



JUL 05 2013

Ms. Kimberly Sidari, President/Owner  
The Corrigan House, Inc.  
P.O. Box 158  
Harleigh, Pennsylvania 18225

RE: The Corrigan House  
350 Hazle Township Boulevard  
Hazle Township, Pennsylvania 18202

Dear Ms. Sidari:

As a result of the Department of Public Welfare's licensing inspection on April 22, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 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 2600 must be maintained.

Your regular license for the period June 24, 2013 to June 24, 2014 was issued on March 13, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky  
Director

Enclosure  
Violation Report



Violation Report: 20138 - 04/22/2013 - O'Haire, Anne  
 PCH Name: THE CORRIGAN HOUSE

**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.

**2a. DESCRIPTION OF VIOLATION**

The home is the representative payee for resident # 1. Staff person "A" stated the home holds the resident's checkbook, the resident writes and signs the checks, and the home cashes the checks for resident # 1's personal needs allowance and for checks written to the home for monthly room and board charges. The record of transactions maintained by the home does not include the time of the withdrawals or the signature of resident # 1 for withdrawals completed from the account on 3/5/13, 4/4/13 and 4/11/13.

**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.*

20b (3)

The representative payee for resident # 1 will keep a record of financial transactions with the resident including the dates, time of withdrawals, current balance and residents signature endorsing each transaction. The representative payee will also give resident # 1 an itemized account of financial transactions on a quarterly basis. All of the above information will be kept in resident's record. A quarterly report has been provided to resident #1 for the past months from the representative payee on 4/24/13. Please see attached. The representative payee will be responsible to provide resident # 1 with all of the above to prevent future violations. The administrator will audit the quarterly report to assure The Corrigan House is in compliance with DPW regulations.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Sidari* Date *5/15/13*

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

The above plan of correction is approved as of <u>5/30/13</u> (Date)	Plan of correction implementation status as of <u>5/30/13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

Violation Report: 20138 - 04/22/2013 - O'Haire, Anne  
 PCH Name: THE CORRIGAN HOUSE

**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 payers for resident #s 2, 3, and 4 did not sign the contracts dated 1/4/13, 3/4/13 and 1/1/13, respectively.

**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.*

25 b

Payer's for residents # 2, 3 and 4 were contacted in regards to contract on 4/29.13. Payers will be in to sign contracts as their work schedule allows. The Corrigan House has stressed the importance of this signature with the Payers and they will be in at earliest convenience. Resident #2 contract was signed by payer under residents signature, The Corrigan House will be having the resident and payer resign in the proper places. Full time day shift nurse will make sure all contracts and properly signed and dated by resident and payer upon admission to The Corrigan House. Administrator will audit charts monthly to assure the home is in compliance with DPW regulations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Sidari* Date *5/15/13*

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 (Date)

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

Plan of correction implementation status as of 5/30/13  
 (Date)

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

Violation Report: 20138 - 04/22/2013 - O'Haire, Anne  
 PCH Name: THE CORRIGAN HOUSE

**1. REGULATION 55 Pa.Code §2600**  
 2600.28(d) - If the home does not require a written notice prior to a resident's departure, the administrator shall refund the remainder of previously paid charges to the resident within 30 days of the date the resident moved from the home.

**2a. DESCRIPTION OF VIOLATION**  
 The nursing notes indicate resident # 5 was discharged to Mountain City Nursing Home on 1/18/13. The contract dated 11/1/11 stated a room, board and services charge of \$1780 per month. On 2/14/13 the home refunded \$169.92 to resident #5. A balance of \$576.53 is owed to 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.

28 D.

Resident# 5 was D/C to a higher level of care, a mistake was made in calculating the refund.

On May 10, 2013 a check was sent to her P.O.A. explaining the mistake. An itemized account was given and placed into her file.

\* Any future refunds will be discussed between the administrator and the controller to prevent this from happening again.

At time of D/C, controller will be notified of such discharge and make up an itemized list which will contain monies owed or monies to be refunded. This will be forwarded to the resident or his/her P.O.A. and placed in d/c chart.

Nursing staff and administrator when closing out a chart, as resident is discharged, will assess if itemized account is placed in chart.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kim Sidari*

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

Kim Sidari

Date 5/15/13

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The above plan of correction was approved by

*M*  
 (Initials)

Violation Report: 20138 - 04/22/2013 - O'Haire, Anne  
 PCH Name: THE CORRIGAN HOUSE

**1. REGULATION 55 Pa.Code §2600**  
 2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

**2a. DESCRIPTION OF VIOLATION**  
 The record of resident # 5, who was discharged from the home on 1/18/13, did not include an itemized written account of resident's funds including funds owed by the resident to the home or funds owed to the resident by the home.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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28(f)1

The controller will prepare an itemized calculated account and forward a copy to resident or payer and nursing staff to place in resident's discharge chart.

The controller will check monthly with nursing staff or administrator if any residents were discharged to prevent further violations.

The nursing staff and administrator will assess discharged charts for completion of itemized account.

*The Administrator shall be responsible for ongoing compliance.*  
*mm*  
*5/30/13*

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Kim Sidari			5/15/13

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Violation Report: 20138 - 04/22/2013 - O'Haire, Anne  
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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**

Approximately two weeks ago the home installed video cameras which record in the common areas of the home and its grounds. The records of the residents did not indicate they were informed of the video recording and there were no signs that images were being recorded posted in the areas that were being recorded.

**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.*

42s

The attached form has been given to each resident and residents have been informed of the security cameras that were placed in the common areas of the home and outside the facility to assure their safety. This form has been signed and dated by each resident and will be placed in each residents file in the MISC. section. All residents are aware of the security cameras and where each one is placed. Also, signs have been placed in areas of were security cameras are placed. This violation was corrected on 5/10/13. See attached photos, and documents regarding this violation.

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Violation Report: 20138 - 04/22/2013 - O'Haire, Anne  
 PCH Name: THE CORRIGAN HOUSE

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

**2a. DESCRIPTION OF VIOLATION**  
 A 31" x 47" blue and green floral area rug was on the floor outside of the shower in the common bathroom adjacent to room #S9. The rug slipped when the Department Representative stepped upon it which posed a possible slipping hazard to a 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.

95

Two new non-slip rugs have been purchased on 5/10/13 to replace old rugs and were placed in the bathroom of the south wing of the facility to assure resident safety. The initial rug was worn which could be a potential safety issue and it has now been replaced. A receipt has been attached with purchase of new rugs. Cleaning staff has been in-serviced on 5/11/13 on safe environment for our residents and will be checking on furniture, carpets and equipment to be in good repair, clean and free of hazards. Administrator will do monthly checks on all furniture, carpets and equipment to assure they are in good repair, clean and free of hazards and to stay in compliance with DPW regulations.

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Violation Report: 20138 - 04/22/2013 - O'Haire, Anne  
 PCH Name: THE CORRIGAN 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.

2a. DESCRIPTION OF VIOLATION  
 The fire extinguisher adjacent to room #S9 had an inspection tag indicating it was last inspected in February 2012. The inspection tag stated, "Void 1 year from the month punched". It expired in February 2013.

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.

131f Fire extinguisher next to room s9 was inspected on 4/23/13 by Yuricks emergency supplies.  
 Administrator will monitor all fire extinguishers to assure inspections stay current. See attached files and photo.

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Violation Report: 20138 - 04/22/2013 - O'Haire, Anne  
PCH Name: THE CORRIGAN HOUSE

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.

2a. DESCRIPTION OF VIOLATION  
The home exceeded their evacuation time that was set by their fire safety expert. The home's fire safety expert allowed a time of 5 minutes and 50 seconds to evacuate the building. The home went over its allotted evacuation time on 02-17-13 with a time of 5 minutes and 55 seconds during a fire drill. The home did not repeat the fire drill in an attempt to improve their evacuation time.

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.

132d

Future fire drills will be repeated when time exceeds the time allotted by safety expert.  
Resident meeting will be held 5/16/13 to inform residents of fire safety and drills in the facility.  
\* Administrator will monitor fire drills to assure safety and allotted times are met.

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Violation Report: 20138 - 04/22/2013 - O'Haire, Anne  
 PCH Name: THE CORRIGAN HOUSE

**1. REGULATION 55 Pa.Code §2800**  
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**2a. DESCRIPTION OF VIOLATION**  
 The home's fire drill logs did not reflect that all residents were evacuated into a fire safe zone on two separate dates. The home's drills reflected the following: On 03-13-13 the home had 34 residents and 32 residents evacuated into a fire safe zone. On 04-11-13 the home had 35 residents in home and 32 residents evacuated into a fire safe zone. The home's drills did not reflect why some residents did not evacuate into a fire safe zone.

**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.

132h

On the back of the fire drill log form documentation will note which residents weren't evacuated and reasoning why they weren't (examples: hospital, doctor appointments, out with family)

\* Administrator will monitor fire drill logs to ensure proper documentation is being completed.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Sidari* Date *5/15/13*

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Violation Report: 20138 - 04/22/2013 - O'Haire, Anne  
PCH Name: THE CORRIGAN HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and Initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The home's MAR's had several documentation errors that did not indicate if the home had administered several of the resident's medications:

Resident #6 following medications were not initialed as being given on 04-19-13 -- Calcium-Vit. D 200 to be taken 1 tab, 2 times a day, supplement, was not initialed as being given at 5:00pm. Docusate Sodium 100mg cap, 1 cap 2 times a day, Stool Softener, was not initialed as being given at 5:00pm. Omeprazole DR. 20 mg cap, Take 2 caps. 2 times a day, for GERD was not initialed as being given on 04-19-13. Potassium 20 meq. Tab, take 1 tab. 2 times, Supplement a day was not initialed as being given at 5:00pm. Simvastatin 40 mg tab. take 1 tab at 5:00pm was not initialed as be given. Spiriva 18 mcc CP hand inhaler, 1 puff was not in initialed as being given at 5:00pm. Advair Inhaler 1puff 2 times a day, was not initialed as being given at 5:00pm 04-19-13.

Resident #7 following medications were not initialed as t being given on 04-14-13. Provasial Sodium 40 mg tab. take 1 tab at 8:00pm was not initialed as being given. Ropinirole HCL1 mg tab. take 1 tab at bed time Natural Balance Tears, 1 drop in each eye 4 times a day not initialed as being given at 8:00pm.

Resident # 8 Robitussin Cough syrup take 1 teaspoon 4 times a day, was not initialed as being given 04-19-13 at 8:00pm.

Resident # 9 Simvastin 40 mg tab. take 1 tab at bed time, was not initialed as being given 04-08-13. Docusate Sodium 100 mg cap. Take 1 cap at bed time, was not initialed as being given on 04-05-13.

Resident# 10 Lidoderm 5% patch for pain, apply 1 patch for 12 hours daily was not initialed as being applied on 04-06-13 and 04-13-13.

**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.*

187a

Staff administering medication are being re-instructed of the importance on initializing any medication administered, at time medication is being administered. Handouts were given to all staff passing medication on recording information on the MARs, documenting a missed dose and the medication log. See attached

In service scheduled for 5/24/13 by med trainer.

Staff passing medication prior to end of their shift he/ she needs to check all MARS to assure all medication are administered as ordered and initialed as per medication administration policy. The above will be reinforced by the med trainer and she will do random checks of MARs to assure compliance of this regulation and the administrator will also do random audits to assure compliance.

*MW*  
5/30/13

Violation Report: 20138 - 04/22/2013 - O'Haire, Anne  
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1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

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- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

187a

See attached & page 12.

Repeat Violation: No	Date(s) of Previous Violation(s):	05/01/2012	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kim Sidani</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kim Sidani</i>	5/15/13

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Violation Report: 20138 - 04/22/2013 - OHaire, Anne  
 PCH Name: THE CORRIGAN HOUSE

**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.

**2a. DESCRIPTION OF VIOLATION**  
 The preadmission screening form dated 1/3/13 for resident # 2 did not include if the resident could safely use and avoid poisonous materials. The area on the form was left unanswered.

**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.

224a

The pre-admission screening for resident # 2 has been updated and filled out completely. Resident # 2 can safely use and avoid poisonous materials. The pre-screening form will be completed prior to admission to assure the home can meet the needs of potential residents. Full time day shift nurse will review all pre-screening forms of potential residents to assure they are filled out completely. Administrator will check charts quarterly to assure that all forms are in compliance with DPW regulation.

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 (Required on EVERY Page) *Kim Sidari*

Printed Name and Title of Legal Entity Representative  
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Violation Report: 20138 - 04/22/2013 - O'Haire, Anne  
 PCH Name: THE CORRIGAN HOUSE

**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.

**2a. DESCRIPTION OF VIOLATION**

The initial assessment dated 1/9/13 for resident # 2 did not address the degree of need in the following areas of the form: Obtaining clean, seasonal clothing; tactile; and orientation to time, place and person.

The initial and most current Resident Assessment/Support Plan (RASP), dated 12/7/12 and 12/27/12 respectively, for resident # 11 did not address the resident's need or plan for the use of the grab/assist bar on the right side of the resident's bed. It measured 18" wide and 20" high.

**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.

225a

The missing information for resident # 2 is now been completed in the residents assessment plan in regards to obtaining clean and seasonal clothing ; tactile ; and orientation to time and person. Full time day shift nurse will review all assessments and support plans to assure they are filled out completely. Administrator will audit charts quarterly to assure that all form are in compliance with DPW regulations.

The Corrigan House has obtained an order from resident #11 physician for an enabler to right side of bed, to assist with residents ability to transfer in and out of bed. Secondary to CVA. Full time day shift nurse prior to ordering any DME will obtain an appropriate physicians order for any type of equipment that resident may need in the future. The day shift nurse is responsible for preventing future violations obtaining to equipment.

*The administrator shall monitor for ongoing compliance.*  
*m*  
*5/30/13*

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The above plan of correction was approved by	<i>m</i> (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	

Violation Report: 20138 - 04/22/2013 - O'Haire, Anne  
 PCH Name: THE CORRIGAN 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.

**2a. DESCRIPTION OF VIOLATION**

The annual assessment for 2012 was not dated for resident # 4. The previous one was dated 11/4/11.  
 The annual assessment for 2013 was not dated for resident # 1. The previous one was dated 2/28/12.

**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.*

225c

In review of resident # 4 annual assessments and support plan follow DPW regulations for allotted time frame. Date of last assessment and support plan was 11/4/11 and annual for 2012 was done 10/19/12.

In review of resident #1s admission of the annual assessment and support plan on page one of the assessment and support plan dates of last assessment and support plan <sup>were</sup> entered incorrectly. Please see attached of correction. Following Full time day shift nurse will be checking assessment and support plans regularly for proper completion of full report. Administrator will audit quarterly that Corrigan House is in compliance with DPW regulations.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of <u>5/30/13</u> (Date)	Plan of correction implementation status as of <u>5/30/13</u> (Date)
The above plan of correction was approved by <u>am</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

Violation Report: 20138 - 04/22/2013 - OHaire, Anne  
 PCH Name: THE CORRIGAN HOUSE

**1. REGULATION 55 Pa.Code §2600**  
 2600.252 - Each resident's record must include the following information: (1) through (26)

**2a. DESCRIPTION OF VIOLATION**

The records of resident #s 6 and 7 did not include the residents' means of communication or primary language. They were admitted to the home on 1/4/13 and 3/4/13, respectively.

The record of resident # 1 did not include the resident's color of eyes. The resident was admitted to the home on 2/14/12.

**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.*

252

Resident # 1, 6 and 7s records all have been updated and completed. Any information missing have been filled out and or corrected. All face sheets are completed. Face sheet record will be filled out entirely on admission of each resident. Full time day shift nurse will review all charts for any missing information and administrator will audit charts quarterly to assure we are in compliance with DPW regulations.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Sidari* Date *5/15/13*

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

The above plan of correction is approved as of 5/30/13  
 (Date)

Plan of correction implementation status as of 5/30/13  
 (Date)

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

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