

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MARIS GROVE, INC.

LEGAL ENTITY

To operate RENAISSANCE GARDENS AT MARIS GROVE

NAME OF FACILITY OR AGENCY

Located at 1ST AND 3RD FLOORS, 500 MARIS GROVE WAY, GLEN MILLS, PA 19342

(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 66
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 March 11, 2012 until March 11, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 134660

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

MAY 24 2012

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

Ms. Julie L. Heeter, Administrator
Maris Grove Way, Inc.
Renaissance Gardens at Maris Grove
1st and 3rd Floors
500 Maris Grove Way
Glen Mills, Pennsylvania 19342

Dear Ms. Heeter:

As a result of the Department of Public Welfare's licensing inspection on April 20, 2012 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.


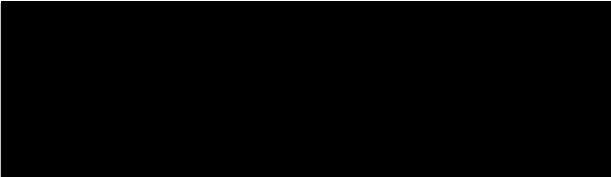
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: RENAISSANCE GARDENS AT MARIS GROVE		License Number: 134660
Address: 500 MARIS GROVE WAY, GLEN MILLS, PA 19342		County: Delaware
Administrator: Julie Heeter		Region: SOUTHEAST
Legal Entity Name: MARIS GROVE INC		
Legal Entity Address: 500 MARIS GROVE WAY, GLEN MILLS, PA 19342		
Certificate(s) of Occupancy		
I-1 06/06/2009 Concord Township	I-2 06/09/2009 Concord Township	72
Staffing Hours		
Resident Support: 72	Total Daily Staff: 144	Waking Staff: 108
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/20/2012: Graziano, Anne; Hummel, Jesse; Rushin, Julienne		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 66	Number of Residents who:	
Number of Residents Served: 50		
Secured Dementia Care Unit In Home: No		
Area:		
Secured Dementia Unit Capacity, If Applicable:		
		

Violation Report: 13466 - 04/20/2012 - Graziano, Anne

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2. DESCRIPTION OF VIOLATION

On the day of the inspection, the home's orange Policies and Procedures binder contained a Confidential Older Adult Protective Services Report of Need taken on resident # 1. The confidential Report of Need was located in the section of the binder outlining reporting abuse.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 4/23/12- Administrator conducted an audit of 100% of the policy and procedure manuals to ensure no confidential information was present. None found.
- Administrator will conduct an audit every month for three months to ensure there is no confidential information contained in the policy and procedure binders.
- Negative findings of the audit will be reviewed during the monthly QA meetings

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Julie L Heeter*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julie L Heeter</i>	Date <i>5-11-12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-11-12
(Date)

Verification of Legal Entity Representative Signature 5-11-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *JL*
(Initials)

Violation Report: 13466 - 04/20/2012 - Graziano, Anne

1. REGULATION 55 Pa.Code §2600

2600.65(a) - 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 location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe 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.

2. DESCRIPTION OF VIOLATION

Upon review of the material covered on the employee's first day of work, it was determined that the information regarding "telephone use and notification of emergency services" is incomplete. In order to access emergency services via telephone, one must dial "9" in order to reach an outside line. This information is not included in employee instructions regarding such notifications in the event of an emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 4/23/12- All facility phones have been labeled with instructions to dial 9 to obtain an outside line.
- All staff will be re-educated on dialing '9' to obtain an outside line
- New employee orientation has been updated so that on day one staff receives information on how to obtain an outside line and how to make a call to render emergency assistance.
- Administrator and/or designee will conduct random audits of all phones to ensure proper labeling and use.
- Negative findings of the audit will be reviewed during the monthly QA meeting.

Please see Attachments A+B+I

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Julie L Heeter

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Julie L Heeter Date 5-11-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-11-12 (Date)

Verification of Legal Entity Representative Signature 5-11-12 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13466 - 04/20/2012 - Graziano, Anne

1. REGULATION 55 Pa.Code §2600

2600.65(b) - 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 and conditions.

2. DESCRIPTION OF VIOLATION

The home has a training tool to address "Mandatory Reporting of Abuse and Neglect under the Older Adult Protective Services Act (35 P. S. ss 10225.101-10225.5102)."
 The home's tool does not address or make any reference to mandatory reporting, does not address or make any reference to the Delaware County Area Agency on Aging, and does not address or make any reference to the Pennsylvania Older Adult Protective Services Act.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

4/25/12- Maris Grove takes extensive measures to ensure ALL employees on campus are educated on the company's stance on abuse as well as the federal, state and local regulations regarding the reporting of abuse. This process begins with new hire paperwork, orientation to the community and in the Renaissance Garden's orientation program. Every employee is required to attend an annual training on abuse and reporting as well as complete an online test regarding compliance training. There are postings by each time clock addressing every employee's obligation to report abuse along with phone numbers for the Area Agency on Aging, Department of Aging and the PA State Police Barracks. Our current tools which, as noted in the attachments, do provide reference to mandatory reporting have been updated to include reference to the Delaware County Area Agency on Aging and the Older Adults Protective Services Act. New tools to be implemented at new employee orientation and annual trainings effective immediately. *The new tools will incorporate the language of 65.6(B) and insure all new employees review, sign and date this required info within the 40 hour required timeframe.*

Steps cannot be completed

Please see Attachments C, D, E, F *5-11-12*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Julie L Heeter*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julie L Heeter* Date *5-11-12*

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The above plan of correction is approved as of <u>5-11-12</u> (Date)	Verification of Legal Entity Representative Signature <u>5-11-12</u> (Date)
The above plan of correction was approved by <u><i>JLH</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13466 - 04/20/2012 - Graziano, Anne

1. REGULATION 65 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2. DESCRIPTION OF VIOLATION

The home conducted fire drills on 9/20/11, 10/25/11, 11/15/11, 1/24/12, and 2/21/12, which are all Tuesday's. The home is not alternating days of the week when conducting its monthly fire drills.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

4/24/12- Administrator spoke to Director of Croker Fire Drill Corp. regarding the need to conduct drills on different days of the week. Croker will ensure that the days of the week are varied when conducting our drills.

- Facility was using the Department's form to record and track drills. Administrator has updated the form to include a column to list which day of the week the drill was conducted
- Administrator will conduct random audits of the fire drill days to ensure that days are being alternated
- Negative findings of the audit will be reviewed during the monthly QA meeting.

Please see Attachments G + H

Repeat Violation: No	Date(s) of Previous Violation(s):	--		
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Signature of Legal Entity Representative
(Required on EVERY Page) Julie L Heeter

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Julie L Heeter</u>	Date <u>5-11-12</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/1-12</u> (Date)	Verification of Legal Entity Representative Signature <u>5-11-12</u> (Date)
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The above plan of correction was approved by <u>GH</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 13466 - 04/20/2012 - Graziano, Anne

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2. DESCRIPTION OF VIOLATION

Resident # 3 is prescribed Advair Diskus 250-50 mcg. This medication was not labeled with the date the medication was opened. The manufacturer's instructions state to discard the medication 30 days after opening.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

4/20/12- Nurse discarded Advair Diskus and put a new one in the resident's medication box. New Advair Diskus box dated for 4/20/12.

4/24/12-Nurses conducted an audit of all resident's medication boxes to ensure any medication requiring a date when opened had an appropriate date on it, that all medication labels matched the current orders listed in the MAR and that the MAR accurately reflects what the physician order sheets state


-Administrator or designee will conduct monthly audits of all resident medication boxes, MARs and physician order sheets x 3 months.

-Negative findings of the audit will be reviewed during the monthly QA meeting.

5/2/12-Meeting held with medication technicians to review medication process, specifically regulations 183d, 184a and 187a.

5/31/12-Administrator and/or the Nurses, that are certified medication trainers, will ensure that ALL medication technicians have received and understand the information covered at the 5/2/12 meeting.

Attachment - I+J

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Julie L Heeter			5-11-12
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		5-11-12 (Date)	Verification of Legal Entity Representative Signature
The above plan of correction was approved by		 (Initials)	5-11-12 (Date)
<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented			

Violation Report: 13466 - 04/20/2012 - Graziano, Anne

1. REGULATION 55 Pa.Code §2600

- 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
- (1) The resident's name.
 - (2) The name of the medication.
 - (3) The date the prescription was issued.
 - (4) The prescribed dosage and instructions for administration.
 - (5) The name and title of the prescriber.

2. DESCRIPTION OF VIOLATION

Resident # 4 is prescribed Polyethylene Glycol 17 gm, dissolve in liquid and drink twice daily every other day. The prescription medication label for the Polyethylene Glycol 17 gm incorrectly states to administer the medication only on Tuesday and Thursday.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 4/20/12- Administrator applied a 'change of direction' sticker to the Polyethylene Glycol belonging to Resident #4. Pharmacy contacted to send new bottle with corrected label.
- 4/24/12-Nurses conducted an audit of all resident's medication boxes to ensure any medication requiring a date when opened had an appropriate date on it, that all medication labels matched the current orders listed in the MAR and that the MAR accurately reflects what the physician order sheets state.
- Administrator or designee will conduct monthly audits of all resident medication boxes, MARs and physician order sheets x 3 months.
 - Negative findings of the audit will be reviewed during the monthly QA meeting.
- 5/2/12-Meeting held with medication technicians to review medication process, specifically regulations 183d, 184a and 187a.
- 5/31/12-Administrator and/or the Nurses, that are certified medication trainers, will ensure that ALL medication technicians have received and understand the information covered at the 5/2/12 meeting.

Attachment I+J

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Julie L Heeter*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Julie L Heeter* Date *5-11-12*

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The above plan of correction was approved by <u><i>JL</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13466 - 04/20/2012 - Graziano, Anne

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2. DESCRIPTION OF VIOLATION

Resident # 3 is prescribed Brimonidine Tartrate .20% to be administered in the right eye twice daily. The Medication Administration Record for resident # 3 states administer Brimonidine Tartrate .15% in the right eye twice daily. The Medication Administration Record incorrectly lists the strength of the medication to be administered as .15%.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 4/20/12- Nurse verified with physician what strength of Brimonidine Tartrate for Resident #3. MAR corrected to reflect what the physician had ordered and what the resident was receiving.
- 4/24/12- Nurses conducted an audit of all resident's medication boxes to ensure any medication requiring a date when opened had an appropriate date on it, that all medication labels matched the current orders listed in the MAR and that the MAR accurately reflects the physician order sheets
 - Administrator or designee will conduct monthly audits of all resident medication boxes, MARs and physician order sheets x 3 months.
 - Negative findings of the audit will be reviewed during the monthly QA meeting.
- 5/2/12- Meeting held with medication technicians to review medication process, specifically regulations 183d, 184a and 187a.
- 5/31/12- Administrator and/or the Nurses, that are certified medication trainers, will ensure that ALL medication technicians have received and understand the information covered at the 5/2/12 meeting.

Attachment I + J

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Julie L Heeter*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Julie L Heeter* Date *5-11-12*

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The above plan of correction was approved by <u><i>CP</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13466 - 04/20/2012 - Graziano, Anne

1. REGULATION 55 Pa.Code §2600

2600.224(a) - 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.

2. DESCRIPTION OF VIOLATION

Resident # 2, date of admission 02/22/2012 has a pre-admission screening form that is not dated. It is not possible to determine that the pre-admission screening was completed prior to or on the day of admission.
The Pre-Admission Screening (pg.3) for resident # 5 did not indicate that the needs of the resident can be met through services provided by the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- 4/20/12-Preadmission screening forms for Resident #2 and #5 corrected.
- 4/23/12- All 3 Personal Care Nurses made aware of the importance of ensuring forms are dated and not to leave blanks.
- 5/7/12- Audit conducted by Administrator on all current resident's pre-screening form to ensure all forms were dated and no blanks were present.
 - Administrator will continue to audit the required pre-screening form for all future admissions.
 - Negative findings of the audit will be reviewed during the monthly QA meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Julie L Heeter*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Julie L Heeter* Date *5-11-12*

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(Date)

Verification of Legal Entity Representative Signature 5-11-12
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13466 - 04/20/2012 - Graziano, Anne

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2. DESCRIPTION OF VIOLATION

A resident record must contain copies of incident reports specific to that resident.
A copy of the incident report alleging resident abuse or suspected abuse for resident # 1 is not contained in the resident record for this resident.

The resident record must contain a list of known allergies.
Resident # 2 is allergic to penicillin. This allergy is noted on the medical evaluation dated 02/23/2012, but is not noted on the resident face sheet which accompanies the resident out of the home for any medical treatment(s). The face sheet instead lists "No Allergies" under the allergies section of the form. This discrepancy needs to be corrected in order to make sure a medication is not given to a resident with a known allergy.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

4/23/12- The reportable incident for Resident #1 was being withheld from the chart due to confidential information contained in the report (staff names, information provided by the family, etc.) This was discussed with surveyors from the Southeast Regional Office at the time of their review of the incident and permission was granted to keep the report in the Administrator's office.

-At the time of this survey, the Administrator 'whited out' the confidential information and placed the report in the resident's record at the request of the survey team from the Northeast Regional Office. *redacted* *5-11-12*

-Administrator or designee will conduct random audits of residents charts monthly to assess for completeness of recordkeeping related to reportable incidents maintained in the chart as well as allergy information.

-Negative findings of the audit will be reviewed at the monthly QA meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Julie L Heeter*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julie L Heeter* Date *5-11-12*

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The above plan of correction was approved by <u><i>CO</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented