

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELM TERRACE GARDENS

LEGAL ENTITY

To operate ELM TERRACE GARDENS

NAME OF FACILITY OR AGENCY

Located at 660 N. BROAD ST., 3RD & 4TH FL., LANSDALE, PA 19446

(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 250  
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 June 10, 2012 until June 10, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127830

*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

JUN 28 2012

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

Mr. Timothy Murphy, President  
Elm Terrace Gardens  
660 North Broad Street, 3<sup>rd</sup> & 4<sup>th</sup> Floor  
Lansdale, Pennsylvania 19446

Dear Mr. Murphy:

As a result of the Department of Public Welfare's licensing inspection on June 5, 2012, June 6, 2012 and June 19, 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.

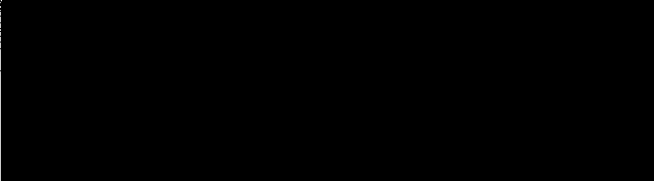
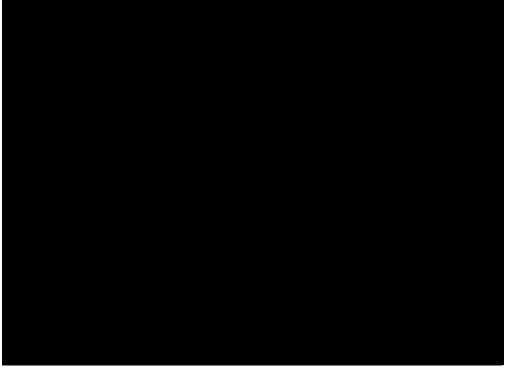
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

PCH Name: ELM TERRACE GARDENS		License Number: 127830
Address: 660 N BROAD ST 3RD & 4TH FL, LANSDALE, PA 19446		County: Montgomery
Administrator: Malissa Stroble		Region: SOUTHEAST
Legal Entity Name: ELM TERRACE GARDENS		
Legal Entity Address: 660 NORTH BROAD STREET, LANSDALE, PA 19446		
<b>Certificate(s) of Occupancy</b>		
Other 05/01/1992 Borough of Lansdale	Other 06/11/1986 Borough of Lansdale	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 64	Waking Staff: 48
Type of Inspection: Full	BHA Docket Number:	Notice:
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/05/2012: Adams, Patricia; OPake, Hope		
06/06/2012: Adams, Patricia; OPake, Hope		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
06/07/2012: Adams, Patricia; OPake, Hope		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 250 Number of Residents Served: 54 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable: 	<b>Number of Residents who:</b> 	

Violation Report: 12783 - 06/05/2012 - Adams, Patricia  
 PCH Name: ELM TERRACE GARDENS

**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**

-Staff person A, whose first day of work was 10-25-11, did not receive orientation on the smoking policy and smoking area prior to or on the first work day.

-Staff person B, whose first day of work was 11-08-11, did not receive orientation on emergency medical plans until 11-15-11, and telephone use during an emergency was not completed.

**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.

*Staff person A received training on Elm Terrace Gardens Smoking Policy and the smoking area on 6.14.12. See attached.*

*Staff person B received training on telephone use and notification of emergency services on 6.15.12. See attached.*

*All ancillary staff supervisors received a complete training guide outlining required training topics, the time frames in which these topics must be completed and a training acknowledgement form to document compliance. This is the form used for all direct care staff currently. See attached.*

*The ancillary staff supervisors will complete an audit of all staff records by 7/6/12. The admin will review.*

Repeat Violation: No      Date(s) of Previous Violation(s):      All staff records upon hire. *on*

Signature of Legal Entity Representative (Required on EVERY Page)      *C. McLain*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      *K. B. F. C. McLain R/PCH*      Date      *6/18/12*

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

The above plan of correction is approved as of 6/19/12 (Date)

Verification of Legal Entity Representative Signature 6/19/12 (Date)

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

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

Violation Report: 12783 - 06/05/2012 - Adams, Patricia  
 PCH Name: ELM TERRACE GARDENS

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

Staff person A, whose first day of work was 10-25-11, did not receive orientation on resident rights and emergency medical plans.

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.

*Staff person A received training on Resident Rights and Emergency Medical Plan on 6.14.12. See attached.*

*All ancillary staff supervisors received a complete training guide outlining required training topics, the time frames in which these topics must be completed and a training acknowledgement form to document compliance. This is the form used for all direct care staff currently. See attached.*

*The ancillary staff supervisors will audit all staff records for completeness by 7/6/12.*

*The PCH administrator will review all new staff hires upon hiring to ensure all training has been completed.*

*(SM) (re phone call - admin H.S.) 6/19/12*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*[Signature]*

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

*Robert C. McLain, ID CFU*

Date

*6/18/12*

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

The above plan of correction is approved as of

*6/19/12*  
(Date)

Verification of Legal Entity Representative Signature

*6/19/12*  
(Date)

The above plan of correction was approved by

*(SM)*  
(Initials)

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

Violation Report: 12783 - 06/05/2012 - Adams, Patricia  
 PCH Name: ELM TERRACE GARDENS

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.

2. DESCRIPTION OF VIOLATION

Ullra Era, with a manufacture's label indicating "if swallowed, call a physician", was unlocked and accessible to residents on the housekeeping cart on the third floor, unattended. Residents of the home have not all 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.

*All Personal Care housekeeping staff were inserviced on 6.15.12 regarding the importance of keeping all poisonous materials / chemicals locked and inaccessible to residents at all times. See attached*

*The administrative + nursing staff will conduct periodic daily checks of the home to ensure that poisonous materials are locked at all times. (per phone call w/ H.S. 6/19/12) (SL)*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>C. McLain</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
<i>C. McLain VP/CPD</i>			<i>6/18/12</i>

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

The above plan of correction is approved as of <u>6/19/12</u> (Date)	Verification of Legal Entity Representative Signature <u>6/19/12</u> (Date)
The above plan of correction was approved by <u><i>SL</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: 12783 - 06/05/2012 - Adams, Patricia  
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600

2600.109(a) - The home rules shall specify whether the home permits pets on the premises.

2. DESCRIPTION OF VIOLATION

The home rules do not specify whether the home permits pets.

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.

*Elm Terrace Gardens home rules were revised to include the pet policy which states pets are not permitted to be housed on the personal care unit. See attached*

*All of the residents will receive a copy of the new home rules in the mail 6/14/12, with an effective date of 7/14/12.*

*(per phone call w/ M.S. 6/19/12) SW*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*C. McLean*

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

*ROBERT C McLean  
 VPCSU*

Date

*6/18/12*

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

The above plan of correction is approved as of

*6/19/12*  
 (Date)

Verification of Legal Entity Representative Signature

*6/19/12*  
 (Date)

The above plan of correction was approved by

*(Initials)*

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

Violation Report: 12783 - 06/05/2012 - Adams, Patricia  
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600  
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2. DESCRIPTION OF VIOLATION  
 The vehicle available for resident transportation has a first aid kit which does not include eye coverings and scissors.

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.

*Eye coverings and scissors were added to the vehicle's first aid kit.*

*An inventory list of all required items has been added to each of the vehicles first aid kits. See attached*

*The attached sign off sheet has been implemented to document compliance monthly. See attached.*

*Elm Terrace Gardens transportation personnel is responsible for ensuring all items are present, in good condition and not expired. Administrator will monitor.*

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	

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

The above plan of correction is approved as of	<u>6/19/12</u> (Date)	Verification of Legal Entity Representative Signature	<u>6/19/12</u> (Date)
The above plan of correction was approved by	<u>(Signature)</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: 12783 - 06/05/2012 - Adams, Patricia  
 PCH Name: ELM TERRACE GARDENS

**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 6/6/12, Dulcolax was found on the night stand, unlocked, in resident #1's room. The resident has not been assessed to self administer 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.*

*The Dulcolax was removed from the resident's room and an order for the medication was obtained from the doctor for the medication to be administered by Elm Terrace Gardens staff members.*

*The family and resident were educated on the importance of not providing medication to the resident without an order from the physician*

*Personal Care staff members will do bi-monthly checks of all personal care residents rooms to ensure compliance.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*C. McLean*

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

*Patricia Adams PCHO*

Date

*6/18/12*

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

The above plan of correction is approved as of

*6/19/12*  
 (Date)

Verification of Legal Entity Representative Signature

*6/19/12*  
 (Date)

The above plan of correction was approved by

*PA*  
 (Initials)

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

Violation Report: 12783 - 06/05/2012 - Adams, Patricia  
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2. DESCRIPTION OF VIOLATION

- Resident #2 did not have PRN prescribed medication, Robitussin 10cc, available for administration if needed.
- Resident #3 did not have PRN prescribed medication, Lorazepam 0.5mg, available for administration if needed.

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.

Family supplied Resident #2's medication. Family was called and Robitussin was brought into the facility and is now available for administration if needed.

Resident #3 has not requested Lorazepam 0.5mg. in a very long period of time. A discontinuation order was received for this medication as per the resident's request. - See attached.

A cart check form has been implemented to ensure all medications are available to be administered as prescribed. See attached.

The cart check will be conducted each Wednesday on all 3 shifts, beginning 6/20/12. (per phone call w/ M.S. 6/19/12) SN

Repeat Violation: No      Date(s) of Previous Violation(s): 0

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date 6/19/12

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

The above plan of correction is approved as of <u>6/19/12</u> (Date)	Verification of Legal Entity Representative Signature <u>6/19/12</u> (Date)
The above plan of correction was approved by <u>SN</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: 12783 - 06/05/2012 - Adams, Patricia  
 PCH Name: ELM TERRACE GARDENS

**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 for resident #4 did not document the correct strength for Metformin.
- The medication administration record for resident #5 did not document the correct strength for Fish Oil.

**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.*

*The resident's orders were checked, the medication administration record was changed to coincide with the correct strength and a direction change label was placed on the blister/bottle.*

*A cart check form has been implemented. Merely each shift is responsible for cross checking each resident's medication administration record with their medication in the medication cart. See attached.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*C. McLean*

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

*Patricia Adams*

Date

*6/18/12*

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

The above plan of correction is approved as of

*6/19/12*  
 (Date)

Verification of Legal Entity Representative Signature

*6/19/12*  
 (Date)

The above plan of correction was approved by

*SW*  
 (Initials)

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

Violation Report: 12783 - 06/05/2012 - Adams, Patricia  
 PCH Name: ELM TERRACE GARDENS

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

-Resident #6 fell, hit head on 5-10-12 and was evaluated at the hospital. The resident returned from the hospital with stitches and instructions to "follow up with private doctor in 2-3 days for re-evaluation." The home does not have documentation the re-evaluation was completed.

-Resident #7, accuchecks are prescribed by the physician to be completed twice daily at 7 AM and 4 PM, Monday, Wednesday and Friday. The MAR documents that the accuchecks were completed once on 5/28/12 at 5:06 AM, 5/29/12 at 10:43 AM, 5/30/12 at 5:15 AM and 6/4/12 at 4:27 AM.

-Resident #8, accuchecks are prescribed by the physician to be completed three times daily at each meal, 7:30 AM, 11:30 AM and 4:30 PM. The MAR documents that the accuchecks were completed on 5/1/12 at 10:37 PM and 10:47 PM, on 5/2/12 at 10:47 PM, on 5/21/12 at 2:00 PM, on 5/22/12 at 2:42 PM, 10:06 PM and 10:42 PM.

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.

*Any discharge instructions from the hospital advising a follow up appointment for re-evaluation will be scheduled by the nurse, on 5/19/12 + 5/26/12 (SM)*

*All accucheck machines time/date were checked by the nurse for accuracy and reprogrammed if necessary on 6.14.12.*

*All Personal Care Staff members were inserviced on the importance of following prescribed doctors orders on 6.12.12 and daily checks of the MAR's will be conducted by nursing beginning 6/20/12.  
 (per phone call w/ M.S. 6/19/12) (SM)*

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
C. McLean UPCFC		6/18/12

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

The above plan of correction is approved as of	<u>6/19/12</u> (Date)	Verification of Legal Entity Representative Signature	<u>6/19/12</u> (Date)
The above plan of correction was approved by	<u>SM</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: 12783 - 06/06/2012 - Adams, Patricia  
 PCH Name: ELM TERRACE GARDENS

**1. REGULATION 55 Pa.Code §2600**

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

**2. DESCRIPTION OF VIOLATION**

The home's current written description of services and activities does not include criteria for admission.

**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.

*Elm Terrace Gardens created a Criteria for Admission to be added to the current written description of services. See attached.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*C. McLean*

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

*Carla McLean VPCFC*

Date

*6/18/12*

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

The above plan of correction is approved as of

*6/19/12*  
 (Date)

Verification of Legal Entity Representative Signature

*6/19/12*  
 (Date)

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

The above plan of correction was approved by

*SM*  
 (Initials)