

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP LLC  
LEGAL ENTITY

To operate PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP  
NAME OF FACILITY OR AGENCY

Located at 240 CEDAR HILL DRIVE, MCMURRAY, PA 15317  
(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 125  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 34

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 March 14, 2013 until March 14, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 443460

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.

PW 628 - 01/11



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**MAR 14 2013**

Mr. James J. Cox, CEO  
Paramount Senior Living at Peters Township, LLC  
Paramount Senior Living at Peters Township  
240 Cedar Hill Drive  
McMurray, Pennsylvania 15317

Dear Mr. Cox:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 31, 2012 and January 2, 2013 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.


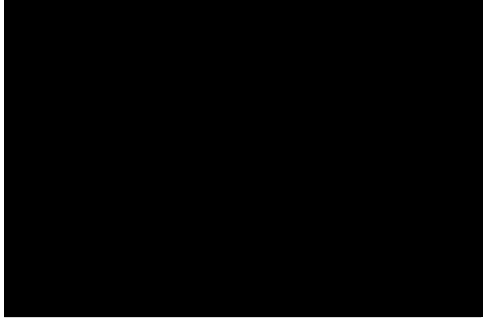
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

<b>PCH Name:</b> PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP		<b>License Number:</b> 443460
<b>Address:</b> 240 CEDAR HILL DRIVE, MCMURRAY, PA 15317		<b>County:</b> Washington
<b>Administrator:</b> Kevin Walsh		<b>Region:</b> WEST
<b>Legal Entity Name:</b> PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP LLC		
<b>Legal Entity Address:</b> 240 CEDAR HILL DRIVE, MCMURRAY, PA 15317		
<b>Certificate(s) of Occupancy</b>		
I-1 11/16/2011 Peters Township	I-2 11/16/2011 Peters Township	Other 11/16/2011 Peters Township
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 117	<b>Waking Staff:</b> 88
<b>Type of Inspection:</b> Full	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
12/31/2012: Garrigan, Laurie; Mandock, Nancy		
01/02/2013: Garrigan, Laurie; Mandock, Nancy		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 125 <b>Number of Residents Served:</b> 78 <b>Secured Dementia Care Unit in Home:</b> Yes <b>Area:</b> SDCU <b>Secured Dementia Unit Capacity, if Applicable:</b> 34 	<b>Number of Residents who:</b> 	

Violation Report: 44346 - 12/31/2012 - Garrigan, Laurie  
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

1. REGULATION 55 Pa.Code §2600  
2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Western Field Office  
Adult Home/Residential Licensing

2a. DESCRIPTION OF VIOLATION

Cash disbursements were made to resident #1; however, the home did not obtain the resident's signature for the receipt of the disbursements as follows:

- \* 03/16/12 for \$2.50
- \* 05/21/12 for \$5.00
- \* 06/14/12 for \$5.00
- \* 06/21/12 for \$5.00
- \* 09/06/12 for \$5.00

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 ACCOMPANYING ATTACHMENTS

See home's attached plan of correction

See attachment A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KEVIN WALSH Administrator* Date *2-4-13*

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

The above plan of correction is approved as of 2/6/13 (Date)

Plan of correction implementation status as of 2/6/13 (Date)

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

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

Attachment A

2600 20(B) (3)

What specific change will be made

Resident # 1 signed next to the dates listed as receipt of cash disbursements that were made to [REDACTED]

Who made the change

Resident #1 signed in the presence of Business Office Manager

See accompanying documentation

When will the change be made

Change was made on 1-3-13, one day after completion of inspection

How will the change be made

The Business Office Manager met with resident #1 and informed [REDACTED] that [REDACTED] needed to sign on each cash withdrawal from [REDACTED] personal funds.

What system has been implemented to assure the same violation will not occur again

All new residents will be informed and current residents will be reminded that each record of financial transaction must be signed

The business office manager has been educated regarding this regulation and shall assure that each disbursement is appropriately signed by the resident

What training will be provided to staff to avoid recurrence

A discussion of the regulation 2600 20(b) (3) has been completed with business office manager and a quarterly review of all record of financial transactions will be made by administrator and business office manager during 2013

*Kevin Walsh*  
MARIA STEPANOVICH LMS 2/6/13  
maria stepanovich

2-4-13

Regional Licensing Approval of Plan of Correction

Western Piedmont  
Adult Treatment Center

Violation Report: 44346 - 12/31/2012 - Garrigan, Laurie  
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

1. REGULATION 55 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

On 1/2/13, there was no window or operable exhaust fan in the private bathroom of bedroom #308.

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 ACCOMPANYING ATTACHMENTS

See homes attached plan of correction

See attachment B

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kevin Walsh*

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

KEVIN WALSH Administrator

Date

2-4-13

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

The above plan of correction is approved as of

2/6/13  
(Date)

Plan of correction implementation status as of

2/6/13  
(Date)

Fully Implemented MS

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

MS  
(Initials)

Attachment B

2600 86(B)

What specific change will be made

Repair to exhaust fan was made per inspection

Who made the change

R&B Mechanical Inc.

See accompanying documentation letter

When will the change be made

Change was made and completed under warranty on January 22, 2013

How will the change be made

Repair made by R&B Mechanical Inc

What system has been implemented to assure the same violation will not occur again

All fans have been inspected and are operational

What training will be provided to staff to avoid recurrence

*Lifer Walsh*

*2-4-13*

*MARIA STEFANOVICH (ms) 2/6/13  
Regional Licensing  
Maria Stefanovich*

*Plan of Correction*

Western Field Office  
Licensing

RECEIVED

Violation Report: 44346 - 12/31/2012 - Garrigan, Laurie  
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

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  
700 E. 12th Street, Erie, PA 16590

2a. DESCRIPTION OF VIOLATION  
On 12/31/12, there was no thermometer in the ice cream freezer.

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 ACCOMPANYING ATTACHMENTS

see home's attached plan of correction

see attachment C

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kevin Walsh*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kevin Walsh Administrator*      Date *2-4-13*

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

The above plan of correction is approved as of 2/6/13  
(Date)

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

Plan of correction implementation status as of 2/6/13  
(Date)

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

2600 103(f)

What specific change will be made

Thermometer was put in freezer 12-31-12

Who made the change

Director of Dietary

When will the change be made

Thermometer was placed in freezer immediately on 12-31-12 when it was brought to the attention of the Paramount Administrator and the Dietary Director that there was not one in the ice cream freezer

How will the change be made

Thermometer was placed at the bottom of the freezer. Freezer contains room for (2) 3 gallon containers of ice cream

What system has been implemented to assure the same violation will not occur again

The ice cream freezer did not come equipped with a thermometer and as of 12-31-12 a new thermometer has been installed

What training will be provided to staff to avoid recurrence

A review of the regulation has been discussed with the Dietary Director and a reminder to verify the ice cream freezer always has a thermometer will be maintained

*Ken Walsh*

MARLA STEPAKOVICH CMS 5/6/13  
Regional Licensing Approval  
maria ~~stepanovich~~

2-4-13

Approval of Plan of Correction

Michigan Food Service  
Adult Facilities - 11/15/12

Violation Report: 44346 - 12/31/2012 - Garrigan, Laurie  
 PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

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

Western Field Office  
 Administrative Services

2a. DESCRIPTION OF VIOLATION

On 12/31/12, there was an undated, plastic container with approximately 40 frozen apple dumplings in the walk-in freezer in the kitchen.

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 ACCOMPANYING ATTACHMENT

See home attached plan of correction

See attachment D

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Kevin Walsh

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

KEVIN WALSH Administrator

Date

2-4-13

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

The above plan of correction is approved as of 2/6/13  
 (Date)

Plan of correction implementation status as of 2/6/13  
 (Date)

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

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

Attachment D

2600 103(I)

What specific change will be made

Apple Dumplings were thrown in the trash

Who made the change

Director of Dietary

When will the change be made

Apple dumplings were discarded immediately upon notification by inspector to Dietary Director that sticker was not on plastic wrap.

How will the change be made

Disposed of in trash immediately

What system has been implemented to assure the same violation will not occur again

Review and reminder of the regulation that all food must be labeled to ensure that food is safe for use

What training will be provided to staff to avoid recurrence

A review of the regulation has been discussed with the Dietary Director on 12-31-12 and daily inspections of food shall be conducted by dietary staff

Ken Walsh 2-4-13  
MARIA STEPANOVICH LMS 2/6/13  
Regional Licensing Approval of Plan & Correction  
maria stepanovich

Western Piedmont  
Adult Correctional  
Center

1/1/13

Violation Report: 44346 - 12/31/2012 - Garrigan, Laurie  
 PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

**1. REGULATION 55 Pa.Code §2600**

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

Western Field Office  
 Adult Residential Licensing

**2a. DESCRIPTION OF VIOLATION**

According to the home's fire drill record, not all resident's evacuated to a public thoroughfare or fire safe area for the following drills:

Date	Time	# Residents in the home	# Residents evacuated
08/30/12	11:15 AM	72	67
09/20/12	11:30 PM	79	73
10/26/12	07:05 PM	79	74
11/19/12	10:32 AM	86	78
12/13/12	03:05 PM	92	88

**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 ACCOMPANYING ATTACHMENTS*

*See home's attached plan of correction*

*See attachment E*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kevin Walsh*

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

*KEVIN WALSH Administrator*

Date

*2-4-13*

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

The above plan of correction is approved as of

*2/6/13*  
 (Date)

Plan of correction implementation status as of

*2/6/13*  
 (Date)

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

The above plan of correction was approved by

*MS*  
 (Initials)

Attachment E

2600 132(d)

What specific change will be made

The fire drill records on the dates described did not include the residents that were out of the building. The clarification of the records did reflect that all residents were evacuated to a public thoroughfare or fire safe area. The original records did not include the residents that were out of the building

Who made the change  
Director of Maintenance

When will the change be made

Corrections were made 1-3-13 upon completion of inspection to reflect all residents in the home were evacuated during all drills noted

How will the change be made

Records will be accurate and include # of residents in the home including residents out of the building

What system has been implemented to assure the same violation will not occur again

A review of the regulation and the applicable interpretation of the record keeping was performed on 12-31-12 between the Administrator and the Director of Maintenance.

What training will be provided to staff to avoid recurrence

A thorough training and review of the regulation to reflect that # of residents evacuated will be inclusive of residents out of the building as of 12-31-12

*Ken Walsh*  
MARIA STEPANOVICH (MS) 2/6/13  
Regional Licensing Approval of Plan of Correction  
*Maria Stepanovich*

Washington  
Administrative

6-21

Violation Report: 44346 - 12/31/2012 - Garrigan, Laurie  
 PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

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).

2a. DESCRIPTION OF VIOLATION  
 On 12/31/12, there was no breathing shield in the first aid kit of the bus used to transport 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 ACCOMPANYING ATTACHMENTS

See home's attached plan of correction

See attachment F

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kevin WALSH Administrator* Date *2-4-13*

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

The above plan of correction is approved as of 2/6/13  
 (Date)

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

Plan of correction implementation status as of 2/6/13  
 (Date)

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

Attachment F

2600.171(b) (5) 2600.96

What specific change will be made

Breathing shield was added to the first aid kit of the bus.

Who made the change

Director of Maintenance

When will the change be made

Breathing shield was added to first aid kit on 12-31-12 when informed by the inspector that the existing shield was not the correct one in the kit

How will the change be made

Director of Maintenance will manage accurate inventory of first aid kit contents

What system has been implemented to assure the same violation will not occur again

Director of Maintenance will monitor the inventory of the contents required to comply with the regulation. Each first aid kit is wrapped with red tape around the kit and if the tape is removed an inventory and replacement of the required contents will be completed. The CPR breathing masks will be maintained in all first aid kits as of 12-31-12

What training will be provided to staff to avoid recurrence

A copy of the regulation is contained in the first aid kit. All management staff have been educated on the procedures for replacing any contents that need replaced as of 12-31-12

*Her Walsh* 2-4-13  
MARIA STEPANOVICH CMSA 2/6/13 maria stepanovich  
Regional Licensing Approval of Plan of Correction

Michigan Periodic Check  
Adult Passenger Licensing

Violation Report: 44346 - 12/31/2012 - Garrigan, Laurie  
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Nursing notes of 10/19/12, 10/22/12 and 12/07/12 indicate resident #2 has an ongoing problem with mouth bleeding. (This resident also receives Coumadin therapy.) However, resident #2's support plan, dated 7/11/12, does not address how the home will assist the resident in meeting his/her dental needs.

Resident #3 fell on the following dates; however, the resident's support plan, dated 8/12/12, does not address the resident's risk for falls and how the home will assist the resident due to a fall risk:

- \* 07/12/12
- \* 08/31/12
- \* 09/23/12
- \* 12/14/12

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 ACCOMPANYING ATTACHMENTS G+H  
see home's attached plan of correction

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kevin Walsh*

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

Kevin WALSH Administrator

Date 2-4-13

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

The above plan of correction is approved as of 2/6/13  
(Date)

Plan of correction implementation status as of 2/6/13  
(Date)

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

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

Attachment 6

2600.227 (d) Resident #2

What specific change will be made

Information regarding changes in the resident care will be documented on the RASP. These include any medical, dental, vision, hearing, mental health behavioral concerns. These services will be offered to the resident and resident family members as any change needs arise and/or at the recommendation of any and all medical personnel

Who made the change

Director of Nursing

When will the change be made

Change made as of 12-31-12

How will the change be made

All changes in resident care will be documented, dated, and signed on the RASP as of 12-31-12

What system has been implemented to assure the same violation will not occur again

Resident care is updated with the nursing staff and changes are documented on the RASP as of 12-31-12.

In addition Resident #2 has scheduled dentist appointment on 2-15-13 (see attached letter to Power of Attorney)

What training will be provided to staff to avoid recurrence

Ongoing communication between the Director of Nursing and Nursing staff on a daily basis with revisions to

The RASP as needed. ms 2/6/13

*For Walsh*  
MARIA STEPANOVICH (MS) 2/6/13

2-4-13 maria stepanovich  
Regional Licensing Approval of Plan of Correction

Attachment H

2600.227 (d) Resident #3

What specific change will be made

Information regarding changes in the resident care will be documented on the RASP. These include any medical, dental, vision, hearing, and mental health behavioral concerns. These services will be offered to the resident and resident family members as any change needs arise and/or at the recommendation of any and all medical personnel. This will include any therapy treatment recommended by medical personnel.

Who made the change  
Director of Nursing

When will the change be made  
Immediately

How will the change be made  
All changes in resident care will be documented, dated, and signed on the RASP

What system has been implemented to assure the same violation will not occur again  
Resident care is updated with the nursing staff and changes are documented on the RASP as of 12-31-12

What training will be provided to staff to avoid recurrence  
Ongoing communication between the Director of Nursing and Nursing staff will occur daily with revisions to the RASP as needed. ms 2/6/13

*Helen Walsh*  
MARIA STEPANOVICH LMS 2/6/13

2-4-13

Regional Licensing Approval & Plan of Correction  
*maria Stepanovich*