \_\_\_\_\_