

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MENTOR ABI, LLC

LEGAL ENTITY

To operate MENTOR ABI, LLC

NAME OF FACILITY OR AGENCY

Located at BUILDING 2, 6816 WEST LAKE RD, FAIRVIEW, PA 16415

(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 16
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 June 15, 2011 until June 15, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 442050

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

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

JUN 20 2011

Mr. William F. Duffy, Chief Operating Officer
Mentor ABI, LLC
313 Congress Street
Boston, Massachusetts 02210

RE: Mentor ABI, LLC – Building 2
6816 West Lake Road
Fairview, Pennsylvania 16415

Dear Mr. Duffy:

As a result of the Department of Public Welfare's licensing inspection on April 22, 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'.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

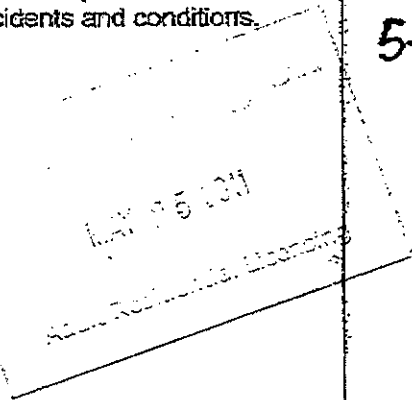
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

P. 002

FAX No. 4749797

MAY/25/2011/WED 01:33 PM ANCHOR INNE

NAME AND ADDRESS OF PERSONAL CARE HOME MENTOR ABI LLC, BUILDING 2 6816 WEST LAKE RD-FAIRVIEW, PA 16415		CURRENT LICENSE NUMBER 442050	
INSPECTION DATES (Include all dates of the inspection) 04/22/2011		REGIONAL REPRESENTATIVE Joseph Phillips, Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) SCOTT C. JENCO ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Scott C. Jenco</i>	DATE 5-23-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Williams</i>	DATE 5-27-11

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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's reportable incident policy doesn't address the prevention of reportable incidents and conditions. 	5-23-11 6-15-11	INCIDENT REPORT POLICY & PROCEDURES WAS MODIFIED TO INCLUDE THE PREVENTION OF REPORTABLE INCIDENTS & CONDITIONS. STAFF & RESIDENTS TO BE RE-TRAINED ON JUNE 9, 2011 DURING STAFF TRAINING. The Administrator will monitor all reportable incidents to assure proper reporting is in accordance with regulations 2600.16b and 2600.16c 5-27-11.	6-9-11 <i>g</i>

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

P. 007

FAX No. 4749797

ANCHOR INNE

MAY/25/2011/WED 01:34 PM

NAME AND ADDRESS OF PERSONAL CARE HOME MENTOR ABI LLC, BUILDING 2 6815 WEST LAKE RD FAIRVIEW, PA 16415		CURRENT LICENSE NUMBER 442050	
INSPECTION DATES (include all dates of the inspection): 04/22/2011		REGIONAL REPRESENTATIVE Joseph Phillips, Jason Williams	
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>Scott C. Jern</i>	DATE 5-25-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-27-11

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
51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15	Staff person A, hired 6/28/10, did not have a background check performed until 9/13/10.	5-25-11	BACKGROUND CHECKS BEING COMPLETED WITHIN 30 DAYS OF HIRE DATE. WILL ALSO INCLUDE OAPCA ONLINE TRAINING TO ORIENTATION. WILL BE MONITORED BY ADMINISTRATOR & HOUSE MANAGER UPON EACH NEW HIRE. The Administrator and any other staff involved with	Steps have been taken to correct violation; full compliance is not verifiable 6-9-11 Date Initials (DPW)

MAY 25 2011
ANCHOR INNE

The hiring and retention of staff persons will complete the on-line Older Adult Protective Services Act. Training. Documentation & retention will be kept on file

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

P. 008
 FAX No. 4749797
 MAY/25/2011/WED 01:34 PM ANCHOR INNE

NAME AND ADDRESS OF PERSONAL CARE HOME MENTOR ABI LLC, BUILDING 2 6816 WEST LAKE RD FAIRVIEW, PA 16415		CURRENT LICENSE NUMBER 442050	
INSPECTION DATES (Include all dates of the inspection). 04/22/2011		REGIONAL REPRESENTATIVE Joseph Phillips, Jason Williams	
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>Scott C. Jones</i>	DATE 5-25-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-27-11

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
(relating to protective services for older adults) and other applicable regulations.				

MAY 25 2011
 Adult Protective Services

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

P. 009

FAX No. 4749797

MAY 25/2011 WED 01:34 PM ANCHOR INNE

NAME AND ADDRESS OF PERSONAL CARE HOME MENTOR ABI LLC, BUILDING 2 6816 WEST LAKE RD FAIRVIEW, PA 16415		CURRENT LICENSE NUMBER 442050	
INSPECTION DATES (include all dates of the inspection) 04/22/2011		REGIONAL REPRESENTATIVE Joseph Phillips, Jason Williams	
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>Scott C. Jensen</i>	DATE 5-25-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-27-11

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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff person B, whose first day of work was 9/17/10, did receive orientation in: evacuation procedures, staff duties and responsibilities during fire drills, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, the location and use of fire extinguishers, smoke detectors and fire alarms and telephone use and notification of emergency services prior to or on the first day of work. Staff person C, whose first day of work was 8/18/10, did receive orientation in: evacuation procedures, staff duties and responsibilities during fire drills, the designated meeting place outside the building or within the fire-safe area in the	5-25-11	ORIENTATION CHECKLIST HAS BEEN PUT INTO PLACE + WILL BE COMPLETED DURING FIRST 40 HOURS OF WORK FOR ALL NEW HIRES. ORIENTATION WILL INCLUDE ALL MANDATORY TRAININGS LISTED IN REGULATIONS. WILL BE MONITORED BY ADMINISTRATOR + HOUSE MANAGER UPON EACH NEW HIRE.	Steps have been taken to correct violation; full compliance is not verifiable. 6-9-11 Date Initials (DPW)

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

P. 010

FAX No. 4749797

MAY/25/2011 WED 01:34 PM ANCHOR INNE

NAME AND ADDRESS OF PERSONAL CARE HOME MENTOR ABI LLC, BUILDING 2 6816 WEST LAKE RD FAIRVIEW, PA 16415		CURRENT LICENSE NUMBER 442050	
INSPECTION DATES (Include all dates of the inspection): 04/22/2011		REGIONAL REPRESENTATIVE Joseph Phillips, Jason Williams	
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>Scott Jones</i>	DATE 5-25-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-27-11

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
location if applicable. (3) The designated meeting place outside the building, or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, the location and use of fire extinguishers, smoke detectors and fire alarms and telephone use and notification of emergency services prior to or on the first day of work.	5-27-11 6-10-11	STAFF PERSONS B AND C RECEIVED THE REQUIRED 2600.65A TRAINING - 5-27-11 THE ADMINISTRATOR OR DESIGNEE WILL REVIEW ALL NEWLY HIRED STAFF TRAINING RECORDS TO ENSURE ALL STAFF PERSONS RECEIVE THE REQUIRED TRAINING IN ACCORDANCE WITH 2600.65A PRIOR TO OR ON THE FIRST DAY OF WORK. 5-27-11	

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

P. 014

FAX No. 4749797

MAY/25/2011 WED 01:35 PM ANCHOR INNE

NAME AND ADDRESS OF PERSONAL CARE HOME MENTOR ABI LLC, BUILDING 2 6816 WEST LAKE RD FAIRVIEW, PA 16415		CURRENT LICENSE NUMBER 442050	
INSPECTION DATES (include all dates of the inspection) 04/22/2011		REGIONAL REPRESENTATIVE Joseph Phillips, Jason Williams	
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>Scott C. Jew</i>	DATE 5-25-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-27-11

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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102). (4) Reporting of reportable incidents	Staff person B, whose first day of work was 9/17/10 did receive orientation in: resident rights, the emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions within 40 scheduled hours of work. Staff person C, whose first day of work was 8/18/10 did receive orientation in: resident rights, the emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions within 40 scheduled hours of work.	5-25-11	ORIENTATION CHECKLIST HAS BEEN PUT INTO PLACE & WILL BE COMPLETED DURING FIRST 40 HOURS OF WORK FOR ALL NEW HIRES. ORIENTATION WILL INCLUDE ALL MANDATORY TRAININGS LISTED IN REGULATIONS. WILL BE MONITORED BY ADMINISTRATOR & HOUSE MANAGER UPON EACH NEW HIRE.	Steps have been taken to correct violation; full compliance is not verifiable. 6-9-11 Date Initials (DPV)

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

NAME AND ADDRESS OF PERSONAL CARE HOME MENTOR ABI LLC, BUILDING 2 6816 WEST LAKE RD FAIRVIEW, PA 16415		CURRENT LICENSE NUMBER 442050	
INSPECTION DATES (Include all dates of the inspection) 04/22/2011		REGIONAL REPRESENTATIVE Joseph Phillips, Jason Williams	
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>Scott C. Jew</i>	DATE 5-25-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-27-11

REGULATION 55 Pa. Code §2600 and conditions.	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
		5-23-11	Staff persons B and C received the required 2600.65A training 5-27-11	
		6-10-11	The Administrator or designee will review all newly hired staff training records to ensure all newly hired staff persons receive the required training in accordance with 2600.65B, within 40 scheduled working hours. 5-27-11	

P. 015

FAX No. 4749797

MAY/25/2011/WED 01:35 PM ANCHOR INNE

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

P. 016

FAX No. 4749797

MAY/25/2011/WED 01:35 PM ANCHOR INNE

NAME AND ADDRESS OF PERSONAL CARE HOME MENTOR ABI LLC, BUILDING 2 6816 WEST LAKE RD FAIRVEEW, PA 15415		CURRENT LICENSE NUMBER 442050	
INSPECTION DATES (Include all dates of the inspection) 04/22/2011		REGIONAL REPRESENTATIVE Joseph Phillips, Jason Williams	
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>Scott C. Jones</i>	DATE 5-25-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-27-11

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 exterior emergency exit next to staff brake area has a step down approximately 10 inches. The step does not have a handrail present for resident safety.	WILL BE COMPLETED BY 6-3-11	A HANDRAIL IS BEING CONSTRUCTED FOR EXTERIOR EMERGENCY EXIT NEXT TO STAFF BREAK AREA.	6-9-11 4

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

P. 017

FAX No. 4749797

MAY/25/2011/WED 01:35 PM ANCHOR INNE

NAME AND ADDRESS OF PERSONAL CARE HOME MENTOR ABI LLC, BUILDING 2 6816 WEST LAKE RD FAIRVIEW, PA 16415		CURRENT LICENSE NUMBER 442050	
INSPECTION DATES (include all dates of the inspection) 04/22/2011		REGIONAL REPRESENTATIVE Joseph Phillips, Jason Williams	
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>Scott C. Jensen</i>	DATE 5-25-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-27-11

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
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	The front door of "The Galley" cafeteria building has a ramp extending from the doorway. On either side of this ramp are two two-by-four boards that extend the length of the ramp. At the lower end of the ramp these boards stick up 4 1/2 inches off of the ground and present a tripping hazard for residents.	<i>Will be completed by 6-10-11</i>	<i>CONCRETE RAMP IS BEING CONSTRUCTED + 4" TRIPPING HAZARD IS BEING REMOVED.</i>	<i>6-9-11 S</i>

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

P. 018

FAX No. 4749797

ANCHOR INNE

MAY/25/2011/WED 01:36 PM

NAME AND ADDRESS OF PERSONAL CARE HOME MENTOR ABI LLC, BUILDING 2 6816 WEST LAKE RD FAIRVIEW, PA 16415		CURRENT LICENSE NUMBER 442050	
INSPECTION DATES: (include all dates of the inspection) 04/22/2011		REGIONAL REPRESENTATIVE Joseph Phillips, Jason Williams	
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>Scott C. Jones</i>	DATE 5-25-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-27-11

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																																																																	
132a An unannounced fire drill shall be held at least once a month.	There was no fire drill conducted during March 2011. <table border="1"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr> <td>Jan</td> <td>01/07/2011</td> <td>06:20 AM</td> <td>2 min. 10 sec.</td> <td>No</td> </tr> <tr> <td>Feb</td> <td>02/19/2011</td> <td>11:58 PM</td> <td>3 min.</td> <td>No</td> </tr> <tr> <td>Mar</td> <td></td> <td></td> <td></td> <td>No</td> </tr> <tr> <td>Apr</td> <td>04/04/2010</td> <td>06:00 PM</td> <td>1 min. 56 sec.</td> <td>No</td> </tr> <tr> <td>May</td> <td>05/05/2010</td> <td>11:35 AM</td> <td>1 min. 47 sec.</td> <td>Yes</td> </tr> <tr> <td>Jun</td> <td>06/18/2010</td> <td>04:00 PM</td> <td>1 min. 50 sec.</td> <td>No</td> </tr> <tr> <td>Jul</td> <td>07/06/2010</td> <td>06:10 AM</td> <td>2 min. 5 sec.</td> <td>No</td> </tr> <tr> <td>Aug</td> <td>08/02/2010</td> <td>10:15 AM</td> <td>1 min. 59 sec.</td> <td>No</td> </tr> <tr> <td>Sep</td> <td>09/10/2010</td> <td>10:30 PM</td> <td>2 min. 30 sec.</td> <td>No</td> </tr> <tr> <td>Oct</td> <td>10/24/2010</td> <td>04:40 PM</td> <td>1 min. 20 sec.</td> <td>No</td> </tr> <tr> <td>Nov</td> <td>11/29/2010</td> <td>10:11 AM</td> <td>1 min. 30 sec.</td> <td>No</td> </tr> <tr> <td>Dec</td> <td>12/20/2010</td> <td>03:30 PM</td> <td>1 min. 22 sec.</td> <td>No</td> </tr> </tbody> </table>	Month	Date	Time	Evac. Time	FSE	Jan	01/07/2011	06:20 AM	2 min. 10 sec.	No	Feb	02/19/2011	11:58 PM	3 min.	No	Mar				No	Apr	04/04/2010	06:00 PM	1 min. 56 sec.	No	May	05/05/2010	11:35 AM	1 min. 47 sec.	Yes	Jun	06/18/2010	04:00 PM	1 min. 50 sec.	No	Jul	07/06/2010	06:10 AM	2 min. 5 sec.	No	Aug	08/02/2010	10:15 AM	1 min. 59 sec.	No	Sep	09/10/2010	10:30 PM	2 min. 30 sec.	No	Oct	10/24/2010	04:40 PM	1 min. 20 sec.	No	Nov	11/29/2010	10:11 AM	1 min. 30 sec.	No	Dec	12/20/2010	03:30 PM	1 min. 22 sec.	No	5-25-11	FIRE DRILLS ARE BEING CONDUCTED ON A MONTHLY BASIS AS WELL AS OTHER EMERGENCY PREPAREDNESS DRILLS. ADMINISTRATOR WILL MONITOR TO ENSURE DRILLS WILL BE CONDUCTED EACH MONTH.	Steps have been taken to correct violation; full compliance is not verifiable. 6-9-11 Date: Initials (DPW)
Month	Date	Time	Evac. Time	FSE																																																																	
Jan	01/07/2011	06:20 AM	2 min. 10 sec.	No																																																																	
Feb	02/19/2011	11:58 PM	3 min.	No																																																																	
Mar				No																																																																	
Apr	04/04/2010	06:00 PM	1 min. 56 sec.	No																																																																	
May	05/05/2010	11:35 AM	1 min. 47 sec.	Yes																																																																	
Jun	06/18/2010	04:00 PM	1 min. 50 sec.	No																																																																	
Jul	07/06/2010	06:10 AM	2 min. 5 sec.	No																																																																	
Aug	08/02/2010	10:15 AM	1 min. 59 sec.	No																																																																	
Sep	09/10/2010	10:30 PM	2 min. 30 sec.	No																																																																	
Oct	10/24/2010	04:40 PM	1 min. 20 sec.	No																																																																	
Nov	11/29/2010	10:11 AM	1 min. 30 sec.	No																																																																	
Dec	12/20/2010	03:30 PM	1 min. 22 sec.	No																																																																	