



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 2 1 2013

Mr. Raymond L. Wolfe, Executive Director
Mercy Life Center Corporation
Attn: Anne Spontak
1200 Reedsdale Street
Pittsburgh, Pennsylvania 15233

RE: Garden View Manor
441 Swissvale Avenue
Pittsburgh, Pennsylvania 15221

Dear Mr. Wolfe:

As a result of the Department of Public Welfare's licensing inspection on July 16, 2013 and July 17, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period October 29, 2013 to October 29, 2014 was issued on July 30, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
License Inspection Summary

Violation Report: 44069 - 07/16/2013 - Flinner-Alman, Lisa

PCH Name: GARDEN VIEW MANOR

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

On 7/17/13, the bedside lamp in room #204 did not have a lamp shade.

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.

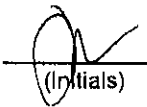
On a daily basis, all counselor staff as well as housekeeping maintenance will evaluate rooms for the presence of needed safety and comfort items including lamps and lamp shades. If items are identified as missing, staff will notify both site supervisors and maintenance by email and document this in the IPNs. These items will be replaced. Additionally, the missing items will be discussed with resident. If a resident has removed an item due to "not liking the item" efforts will be made to explore procuring these items with/for the resident. If a pattern of missing and/or destroyed items is identified in a specific resident's room, staff will meet with them to discuss this issue; and importance of state requirements of including these items in the room. If pattern continues, additional meetings may be held with service coordinators and natural supports to identify positive solutions which may include the resident being responsible for the cost of replacements. See attachment.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carla R. McClay, B.S. PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla R. McClay, B.S. PCHA* Program Supervisor Date *9-3-13*

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

The above plan of correction is approved as of <u>9/11/13</u> (Date)	Plan of correction implementation status as of <u>9/11/13</u> (Date)
The above plan of correction was approved by  (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: 44089 - 07/16/2013 - Flinner-Alman, Lisa
 PCH Name: GARDEN VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION
 On 7/17/13, the bedroom window in room #204 did not have drapes, blinds or shutters.

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.

All counselor staff as well as housekeeping/maintenance will evaluate rooms for the presence of needed and appropriate window dressings daily. If these items are identified as missing, staff will notify both site supervisors and maintenance by email ^{and} ^{com} of the missing items and document in the IPN. These items will be replaced. Additionally, the missing items will be discussed with resident. If a resident has removed item due to "not liking the item" efforts will be made to explore procuring these items with/for the resident. In the event that a pattern of missing items and/or destroyed items are identified in a specific resident's room, staff will meet with them to discuss this issue; and in partance of state requirements of including these items in the room. If the behavior continue, additional meetings may be held with Service Coordinators and natural supports to identify positive solutions which may include resident being responsible for the cost of replacements.

see attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carla R. McCoy, BS, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Carla R. McCoy, BS, PCHA Program Supervisor	Date 9-3-13
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Violation Report: 44069 - 07/16/2013 - Flinner-Alman, Lisa
 PCH Name: GARDEN VIEW MANOR

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 7/16/13, temperature in the walk-in kitchen freezer was 7 degrees Fahrenheit, and the temperature in the separate kitchen freezer was 36 degrees Fahrenheit.

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

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

A temperature log has been created (see attached) for all freezers and refrigerators in use at Garden View. Temperatures will be checked daily, in the morning, to ensure that proper safe food storage temperatures are maintained. In the event that a reading is outside of the normal range for food storage a second check will be completed three hours out. If the second reading is also out of range a refrigeration specialist will be contacted immediately to assess the unit and ensure that it is functioning within accepted ranges. If a unit is found to be out of order all food will be removed and addressed appropriately, and the unit will be clearly labeled as "Out of Service" until it is repaired.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carla R McCreary BS PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla R McCreary BS PCHA Program Supervisor* Date *9-3-13*

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Violation Report: 44069 - 07/16/2013 - Flinger-Alman, Lisa

PCH Name: GARDEN VIEW MANOR

1. REGULATION 55 Pa.Code §2600

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

All residents of the home did not evacuate during fire drills on 11/13/12, 2/14/13, 3/28/13, 4/17/13 and 6/22/13.

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.

When residents fail to evacuate the building during fire drills a series of progressive action steps will be taken. For first time offenders, the incident is discussed with the resident and importance of compliance in relation to safety will be addressed. The residents treatment team (SC, RC, CTT etc) will be notified of the violation, and it will be discussed at the weekly treatment team mtg. For subsequent second violations, residents will be provided with a written letter that will outline the violation, resident expectations, safety issues, and potential consequences of future violations. A copy of the letter is given to the resident and placed in their chart. If the resident continues to fail to evacuate, a meeting will be held with Garden View staff, the resident, and their treatment team to discuss the severity of the issue. Emphasis will be placed on addressing barriers to compliance, and if needed an action plan will be implemented prior to the next drill. If the resident fails to comply after an action plan has been implemented, additional consequences may be put into place, up to and including being issued a 30 day eviction notice.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carla R McCoy BS PCH*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla R McCoy BS, PCHA Program Supervisor* Date *9-3-13*

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Violation Report: 44069 - 07/16/2013 - Flinner-Alman, Lisa
 PCH Name: GARDEN VIEW MANOR

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 7/16/13, the first aid kit in home's vehicle does not contain a thermometer.

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

A thermometer has been placed in first aid kits in both vehicles and the building, this corrective action occurred the day of audit. All first aid kits in both the vehicles and building are inventoried by a designated staff member on a monthly basis, and if complete are sealed with paper tape. Each month those kits' seals will be checked, and if the tape has been broken a full inventory will be completed and any missing items will be replaced. Each kit contains a list of contents and instructions for notifying site supervisors and nurse of the need for replacement items. Additionally, the use of first aid kits and procedures has been reviewed in staff meetings. First aid replacement supplies are on site to insure immediate compliance with regulations.

(See attachment)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Carla R. McCoy BS, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla R. McCoy BS, PCHA Program Supervisor* Date *9/3/13*

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Violation Report: 44069 - 07/16/2013 - Flinner-Alman, Lisa

PCH Name: GARDEN VIEW MANOR

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 medication administration record for resident #2 does not include the diagnosis or purpose for Digoxin 125mcg or Haloperidol 5mg.

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 copies of MARs, attached)*

The purpose for both Haloperidol 5mg and Digoxin 125mcg have been written on the MAR and the filling pharmacy has been notified of the omission. Prior to use, monthly MARs will be reviewed by staff trained in medication administration for completion including the purpose of the medication. Our nurses will then complete a secondary review to ensure all required information is included for each medication. Staff have been reminded to ensure that all required information is included on the MAR for each medication. If omitted information is discovered either a nurse or a staff member trained in medication administration will write the information on the MAR and the filling pharmacy will be contacted to ensure that all future MARs include the required information. The site will maintain a log of communications to the pharmacy. This log will be used to verify the identified corrections have been made to future MARs.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Carla R. McCoy, BS, PC/HA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla R. McCoy BSPCHA Program Supervisor* Date *9-3-13*

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Violation Report: 44069 - 07/16/2013 - Flinner-Alman, Lisa
 PCH Name: GARDEN VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Staff person A, who has not has not successfully completed a Department-approved diabetes patient education program with in the last 12 months, administered insulin to resident #1 on 7/10/13 and 7/16/13 and 7/13/13.

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.

The staff member in question attended a Diabetes/Insulin Administration training on 8/18/13 and is once again in full compliance with training for the following year. Additionally, all staff diabetes training dates have been reviewed to ensure that everyone is in compliance. To insure that compliance in the future, a log of diabetes training dates has been created (see attached) and will be reviewed each month by Gordon View's training director. Gordon View Manor offers training for diabetes administration on site three times per year and utilizes Monongahela Valley Hospital's administration training (which are held monthly). All staff members will be notified two months in advance of the upcoming expiration of their diabetes education training to insure that they can register and attend the next training. Failure of staff to properly procure training will result in disciplinary action ranging from write-ups, probation and possibly termination due to failure to be able to properly perform job duties. Any one found to be out of compliance due to failure to obtain proper training will be pulled from administering medications at the site immediately to insure that no insulin is prepared or administered without properly trained staff to assist. To provide proof of the completion and for DPN review/insurance of completion the roster of the Diabetes Education training that the employee in question attended is attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Carla R McCoy, BS PCAA

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

Carla R McCoy Program Supervisor

Date *9-3-13*

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The above plan of correction is approved as of

9/11/13
 (Date)

Plan of correction implementation status as of

9/11/13
 (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: 44069 - 07/16/2013 - Flinner-Alman, Lisa

PCH Name: GARDEN VIEW MANOR

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

Resident #5 has disruptive behaviors and has been harassing other residents. The resident's assessment, dated 9/18/12, has not been updated to reflect these behaviors.

The assessment for resident #6 dated 10/16/12, was not completed in the dental and sensory needs sections.

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.

Regarding Resident #5, The resident in question does exhibit behavior from time to time which can be disruptive not only to his own well being but to others as well. Anytime issues of harassment or disruption are brought to staff, they are addressed with the resident (complainant) as well as resident #5. In reviewing his assessment, it is noted that aggression is marked D in behavioral assessment. We expanded upon staff will redirect in the summary section III. In the update, we noted that staff will work with both parties to resolve any issues / conflicts in a manner that is agreeable to both and works towards insuring that any harassment / disruptions are minimized or negated in the future. Staff will be reminded at an upcoming staff meeting that we all need to be thinking of not only regular / daily issues the residents may have, but issues / behaviors they may exhibit occasionally where staff need to intervene and may be useful to add to the RASP plan for future use / review. Assessments will be updated as necessary when residents' conditions change.

By 10/16/13 - A new assessment will be completed for resident #6.
 By 10/31/13 - The administrator or designee will review all new resident assessments to ensure they are complete. to 9/11/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2012	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carla R McCoy, PS PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carla R McCoy Program Supervisor* Date *9-3-13*

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Violation Report: 44069 - 07/16/2013 - Flinner-Alman, Lisa
PCH Name: GARDEN VIEW MANOR

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
Resident #5 has disruptive behaviors and has been harassing other residents. The resident's assessment, dated 9/18/12, has not been updated to reflect the these behaviors.

The assessment for resident #6 dated 10/16/12, was not completed in the dental and sensory needs sections.

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.

Regarding Resident # 6, this missing information was an oversight of staff, not only while completing the form but upon reviewing it with the resident. In the future, staff will continue to complete the form and be asked to review it themselves and with the resident prior to signing. The signing supervisor/administrator will also perform a full review of the form prior to signing off, putting a third review in place to help insure that no information is missing from plan.
Support plan for resident #5 has been updated.
(See copy of updated information)

By 9/3/13 - Support plans will be updated when residents' conditions change.

u
9/3/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/21/2012

Signature of Legal Entity Representative (Required on EVERY Page) *Carla R. McCoy BSA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carla R. McCoy Program Supervisor* Date *9-3-13*

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The above plan of correction is approved as of 9/4/13
(Date)

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

Plan of correction implementation status as of 9/4/13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *3*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44069 - 07/16/2013 - Flinner-Alman, Lisa
 PCH Name: GARDEN VIEW MANOR

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

The assessment resident #2, dated 7/31/12, indicates the resident has needs relating to diagnoses of kidney disease, hypertension, endocarditis, recurrent sepsis, and diverticulitis; however, the support plan, dated 7/31/12, does not address how the home will assist the resident in meeting these needs.

The support plan for resident #5, dated 9/18/12, does not address how the home will meet the resident's needs relating to disruptive behaviors and harassment of other 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.

Regarding Resident #2, AS with the issue regarding Resident #6's plan in the previous violation this missing information was an oversight of staff while completing the form and reviewing with residents Guardian. In the future, staff will continue to complete the form and review prior to signing. The signing supervisor (administrator) will also perform a full review of the form prior to signing off putting a third review in place to help ensure that no information is missing from plan. (See updated attached) Assessment for resident #2 has been updated.

By 10/3/13 - The administrator or designee will review all new resident assessments to ensure they are complete.

J. Flinner
 9/11/13

— Continued on page 10 A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2012		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 44069 - 07/16/2013 - Flinner-Alman, Lisa
 PCH Name: GARDEN VIEW MANOR

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

The assessment resident #2, dated 7/31/12, indicates the resident has needs relating to diagnoses of kidney disease, hypertension, endocarditis, recurrent sepsis, and diverticulitis; however, the support plan, dated 7/31/12, does not address how the home will assist the resident in meeting these needs.

The support plan for resident #5, dated 9/18/12, does not address how the home will meet the resident's needs relating to disruptive behaviors and harassment of other 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.

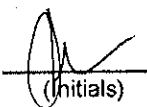
Regarding Resident #5, as in previous violation on Pg 9 for same resident - The resident in question does exhibit behaviors from time to time which can be disruptive not only to his own well being but to others as well. Anytime issues of harassment or disruption are brought to staff, they are addressed with the resident (complainant) as well as resident #5. In reviewing his plan, it is noted aggression item is marked D in behavioral section. We expanded upon staff will redirect in the Summary section III. In the update, we noted staff will work with both parties to resolve any issues/conflicts which arise in a manner that is agreeable to both and works towards insuring that any harassment/disruptions are minimized or negated in the future. Staff will be reminded at an upcoming staff meeting that we all need to be thinking of not only regular/daily issues the residents have, but issues/behaviors they may exhibit occasionally where staff need to intervene and may be useful to ask for RASD

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2012		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 44069 - 07/16/2013 - Flinner-Alman, Lisa
 PCH Name: GARDEN VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #3, dated 3/5/13, indicates that the resident and staff person B participated in the plan; however, neither signed the plan.

The undated support plan, for resident #4 does not indicate who participated in the completion of the plan nor is it signed by anyone.

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

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

The procedure for completing resident support plans will be reviewed with staff during individual supervision. All staff will sign the support plans at the time of completion. Residents who decline to sign the document, will be offered the opportunity to review and sign it on an ongoing basis. The plan will be marked that the resident refused to sign and will be dated at bottom. All additional attempts to obtain ^{resident signature} will be documented here as well. Staff will engage the residents in a discussion regarding their resistance to signing, and explore if this is due to the individuals desire to have any changes made or minimally have their desired changes noted on the plan. All efforts to obtain the residents signature will be documented. Prior to being signed off on and placed in residents chart, site supervisors will review all plans for accuracy and completion before signing off.
 see attached updates

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/16/13</u> (Date)	Plan of correction implementation status as of <u>9/16/13</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