

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TITHONUS GREENSBURG, LP

LEGAL ENTITY

To operate NEWHAVEN COURT AT LINDWOOD

NAME OF FACILITY OR AGENCY

Located at 100 FREEDOM WAY, GREENSBURG, PA 15601

(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 128
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 16

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 10, 2012 until June 10, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429360

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

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

JUL 23 2012

Ms. Loriann Putzier, COO
Tithonus Greensburg, LP
c/o Integracare Corporation
6600 Brooktree Court, Suite 100
Wexford, Pennsylvania 15090

RE: Newhaven Court at Lindwood
100 Freedom Way
Greensburg, Pennsylvania 15601

Dear Ms. Putzier:

As a result of the Department of Public Welfare's licensing inspection on May 7, 2012 and May 18, 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.

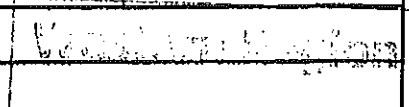
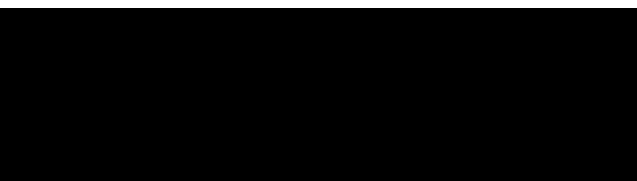
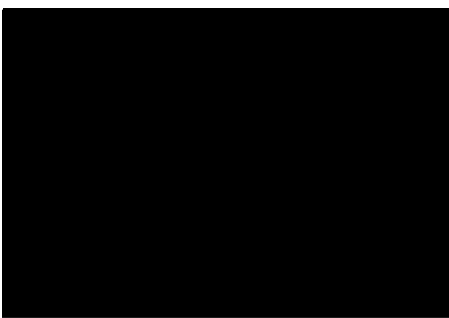
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: NEWHAVEN COURT AT LINDWOOD		License Number: 429360
Address: 100 FREEDOM WAY, GREENSBURG, PA 15601		County: Westmoreland
Administrator: Lori Grant		Region: WEST
Legal Entity Name: TITHONUS GREENSBURG LP		 JUN 18 2012 Adult Residential Licensing
Legal Entity Address: 6600 BROOKTREE COURT SUITE 100, WEXFORD, PA 15090		
Certificate(s) of Occupancy Other 08/28/1996 Labor & Industry		
Staffing Hours Resident Support: N/A Total Daily Staff: 116 Waking Staff: 87		
Type of Inspection: Full BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/07/2012: Mazza, Larry; Pollock, Susan 05/18/2012: Mazza, Larry; Flinner-Alman, Lisa		
Off-Site Inspection Dates and inspectors, if Applicable		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 128 Number of Residents Served: 87 Secured Dementia Care Unit in Home: Yes Area: Forest Hills Unit Secured Dementia Unit Capacity, if Applicable: 16 	Number of Residents who: 	

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
 PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600

2600.25(b) - 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.

2a. DESCRIPTION OF VIOLATION

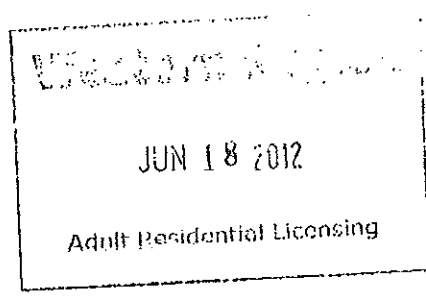
Resident #1's contract, dated 3/8/12, was not signed by the administrator or designee of the home.

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.

2600.25 (b) Resident #1's contract was signed by the designee. The designee missed one of the signature lines but all other signatures were accounted for. Newhaven Court had designee sign the one missed signature line on May 24, 2012.

*Withdrawn
MS 6/25/12*



Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Louis Grant

Date *6-15-12*

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

The above plan of correction is approved as of _____
 (Date)

The above plan of correction was approved by _____
 (Initials)

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
 PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600

2600.82(c) - 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.

2a. DESCRIPTION OF VIOLATION

On 5/18/12, the following products, with a manufacture's label indicating, "If ingested, call poison control", were unlocked and accessible to residents:

- *Bottle of Aloe Vesta protective ointment in resident #10's bedroom
- *Bottle of Aloe Vesta protective ointment, bottle of Sensi-Care skin protectant and a spray bottle of Sensi-Care perineal skin cleanser in resident #13's bedroom
- *Tube of Aloe Vesta barrier cream in bedroom #B-101
- *Bottle of Isopropyl alcohol in resident #12's bedroom

Not all residents of the home, including resident #11, have been assessed capable of recognizing and using poisons safely.

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.

May 18, 2012

2600.82 (c) The Director of Resident Care removed the listed medications that were found in the following rooms on May 18, 2012: Resident #10, #13, B#101, #12, and Resident #11.

June 22, 2012

The Director of Resident Care is in the process of conducting an audit to establish who is able to self-administer medications as stated per physician order and establish that the Residents, who are able to self-administer medications, meet the guidelines set forth, and verify that medications and poisons are secured. The audit will be completed by June 22, 2012. Any room found to be out of compliance will be corrected at that time.

June 20 and June 28, 2012

On June 20, 2012, Resident Care and Housekeeping staff will be re-educated by the Director of Resident Care on our policies and regulations that all medications and poisons must be secured and that a physician's order is necessary to allow Residents to self-administer their medications. Residents will also be educated on June 28, 2012, during the Resident Council meeting. Letters to the families, explaining this regulation, will be sent with our July billing.

June 20, 2012

Beginning on Jun 20, 2012, all staff certified in medication administration and housekeeping staff will monitor assigned neighborhoods on a daily basis for any item that is not in compliance with guidelines as stated in regulation.

July 1 and Ongoing

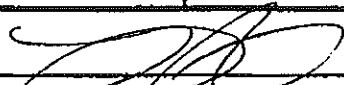
Beginning on July 1, 2012 the Executive Director and/or the Director of Resident Care will conduct random surveys of Resident rooms to confirm compliance weekly.

JUN 18 2012
 Adult Residential Licensing

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)

Lori Grant

Date 6-15-12

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

The above plan of correction is approved as of 7/6/12
 (Date)

Plan of correction implementation status as of 7/6/12
 (Date)

The above plan of correction was approved by MS
 (Initials)

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

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
 PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There was an uncovered, 1/4 full garbage can in the shared bathroom in bedroom #MC-3A/MC-3B.

(Observed 5/18/12)

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.

- June 4, 2012 2600.85 (d) The trash can lid in room #MC-3A/MC-3B was replaced on June 4, 2012, by the Executive Housekeeper.

- June 20, 2012 An audit is in process to verify that bathroom and kitchen trash cans are in compliance. The audit will be completed by June 20, 2012. Bathroom and kitchen trash cans that require a lid will be corrected at that time.

- June 21, 2012 Staff will be re-educated by the Executive Director on June 21, 2012, on the regulation that all bathroom and kitchen trash cans, that require a lid, are in compliance to prevent the penetration of insects and rodents.

- June 11, 2012 Beginning June 11, 2012, Housekeeping Assistants will initiate a checklist to monitor bathroom and kitchen trash cans requiring a lid are present daily (please see attached check sheet). All check sheets will be kept with the Executive Housekeeper and stored in a binder for weekly reviews.

- July 11, 2012
and Ongoing Beginning July 11, 2012, the Executive Director and/or Executive Housekeeper will conduct random checks to confirm that lids are present and meeting compliance

Western Region

JUN 18 2012

Adult Residential Licensing

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 6-15-12

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

The above plan of correction is approved as of 7/6/12
 (Date)

Plan of correction implementation status as of 7/6/12
 (Date)

The above plan of correction was approved by MS
 (Initials)

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

JUN 18 2012

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
PCH Name: NEWHAVEN COURT AT LINDWOOD

Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
Bedroom #L-205 did not have emergency phone numbers posted by the phone.
(Observed 5/18/12)

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.

May 18, 2012	2600.91 Emergency phone numbers for #L-205 was immediately posted by the telephone on May 18, 2012, by the Business Office Manager.
May 21, 2012	An audit of all apartments both in MC and Senior Living was conducted on May 21, 2012. The audit showed that five other apartments were missing emergency phone number lists. The apartments are now in compliance.
June 21, 2012	Staff will be re-educated by the Executive Director on June 21, 2012, on our policies and regulation to verify that all telephones have an emergency phone number list present.
June 11, 2012	Beginning June 11, 2012, Housekeeping Assistants will check all resident rooms weekly to confirm that rooms with a telephone have a posted emergency phone number list and will document findings on the check sheet (please see attached). All check sheets will be kept with the Executive Housekeeper and stored in a binder for weekly reviews.
July 11, 2012 and Ongoing	Beginning on July 11, 2012, the Executive Director and/or Executive Housekeeper will do random apartment audits monthly to verify compliance.

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 Date
(Required on EVERY Page) *Loi Grant* *6-15-12*

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

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(Date)

The above plan of correction was approved by MS
(Initials)

Plan of correction implementation status as of 7/6/12
(Date)

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

JUN 18 2012

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
PCH Name: NEWHAVEN COURT AT LINDWOOD

Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - 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.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the 1st floor wellness center does not include scissors.

(Observed 5/18/12)

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.

- May 19, 2012 2600.96 (a) Scissors were replaced in the wellness center's first aid kit on May 19, 2012, by the Executive Director.
- May 19, 2012 An audit was conducted on all first aid kits on May 19, 2012, by the Executive Director to confirm that all first aid kits contain the necessary items listed. No other kits were found to be in violation.
- June 20, 2012 All staff will be re-educated by the Executive Director on our policies and regulations pertaining to first aid kits as well as what each kit must include on June 20, 2012.
- June 15, 2012 Moving forward, each manager, who has a first aid kit in their department, will assign a designated staff person to inspect the first aid kits monthly against the requirements to confirm that all items are present. A check sheet listing the required items will be posted on the lid of each first aid kit by June 15, 2012. The staff person will sign off and date next to each item, verifying that each item is present in the kit.
- June 29, 2012
and Ongoing Beginning on June 29, 2012, the Manager and/or Executive Director will review the check sheet and confirm that the contents in the kit matches the required items needed.

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)

Lori Stait

Date 6/15/12

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

The above plan of correction is approved as of 7/6/12
(Date)

Plan of correction implementation status as of 7/6/12
(Date)

The above plan of correction was approved by MS
(Initials)

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

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
 PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 On 5/18/12, there was no source of light that can be turned on/off from bedside in bedroom #H-203.

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.

May 19, 2012	2600.101 (j) (7) A lamp was placed by #H-203's bedside on May 19, 2012, by the Executive Director.
May 22, 2012	An audit was conducted on May 22, 2012, by the Executive Housekeeper to verify that lighting was present by all besides. During the audit, we found one other apartment that was missing a light source by the bedside. The apartment is now in compliance.
June 21, 2012	Staff will be re-educated by the Executive Director on June 21, 2012, on our policies, regulations and safety needs pertaining to a light source being available by bedside for each apartment.
June 11, 2012	Beginning on June 11, 2012, Housekeeping Assistants will check current Resident apartments weekly and document their findings on a check sheet (please see attached check sheet). The Executive Housekeeper will monitor rooms during room turnovers and admissions. All check sheets will be kept with the Executive Housekeeper and stored in a binder for weekly reviews.
June 20, 2012 and Ongoing	Beginning on June 20, 2012, the Executive Director and/or the Executive Housekeeping will review the binder audits monthly and will check random Resident apartments to confirm compliance.

WESTERN PENNSYLVANIA

JUN 18 2012

Adult Residential Licensing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Lai Gant	6-15-12

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

The above plan of correction is approved as of <u>7/6/12</u> (Date)	Plan of correction implementation status as of <u>7/6/12</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented MS <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 18 2012

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
PCH Name: NEWHAVEN COURT AT LINDWOOD

Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
At approximately 10:40 AM on 5/18/12 the following exit doors were either locked or were unable to be opened as follows:
*The exit door near the housekeeping office was stuck at the bottom of the door frame and was unable to be opened by an agent of the Department.
*The exit door near bedroom #D-105 was locked with a deadbolt and was unable to be unlocked by an agent of the Department and resident #14.
*The exit door near bedroom #C-105 was locked with a deadbolt and was unable to be unlocked by an agent of the Department and staff members A and B.

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.

- May 18, 2012 2600.121 (a) On May 18, 2012, the exit doors near bedroom #C-105, across from the housekeeping office, and near #D105 was immediately corrected by re-filing the catches and shinning the hinges by the Director of Environmental Services..
- May 21, 2012 An audit of all exit doors was conducted by the Executive Director on May 21, 2012, to verify that all exit doors were working properly. No other doors were found to be in violation.
- May 18, 2012 The Director of Environmental Services was re-educated on May 18, 2012, by the Executive Director on our policies and regulations in reference to exit doors needing to be operable and unobstructed at all times.
- June 15, 2012 Beginning on June 15, 2012, the Director of Environmental Services will do daily exit door checks to confirm that all doors are working properly incase of an emergency or evacuation. All check sheets will be kept with the Director of Environmental Services and stored in a binder for review.
- June 15, 2012
and Ongoing Beginning on June 15, 2012, the Executive Director will choose random exit doors daily to confirm that compliance is met and will record audits on a check sheet (please see attached check list).

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 Date
(Required on EVERY Page) Lon Grant 6-15-12

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

The above plan of correction is approved as of 7/6/12
(Date)

Plan of correction implementation status as of 7/6/12
(Date)

The above plan of correction was approved by MS
(Initials)

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

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
PCH Name: NEWHAVEN COURT AT LINDWOOD

Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2's current medical evaluation was completed on 11/28/11. This resident's previous medical evaluation was completed on 11/5/10.

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.

- May 18, 2012 2600.141 (b) (1) Although we are unable to go back and correct our error, on May 18, 2012, Resident #2's medical evaluation is current and in the chart (see attached medical evaluation)
- July 9, 2012 A Resident chart audit is in process to verify that medical evaluations are being done at least annually. The audit will be completed by July 9, 2012, in which any additional DME's, which are not in compliance, will be corrected at that time.
- May 18, 2012 The Director of Resident Care was re-educated on May 18, 2012, by the Executive Director on our policies and regulations that DME's are required to be completed in the designated time frame.
- June 12, 2012 On June 12, 2012, all due dates on the medical evaluation tickler were adjusted to allow time before the next due date so that DME's are being completed in a timely fashion.
- June 15, 2012 and Ongoing Beginning June 15, 2012, before placing any completed medical evaluation in the chart, The Director of Resident Care will give to the Executive Director daily to monitor and verify that the documentation is being done in a timely fashion. Once reviewed, the Director of Resident Care will place the document in the Resident's chart.

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 6-15-12

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

The above plan of correction is approved as of 7/6/12 (Date)

Plan of correction implementation status as of 7/6/12 (Date)

The above plan of correction was approved by MS (Initials)

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

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
PCH Name: NEWHAVEN COURT AT LINDWOOD

Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

There was a wicker chair with a foam cushion, which was not fire resistant, in the home's designated smoking area.

(Observed 5/18/12)

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.

May 18, 2012 2600.144 (c) (1) The wicker chair was immediately removed on May 18, 2012, from the designated smoking area by the Business Office Manager.

May 19, 2012 An audit of all designated smoking areas was conducted on May 19, 2012, by the Executive Director to verify that non-fire resistant furniture/items were present. No other areas were found to be in violation.

June 21, 2012
and June 28, 2012 Staff will be re-educated on June 21, 2012, on our policies and regulations of the proper safeguards inside and outside of the home to prevent fire hazards in designated smoking areas. Residents will be educated on June 28, 2012, during Resident Council.

June 15, 2012 Beginning on June 15, 2012, The Director of Environmental Services will check designated smoking areas weekly to verify proper safeguards are in place and that non-fire resistant items are present and will document findings on the door check sheet.

July 25, 2012
and Ongoing Beginning on July 25, 2012, the Executive Director and/or Director of Environmental Services will audit random designated smoking areas monthly and will review the door check sheets to confirm proper safeguards are in place.

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

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) Lori Grant 6-15-12

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

The above plan of correction is approved as of 7/6/12
(Date)

Plan of correction implementation status as of 7/6/12
(Date)

The above plan of correction was approved by MS
(Initials)

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

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
PCH Name: NEWHAVEN COURT AT LINDWOOD

Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #10's medical evaluation, dated 11/17/11, indicates the resident is unable to self-administer medications; however, the following unlocked medications for this resident were found in his/her bedroom:

- *2 tubes of Voltaren gel-1%
- *A tube of maximum strength Cortizone-10
- *A tube of Neosporin plus pain relief
- *A tube of maximum strength Cortaid

Resident #11's medical evaluation, dated 12/22/11, indicates the resident is unable to self-administer medications; however, there was a bottle of Xlear nasal spray with Xylitol on the bathroom sink of resident #11's bathroom.

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.

May 18, 2012

2600.181 (c) On May 18, 2012, the Director of Resident Care immediately removed the Voltran, Cortizone, Neosporin, and Cortaid from Resident #10's room. The Xlear nasal spray with Xylitol was removed from Resident #11's bathroom sink.

June 22, 2012

The Director of Resident Care is in the process of conducting an audit to establish who is able to self-administer medications as stated per physician order and establish that the Residents, who are able to self-administer medications, meet the guidelines set forth, and verify that medications are secured. The audit will be completed by June 22, 2012. Any room found to be out of compliance will be corrected at that time.

June 20, 2012 and June 28, 2012

On June 20, 2012, Resident Care Staff will be re-educated by the Director of Resident Care on our policies and regulations that a physician's order is necessary to allow Residents to self-administer their medications and that all medications must be secured. Residents will be educated on June 28, 2012, during the Resident Council meeting. Letters to the families, explaining this regulation, will be sent with our July billing.

June 20, 2012

Beginning on June 20, 2012, all staff certified in medication administration will monitor assigned neighborhoods daily to verify that medications are secured for residents, who do not self-administer medications, and that residents, who do self-administer, have a required physician's order and secure their medications.

July 1 and Ongoing

Beginning on July 1, 2012, the Executive Director and/or the Director of Resident Care will conduct random audits of Resident rooms to confirm compliance weekly.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/02/2011
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Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lori Grant

Date 6-15-12

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

The above plan of correction is approved as of 7/6/12
(Date)

Plan of correction implementation status as of 7/6/12
(Date)

The above plan of correction was approved by MS
(Initials)

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

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
 PCH Name: NEWHAVEN COURT AT LINDWOOD
 Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - 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.

2a. DESCRIPTION OF VIOLATION
 On 5/18/12, the following medications were found unlocked and accessible in resident #10's bedroom:
 *2 tubes of Voltaren gel-1%
 *A tube of maximum strength Cortizone-10
 *A tube of Neosporin plus pain relief
 *A tube of maximum strength Cortaid
 On 5/18/12, there was an unlocked, accessible bottle of Xlear nasal spray with Xylitol on the bathroom sink of resident #11's bedroom.
 On 5/18/12, there was an unlocked, accessible tube of hydrocortizone-1% cream in bedroom #Q-203.

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

2600.183 (b) On May 18, 2012, the Director of Resident Care immediately removed the Voltran, Cortizone, Neosporin, and Cortaid from Resident #10's room, the Xlear nasal spray with Xylitol was removed from Resident #11's bathroom, and the hydrocortisone cream was removed from bedroom #Q-203.

May 18, 2012

The Director of Resident Care is in the process of conducting an audit to establish who is able to self-administer medications as stated per physician order and establish that the Residents, who are able to self-administer medications, meet the guidelines set forth, and ensure that medications are secured. The audit will be completed by June 22, 2012. Any room found to be out of compliance will be corrected at that time.

June 22, 2012

On June 20, 2012, Resident Care Staff will be re-educated by the Director of Resident Care on our policies and regulations that a physician's order is necessary to allow Residents to self-administer their medications and that all medication must be secured. Residents will be educated on June 28, 2012, during the Resident Council meeting that a physician's order is required to self-medicate and that medications are secure. Letters to the families, explaining this regulation, will be sent with our July billing.

June 20, 2012 and June 28, 2012

Beginning on June 20, 2012, all staff certified in medication administration will monitor assigned neighborhoods daily to verify that medications are secure for residents, who do not self-administer medications, and that residents, who do self-administer, have a required physician's order.

June 20, 2012

Beginning on July 1, 2012, the Executive Director and/or the Director of Resident Care will conduct random audits of Resident rooms to confirm compliance weekly.

July 1 and Ongoing

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

Lori Grant 6/15/12

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The above plan of correction is approved as of 7/6/12
 (Date)

The above plan of correction was approved by MS
 (Initials)

Plan of correction implementation status as of 7/6/12
 (Date)

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

JUN 18 2012

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
PCH Name: NEWHAVEN COURT AT LINDWOOD

Adult Residential Licensing

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

2a. DESCRIPTION OF VIOLATION

On 5/18/12, a container of Polyethylene Glycol-3350 mg powder, with an expiration date of March 2012, was found in the locked cabinet in resident #4's bedroom. Staff member C stated this medication was discontinued.

On 5/18/12, a bottle of Xlear nasal spray with Xylitol, with an expiration date of March 2011, was found on the sink in resident #11's bathroom.

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.

May 18, 2012 2600.183 (d) On May 18, 2012, the Director of Resident Care immediately removed the expired Polyethylene Powder from Resident #4's bedroom and removed the expired nasal spray found Resident #11's bathroom sink.

June 22, 2012 The Director of Resident Care is in the process of conducting an audit to establish who is able to self-administer medications as stated per physician order, removing any expired medications in all Resident apartments, establishing that the Residents, who are able to self-administer medications, meet the guidelines set forth, and verify that medications are secured. The audit will be completed by June 22, 2012. Any room found to be out of compliance will be corrected at that time.

June 20, 2012 and June 28, 2012 On June 20, 2012, Resident Care Staff will be re-educated by the Director of Resident Care on our policies and regulations that a physician's order is necessary to allow Residents to self-administer their medications, expired medications must be removed, and that all medication must be secured. Residents will be educated on June 28, 2012, during the Resident Council meeting. Letters to the families, explaining this regulation, will be sent with our July billing.

June 20, 2012 Beginning on June 20, 2012, all staff certified in medication administration will monitor assigned neighborhoods daily to verify that expired medications are removed, medications are secure for residents, who do not self-administer medications, and that residents, who do self-administer, have a required physician's order.

July 1 and Ongoing Beginning on July 1, 2012, the Executive Director and/or the Director of Resident Care will conduct random audits of Resident rooms to confirm compliance weekly.

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)

Lori Grant

Date 6-15-12

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

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(Date)

Plan of correction implementation status as of 7/6/12
(Date)

The above plan of correction was approved by MS
(Initials)

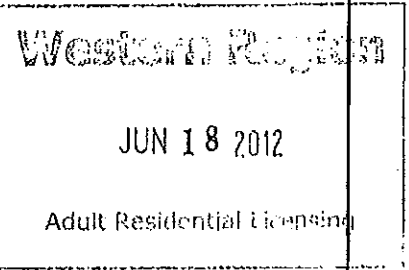
- Fully Implemented MS
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42936 - 06/07/2012 - Mazza, Larry
 PCH Name: NEWHAVEN COURT AT LINDWOOD

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.



2a. DESCRIPTION OF VIOLATION

Resident #3's medication administration record (MAR) does not include diagnoses for the following medications:

- * Calcium 500mg + D-"Take 1 tablet by mouth 2 times daily"
- * Flagyl-250mg-"Take 1 tablet by mouth every 6 hours for 7 days"
- * Septra DS-"Take 1 tablet by mouth 2 times a day for 5 days"

Resident #4's MAR does not include a diagnosis for Calcium 500mg-"Take 1 tablet by mouth 2 times a day."

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.

14 a of 19

May 24, 2012 2600.187 (a) On May 24, 2012, the Director of Resident Care added the diagnoses to Resident #3 and #4's MAR (please see attached MAR for Resident #3 and #4).

May 25, 2012 A MAR audit was conducted by the Director of Resident Care on May 25, 2012 to verify that all medication records reflect a diagnosis for each medication. During the audit, we found three Residents who did not have a diagnoses reflected with their medications. The three Resident MAR's were corrected at this time.

June 20, 2012 Resident Care Staff and Charge Personnel will be re-educated by the Director of Resident Care on June 20, 2012, in reference to our policies and regulations that all medications must reflect the diagnoses on the MAR.

See page 14A

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

Signature of Legal Entity Representative *[Signature]*
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Lori Grant* Date *6-15-12*
 (Required on EVERY Page)

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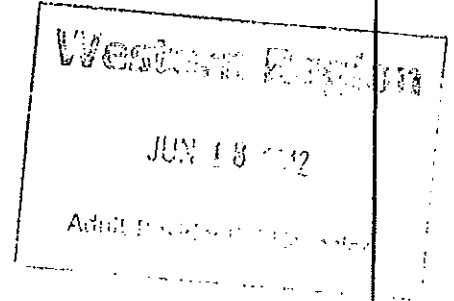
The above plan of correction is approved as of <u>7/6/12</u> (Date)	Plan of correction implementation status as of <u>7/6/12</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
 PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2800

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.



2a. DESCRIPTION OF VIOLATION

Resident #3's medication administration record (MAR) does not include diagnoses for the following medications:
 * Calcium 500mg + D-"Take 1 tablet by mouth 2 times daily"
 * Flagyl-250mg-"Take 1 tablet by mouth every 6 hours for 7 days"
 * Septra DS-"Take 1 tablet by mouth 2 times a day for 5 days"

Resident #4's MAR does not include a diagnosis for Calcium 500mg-"Take 1 tablet by mouth 2 times a day."

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.

14 b of 10

June 20, 2012

Beginning on June 20, 2012, when reconciling MARs on a monthly basis, charge personnel will be responsible for confirming that diagnoses are stated on MAR for all medications.

July 2, 2012
and Ongoing

Beginning on July 2, 2012, the Executive Director and/or the Director of Resident Care will audit random MAR binders monthly to confirm compliance.

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)

Lori Grant

Date 6-15-12

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

The above plan of correction is approved as of

7/6/12
(Date)

Plan of correction implementation status as of

7/6/12
(Date)

The above plan of correction was approved by

MS
(Initials)

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

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
 PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

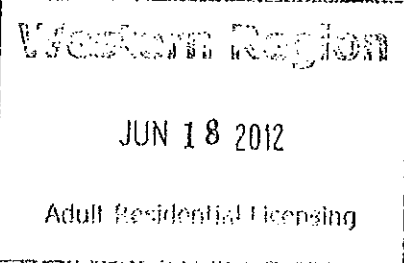
2a. DESCRIPTION OF VIOLATION

Staff member D administers medications in the home and completed the initial medication administration course on 9/9/08. However, staff person D's annual practicum in 2011 did not include any observations of this staff person administering medications.

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.

2600.190 (a) Staff person D's observations were found behind the Annual Practicum documentation. Observations for 2011 on Staff person D was conducted in 2011 and meets compliance (Please see attached documentation for review).



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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Lori Grant	Date	6/15/12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/6/12
 (Date)

Plan of correction implementation status as of 7/6/12
 (Date)

The above plan of correction was approved by MS
 (Initials)

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

JUN 18 2012

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
 PCH Name: NEWHAVEN COURT AT LINDWOOD

Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #6, admitted 8/29/11, did not have a support plan completed until 11/23/11.

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.

- May 18, 2012 2600.227 (a) Although we are unable to go back and correct our error, Resident #6's support plan is current and in the chart (please see attached support plan).
- July 9, 2012 A Resident chart audit is in process to verify that support plans are being completed within 30 days of the initial assessment and then at least annually. The audit will be completed by July 9, 2012, in which any additional support plans that are not in compliance will be completed at that time.
- May 18, 2012 The Director of Resident Care was re-educated on May 18, 2012, by the Executive Director on our policies and regulations that support plans are required to be completed within 15 days of the initial assessment and then at least annually.
- June 15, 2012 On June 15, 2012, all due dates on the support plan tickler will be adjusted to allow time before the next due date so that support plans are being completed in a timely fashion.
- June 15, 2012
and Ongoing Beginning June 15, 2012, before placing any completed support plan in the chart, The Director of Resident Care will give the Executive Director the document daily to monitor and verify that support plans are being completed in a timely fashion. Once reviewed, the Director of Resident Care will place the document in the Resident's chart.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/02/2011

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) Lori Grant 6-15-12

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

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 (Date)

Plan of correction implementation status as of 7/6/12
 (Date)

The above plan of correction was approved by MS
 (Initials)

- Fully Implemented M.S
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

JUN 18 2012

Violation Report: 42936 - 05/07/2012 - Mazza, Larry
 PCH Name: NEWHAVEN COURT AT LINDWOOD

Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #9's support plan, dated 12/1/11, does not include the need for a heart healthy, low cholesterol diet as indicated on the medical evaluation, dated 9/29/11.

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.

May 24, 2012

2600.227 (d) The Director of Resident Care added Resident #9's heart healthy diet to the support plan on May 24, 2012 (please see attached RASP).

July 9, 2012

A Resident chart audit is in process to confirm that support plans are fully completed and reflecting all necessary information from the medical evaluation. The audit will be completed by July 9, 2012. Any additional errors will be corrected at this time.

May 18, 2012

The Director of Resident Care was re-educated on May 18, 2012, by the Executive Director on our policies and regulations that support plans and assessments must be fully completed and reflect all necessary information from the medical evaluation.

June 15, 2012

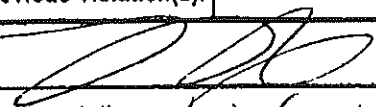
and Ongoing

Beginning on June 15, 2012, before placing any assessment or support plan in the chart, the Director of Resident Care will give the Executive Director daily the document to verify that support plans are completed and reflecting all necessary information. Once reviewed, the Director of Resident Care will place the document in the appropriate chart.

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)

Lori Grant

Date 6-15-12

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

The above plan of correction is approved as of

7/6/12
 (Date)

Plan of correction implementation status as of

7/6/12
 (Date)

The above plan of correction was approved by

MS
 (Initials)

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

Violation Report: 42938 - 05/07/2012 - Mazza, Larry
 PCH Name: NEWHAVEN COURT AT LINDWOOD

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #7's support plan, dated 11/25/11, was only signed by the resident. The support plan was not signed by the person who completed it.

Resident #8's support plan, dated 12/6/11, is not signed by the person who completed it.

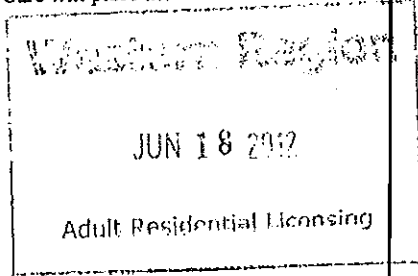
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

May 18, 2012 2600.227 (g) It was confirmed that #7's support plan was signed by the assessor on November 25, 2011 (please see attached RASP for verification). Resident #8 no longer resides in our home as of June 1, 2012.

July 9, 2012 A Resident chart audit is in process to confirm that RASPs are fully completed and reflecting all necessary information from the medical evaluation. The audit will be completed by July 9, 2012. Any additional errors will be corrected at this time.

May 18, 2012 The Director of Resident Care was re-educated on May 18, 2012, by the Executive Director on our policies and regulations that RASP's must be fully completed and reflect all necessary information from the medical evaluation.

June 15, 2012 and ongoing Beginning on June 15, 2012, before placing any assessment or support plan in the chart, the Director of Resident Care will give the Executive Director daily the document to verify that support plans are completed and reflecting all necessary information. Once reviewed, the Director of Resident Care will place the document in the appropriate chart.



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 6-15-12

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 (Date)

Plan of correction implementation status as of 7/6/12
 (Date)

The above plan of correction was approved by MS
 (Initials)

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