

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELWYN, INC.

LEGAL ENTITY

To operate ELWYN - FRIENDSHIP HALL

NAME OF FACILITY OR AGENCY

Located at 66 EAST OLD BALTIMORE PIKE, ELWYN, PA 19063

(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 8  
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 January 15, 2012 until January 15, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 122890

*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

JAN 26 2012

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

Ms. Patricia Monroe, Director  
Elwyn, Inc.  
Hartman House  
111 Elwyn Road  
Elwyn, Pennsylvania 19063

RE: Elwyn – Friendship Hall  
66 East Old Baltimore Pike  
Elwyn, Pennsylvania 19063

Dear Ms. Monroe:

As a result of the Department of Public Welfare's licensing inspection on November 1, 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', with a long horizontal line extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME EL WYN FRIENDSHIP HALL, 66 EAST OLD BALTIMORE PIKE EL WYN, PA 19063		CURRENT LICENSE NUMBER 122890	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>PATRICIA MONROE Director ARBHS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Monroe</i>	DATE <i>12/8/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil P. Goff</i>	DATE <i>12/12/11</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
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 was not signed by the resident.	<i>12/8/11 AND ONGOING</i>	<i>Resident has signed the contract. Administrator will check all contracts to ensure signatures on a monthly basis</i>	<i>NSC 12/12/11</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN FRIENDSHIP HALL, 66 EAST OLD BALTIMORE PIKE ELWYN, PA 19063		CURRENT LICENSE NUMBER 122890	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Tripp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Patricia Monroe Director ARBHS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Monroe</i>	DATE <i>12/8/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil P. Coffey</i>	DATE <i>12/12/11</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
25c13 (13) Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).	The contract for resident #2 dated 11-23-09 does not include complaint procedures.	<i>12/8/11 AND ONGOING</i>	<i>Resident's Contract was updated to include complaint procedures and signed by the resident. Administrator will review all contracts on a monthly basis to ensure all pages are present</i>	<i>NSC 12/12/11</i>

11/07/11 11:07 AM

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

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN FRIENDSHIP HALL, 66 EAST OLD BALTIMORE PIKE ELWYN, PA 19063		CURRENT LICENSE NUMBER 122890	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>PATRICIA MENNIE Director AARHS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Mennie</i>	DATE <i>12/8/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil D. Coof</i>	DATE <i>12/12/11</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
41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident #1 did not sign a statement indicating that they had received a copy of the resident's rights and complaint procedures.	<i>12/8/11 AND ONGOING</i>	<i>Resident has signed indicating [redacted] received a copy of the resident's right and complaint procedures. Administrator will check annually that resident rights are signed</i>	<i>NJC 12/12/11</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN FRIENDSHIP HALL, 66 EAST OLD BALTIMORE PIKE ELWYN, PA 19063		CURRENT LICENSE NUMBER 122890	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>PATRICIA MORRIS Director ARBHS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Morris</i>		DATE <i>12/8/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil P. Coyle</i>
			DATE <i>12/12/11</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
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aide kit for the home does not contain a CPR Breathing shield.	<i>12/8/11</i>  <i>ONGOING</i>	<i>CPR Breathing Shield was purchased and added to the home First Aid Kit</i>  <i>Home first aide kit supplies will be checked by staff monthly (20th of each month) including CPR breathing shield</i> <i>Any kit supply item used for emergency purpose or missing will be replaced immediately during monthly inventory check</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable.</i> <i>NSC</i> Date <i>12/12/11</i> Initials (DPW) <i>NSC</i>

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NO. 0019 F. 2/1/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN FRIENDSHIP HALL, 66 EAST OLD BALTIMORE PIKE ELWYN, PA 19063		CURRENT LICENSE NUMBER 122890	
INSPECTION DATES (include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Patricia McNamee Director ARBHS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia McNamee</i>		DATE <i>12/1/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil C. Coy</i>
			DATE <i>12/12/11</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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for Resident #2 dated 1-4-11 does not list the resident's ability to self-administer medications.	<i>12/8/11</i>  <i>ONGOING</i>	<i>Medical evaluation form was updated listing that Resident # 2 cannot self-administer medication. Administrator will look at med eval forms upon return from PCP.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>NSC</i> Date _____ Initials (DPW)

11/07 '09 11:07 AM 11/16/11 12/7/11 12/10/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN FRIENDSHIP HALL, 66 EAST OLD BALTIMORE PIKE ELWYN, PA 19063		CURRENT LICENSE NUMBER 122896	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trupp	
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	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phillip C. Coyle</i>	DATE 12/12/11

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
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

NO. 0019 R. 13/31

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

Page 7 of 12

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN FRIENDSHIP HALL, 66 EAST OLD BALTIMORE PIKE ELWYN, PA 19063		CURRENT LICENSE NUMBER 122890	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trapp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Patricia Monroe Director AOBAS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Monroe</i>	DATE <i>12/8/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Will L. Coof</i>	DATE <i>12/12/11</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
171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit in the van used by Friendship Hall for transporting residents does not contain eye coverings or a CPR breathing shield.	<i>12/8/11</i>  <i>ONGOING</i>	<i>Eye coverings and CPR breathing shield were purchased and added to the First Aid Kit supplies in the van used by Friendship Hall for transporting residents</i>  <i>By staff, the first aid kit in the van will be checked monthly to ensure that all required supply items including coverings or a CPR breathing shield are in first aid kit. Any item(s) used or missing will be immediately be replaced</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>12/12/11</i> <i>NSC</i> Date Initials (DPW)

Dec. 6. 2011 3:07PM

No. 6619 P. 20/37

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

No. 6680 P. 1

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN FRIENDSHIP HALL, 66 EAST OLD BALTIMORE PIKE ELWYN, PA 19063		CURRENT LICENSE NUMBER 122890	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Patricia Monroe Director ARBHS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Monroe</i>	DATE <i>12/7/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil L. Coff</i>	DATE <i>12/12/11</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
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.	The PRN medications Omeprazole 20 mg and Propo-NAPAP for Resident #3 were not available in the home.	<i>12/8/11</i>  <i>12/8/11</i>  ONGOING	PRN (Omeprazole Cap 20mg) Refill script has been sent to the Pharmacy for order. med was received and put in stock. DK obtained from Resident #3 Re Propo-Napap was no longer in production; medication has been discontinued in the MAR on 11/11/11 when DK script was received from PGP. Staff will check medication supply on a daily basis to ensure all prescribed medication is available on site.	Steps have been taken to correct violation; full compliance is not verifiable <i>12/12/11</i> Date <i>MSZ</i> Initials (DPW)

Dec. 8. 2011 2:57PM

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

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN FRIENDSHIP HALL, 66 EAST OLD BALTIMORE PIKE ELWYN, PA 19063		CURRENT LICENSE NUMBER 122890	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Patricia Monroe Director ALLGAS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Monroe</i>	DATE <i>12/8/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil J. Coff</i>	DATE <i>12/12/11</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
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #1 has not been educated to the resident's right to question or refuse medications if the resident believes that there may be an medication error.	<i>12/8/11</i>  <i>ONGOING</i>	The resident has signed a copy of the resident rights and responsibilities. The administrator will check annually to ensure that Rights and Responsibilities are signed	<i>NSC</i> <i>12/12/11</i>

No. 6680 P. 5

Dec. 8. 2011 2:57PM

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

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN FRIENDSHIP HALL, 66 EAST OLD BALTIMORE PIKE ELWYN, PA 19063		CURRENT LICENSE NUMBER 122890	
INSPECTION DATES (include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Patricia Monroe Director Adults</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Monroe</i>	DATE <i>12/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Miss S. Coody</i>	DATE <i>12/12/11</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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The Pre-admission form for Resident #2 admitted 1-12-10 was not dated making it impossible to determine compliance.	<i>12/8/11</i>  <i>ONGOING</i>	<i>Resident Pre-Admission form has been dated</i>  <i>Administrator will make sure that pre-admission forms are properly filled out including whenever pre-admission assessment is done. All pre-admission forms completed by other agencies not by the home administrator will carefully be reviewed by the administrator for accuracy. One form or forms filled out incorrectly will be returned to the agency to make corrections</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>12/12/11</i> Date <i>NSL</i> Initials (DPW)

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

No. 6680 P. 12

NAME AND ADDRESS OF PERSONAL CARE HOME ELWYN FRIENDSHIP HALL, 66 EAST OLD BALTIMORE PIKE ELWYN, PA 19063		CURRENT LICENSE NUMBER 122890	
INSPECTION DATES (Include all dates of the inspection) 11/01/2011		REGIONAL REPRESENTATIVE Andrea Kurtz, Christine McHale, Justin Trupp	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Patricia Monroe, Director ARBHS</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia Monroe</i>		DATE <i>12/8/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE <i>12/12/11</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>225c</p> <p>The resident shall have additional assessments as follows:</p> <p>(1) Annually.</p> <p>(2) If the condition of the resident significantly changes prior to the annual assessment.</p> <p>(3) At the request of the Department upon cause to believe that an update is required.</p>	<p>-Resident #2's most recent assessment dated 1-15-11 does not list the resident's diagnoses of Hypertrophy (Benign) of Prostate with urinary obstruction, Hyperlipidemia, Impaired Fasting Glucose, Personal history of surger for right inguinal hernia repaired 1970, anemia, positive PPD, constipation, unspecified hypercalcemia, sickle cell trait, tinea, unguium and allergic rhinitis.</p> <p>-The assessment for Resident #1 dated 7-22-11 does not include their diagnosis of DM, hyperlipidemia, HTN, cataract surgery and V/P shunt.</p> <p>-The assessment dated 5-15-10 for Resident #3 does not include their diagnosis of COPD.</p>	<p><i>12/8/11</i></p> <p><i>ONGOING</i></p>	<p>The most recent diagnoses were added to the assessments</p> <p>In the future administrator will carefully review all residents assessments when completed annually to ensure that residents medical needs are well documented in the assessments. Administrator will also make sure that additional assessments completed if the condition of resident significantly changes prior to the annual assessment as regulations required</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>12/12/11</i> Date</p> <p><i>NJK</i> Initials (DPW)</p>

Dec. 8. 2011 2:58PM

