

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PRESBYTERIAN SENIOR CARE, INC.

To operate WESTMINSTER PLACE OF OAKMONT

Located at 1215 HULTON ROAD, OAKMONT, PA 15139

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 135
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

and shall remain in effect from June 30, 2012 until June 30, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429620

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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

ADULT RESIDENTIAL LICENSING

JUL 02 2012

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

Mr. Paul M. Winkler, CEO
Presbyterian Senior Care, Inc.
Westminster Place of Oakmont
1215 Hulton Road
Oakmont, Pennsylvania 15139

Dear Mr. Winkler:

As a result of the Department of Public Welfare's licensing inspection on June 4, 2012 and June 5, 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".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 42962 - 06/04/2012 - Pollock, Susan
 PCH Name: WESTMINSTER PLACE OF OAKMONT JUN 23 2012

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.

Western Field Office
 Adult Residential Licensing

2. DESCRIPTION OF VIOLATION

A 5.6 ounce tube of Smith and Nephew Secura Protective Ointment, with a manufacture's label indicating "in case of accidental ingestion seek professional assistance or contact a Poison Control Center," was unlocked and accessible in the resident bathroom of room #307.

A box of 50 tablets of Antibacterial Denture Cleanser, with a manufacture's label indicating "in case of accidental ingestion seek professional assistance or contact a Poison Control Center," was unlocked and accessible in the resident bathroom of room #215.

A tube of Risamine Ointment and an 8 fluid ounce bottle of Coloplast perineal lotion care and odor control spray with manufacture's labels indicating "in case of accidental ingestion seek professional assistance or contact a Poison Control Center," were unlocked and accessible in the resident bathroom of room #211.

Residents of the home, including #1, #2 and #3 have not 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.)

in The protective ointment in rm 307, denture cleanser in rm 215 and ointment, lotion and odor control *completed*
in spray in room 211 was removed and secured. Nursing completed an audit (see attachment A) of all resident bathrooms to ensure no other poisonous materials are unsecured.

Staff was educated (see attachment B) by the Resident Service Coordinator (RSC) on 6/15/12, to monitor and assist residents to keep any poisonous materials locked at all times. In addition, residents and families will be educated on need for safety regarding poisonous materials in the July 2012 Newsletter. (See attachment C)

Random room audits for unsecured poisonous materials will be conducted monthly by nursing. Findings will be forward to administrator for QA monitoring.

Residents #1, 2, and 3 have been assessed for the capabilities of recognizing and using poisons safely. (See attachment's D)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathy Hamman*

| | |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Hamman</i> | Date <i>6/23/12</i> |
|---|---------------------|

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

| | |
|--|--|
| The above plan of correction is approved as of <u>6-25-12</u> (Date) | Verification of Legal Entity Representative Signature <u>6-25-12</u> (Date) |
| The above plan of correction was approved by <u><i>g</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>6-25-12 g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 42962 - 06/04/2012 - Pollock, Susan
 PCH Name: WESTMINSTER PLACE OF OAKMONT

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.

2. DESCRIPTION OF VIOLATION

Resident rooms #316, #307, #211, #255 and #107 did not have the current personal care home hotline number posted on or by the telephones.

The third floor common area /country kitchen's telephone did not have the current personal care home hotline number posted on or by the telephone.

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.

A new phone tag with the current hot line phone number (see attachment E) was posted on the resident telephones in rooms #316, 307, 211, 255 and 107. In addition, the third floor country kitchens phone tag was replaced at the time of inspection.

Nursing completed an audit (see attachment F) of all resident phones and common area phones to ensure that all phone tags have the current hotline number. The RSC educated staff (see attachment B) on 6/15/12, to monitor resident and common area phones for phone tags, and to report any concerns to receptionist for tag replacements.

Quarterly audits will be conducted by housekeeping, to ensure phone tags are updated and in place. Findings will be forwarded to the administrator for QA monitoring.

RECEIVED

JUN 23 2012

Western Field Office
 Adult Residential Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Hammar*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Hammar* Date *6/23/12*

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

The above plan of correction is approved as of 6-25-12 (Date) Verification of Legal Entity Representative Signature 6-25-12 (Date)

- Fully Implemented *6-25-12*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 42962 - 06/04/2012 - Pollock, Susan
 PCH Name: WESTMINSTER PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2. DESCRIPTION OF VIOLATION

The toilet seat in the resident bathroom of room #107 is not properly secured in the back allowing the seat to move a 1/2 inch from side to side.

The toilet seat in the women's first bathroom stall is not properly secured in the back allowing the seat to move a 1/2 inch from side to side.

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.

Maintenance was notified at the time of inspection to secure the toilet seats in the bathroom of rm 107 and the women's first floor bathroom stall, which has been corrected. (See attachment G)

Nursing and Housekeeping staff was educated by the RSC on 6/15 and 6/20/12, (see attachments B and H) to inspect toilet seats when cleaning bathrooms or assisting residents with toileting, and report any concerns immediately to maintenance. Resident orientation forms will be used for new admissions (see attachment I)

Audits will be conducted by Housekeeping monthly to ensure toilet seats are in good repair. Findings shall be forwarded to Administrator for QA monitoring.

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JUN 13 2012

Westminster Office
 Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kathy Hummel

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

Kathy Hummel

Date

6/23/12

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

The above plan of correction is approved as of

6-25-12
 (Date)

Verification of Legal Entity Representative Signature

6-25-12
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

- Fully Implemented *6-25-12*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42962 - 06/04/2012 - Pollock, Susan
 PCH Name: WESTMINSTER PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2. DESCRIPTION OF VIOLATION

Resident #5 self administers medications and stores medications in the resident's room. Resident #5 does not lock the door to the room when the room is unattended. On 6/4/12 at approximately 11:00 a.m. the resident's medications were unlocked and accessible as follows:

*Benicar 20 mg, Calcium 600, + Vitamin D 600, Carvedilol 3.125mg, Certavite-Lutein 0.4-18-250, Vitamin B-12 1000mcg, Warfarin Sodium 5mg and Warfarin Sodium 2.5mg were stored in the residents top dresser drawer.

*A bottle of Genteal mild to moderate dry eye relief and a bottle of Nystop powder were stored on the resident's dressing table.

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.

Resident #5 was re-educated by charge nurse on 6/21/12, regarding policy for self administering meds and need to keep meds safe and secured in room at all times. (see attachment J)

Residents and families will be educated on the importance of securing meds stored in resident rooms for everyone's safety in the July 2012 newsletter. (see attachment C)

Nursing was educated on 6/15/12 (see attachment B) by RSC to remind and assist residents as needed with securing meds.

Random room audits for unsecured meds will be completed monthly by nursing. Findings will be forward to Administrator for QA monitoring.

weekly 6-25-12

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JUN 10 2012

Westminster Place of Oakmont
 Adult Residential Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kathy Hammar

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

Kathy HAMMAR

Date

6/23/12

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

The above plan of correction is approved as of 6-25-12
 (Date)

Verification of Legal Entity Representative Signature 6-25-12
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress 6-25-12
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42962 - 06/04/2012 - Pollock, Susan
 PCH Name: WESTMINSTER PLACE OF OAKMONT

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.

2. DESCRIPTION OF VIOLATION

On 6/4/12 at approximately 10:45 a.m., resident bedroom #107's door was propped open and an Advair Disk 250/50mcg was sitting out on resident #4's dresser unlocked and accessible to other residents.

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.

Resident's #4 Advair disk was removed from dresser and placed in med cart at time of inspection.

Nursing was educated by RSC on 6/15/12 (see attachment B) to monitor and assist residents as needed with securing meds at all times. Residents and families will be educated (see attachment C) on the importance of securing meds for everyone's safety in the July 2012 newsletter.

An audit (see attachment K) was completed on 6/23/12, by administrator to monitor compliance.

Ongoing audits will be conducted by nursing ~~monthly~~ *weekly 6-25-12*. Findings will be forwarded to Administrator for review and QA monitoring.

RECEIVED

JUN 23 2012

Western Field Office
 Adult Residential Licensing

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathy Hamman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Hamman* Date *6/23/12*

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

The above plan of correction is approved as of 6-25-12
 (Date)

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

Verification of Legal Entity Representative Signature 6-25-12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *6-25-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42962 - 06/04/2012 - Pollock, Susan
 PCH Name: WESTMINSTER PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2. DESCRIPTION OF VIOLATION

On 6/5/12, at approximately 4:30 p.m. resident #12's Warfin Sodium 3.5mg tablet was stored in the medication cart with the rest of resident #12's current medications, however, the Warfin Sodium 3.5mg had been discontinued on 5/23/12.

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.

Resident #12 discontinued Warfin was removed from med cart on day of inspection.

Nursing staff was educated (see attachment B) by the RSC on 6/15/12 to ensure all discontinued meds are pulled from the med cart at the time of MD order. The Policy and Procedure for Medication Assistance (see attachment L) was reviewed with the staff.

An audit (see attachment M) was completed by nursing on 6/22/12 and noted no discontinued meds in med carts. Monthly audits will be completed by nursing and forward to RSC for review. Findings will be forwarded to Administrator for QA monitoring.

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JUN 23 2012

Western Field Office
 Adult Residential Licensing

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Hummel* Date *6/23/12*

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

The above plan of correction is approved as of 6-25-12
 (Date)

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

Verification of Legal Entity Representative Signature 6-25-12
 (Date)

- Fully Implemented *6-25-12*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42962 - 08/04/2012 - Pollock, Susan
 PCH Name: WESTMINSTER PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2. DESCRIPTION OF VIOLATION

On 6/5/12 a package of Preser Vision Eye Supplement belonging to resident #12 was located in the medication cart and was not labeled with the resident's name.

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.

Resident #12 package of Preser Vision Eye Supplement was labeled with residents name on the day of inspection.

Nursing staff was educated (see attachment B) by the RSC on 6/15/12 to ensure all meds brought in from families are labeled with the residents name. In addition, residents and families will be educated via the July 2012 newsletter (see attachment C) to label any over the counter meds with residents name.

An audit (see attachment N) was completed by nursing on 6/22/12 and noted no unlabeled meds in med carts. Monthly audits will be completed by nursing and forward to RSC for review. Findings will be forwarded to Administrator for QA monitoring.

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JUN 23 2012

Western Field Office
 Adult Residential Licensing

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

| | |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Hanman</i> | Date <i>6/23/12</i> |
|---|---------------------|

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

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| The above plan of correction is approved as of <u>6-25-12</u> (Date) | Verification of Legal Entity Representative Signature <u>6-25-12</u> (Date) |
| The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials) | <input checked="" type="checkbox"/> Fully Implemented <i>6-25-12</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 42962 - 06/04/2012 - Pollock, Susan
 PCH Name: WESTMINSTER PLACE OF OAKMONT

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

The medication administration record (MAR) for resident #6 does not include the diagnosis or purpose for Camton 200mg or the strength for the Lumigan eye drops.

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.

Resident # 6's MAR (see attachment O) was updated on the day of inspection, to include the diagnosis for the Camton, and strength for the Lumigan eye drops.

Staff was educated (see attachment B) by the RSC on 6/15/12 to ensure that all medications have a written diagnosis, and strength noted for all medications. The Policy and Procedure for Medication Assistance (see attachment L) was reviewed with the staff.

An audit (see attachment P) was completed by nursing on 6/22/12 to monitor for any missing diagnosis or strengths of medications. Any missing information was corrected at time of audit. Monthly audits will be completed by nursing and forward to RSC for review. Findings will be forwarded to Administrator for QA monitoring.

RECEIVED
 JUN 23 2012

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|-----------------------|-----------------------------------|------------|------------|---|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 10/26/2011 | 04/18/2011 | Western Field Office Adult Residential Licensing |
|-----------------------|-----------------------------------|------------|------------|---|

Signature of Legal Entity Representative
 (Required on EVERY Page) Kathy Hammer

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kathy HAMMER Date 6/23/12

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

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| The above plan of correction is approved as of <u>6-25-12</u> (Date) | Verification of Legal Entity Representative Signature <u>6-25-12</u> (Date) |
| The above plan of correction was approved by <u>[Signature]</u> (Initials) | <input checked="" type="checkbox"/> Fully Implemented <u>6-25-12</u> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 42962 - 06/04/2012 - Pollock, Susan
 PCH Name: WESTMINSTER PLACE OF OAKMONT

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.

2. DESCRIPTION OF VIOLATION

Resident #7 participated in the development of their support plan on 12/1/11. The resident did not sign the support plan.

Resident #8 participated in the development of their support plan on 5/14/12. The resident did not sign the support plan.

Resident #9 participated in the development of their support plan on 5/10/11. The resident did not sign the support plan.

Resident #10 participated in the development of their support plan on 12/30/11. The resident did not sign the support plan.

Resident #11 participated in the development of their support plan on 7/30/11. The resident did not sign the support plan.

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.

Residents # 7,8,9,10,11 support plans has been signed by the residents who participated in the development of the support plans. (see attachments Q)

Staff who participate in the development of the resident support plan was educated by the RSC on 6/22/12, to ensure residents signature is obtained. (see attachment R)

The RSC will audit all support plans at time of care conference for appropriate signatures, including the residents and forward the findings to the Administrator for QA monitoring.

Western Field Office
 Adult Residential Licensing

RECEIVED
 JUN 23 2012

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathy Hamma*

| | |
|--|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KATHY HAMMA</i> | Date <i>6/23/12</i> |
|--|---------------------|

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

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| The above plan of correction is approved as of <u>6-25-12</u> (Date) | Verification of Legal Entity Representative Signature <u>6-25-12</u> (Date) |
| The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>6-25-12</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |