

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WASHINGTON MANOR PERSONAL CARE HOME, LLC

To operate WASHINGTON MANOR PERSONAL CARE HOME

Located at 320 S. WASHINGTON ST., POB 1935, BUTLER, PA 16003

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

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.

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

and shall remain in effect from July 1, 2011 until July 1, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 448630

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.



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

ADULT RESIDENTIAL LICENSING

JUL 01 2011

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

Ms. Kathleen Dougherty, Administrator  
Washington Manor Personal Care Home, LLC  
320 South Washington Street, PO Box 1935  
Butler, Pennsylvania 16003

Dear Ms. Dougherty:

As a result of the Department of Public Welfare's licensing inspection on May 5, 2011 and June 10, 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 "R. Melusky".

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 WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 15009		CURRENT LICENSE NUMBER 448631
INSPECTION DATES (include all dates of the inspection) 05/05/2011	REGIONAL REPRESENTATIVE Susan Pollock, 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) <i>Kathleen Dougherty, Administrator</i>		
SIGNATURE OF LEGAL ENTITY <i>Kathleen Dougherty</i>	DATE 06-10-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
<i>Kathleen Dougherty, Adm</i>	5-25-11	<i>Jan B. Herdendal (g)</i>
		DATE 5-26-11

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
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person B does not have a valid high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.  Repeated Violations: 10/25/2010  <b>Western Region</b>  MAY 25 2011  Adult Residential Licensing	5-24-11	Employee was given ample time to bring in original diploma. Staff person B was unable to produce original diploma and was released from staff at W.M. In the future I will scan/tinize copies of diplomas possibly ask to see original if I feel is necessary.	6-21-11 9
		6-25-11	The Administrator will review all staff records to ensure all current staff persons meet the direct care staff qualifications. 5-26-11 g	

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 15009		<b>CURRENT LICENSE NUMBER</b> 448631	
<b>INSPECTION DATES (Include all dates of the inspection)</b> 05/05/2011		<b>REGIONAL REPRESENTATIVE</b> Susan Pollock, Jason Williams	
<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>Kathleen Dougherty</i> Kathleen Dougherty, Adm		<b>DATE</b> 06-10-11 5-25-11	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>
			<b>DATE</b> 5-26-11

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
services with reasonable skill and safety.		6-25-11	<del>See plan of correction on page 1</del> The Administrator will review all newly hired direct care STATE person records to ensure all direct care staff meet the required qualifications. 5-26-11	

Western Region

MAY 25 2011

Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 15005		CURRENT LICENSE NUMBER 448631
INSPECTION DATES (include all dates of the inspection) 05/05/2011	REGIONAL REPRESENTATIVE Susan Pollock, 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>Kathleen Dougherty</i> Kathleen Dougherty, Adm	DATE 06-10-11 5-25-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  DATE 5-26-11

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
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.	A 4lb. tub of Oxy Magic stain remover, with a manufacture's label indicating "contact Poison Control or Physician", was unlocked and accessible to residents under the sink in the laundry room. Residents of the home, including residents 1-3, have not been assessed capable of recognizing and using poisons safely.	5-5-11	Has been placed in locked cabinet day of inspection. Staff was notified of all supplies which need to be locked in cabinets.	6-2-11
		6-25-11	All staff persons will be educated on the proper locked storage of poisonous materials. Documentation of training will be kept. 5-26-11	
		6-25-11	A designated staff person will check the home daily to ensure all poisonous materials are properly stored in a locked area. 5-26-11	
		6-25-11	The Administrator for will check the home weekly to ensure all poisonous materials are properly stored in a locked area. 6-26-11	

Western Region

25 2011

Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 520 S WASHINGTON ST POB 1935 BUTLER, PA 16095		CURRENT LICENSE NUMBER 448631
INSPECTION DATES (Include all dates of the inspection) 05/05/2011	REGIONAL REPRESENTATIVE Susan Pollock, 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>Kathleen Dougherty</i> Kathleen Dougherty, Adm	DATE 06-10-11 5-25-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  DATE 6 5-26-11

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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	The bedside lamp in resident #8's bedroom had a broken light bulb with the entire glass portion of the bulb missing and the electrical elements inside exposed. The lamp was found plugged into the wall posing a hazard to the residents and the home.  Western Region  MAY 25 2011  Adult Residential Licensing	5-5-11   6-25-11	Broken bulb was removed, new bulb was placed in lamp and tested day of inspection. All lamps are being checked daily by staff. "Physical site checklist" created to be completed daily. The administrator will check the home weekly to ensure all furniture and equipment are in good repair and free of hazards including bedside lamps. 5-26-11	6-21-11

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		<b>CURRENT LICENSE NUMBER</b> 448631
<b>INSPECTION DATES (Include all dates of the inspection)</b> 05/05/2011	<b>REGIONAL REPRESENTATIVE</b> Susan Pollock, Jason Williams	
<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>Kathleen Dougherty, Adm</i>	<b>DATE</b> 05-10-11 5-25-11	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>  DATE 5-26-11

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
101e2 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	The window coverings on the windows in resident #7 and #8 are sheer do not provide adequate privacy.  Western Region  MAY 25 2011	5-14-11   6-25-11	Installed window blinds on windows on 5-14-11. Maintenance staff will conduct weekly walk-throughs on windows.  The Administrator will check all resident rooms monthly to ensure resident privacy is maintained including window coverings. 5-26-11	6-21-11

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> WASHINGTON MANOR PERSONAL CARE HOME, 320 S. WASHINGTON ST POB 1935 BUTLER, PA 16005		<b>CURRENT LICENSE NUMBER</b> 448631
<b>INSPECTION DATES (Include all dates of the inspection)</b> 05/05/2011	<b>REGIONAL REPRESENTATIVE</b> Susan Follock, Jason Williams	
<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>Kathleen Dougherty, Adm</i>	<b>DATE</b> 5-5-11	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>  DATE <i>5-26-11</i>

REGULATION 55 Pa.Code §2500	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
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 home's emergency procedures are not posted in a conspicuous and public place in the home.  Western Region  25 2011  Adult Residential Licensing	5-5-11	Emergency procedures were placed in living room and kitchen on 5-5-11. Administrators will conduct a weekly check to make certain all emergency postings have not been removed from their designated areas.	6-21-11

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

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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
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident #2, experienced a significant change in health status on 1/20/11 in which Hospice Care Services were implemented. Resident #2 most recent medical evaluation dated 7/25/10 does not reflect the significant change nor the need for the specialized care services of hospice.  Western Region  27 2011  Adult Residential Licensing	<i>5-16-11</i>          <i>6-25-11</i>	<i>Medical Evaluation was completed on Resident #2 by Hospice. It was faxed to the Area Agency on Aging. On 5-25-11 the Area Agency on Aging was in to access Resident #2 for a nursing home. The Administrator or designated staff person will review all current and new medical evaluations for accuracy and completion. §2611d</i>	<i>6-21-11</i>


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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16009		CURRENT LICENSE NUMBER 448631	
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	<p>On 5/5/2011 at 2:00 pm, 1 bottle of Complete 50 Plus Multi Vitamin, 1 bottle of Lipo-Flavonoid Plus Dietary Supplement, 1 bottle of Dewalts E-Complex 50 Dietary Supplement were unlocked and accessible to residents in the cabinet over the sink in the kitchenette area of the home.</p> <p>On 5/5/2011, at 1:30 pm, Vicks Vapo-Rub was unlocked and accessible to residents sitting on the bedside table in resident #8's room.</p>	<p>5-5-11</p> <p>5-5-11</p>	<p>Day of inspection bottles were removed. Resident was instructed on how [redacted] cannot have over-the-counter medications in [redacted] room.</p> <p>Day of inspection were removed from room and was given to Resident's mother.</p> <p>On 5-16-11 conducted resident's meeting on the dangers of over-the-counter medications - also not permitted to have over-the-counter medications in their rooms.</p> <p>Staff instructed to remove any over-the-counter on passal bed, med's and give them to the Administrator for proper disposal.</p>	<p>6-21-11</p>
Western Region				
20 2011				
Adult Residential Licensing				

See pgs 8A

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448631	
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	<p>On 5/5/2011 at 2:00 pm, 1 bottle of Complete 50 Plus Multi Vitamin, 1 bottle of Lipo-Flavonoid Plus Dietary Supplement, 1 bottle of Dewalts B- Complex 50 Dietary Supplement were unlocked and accessible to residents in the cabinet over the sink in the kitchenette area of the home.</p> <p>On 5/5/2011, at 1:30 pm, Vicks Vapo Rub was unlocked and accessible to residents sitting on the bedside table in resident #8's room.</p>		<p>6/25/11 – All staff persons will be educated on the proper storage of medications in a locked container or area. Documentation of training will be kept.</p> <p>6/25/11 – A designated staff person on each shift will check the home to ensure all medications including over the counter medications are properly stored in a container or area that is locked.</p> <p>6/25/11 – The administrator will check the home weekly to ensure all medications including over the counter medications are properly stored in a container or area that is locked.</p>	

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

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186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	On 5/4/11, the home discontinued the use of Naproxen 500 MG for resident #4. The home had not received a written order from an authorized prescriber for the change and does not have registered nurses authorized to receive verbal orders.  Western Region  25 2011  Adult Residential Licensing	5-6-11	Received written order from Dr. [REDACTED] Employees were notified if any meds are discontinued. To have a written order from the physician.	6-21-11

See page 9A

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

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186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	On 5/4/11, the home discontinued the use of Naproxen 500 MG for resident #4. The home had not received a written order from an authorized prescriber for the change and does not have registered nurses authorized to receive verbal orders.		6/25/11 – All staff persons will be educated on the proper storage of medications in a locked container or area. Documentation of training will be kept.  6/25/11 – A designated staff person will check all change orders of medications weekly to ensure all medication change orders are in writing by the prescriber prior to the changes taking place.  6/25/11 – The administrator will check all change orders of medications every two weeks to ensure all medication change orders are in writing by the prescriber prior to the changes taking place.	

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

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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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Resident #3 is prescribed Ventolin HFA 80 mcg inhale two puffs by mouth every four hours as needed. On 5/5/11, at 3:00 p.m. this medication was not available in the home for administration.	5-5-11	The Ventolin HFA was ordered same day of inspection and Resident #3 received evening of 5-5-11	Steps have been taken to correct violation; full compliance is not verifiable 6-26-11 Date Initials (DPW)
	Resident #5 is prescribed Ibuprofen 600mg, take 1 every 6 hours with food as needed for pain. On 5/5/11, at 3:15 p.m. this medication was not available in the home for administration.	5-5-11	upon arrival to W.M. Resident #5 did not have any orders for the Ibuprofen or antacid Plus on 5-11-11. The physician gave an order to discontinue the two medications. Staff is instructed that all residents must have orders from physician for a discontinued med.	
	Resident #5 is prescribed Antacid Plus, take 30 ml by mouth as needed for acid reflux. On 5/5/11, at 3:30 p.m. this medication was not available in the home for administration.			
	<p><b>Western Region</b></p> <p>25 2011</p>			

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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	<p>Resident #3 is prescribed Ventolin HFA 90 mcg inhale two puffs by mouth every four hours as needed. On 5/5/11, at 3:00 p.m. this medication was not available in the home for administration.</p> <p>Resident #5 is prescribed Ibuprofen 600mg, take 1 every 6 hours with food as needed for pain. On 5/5/11, at 3:15 p.m. this medication was not available in the home for administration.</p> <p>Resident #5 is prescribed Antacid Plus, take 30 ml by mouth as needed for acid reflux. On 5/5/11, at 3:30 p.m. this medication was not available in the home for administration.</p>		<p>6/25/11 - The administrator will review and update the procedures for the safe storage, access, security, distribution and use of medications to include that all medications prescribed for residents will be available in the home including PRN medications.</p> <p>6/25/11 - All staff persons involved in medication will be educated on the updated procedures. Documentation of training will be kept.</p> <p>6/25/11 - A designated staff person will conduct an initial and weekly audit of resident prescriptions, physician orders and medications to ensure all prescribed medications are available in the home for administration. This designated staff person will audit the medication cart and MAR's at least weekly to ensure all prescribed medications are available in the home, including PRN medications.</p>	

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

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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
			to ensure all prescribed medications are available in the home, including PRN medications.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448631	
INSPECTION DATES (Include all dates of the inspection) 05/05/2011		REGIONAL REPRESENTATIVE Susan Pollock, 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>Kathleen Dougherty, Adm</i>	DATE 5-25-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-5-26-11

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
190c A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.	Staff person A administers medication to the residents in the home. Staff person A has not completed the annual practicum in order to continue to administer medications.  Western Region  05 25 2011		Employee was not available on dates that med reviews were given. However he is scheduled with [redacted] for drive 1, 2011 for Med Review. Employee has NOT administered any medications since Summer of 2010 and is not on schedule until Summer of 2011. due to the fact he is teaching during school year.	6-27-11