

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HERITAGE HILLS RETIREMENT COMMUNITY INC  
LEGAL ENTITY

To operate HERITAGE HILLS RETIREMENT COMMUNITY  
NAME OF FACILITY OR AGENCY

Located at 2256 SHANKS CHURCH ROAD, GREENCASTLE, PA 17225  
(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 36  
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 20, 2013 until June 20, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 301690

*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

JUN 20 2013

Ms. Becky Hissong, Executive Director  
Heritage Hills Retirement Community, Inc.  
4138 Fletcher Drive  
Greencastle, Pennsylvania 17225

RE: Heritage Hills Retirement Community  
256 Shanks Church Road  
Greencastle, Pennsylvania 17225

Dear Ms. Hissong:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 28, 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: 30169 - 03/28/2013 - McCloskey, Jason  
 PCH Name: HERITAGE HILLS RETIREMENT COMMUNITY

1. REGULATION 55 Pa. Code §2600  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION  
 On 3/28/13, a copy of 55 Pa. Code Chapter 2600 was 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.

In order to ensure that a copy of 55 Pa. Code Chapter 2600 we will take the following steps:

1. Place a current copy of 55 Pa Code Chapter 2600 on bulletin board in TV lounge. Effective 3-29-13.
2. To ensure that this book is kept there, we will check for it monthly by using our Facility Checklist form. Effective 4-13-13.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Brenda Martin

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Brenda Martin</u>	Date <u>4-18-13</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4-23-13</u> (Date)	Plan of correction implementation status as of <u>4-23-13</u> (Date)
The above plan of correction was approved by <u>BE</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: 30169 - 03/28/2013 - McCloskey, Jason  
 PCH Name: HERITAGE HILLS RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

On 3/28/13, at 10 am, medication containers with resident names were unlocked and accessible in the waste baskets attached to the medication carts. The medication carts were located just inside the visitor's entrance in the dining room 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.*

In order to correct this violation and prevent further violations the following steps will be followed:

1. All pill packaging will be shredded after dispensing of medications. Effective 4-12-13
2. Staff will be inserviced on proper disposal of medication packaging. Effective 4-12-13
3. All medication bottles and blister packs will have the name and prescription # blackened with a sharpie prior to disposal of them. Effective 4-12-13

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Violation Report: 30169 - 03/28/2013 - McCloskey, Jason  
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**1. REGULATION 55 Pa.Code §2600**

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**2a. DESCRIPTION OF VIOLATION**

A baby monitor was attached to the bed of Resident #1 and two receiving units were located on the tops of the medication carts in the dining room. Conversations and sounds made in the bedroom occupied by Resident #1 could be clearly heard by staff, other residents and visitors in the dining room.

**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.

In order to correct this violation and prevent further violations the following steps will be followed:

1. The baby monitor and receivers will be removed from the diningroom and resident's room. Effective 4-12-13
2. Staff will provide the resident with a bell to ring if assistance is needed. Effective 4-12-13

3. Staff will complete periodic checks of the identified resident to ensure that services outlined in the RASP (assessment + Support Plan) are provided as needed. *BE*

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Violation Report: 30169 - 03/28/2013 - McCloskey, Jason  
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**1. REGULATION 55 Pa.Code §2600**

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

The home has one person on duty from 9 pm to 6 am daily. The lack of available direct care staffing results in the home's inability to meet the needs of the population including Residents #1 and #2. According to their assessments and support plans, they require one-to-one support when transferring, ambulating or evacuating in an emergency.

**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.*

In order to correct this violation and prevent future violations the following steps will be followed:

1. Resident #2: we are working with [redacted] family for SNF placement.
2. Resident #1: we are working with [redacted] family and [redacted] family doctor to make [redacted] independent with [redacted] ambulation.
3. ~~Resident #1 has a husband who does walk with his wife while in the building and during a walk with the PCHSA was reviewed and completed unacceptable statement - see~~
4. We are currently working to hire a second staff person for overnight staffing.

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Violation Report: 30169 - 03/28/2013 - McCloskey, Jason  
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1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 3/16/13 through 3/17/13, there were 22 residents present in the home. During the overnight shift, the staff person on duty from 3 am until 6 am did not have a current CPR and first aid certification.

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.

In order to correct this violation and prevent further violations the following will be followed:

1. We will keep an accurate list of all staff and their expiration dates of CPR + First Aid. Effective 4-13-13
2. Staff will be scheduled 2 months in advance prior to the expiration of the CPR + First Aid. Effective: 4-13-13

3. The administrator will ensure that sufficient numbers of staff with the required training and certification are present in the home at all times. Documentation of staffing, training, and certification will be available to agents of the Department at any time. - *SE*

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Violation Report: 30169 - 03/28/2013 - McCloskey, Jason  
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**1. REGULATION 55 Pa.Code §2600**

2600.65(j) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home's record of direct care staff training for Staff Person A does not include an orientation in general fire safety and emergency preparedness as required by regulation 65a or specified training within 40 scheduled working hours as required by regulation 65b.

**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.

In order to correct this violation and prevent future violations the following steps will be followed:

1. The Administrator will complete the staff training log as orientation is being completed within the first 40 hours of employment. Effective 3-29-13.
2. The employee's file will be double checked by a different set of eyes to ensure that the new employee file is complete. Effective 3-29-13.
3. The file will signed off on the form documenting new hire training. Effective 3-29-13
4. Staff Person A completed the identified training. Documentation of training was updated. -BE

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Violation Report: 30169 - 03/28/2013 - McCloskey, Jason  
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**1. REGULATION 55 Pa.Code §2600**

2600.86(a) - All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

**2a. DESCRIPTION OF VIOLATION**

The vents in the television and telephone rooms on the first floor and the two vents in bedroom #16 have a build-up of dust and cobwebs that has the potential to restrict airflow.

**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.*

In order to correct this violation and to prevent further violations the following steps will be followed:

1. Staff will check and clean air vents when doing weekly assigned room cleanings. Effective 3-29-13.
2. Staff will be inserviced on how to properly clean the vents. Effective 3-29-13.
3. If staff is unable to clear the dust, they will notify maintenance. Effective 3-29-13

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Violation Report: 30169 - 03/28/2013 - McCloskey, Jason  
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1. REGULATION 55 Pa.Code §2600  
 2600.93(b) - Each porch must have a well-secured railing.

2a. DESCRIPTION OF VIOLATION  
 The porch on the back of the home has a loose railing that is not secure.

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.

In order to correct this violation and prevent further violations the following steps will be followed:

- Maintenance will tighten the railing on the porch.  
 Effective 4-15-13
- Periodic checks of all railings will be completed by maintenance to ensure they are secure. -BE

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Violation Report: 30169 - 03/28/2013 - McCloskey, Jason  
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1. REGULATION 55 Pa. Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

A kerosene heater with a full tank of fuel was located in the basement 12 feet from the furnace.

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.

In order to correct this violation and prevent any further violations the following steps will be followed:

1. Maintenance staff removed the Kerosene Heater on 3-28-13.

2. No alternative heat sources will be used.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 30169 - 03/28/2013 - McCloskey, Jason  
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**1. REGULATION 55 Pa.Code §2600**

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The last inspection of the furnace was conducted on 2/3/12.

**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.*

In order to correct this violation and prevent further violations the following steps will be followed:

1. Zargers Heating and cooling was contracted to perform routine furnace cleaning every 6 months. Effective 4-8-13.
2. Copy of invoice from 4-8-13 is included.
3. Maintenance will be responsible to schedule furnace cleanings. Effective 4-8-13

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Violation Report: 30169 - 03/28/2013 - McCloskey, Jason  
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**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

Staff Person B, the Administrator, stated that multiple attempts were made to get the fire drill evacuation time down to the maximum time allowable during December, 2012. The fire drill record contains one drill for the month of December 2012.

**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.*

In order to correct this violation and prevent future violations the following steps will be followed:

1. Staff will document all future fire drills on logsheet.

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1. REGULATION 55 Pa.Code §2600  
 2800.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The exterior metal fire escape from the second floor has not been used during fire drills in the past year.

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.

In order to correct this violation and prevent further violations the following steps will be followed:

1. Staff will have all residents living on second level practice using the exterior metal fire escape. Effective 4-18-13.
2. Residents will be educated on fire escape and plan during resident council meetings.
3. All residents will be educated on alternative fire exits during resident council meetings.
4. To ensure different exits are being used fire drills will be scheduled by an Administrator 6 months in advance. Effective 4-18-13

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Violation Report: 30169 - 03/28/2013 - McCloskey, Jason  
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**1. REGULATION 55 Pa.Code §2600**

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

**2a. DESCRIPTION OF VIOLATION**

The home permits smoking in the parking lot. The smoking area contained two piles of cigarette butts in addition to multiple loose butts scattered in and around the smoking area.

**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.*

In order to correct this violation and prevent future violations the following steps will be followed.

1. Staff, residents and resident's families will be educated on our smoking policy. Effective. 4-18-13.
2. Maintenance will check the designated smoking area and empty smoking receptacle every other month. (Bimonthly) Effective 4-18-13
3. During Facility checklist - which are done monthly the grounds will be inspected for cigarette butts being discarded inappropriately. Effective 4-18-13.
4. Administrator will assign staff to inspect smoking area on a weekly basis to ensure home's policy & procedures are being followed. - BE

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Violation Report: 30169 - 03/28/2013 - McCloskey, Jason  
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**1. REGULATION 55 Pa.Code §2600**

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**

On 3/28/2013, one white, round pill was found loose in the first medication cart in the fifth drawer; and one white, round pill was found in the first medication cart in the sixth drawer.

**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.*

In order to correct this violation and prevent future violations the following steps will be followed:

1. The Administrator will review proper procedures for dispensing medications. Effective 4-18-13
2. The Administrator will review with Direct Care Staff to observe for any loose medications in the med cart and to notify us as to what has been found. Effective 4-18-13
3. The identified medications were immediately discarded. -EE

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Signature of Legal Entity Representative  
 (Required on EVERY Page) Brenda Martin

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Brenda Martin</u>	Date <u>4-18-13</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 4-23-13  
 (Date)

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

Plan of correction implementation status as of 4-23-13  
 (Date)

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

Violation Report: 30169 - 03/28/2013 - McCloskey, Jason  
 PCH Name: HERITAGE HILLS RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**

On 3/20/13 at 11:24 am, a 2 mg. anti-diarrhea tablet for Resident #3 was given. The medication expired 3/7/13.

**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.*

In order to correct this violation and prevent future violations the following will be followed:

1. Staff will educate staff on how to check for expiration dates on medications. Effective 4-18-13
2. The Administrator will inspect medcarts for expired medications. Effective 4-18-13.
3. The Administrator will contact our pharmacy to do routine medcart audits. Effective 4-18-13.
4. The identified expired medication was removed from the med cart. -BE

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Violation Report: 30169 - 03/28/2013 - McCloskey, Jason  
 PCH Name: HERITAGE HILLS RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

The assessment, completed in June of 2012, for Resident #2 states that the resident is mobile and requires limited physical assistance in an emergency. The support plan, completed during the same month, states that the resident, "is unable to evacuate during monthly fire drills" and "needs total assist to get out of the building for fire drills."

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.

In order to correct this violation and prevent future violations the following steps will be followed:

1. Reviewed residents RASP and assessment and this was updated so that her mobility status is consistent.
2. Any new admission will have the Administrator and Executive Director review the pre-admission screening assessment, and DME or Medical Evaluation to ensure continuity of the residents needs.
3. Heritage Hills and the resident #2 family had a meeting to discuss that we are not able to meet her needs at this time. Meeting was 4-2-13.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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The above plan of correction was approved by <u>BE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented