

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PRESBYTERIAN SENIOR CARE, INC.
LEGAL ENTITY

To operate WESTMINSTER PLACE OF OAKMONT
NAME OF FACILITY OR AGENCY

Located at 1215 HULTON ROAD, OAKMONT, PA 15139
(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 135
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 15

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 June 29, 2011 until June 29, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429620

Robert E. Robinson

ISSUING OFFICER

[Signature]

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

JUN 14 2011

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

Mr. Paul M. Winkler, CEO
Presbyterian Senior Care, Inc.
Westminster Place of Oakmont
1215 Hulton Road
Oakmont, Pennsylvania 15139

Dear Mr. Winkler:

As a result of the Department of Public Welfare's licensing inspection on April 18, 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 read 'Ronald Melusky', with a long horizontal flourish 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 WESTMINSTER PLACE OF OAKMONT, 1215 HULTON ROAD OAKMONT, PA 15139		CURRENT LICENSE NUMBER 429620	
INSPECTION DATES (Include all dates of the inspection) 04/18/2011		REGIONAL REPRESENTATIVE D. Whitney, N. Bradfield	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kathy Hammar Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Kathy Hammar</i>	DATE 5/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6/2/11

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for resident #1, dated 03/07/11, was not signed by the payer. Western Region 2-3011 Adult Residential Licensing	5/20/11	A revised contract for resident #1 was signed by the resident as the payer on 5/20/11, as resident is competent and able to manage his finances with assistance from his financial POA. The administrator assistant was educated on 5/20/11, to review all new admission contracts for signatures, and forward a monthly report to the administrator for review at the quality management meetings.	<i>[Signature]</i> 6/2/11

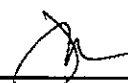
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SIGNATURE OF LEGAL ENTITY <i>Kathy Hammar</i>	DATE <i>5/24/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>OK</i>	DATE <i>6/2/11</i>

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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	<p>Resident #2 in room 16 has metal enablers attached to each side of the bed. The enablers have gaps approximately 4" x 7".</p> <p>Resident #3, in room 5, has a metal enabler on the bed. The enabler has a gap measuring approximately 4" x 7".</p> <p>Resident #4, in room 1, has metal enablers attached to each side of the bed. The enablers have gaps measuring approximately 4" x 7". In addition, the mattress for this resident is approximately 7" too small for the bed frame, leaving gaps at the top and bottom of the bed.</p> <p>These uncovered gaps pose entrapment hazards for the above residents.</p>		<p>To avoid gaps, covers have been placed on the current enablers of residents #2, #3 and #4. The mattress on the bed for resident #4 was not fitting properly as the mattress stop bar was not raised properly at the foot of the bed. The stop bar has been raised to keep the mattress from sliding, thus preventing gaps at the head of the bed.</p> <p>All residents who have enablers were audited to ensure that they are hazard free. Another enabler with an attached cover was ordered on 5/23/11, to trial for future needs.</p> <p>The nursing staff was educated on 5/23/11, regarding inspection of DME equipment upon installation, to ensure that they are fitted appropriately.</p> <p>Nursing will complete monthly random audits of enablers and mattresses to ensure they are hazard free and submit findings to the administrator for review at the quality management meetings.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>6/2/11</i> Date <i>DPW</i> Initials (DPW)</p>


Western Region


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SIGNATURE OF LEGAL ENTITY <i>Kathy Hammer</i>	DATE <i>5/24/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>6/2/11</i>

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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The three concrete steps in the courtyard patio do not have a handrail.		<p>Maintenance was notified of the missing handrail to the courtyard gazebo steps. The steps have been temporarily closed off while maintenance preps the area to install the handrail. No other steps were noted on inspection with missing handrails.</p> <p>Weather permitting, the handrail installation is expected to be completed by June 7, 2011.</p> <p>For QA, the Director of Maintenance will notify the Administrator when the handrail has been installed.</p>	<i>6/2/11</i>
Western Region				

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101j7 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.	Residents #2 and 4 do not have an operable source of lighting that can be turned on/off at bedside.		<p>Lights have been placed by the bedside for residents #2 and #4, so that they will be able to access lighting as needed. An audit of resident rooms was completed on 4/19, to ensure that all residents have lamps at bedside. Housekeeping was notified on 4/19/11 to replace any missing lamps.</p> <p>As families tend to arrange resident furnishings, they will be informed via the June newsletter, that residents must be able to access lamps from bedside. The Admissions Director will advise any new residents and families of this requirement as well.</p> <p>Nursing and housekeeping staff will be educated by 5/31/11, to alert the housekeeping supervisor of any residents who do not have accessible lamps at bedside.</p> <p>Nursing will complete quarterly audits in each neighborhood for compliance. Findings will be submitted to the Administrator for review at the quality management meetings.</p>	 <i>6/2/11</i>
Western Region				
Adult Residential Licensing				

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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>R. Hannan, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>R. Hannan</i>	DATE <i>5/24/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>6/2/11</i>

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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.	The temperature in the kitchen freezer was 12.5 degrees Fahrenheit. The temperature in the ice cream freezer in the kitchen was 5 degrees Fahrenheit. Repeated Violations: 04/14/2010		Maintenance was notified at the time of inspection of the elevated freezer temps. The coils to the kitchen freezer and ice cream freezer were cleaned. The freezer temperature logs for May are noted with freezer temps below 0. Dining services staff will be educated by May 31, 2011 on using the temperature chart log appropriately to notify maintenance of any problems (such as temps above 0) and what actions they took (notifying supervisor or maintenance) to resolve them. Monthly temperature logs will be submitted to the Administrator for QA purposes.	<i>[Signature]</i> <i>6/2/11</i>
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Western Region</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">2</div> <div style="font-size: 1.2em; font-weight: bold;">Adult Residential Licensing</div>				

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123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The local municipality's emergency procedures were not posted in a conspicuous and public place in the home.	<i>4/18/11</i>	A copy of the Oakmont borough emergency procedure was immediately posted during the survey. Extra copies of the emergency procedures will be maintained at the receptionist desk. Quarterly checks will be conducted by the Administrator to ensure that the plans remain posted, and noted for compliance at the QA meetings.	<i>[Signature]</i> <i>6/2/11</i>
<p style="font-size: 24px; margin: 0;">Western Region</p> <p style="font-size: 18px; margin: 0;">Adult Residential Licensing</p>				

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133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	An exit sign is not posted above the door to the courtyard from the "hat" room adjacent to the main dining room. The home currently serves 86 residents.		Maintenance was notified to post an exit sign above the door to the courtyard conference room. No other doors were noted without an exit sign at the time of inspection. The exit sign has been ordered and is expected to be posted by June 7, 2011. The Director of Maintenance notified the Administrator when completed for QA purposes.	<p style="text-align: right;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;"><i>6/2/11</i> <i>[Signature]</i> Date Initials (DPW)</p>
Western Region	2			
Adult Residential Licensing				

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144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	The designated outside smoking area contains an eight-foot-by-eight-foot polyester covering that is not fire resistant.	<i>BY 6/30/11</i>	<p>The smoking tent cover was treated with flame retardant for fire prevention on 5/20/11 by the Housekeeping Department.</p> <p>The Smoking Policy was reviewed and revised to include fire prevention safeguards within the designated smoking area. The Director of Maintenance is contacting other suppliers for flame proof covering materials for replacement.</p> <p>Staff education regarding the fire prevention safeguards related to smoking was done during April and May employee meetings.</p> <p>A record of the smoking tent flame proofing will be submitted to the Administrator for review at the monthly quality management meetings.</p> <p><i>The smoking tent will be replaced with a fire-resistant cover, or will be removed.</i></p> <p style="text-align: right;"><i>[Signature] 6/2/11</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>6/2/11 [Signature]</i> Date: Initials (DPW)</p>
<h2>Western Region</h2>				

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183a1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	At 3:30PM, medications were in small cups. Resident name is listed inside the cup and cups are then placed on a tray. Staff person A indicated that the medications in the cups were for the 5PM medication pass and that this was the normal process throughout all shifts in the home.	<p>The staff person who had prepared medications prior to the scheduled times of administering medications received education on 4/19/11 for proper procedures related to medication administration.</p> <p>The Medication Assistance Policy was reviewed and revised to highlight procedures related to staff responsibilities when assisting residents with medications. These areas include "meds are not to be removed from original packaging more than one hour prior in advance..."</p> <p>Staff education regarding the revised policy and procedures for medication administration will be completed by 5/31/11. All med trained staff signed acknowledgment and receipt of the revised policy and procedure for medication administration.</p> <p>Weekly random medication administration audits will be conducted by the Resident Service Coordinator or designee, for two months to ensure compliance. Results of the audits will be forwarded to the Administrator for review at the monthly quality management meetings.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable <i>6/2/11</i></p> <p>Date Initials (DPW)</p>

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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	Resident #7 is prescribed three 20mg tabs of Revatio daily for pulmonary hypertension. However, on 04/14/11 and 04/15/11, the medication administration record indicates this medication was unavailable. The home did not contact the resident's designated person to advise them of the medication error. Repeated Violations: 04/14/2010		Resident #7's medication administration record noted that the Revatio was not available on 4/14 and 4/15/11, that the pharmacy was notified but lacked family notification of the error. However it was noted in the progress notes in the resident's chart, that the family was contacted on 4/15/11 to obtain permission to get a 7 day refill of the medication. The Medication Assistance Policy was reviewed and revised to highlight procedures related to staff responsibilities when assisting residents with medications, including notification and documentation of meds not available. Staff education regarding the revised policy and procedures for medication administration will be completed by 5/31/11. All med trained staff signed acknowledgment and receipt of the revised policy and procedure for medication administration. Random MAR reviews will be conducted monthly by the Resident Service Coordinator or designee, for notification and documentation of unavailable meds to ensure compliance. Results of the audits will be forwarded to the Administrator for review at the monthly quality management meetings.	<i>Steps have been taken to correct violation; full compliance is not verifiable.</i> <i>5/24/11</i> Date <i>[Signature]</i> Initials (DPW)
Western Region				
2 - 2011				
Adult Residential Licensing				

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The master key in the medication administration record on the first floor was not updated monthly. Repeated Violations: 04/14/2010 Western Region	<i>4/18/11</i>	The master key for nursing staff legal signatures and initials was immediately replaced on 4/18/11. The master key has been revised to include the monthly date. The Medication Assistance Policy was reviewed and revised to highlight procedures related to staff responsibilities when assisting residents with medications, including signing the monthly initial/signature key. Staff education regarding the revised policy and procedures for medication administration will be completed by 5/31/11. All med trained staff signed acknowledgment and receipt of the revised policy and procedure for medication administration. The unit secretary will collect the monthly signature keys and forward to the Administrator for review at the monthly quality management meetings.	<i>[Signature]</i> <i>6/2/11</i>


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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<h2 style="margin: 0;">Western Region</h2>			

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SIGNATURE OF LEGAL ENTITY <i>Kathy Hamm</i>	DATE <i>5/24/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>6-2-11</i>

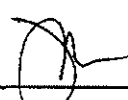
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Resident #5 is prescribed one 8mg tablet of Galantamine twice daily. On 04/18/11 at 3:40 PM, the medication record indicated that the medication had been administered. However the medication was still on the med cart in the medication cup.		<p>The staff person who had documented medications for Resident #5, prior to the administering the medications received education on 4/19/11 for proper procedures related to medication administration.</p> <p>The Medication Assistance Policy was reviewed and revised to highlight procedures related to staff responsibilities when assisting residents with medications. These areas include "do not initial the MAR..." until after the resident takes the medication.</p> <p>Staff education regarding the revised policy and procedures for medication administration will be completed by 5/31/11. All med trained staff signed acknowledgment and receipt of the revised policy and procedure for medication administration.</p> <p>Weekly random medication administration audits will be conducted by the Resident Service Coordinator or designee, for two months to ensure compliance. Results of the audits will be forwarded to the Administrator for review at the monthly quality management meetings.</p>	 <i>6-2-11</i>
<div style="display: flex; justify-content: space-between;"> Western Region </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> Adult Residential Licensing </div>				


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

NAME AND ADDRESS OF PERSONAL CARE HOME WESTMINSTER PLACE OF OAKMONT, 1215 HULTON ROAD OAKMONT, PA 15139		CURRENT LICENSE NUMBER 429620	
INSPECTION DATES (Include all dates of the inspection) 04/18/2011		REGIONAL REPRESENTATIVE D. Whitney, N. Bradfield	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kathy HAMMAL, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Kathy Hammal</i>	DATE <i>5/24/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>6/2/11</i>

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.	Resident #7 is prescribed Revatio, three 20mg tablets daily. On 04/14/11 and 04/15/11, the medication administration record indicates the medication was not available in the home.		<p>Resident #7's prescribed Revatio was not available for administration on 4/14 and 4/15/11, due to preauthorization requirement for pharmacy refill and family notification and approval to obtain a 7 day supply.</p> <p>The Medication Assistance Policy was reviewed and revised to highlight procedures related to staff responsibilities when assisting residents with medications, including notification to pharmacy and/or families of medications needing refills.</p> <p>Staff education regarding the revised policy and procedures for medication administration will be completed by 5/31/11. All med trained staff signed acknowledgment and receipt of the revised policy and procedure for medication administration.</p> <p>Random medication cart audits will be conducted monthly by the Resident Service Coordinator or designee, for meds "not available." Results of the audits will be forwarded to the Administrator for review at the monthly quality management meetings.</p>	<i>[Signature]</i> <i>6/2/11</i>
Western Region				
Adult Residential Licensing				

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

NAME AND ADDRESS OF PERSONAL CARE HOME WESTMINSTER PLACE OF OAKMONT, 1215 HULTON ROAD OAKMONT, PA 15139		CURRENT LICENSE NUMBER 429620	
INSPECTION DATES (Include all dates of the inspection) 04/18/2011		REGIONAL REPRESENTATIVE D. Whitney, N. Bradfield	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kathy Hammar, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Kathy Hammar</i>	DATE <i>5/24/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>6/2/11</i>

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
<p>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.</p>	<p>Residents #2, #3 and #4 utilize bed enablers for mobility. however, none of the residents' assessments address the use of the enablers.</p>	<p>Residents #2, #3 and #4 assessments have been updated for need of bed enablers for mobility. An audit of all residents who uses enablers was completed by nursing on 5/18/11, to ensure assessments are updated accordingly.</p> <p>The policy for Hospital Beds, Bedrails and Enablers were reviewed and revised. Staff was educated on 5/20/11, regarding policy and procedures including documentation on assessment forms that addresses resident needs.</p> <p>The Resident Service Coordinator will review resident assessments at monthly care conferences to ensure resident mobility needs are documented, and report findings at monthly quality management meetings.</p>	 <i>6/2/11</i>
<p style="font-size: 1.2em;">Western Region</p> <p style="font-size: 1.2em;">Adult Residential Licensing</p>			

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

NAME AND ADDRESS OF PERSONAL CARE HOME WESTMINSTER PLACE OF OAKMONT, 1215 HULTON ROAD OAKMONT, PA 15139		CURRENT LICENSE NUMBER 429620	
INSPECTION DATES (Include all dates of the inspection) 04/18/2011		REGIONAL REPRESENTATIVE D. Whitney, N. Bradfield	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kathy Hanman, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Kathy Hanman</i>	DATE <i>5/24/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>6/2/11</i>

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
251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	The support plan for resident #8, dated 04/23/10, was written in pencil.		<p>The support plan written in pencil for resident #8 was removed from the chart, as it was worksheet placed in the chart by error. The permanent support plan dated 4/23/10 was re-printed from resident's electronic health record and placed in the chart.</p> <p>Staff education regarding permanent documentation records will be completed by May 31, 2011.</p> <p>All resident's have permanent information either entered, scanned or attached to their electronic health record. A review of all resident charts was completed by the nursing secretary to ensure no other penciled support plans were located in the chart.</p> <p>The Resident Service Coordinator will review resident support plans at monthly care conferences to ensure no penciled support plans are in chart, and report findings at monthly quality management meetings.</p>	<i>[Signature]</i> <i>6/2/11</i>
Western Region				
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