

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MON-VALE NON ACUTE CARE SERVICES INC

LEGAL ENTITY

To operate THE RESIDENCE AT HILLTOP

NAME OF FACILITY OR AGENCY

Located at 210 ROUTE 837, MONONGAHELA, PA 15063

(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 84
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 October 15, 2012 until October 15, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **474880**

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.

PW628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 19 2012

Mr. Daniel Simmons, Secretary/Treasurer
Mon-Vale Non Acute Care Services, Inc.
1163 Country Club Road
Monongahela, Pennsylvania 15063

RE: The Residence at Hilltop
210 Route 837
Monongahela, Pennsylvania 15063

Dear Mr. Simmons:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 24, 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 Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

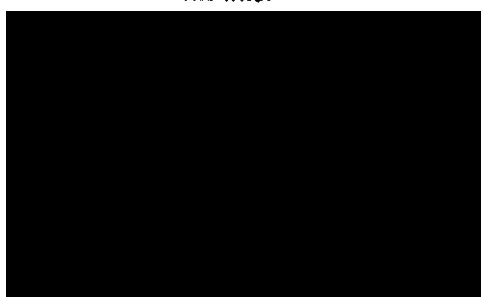
Sincerely,

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

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: THE RESIDENCE AT HILLTOP		License Number: 474880
Address: 210 ROUTE 837, MONONGAHELA, PA 15063		County: Washington
Administrator: WALT YOUNG		Region: WEST
Legal Entity Name: MON VALE NON ACUTE CARE SERVICES INC		Western Field Office Adult Residential Licensing
Legal Entity Address: 1183 COUNTRY CLUB ROAD, MONONGAHELA, PA 15063		
Certificate(s) of Occupancy C-2 LP 07/20/1998 Labor & Industry		
Staffing Hours Resident Support: 68.25 Total Daily Staff: 159 Working Staff: 119		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/24/2012: Flinner-Alman, Lisa; Gearhard, Nancy; Stepanovich, Maria		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 84 Number of Residents Served: 74 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: 	

26 2012

Violation Report: 47488 - 08/24/2012 - Finner-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The home's written policy on reportable incidents does not address to whom staff will report incidents or who will investigate the incident.

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.

SEE NEXT PAGE

2A

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)

WALAT YOUNG
EXEC/DIRECTOR

Date: OCT 25 2012

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

The above plan of correction is approved as of 10/29/12
(Date)

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

Plan of correction implementation status as of 10/29/12
(Date)

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

The Residence at Hilltop Plan of Correction from August 24th Survey

The Residence at Hilltop's reportable incident policy was amended on August 24th, 2012 to include instructions to the staff that the Executive Director and Director of Nursing are to be notified immediately of any reportable incidents via phone or in person.

A copy of the report is to be given to the Executive Director and Director of Nursing for quality management and investigative purpose. The staff have been given a copy of the amended Reportable Incident Policy and instructed on reporting to the Executive Director and the Director of Nursing.

See Attachment #2 of 12

Walt Young
10/25/12

26 OCT

Violation Report: 47488 - 08/24/2012 - Finner-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2800

Western Field Office

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.

Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The contracts for residents #1 and 2 were not signed by the payers.

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.

SEE NEXT PAGE 3A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Walt Young

Printed Name and Title of Legal Entity Representative
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WALT YOUNG
EXEC. DIRECTOR

Date OCT 25 2012

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26

The Residence at Hilltop Plan of Correction from August 24th Survey

Western Field Office
Adult Residential Licensing

Resident # 1's contract was signed on one signatory page by the payer, but not the second signatory page. The payer signed the second signatory page on October 16, 2012. See attachment # 3 of 12.

Resident # 2's contract was signed by the payer on October 17. Please see attachment #3a of 12.

The Marketing Director and this Administrator reviewed the signatory contract requirements from the 2620 regulations. The admitting staff member will ensure that the resident and the payer will sign the contract. The Finance Coordinator will review each contract to make sure each contract has the resident and payer signatures.



Walt Young, N.H.A.
Administrator

10/25/12

The Residence at Hilltop
210 Route 337
Monongahela, PA 15063-1036

Violation Report: 47488 - 08/24/2012 - Finner-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2800
2800.25(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The contract for resident #3 does not include the charges for holding a bed during an absence.

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.

SEE NEXT PAGE 7A

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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

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26

Western Field Office
Adult Residential Licensing


The Residence at Hilltop Plan of Correction from August 24th Survey

I reviewed the importance of completing this section of the contract with our Director of Marketing. We use "The Daily Room Rate" so that when this rate changes, we do not have to change the room page of every contract.

The Marketing Director will audit all contracts to see that in the room hold rate blank that "Daily Room Rate" has been inserted.

See attachment "4 of 12" that the resident's contract was amended with his initials to prove he approves of the change to "Daily Room Rate" on the bed hold blank in the contract on October 15, 2012.

Walt Young, N.H.A.
Administrator


The Residence at Hilltop
210 Route 837
Monongahela, PA 15063-1036

10/25/12

Violation Report: 47488 - 08/24/2012 - Finner-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing

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

A tube of triple antibiotic ointment, with a manufacturer's label indicating "If swallowed, get medical help or contact a poison control center right away", was unlocked and accessible to residents in the 2nd floor first aid kit which hangs on the wall.

A tube of protective ointment, with a manufacturer's label indicating "If swallowed, get medical help or consult a poison control center right away", was unlocked and accessible to residents on the bathroom sink in room #227.

A tube of protective ointment, with a manufacturer's label indicating "If swallowed, get medical help or consult a poison control center right away", was unlocked and accessible to residents on the bathroom sink in room #229.

Residents of the home, including resident #1, 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.)

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.

SEE ATTACHED SHEET Page 5A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Walt Young

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

Walt Young
EXEC. DIRECTOR

Date OCT 25 2012

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[Signature]
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RECEIVED

23

The Residence at Hilltop Plan of Correction from August 24th Survey

Western Field Office
Residential Licensing

The tubes were removed from the first aid kit and rooms 227 and 229 on August 24th, 2012.

~~9/4/12 - 9/11/12~~ - The staff was in serviced on the possible dangers of unsecured toxic materials to our residents. (See attached attendance sheets).

By 11/15/12 - Our resident care aides and housekeepers will be monitoring all resident apartments and common areas for any toxic materials, *daily during regular duties.*

The nursing department will continuously inspect the first aide kits for toxic materials that are located in the common areas.

J
10/29/12

By 11/15/12 - The administrator will monitor the home at least monthly to ensure poisons are locked and inaccessible to residents.

**The Residence at Hilltop
210 Route 887
Monongahela, PA 15063-1036**

Walt Young

10/25/12

J
10/29/12

**Walt Young, N.H.A.
Administrator**

Walt Young
Admin.

RECEIVED

Violation Report: 47485 - 08/24/2012 - Finner-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

20

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.

Western Field Office

2a. DESCRIPTION OF VIOLATION

The emergency service numbers posted near the phones throughout the home do not include the current personal care home complaint hotline phone number.

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.

SEE NEXT PAGE GA

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Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Walt Young

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

WALT YOUNG
EXEC. DIRECTOR

Date
OCT 25 2012

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(Date)

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(Date)

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(Initials)

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- Not Implemented

RECEIVED

26

The Residence at Hilltop
Plan of Correction from August 24th Survey

Western Field Office
Adult Residential Licensing

The posted emergency service numbers were replaced with the correct personal care home complaint hotline phone numbers on August 25th, 2012.

Please see attachment 5 of 12.

Walt Young 10/25/12

The Residence at Hilltop
210 Route 837
Monongahela, PA 15063-1036

Violation Report: 47488 - 08/24/2012 - Finner-Alman, Lia
PCH Name: THE RESIDENCE AT HILLTOP

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

There were two unlabeled and used bars of soap in room #105's bathroom, which is shared by two 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.

See Page 7A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Walt Young

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

Walt Young
Exec. Dir.

08/25/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

8/29/12
(Date)

Plan of correction implementation status as of

8/29/12
(Date)

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

The above plan of correction was approved by

Walt Young
(Initials)

RECEIVED

26

The Residence at Hilltop Plan of Correction from August 24th Survey

Western Field Office
Adult Residential Licensing

It has been reviewed with all staff members that the housekeepers, resident care aides and admissions personnel will monitor the labeling of soap dishes, towel racks and the two medicine cabinets in each semi private room. The monitoring will take place each day by the staff in the performance of normal duty assignments. If any labels are missing, they will be replaced immediately.

The missing soap dish label was replaced on August 25th, 2012.

**Walt Young, N.H.A.
Administrator**

Walt Young 10/25/12
**The Residence at Hilltop
210 Route 108
Monongahela, PA 15063-1036**

2600

Violation Report: 47488 - 08/24/2012 - Finner-Alman, Lisa

PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 8/24/12, there was an accumulation of approximately 1" of lint in the commercial dryer's lint trap in the laundry room. WITHDRAWN 10/25/12

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.

SEE NEXT PAGE
WE DISPUTE THIS VIOLATION.

WITHDRAWN
10/25/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Walt Young*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) WALT YOUNG EXEC. DIRECTOR Date OCT 25 2012

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Plan of correction implementation status as of _____ (Date)

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

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

Violation Report: 47488 - 08/24/2012 - Flinner-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

1. REGULATION 55 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept. Western Field Office

2a. DESCRIPTION OF VIOLATION
The home's emergency procedures and the municipalities emergency procedures are not posted in a conspicuous and public place in 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.

See Next Page 9A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Walt Young*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *WALT YOUNG EXEC. DIRECTOR* Date *OCT 25 2012*

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Plan of correction implementation status as of 10/29/12 (Date)

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

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

2012 26

Western Field Office
Adult Residential Licensing

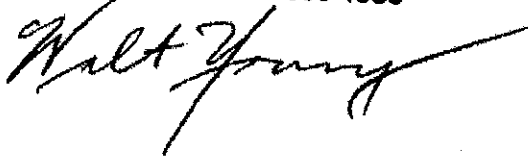
The Residence at Hilltop Plan of Correction from August 24th Survey

The home and the municipality emergency procedures were reposted on August 24th, 2012.

This Administrator will monitor the posting of these plans on a daily basis to make sure they are available to the public.

See attachment # 9 of 12.

The Residence at Hilltop
210 Route 237
Monongahela, PA 15063-1036



10/25/12

Walt Young, N.H.A.
Administrator

Page 9A of 12

OCT 26 2012

Violation Report # 47488 - 08/24/2012 - Dinner-Alman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION
The home's emergency procedures does not indicate that the smoke detector or fire alarm will be replaced when it stops or is not found to be inoperable.

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.

SEE NEXT PAGE 10A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Walt Young*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) WALT YOUNG, S.E. DIRECTOR Date OCT 25 2012

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

Plan of correction implementation status as of 10/29/12 (Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

26

Western Field Office
Adult Residential Licensing

The Residence at Hilltop Plan of Correction from August 24th Survey

The statement, "If any component of the fire alarm system should be found to be inoperative, repairs must be made to the fire alarm system within 48 hours of the time of discovery," has been added to our fire alarm policy on October 16th, 2012. The Administrator and the Director of Environmental Services will monitor daily the fire alarm system.

The Residence at Hilltop
210 Route 837
Monroeville, PA 15063-1036

Walt Young 10/25/12

Walt Young, N.H.A.
Administrator

Violation Report: 47488 - 08/24/2012 - Finner-Alman, Usa
PCH Name: THE RESIDENCE AT HILLTOP

Western Field Office
Adult Residential Licensing

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 #4 is prescribed Halidol 0.5mg, 1/2 a tablet at 2:00pm. The medication administration record indicates Halidol 0.5mg, 1 tablet at 2:00pm.

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.

SEE NEXT PAGE 11A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Walter Young

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

WALTER YOUNG, EXEC DIRECTOR

OCT 25 2012

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10/29/12
(Date)

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(Date)

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(Initials)

RECEIVED

Western Field Office
Adult Residential Licensing

The Residence at Hilltop Plan of Correction from August 24th Survey

By 11/15/12 -

When a medication is received from the pharmacy, the receiving charge nurse will compare the medication pharmacy label and medication with the MAR to assure accuracy.

Jan 10/27/12

By 11/15/12 -

After the medication is checked the receiving nurse will initial and date the lower left hand corner of the block on the MAR containing the just received medication. This will tell us that all five rights of medication and administration were verified.

By 11/15/12

Dates and initials will be checked at the end of each month by the night charge nurse when she does end of month MAR checks and turn over.

The Residence at Hilltop
210 Route 83
Monongahela, PA 15063-1036

Walt Young 10/25/12

Walt Young, N.H.A.
Administrator

27

Violation Report: 47488 - 08/24/2012 - Finner-Aiman, Lisa
PCH Name: THE RESIDENCE AT HILLTOP

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.253(a) - The resident's entire record shall be maintained for a minimum of 3 years following the resident's discharge from the home or until any audit or litigation is resolved.

2a. DESCRIPTION OF VIOLATION

The home does not keep a log of destroyed resident records.

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.

SEE NEXT PAGE 12A

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Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Walt Young

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

Walt Young, Exec. Director

Date
OCT 25 2012

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(Date)

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[Signature]
(Initials)

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Western Field Office
Adult Residential Licensing

The Residence at Hilltop Plan of Correction from August 24th Survey

Resident records were last destroyed on April 17th, 2008, prior to this Administrator coming on board. The log from the April 17th, 2008 destruction of records cannot be found.

Immediately - Attached is the proposed log we will use to record any destruction of resident records in the future. This Administrator, Director of Nursing, and Director of Environmental Services will sign the records of destruction log and keep a copy in each department for when records are destroyed in the future.

The Residence at Hilltop
210 Route 637
Monongahela, PA 15063-1036

Walt Young 10/25/12

Walt Young, N.H.A.
Administrator

Page 12A of 12