

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PITTSBURGH LIFETIME CARE COMMUNITY

LEGAL ENTITY

To operate SHERWOOD OAKS

NAME OF FACILITY OR AGENCY

Located at 100 & 500 NORMAN DRIVE, CRANBERRY TOWNSHIP, PA 16066

(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 77
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 30

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 December 8, 2012 until December 8, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 457760

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 19 2012

Mr. Mark D. Bondi, President/CEO
Pittsburgh Lifetime Care Community
100 Norman Drive
Cranberry Township, Pennsylvania 16066

RE: Sherwood Oaks
100 & 500 Norman Drive
Cranberry Township, Pennsylvania 16066

Dear Mr. Bondi:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 17, 2012 and September 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 Human Services Licensing so that compliance can be verified.

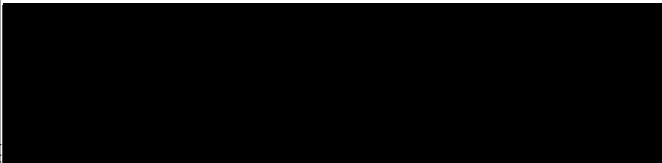
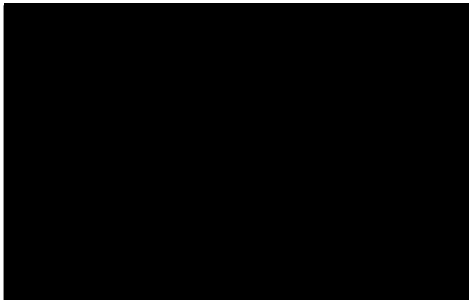
A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a long horizontal flourish extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

PCH Name: SHERWOOD OAKS		License Number: 457760
Address: 100 & 500 NORMAN DRIVE, CRANBERRY TOWNSHIP, PA 16066		County: Butler
Administrator: Barbara Voynik		Region: WEST
Legal Entity Name: PITTSBURGH LIFETIME CARE COMMUNITY		
Legal Entity Address: 100 NORMAN DRIVE, CRANBERRY TOWNSHIP, PA 16066		
Certificate(s) of Occupancy		
A-4 10/28/1982 Dept. of L&I	I-1 04/19/2011 Cranberry Township	Other 04/19/2011 Cranberry Township
Staffing Hours		
Resident Support: 0	Total Daily Staff: 104	Waking Staff: 78
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/17/2012: Glidden, Michelle; Whitney, Diane		
09/18/2012: Glidden, Michelle		
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: 77 Number of Residents Served: 65 Secured Dementia Care Unit in Home: Yes Area: 1st and 2nd floor Secured Dementia Unit Capacity, if Applicable: 30 	Number of Residents who: 	

RECEIVED

Violation Report: 45776 - 09/17/2012 - Glidden, Michelle

PCH Name: SHERWOOD OAKS

OCT 24 2012

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The dumpster in the parking lot behind the home was uncovered.

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 dumpster in question was removed from Sherwood Oaks property on 10-19-12. It was a construction dumpster.

Maintenance employees make rounds daily throughout the campus and will report any trash receptacles which are not covered. If reported; the trash receptacles will be replaced or covered immediately by the Maintenance Department.

Trash is emptied daily from all receptacles on campus by the Maintenance Department.

See photo

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Barbara Voynik RJ PCHA

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

Barbara Voynik RJ PCHA

Date

10-22-12

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

The above plan of correction is approved as of

11/20/12
(Date)

Plan of correction implementation status as of

11/20/12
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 45776 - 09/17/2012 - Glidden, Michelle
 PCH Name: SHERWOOD OAKS

OCT 24 2012

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The hoses and tubes behind the washing machines located in the 2nd floor resident laundry area are coated in lint. A sock and two dryer sheets were also found in this area. The hose is not connected securely.

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 lint trap has been purchased and installed in the 2nd floor laundry area. (see photo) The hoses were checked by the maintenance department and are securely connected. (see work order)

Signs are posted in all laundry areas to remind staff and residents to empty the lint trap after each load of laundry.

Housekeeping will check the laundry areas daily and remove all lint and/or other items behind the machines or on the floor.

The Administrator and/or Designee will make unannounced weekly rounds to assure compliance.

See photos

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Barbara Vaynik RD PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Barbara Vaynik RD PCHA* Date *10-22-12*

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

The above plan of correction is approved as of 11/20/12
 (Date)

Plan of correction implementation status as of 11/20/12
 (Date)

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

- Fully Implemented *22*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

OCT 24 2012

Violation Report: 45776 - 09/17/2012 - Glidden, Michelle
PCH Name: SHERWOOD OAKS

1. REGULATION 55 Pa.Code §2600
2600.103(e) - Food served and returned from an individual's plate may not be served again or placed in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
A bowl of chicken soup and a bowl of ham salad in the refrigerator of the kitchenette in the secure dementia care unit was not labeled or dated.

A meat patty and mashed potatoes in the refrigerator of the kitchenette in the secure dementia care unit was not dated.

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.

Signs are posted on all refrigerators in use on the Personal Care Units to remind staff to label and date all food products which have been opened. (See enclosure photo)

An inservice with staff members will be held on Friday, October 26th to discuss this violation and the importance of food safety precautions. A handout of Food Handling Principles will be distributed to the staff at the inservices and a copy will be kept in the kitchen areas of Personal Care for reference by [redacted]

Food Service employees will check all refrigerators three times daily when serving the buffet meals on the units to assure that all foods have been labeled and dated.

The Administrator and/or Designer will make unannounced rounds weekly to assure compliance.

See enclosures

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara Voynik RN PCHA*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Barbara Voynik RN PCHA* 10-22-12

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

<p>The above plan of correction is approved as of <u>11/20/12</u> (Date)</p> <p>The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>11/20/12</u> (Date)</p> <p><input checked="" type="checkbox"/> Fully Implemented <i>R</i></p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 45776 - 09/17/2012 - Glidden, Michelle
 PCH Name: SHERWOOD OAKS

OCT 24 2012

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
 Thermometers are required in refrigerators and freezers.
 Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 9/17/12, at approximately 11:00AM, the thermometer in the refrigerator located in the food storage area of the kitchenette of the secure dementia care unit on the 1st floor was broken.

On 9/17/12, at approximately 11:05AM, there was no thermometer in the small refrigerator located in the craft area of the secure dementia care unit on the 1st floor.

On 9/17/12, at approximately 11:10AM, the temperature in the freezer of the refrigerator in the craft area of the secure dementia care unit on the 1st floor was 20 degrees Fahrenheit.

On 9/17/12, at approximately 11:15AM, the thermometer in the refrigerator of the main kitchen was broken.

On 9/17/12, at approximately 11:20AM, there was no thermometer in the refrigerator or the freezer of the bar area in the auditorium.

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.

New thermometers were ordered and have been placed in the refrigerators on the 1st floor of the secure dementia unit kitchen and craft area, the main kitchen area and the refrigerator and freezer area in the auditorium.

Food Service employees will check to assure that thermometers are in place and that the correct temperatures are maintained daily. The temperature sheet will be posted on the sides of all refrigerators and signed off daily at breakfast.

Any malfunctioning thermometers will be replaced immediately. The Administrator and/or Designee will make unannounced rounds weekly to assure compliance.

See enclosure

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Barbara Voynik RN PLHA

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

Barbara Voynik RN PLHA

Date

10-22-12

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

The above plan of correction is approved as of

11/20/12
 (Date)

Plan of correction implementation status as of

11/20/12
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 45776 - 09/17/2012 - Glidden, Michelle
PCH Name: SHERWOOD OAKS

OCT 24 2012

1. REGULATION 55 Pa.Code §2600
2600.103(l) - Outdated or spoiled food or dented cans may not be used.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 9/17/12, at approximately 11:40AM, a 32 ounce container of potato salad with a "use by" date of 7/25/12, and an eight ounce container of tuna salad with an expiration date of 9/14/12 were in the refrigerator of the bar area in the auditorium.

On 9/17/12, at approximately 11:40AM, a container of grapes covered in mold was located in the refrigerator of the bar area in the auditorium.

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.

10/22/12 - The refrigerator in the bar area near the auditorium is used by the independent living residents in our community.

A sign has been posted on the refrigerator to remind the residents to label and date opened food items.

The House-keeping Department will check the refrigerator daily to assure that all opened food items are labeled and dated. All out of date foods will be disposed of.

The Administrator and/or Designee will make unannounced weekly rounds to assure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara Voynik RN PLHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Barbara Voynik RN PLHA* Date *10-22-12*

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

The above plan of correction is approved as of <u>11/20/12</u> (Date)	Plan of correction implementation status as of <u>11/20/12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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: 45776 - 09/17/2012 - Glidden, Michelle
PCH Name: SHERWOOD OAKS

OCT 24 2012

1. REGULATION 55 Pa.Code §2600

2600.106 - If a home operates a swimming area, the following requirements apply.
(1) Swimming areas shall be operated in accordance with applicable laws and regulations.
(2) Written policy and procedures to protect the health, safety and well-being of the residents shall be developed and implemented.

2a. DESCRIPTION OF VIOLATION

The home's written swimming pool policies and procedures do not include provisions to ensure the health, safety and well-being of all residents, including residents with physical or cognitive needs.

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.

Sherwood Oaks swimming areas are operated in accordance with applicable laws and regulations.

A "Swimming Pool" policy and procedure was written on 10-22-12 which ensures the health, safety and well-being of all residents, including residents with physical or cognitive needs.

The "Swimming Pool" policy will be reviewed with the staff on Friday, October 26, 2012. The policy was placed in each Policy and Procedure manual in Personal Care areas.

The Medical Director was given a copy of the policy.

Each resident will be provided a copy of the policy on admission and/or at any time they express a desire to use the swimming pool.

The policy will be followed at all times to assure the safety of our residents.

See enclosures

Immediately - Procedures will be implemented to ensure that all residents with supervision needs do not enter the pool area unsupervised, including times when other residents are using the pool and key is in the door. 11/20/12

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

Signature of Legal Entity Representative (Required on EVERY Page) Barbara Voynick RD PLHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Barbara Voynick RD PLHA Date 10-22-12

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

The above plan of correction is approved as of 11/20/12 (Date)

Plan of correction implementation status as of 11/20/12 (Date)

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

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

11/24/2012

Violation Report: 45776 - 09/17/2012 - Glidden, Michelle
PCH Name: SHERWOOD OAKS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures have not been reviewed since 3/14/11.

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.

The home's written emergency preparedness procedures were reviewed and updated this year in February and March. Unfortunately, through an oversight the documents were not downloaded from the computer and placed in the emergency preparedness book.

The manual review and update was downloaded and placed in the books on 10-18-12.

The annual review for 2013 is scheduled for February 4th at 10:30 AM in the Board room.

The signature page is provided as an enclosure.

The updated manual was sent to Cranberry Twp. municipal authorities on 10-23-12, by registered mail.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Barbara Voynick RD PLHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Barbara Voynick RD PLHA* Date *10-22-12*

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

The above plan of correction is approved as of 11/20/12 (Date)

Plan of correction implementation status as of 11/20/12 (Date)

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

- Fully Implemented *[Handwritten mark]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 45776 - 09/17/2012 - Glidden, Michelle
 PCH Name: SHERWOOD OAKS

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.

2a. DESCRIPTION OF VIOLATION

The home's 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.

9-17-12 - Copies of Sherwood Oaks emergency procedures have always been posted at the bulletin board area on the 2nd floor of the Personal Care Unit.

On 10-22-12 Copies of the Butler County and Cranberry Township emergency preparedness plans were posted in the same conspicuous location.

The Administrator and/or Designee will check the area weekly to assure that the plans remain in place.

See photo

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Barbara Voynick RD PCHA

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

Barbara Voynick RD PCHA

Date

10-22-12

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The above plan of correction is approved as of

11/20/12
 (Date)

Plan of correction implementation status as of

11/20/12
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 45776 - 09/17/2012 - Glidden, Michelle
PCH Name: SHERWOOD OAKS

NOV 24 2012

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
The menu posted at the dining room entrance on the 1st floor was for the week of 9/17/12. A menu was not posted for the following week.

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.

10-22-12 - Menus for the current weeks' food items and a menu with the following weeks' food items are posted at the dining room entrance on the first floor at all times. (see photo)

By 11/20/12 - The Administrator and/or Designee will make unannounced rounds weekly to assure compliance, at least biweekly.

J 11/20/12

See photo

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara Voynik Rn PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Barbara Voynik Rn PCHA* Date: 10-22-12

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The above plan of correction is approved as of 11/20/12
(Date)

Plan of correction implementation status as of 11/20/12
(Date)

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

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

Violation Report: 45776 - 09/17/2012 - Glidden, Michelle
PCH Name: SHERWOOD OAKS

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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
Resident #1 is ordered "Acetamin 325mg, take 2 tabs every 4 hours as needed" as indicated on his/her medication administration record (MAR) but the home does not have the medication.

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 facility has developed and implemented policies and procedures related to safe storage, access, security and use of medications.

(see enclosures) A policy and procedure titled "Medication Availability Assurance" was written on 10-22-12 which details the procedures by which medications are ordered and assures that medications which are ordered by the physician will be available for use and administration at all times.

The Acetaminophen referred to in this violation was immediately ordered and received from the pharmacy on 9-17-12.

The "Medication Availability Assurance" policy and procedure will be discussed with the staff on Friday, October 26, 2012. The policy has been placed in the Policy and Procedures manuals located on each unit of Puzosue Care.

The Administrator and/or Designee will perform a check monthly on 5 resident MARs on each unit to verify that the policy and procedure is followed.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Barbara Wojnicki RN PLHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Barbara Wojnicki RN PLHA* Date *10-22-12*

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

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(Date)

Plan of correction implementation status as of 11/20/12
(Date)

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

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