

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ROSALIE J DAPICE

LEGAL ENTITY

To operate HENDERSON HOUSE

NAME OF FACILITY OR AGENCY

Located at P.O.B. 6363,528-30 PRESSLEY ST. PITTSBURGH, PA 15212

(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 25
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 3, 2013 until June 3, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430950

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

JUN 03 2013

Ms. Rosalie Dapice, Owner
Henderson House
P.O. Box 6363, 528-30 Pressley Street
Pittsburgh, Pennsylvania 15212

Dear Ms. Dapice:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 15, 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".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

RECEIVED

PCH Name: HENDERSON HOUSE		License Number: 430950
Address: P O B 6363 528 30 PRESSLEY ST, PITTSBURGH, PA 15212		County: Allegheny
Administrator: MARGUERITE DAPICE		Region: WEST
Legal Entity Name: ROSALIE J DAPICE		Western Field Office Adult Protective Services Licensing
Legal Entity Address: PO BOX 6363 528-30 PRESSLEY ST, PITTSBURGH, PA 15212		
Certificate(s) of Occupancy Personal Care 12/28/1992 City of Pittsburgh		
Staffing Hours Resident Support: 18 Total Daily Staff: 42 Waking Staff: 32		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Indicator		
On-Site Inspections Dates and Department Representatives On-Site 01/15/2013: Flinner-Alman, Lisa		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: 82c, 101j7 Random Indicators: 41c, 60a, 85a, 100a, 123b		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 25 Number of Residents Served: 24 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 5 Have Mental Illness: 16 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 43095 - 01/15/2013 - Flinner-Alman, Lisa
PCH Name: HENDERSON HOUSE

1-9-2013

1. REGULATION 55 Pa.Code §2600
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.

2a. DESCRIPTION OF VIOLATION
The contracts for Residents #1,2 and 3 were not signed by the payer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident Home agreement were signed by designated person for resident 1, 2, & 3
administrator will have all contracts signed and completed by a 30 day period
By 3/31/13 - the administrator will ensure all new residents have contract completed and signed by required parties, including the payer (if payer is different person than resident)

3/22/13

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

Signature of Legal Entity Representative (Required on EVERY Page) Rosalie J. Dapice

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rosalie Dapice OWNER Date 3/14/13

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

The above plan of correction is approved as of 3/22/13 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 3/22/13 (Date)

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

Violation Report: 43095 - 01/15/2013 - Flinner-Alman, Lisa
 PCH Name: HENDERSON HOUSE

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

Mar 1, 2013

Western Field
 Adult Residential

2a. DESCRIPTION OF VIOLATION

The home's quality management review dated 4/4/12 did not address complaint procedures, staff person training and licensing violations and plans of correction.

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.

Quality management plan was revised and put in Henderson House policy Books 3/15/13

Annual Quality management meeting will be held the first Wednesday of April about topic will be discussed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Rosalie J Dopice

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

Rosalie Dopice OWNER

Date 3/14/13

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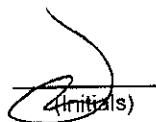
The above plan of correction is approved as of

3/28/13
 (Date)

Plan of correction implementation status as of

3/22/13
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 43095 - 01/15/2013 - Fliner-Alman, Lisa
 PCH Name: HENDERSON HOUSE

MAR 19 2013

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Western Field Office
 Administrative Services

2a. DESCRIPTION OF VIOLATION

A spray bottle of Oxi-Clean Miracle Foam, with a manufacturer's label indicating "For eye contact, flush with water for 15 minutes, get medical attention immediately.", was unlocked and accessible to residents under the sink located in the 2nd floor dining room.

Two bottles of nail polish, with a manufacturer's label indicating "In case of accidental ingestion, give fluids liberally and consult with a local Poison Control Center." were unlocked and accessible to residents on top of a dresser in room # 200.

A bottle of nail polish, with a manufacturer's label indicating "In case of accidental ingestion, give fluids liberally and consult with a local Poison Control Center." was unlocked and accessible to residents on the bedside table to the right of the door in room # 202.

Residents of the home, including Resident #1, have not been assessed as 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.

Admin Staff that no cleaning or poisonous materials or cleaning product should be placed in unlocked cabinet placed sign above cabinet. 1/30/13

Admins. will conduct bi monthly sweep to make sure that no poisonous materials are kept in unlocked cabinets
 Resident #1 will be assessed for New DME in April 2013 all Resident will be assessed this year with New DME able to handle poisonous materials

Repeat Violation: No Date(s) of Previous Violation(s): 2013

Signature of Legal Entity Representative (Required on EVERY Page) Rosalie J Dapice

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rosalie Dapice OWNER Date 3/14/13

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Plan of correction implementation status as of 3/20/13 (Date)

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

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

Violation Report: 43095 - 01/15/2013 - Flinner-Alman, Lisa

MAR 19 2013

PCH Name: HENDERSON HOUSE

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.

2a. DESCRIPTION OF VIOLATION

On 1/15/13, at 11:26 a.m., the temperature in freezer #2 located in the 3rd floor main kitchen was 10 degrees F. The food in the freezer was thawing.

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.

advised staff that freezer temperature should be below zero.
Freezer knob was turned up to 6 1/15/13
Freezer is freezing below 0°
Admins will make bi Monthly Sweep
to ensure freezer are kept at 0°
at all times

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/02/2012

Signature of Legal Entity Representative
(Required on EVERY Page)

Rosalie J Dapice

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

Rosalie Dapice OWNER

Date

3/14/13

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

The above plan of correction is approved as of

3/22/13
(Date)

Plan of correction implementation status as of 3/22/13
(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: 43095 - 01/15/2013 - Flinner-Alman, Lisa
 PCH Name: HENDERSON HOUSE

MAR 19 2013

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.

Western Field Office
 Adult Protective Services

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures have not been reviewed since 2011.

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.

Written emergency EPO were updated and sent to Pgh Fire Dept.
 Home Emergency procedures will be reviewed at Annual Quality Management Meeting April 3 2013

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Rosalie J Dapice

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

Rosalie Dapice owner

Date

3/14/13

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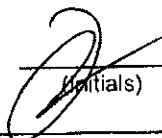
The above plan of correction is approved as of

3/22/13
 (Date)

Plan of correction implementation status as of

3/22/13
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 43095 - 01/15/2013 - Flinner-Alman, Lisa
 PCH Name: HENDERSON HOUSE

RECEIVED
 MAR 19 2013

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The following was observed on 1/15/13, at 10:47 a.m. on the 28 side of the building:

Western Field: 100
 Adult Residential: 100

Three chairs blocked egress from the home's interior emergency exit on the stair landing between the 1st and 2nd floors.

A rolled up rug blocked egress from the home's emergency exit door located in the stairwell on the 1st floor of 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.

advised staff that nothing should be kept on either side of Bldg in side stair case or any other egress route. chairs were removed on 1/17/13
 admens will conduct bi monthly sweep to ensure no other items are blocking egress or blocking doors rug etc. 3/22/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie Dapice* OWNER Date *3/14/13*

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

The above plan of correction is approved as of <u>3/22/13</u> (Date)	Plan of correction implementation status as of <u>3/22/13</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

RECEIVED

Violation Report: 43095 - 01/15/2013 - Flinger-Alman, Lisa

PCH Name: HENDERSON HOUSE

1. REGULATION 55 Pa.Code §2600

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher. 19 2013

2a. DESCRIPTION OF VIOLATION

The fire extinguisher located in the 2nd floor dining room has not been inspected by a fire safety expert since 7/10.

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.

Fire extinguisher was replaced 11/6/13
Abco maintains new tags after
checking every July.

Admins will check every July
That all extinguishers have proper
early tags.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rosalie J. Dapice

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

Rosalie Dapice

Date 3/14/13

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The above plan of correction is approved as of 3/22/13 (Date)

Plan of correction implementation status as of 3/22/13 (Date)

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

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

RECEIVED

Violation Report: 43095 - 01/15/2013 - Flinner-Alman, Lisa
PCH Name: HENDERSON HOUSE

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.

2a. DESCRIPTION OF VIOLATION

On 1/15/13, at 10:05 a.m., a bottle of aspirin was unlocked and accessible to residents on a desk in room #208.

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.

advised Resident that no OTC medication are allowed in rooms
advised Staff if they see any OTC to advise admin so she can remove them.

Admin will conduct bi Monthly sweep to ensure no other OTC are kept in resident Rooms 2/15/13

Thy 3/31/13 - The administrator will review regulations for resident privacy under 425 to ensure residents' privacy of possessions is maintained while ensuring resident safety in having OTC medications in locked area. 3/22/13

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

Signature of Legal Entity Representative (Required on EVERY Page) Rosalie J Dapice

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rosalie Dapice owner Date 3/14/13

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

The above plan of correction is approved as of 3/12/13 (Date)

Plan of correction implementation status as of 3/20/13 (Date)

The above plan of correction was approved by (initials)

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

Violation Report: 43095 - 01/15/2013 - Flinner-Alman, Lisa
 PCH Name: HENDERSON HOUSE

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home. APR 19 2013

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening form, dated 9/6/12, for Resident #3, admitted 10/8/12, was not completed within the required time frame and does not include a determination that the home can meet the service needs of the resident. Western Field Office

The pre-admission screening form for Resident # 2, admitted 8/11/12, does not include a determination that the home can meet the service needs of the resident.

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.

pre admission screening have been completed 2/13/13
 Admins will make sure all proper paper work is completed in timely fashion by 30 day period.
 And that all areas on paper work are filled out.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rosalie J Papice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie Papice Owner* Date *3/14/13*

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

The above plan of correction is approved as of 3/22/13 (Date) Plan of correction implementation status as of 3/22/13 (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: 43095 - 01/15/2013 - Flinner-Alman, Lisa

PCH Name: HENDERSON HOUSE

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

MAR 19 2013

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 8/9/12, for Resident #2 indicates the resident has a diagnosis of hypokalemia, muscle weakness and intestinal bypass surgery which are not indicated on the assessment, dated 8/12/12.

Western Field Office

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident diagnosis completed 2/15/13

Admin will ensure all paper work be filled out completely by 30 day period.

3/21/13 Administrator a designee will conduct checking of files quarterly, to ensure all significant diagnoses are on resident's assessments and update when necessary.

3/22/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Rosalie J. Dapice

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

Rosalie Dapice

owner

Date

3/14/13

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Plan of correction implementation status as of 3/22/13 (Date)

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

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

Violation Report: 43095 - 01/15/2013 - Flinner-Alman, Lisa

PCH Name: HENDERSON HOUSE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

19 2013

Sanfield Office
At the Department of Licensing

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 4/18/12, indicates Resident #1 has a diagnosis of hypertension, diabetes mellitus type 2 and right femur fibrous dysplasia which are not indicated on the assessment, dated 4/12/12.

The medical evaluation, dated 2/25/12, indicates Resident #4 has a diagnosis of alcohol abuse, tobacco use and a hernia which are not indicated on the assessment, dated 2/25/12.

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.

Resident assessment completed 2/15/13
Adminis will ensure all diagnosis from Resident DME are transferred to all assessment and any other forms.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Rosalie J Dapice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **ROSALIE DAPICE** owner Date **3/14/13**

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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: 43095 - 01/15/2013 - Flinner-Alman, Lisa
 PCH Name: HENDERSON HOUSE

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. 19 2013

2a. DESCRIPTION OF VIOLATION

The social/recreational portion of the support plan, dated 4/12/12, for Resident #1 has not been completed. Visitation Field Office
 The social/recreational portion of the support plan, dated 2/25/12, for Resident #4 has not been 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.

Resident Support plan Completed 2/15/13
 Admins will ensure all areas
 of support plan are filled out.
 also will be completed by 30 days

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Rosalie J Dapice

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

ROSALIE Dapice

OWNER

Date

3/14/13

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

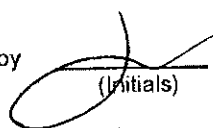
The above plan of correction is approved as of


3/22/13
 (Date)

Plan of correction implementation status as of

3/13/13
 (Date)

The above plan of correction was approved by


 (Initials)

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