



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DEC 17 2013

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

Dear Mr. Cox:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 16, 2013 and August 20, 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 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.

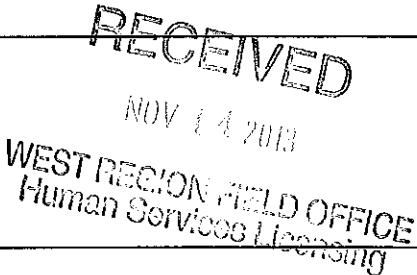
Sincerely,

A handwritten signature in cursive script, appearing to read "Janine Wenzig".

Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP		License Number: 44346
Address: 240 CEDAR HILL DRIVE, MCMURRAY, PA 15317		County: Washington
Administrator: Kathleen Wahl		Region: WEST
Legal Entity Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP LLC		
Legal Entity Address: 240 CEDAR HILL DRIVE, MCMURRAY, PA 15317		
Certificate(s) of Occupancy		
I-1 11/16/2011 Peters Twp	I-2 11/16/2011 Peters Twp	Other 11/16/2011 Peters Twp
Staffing Hours		
Resident Support: 0	Total Daily Staff: 136	Waking Staff: 102
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/16/2013: Whitney, Diane; Perry, Carole 08/20/2013: Whitney, Diane; Perry, Carole		
Off-Site Inspection Dates and Inspectors, if Applicable 09/13/2013: Whitney, Diane 09/16/2013: Whitney, Diane 09/20/2013: Whitney, Diane 09/27/2013: Whitney, Diane		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 125 Number of Residents Served: 98 Secured Dementia Care Unit in Home: Yes Area: 2nd floor Secured Dementia Unit Capacity, if Applicable: 34 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 17	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 97 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 38 Have a Physical Disability: 2	

NOV 14 2013

Violation Report: 44346 - 08/16/2013 - Whitney, Diane
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 8-9-2013, staff person A observed a resident pulling a blanket over resident #1's head in order to keep resident #1 quiet. The home did not report the incident to the Pennsylvania Department of Aging or the local Area Agency on Aging.

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.

1. Alleged perpetrator was sent to hospital for medical evaluation on 8/9/13.
2. On 8/13/13 Local Area Agency on Aging was notified by the Executive Director.
3. On 8/8/13, [redacted] from the Department of Aging (Ombudsman) provided an inservice to staff (see attachment "A"), and a follow up inservice on abuse and neglect on 8/29/13 (see attachment "B").
4. All staff members will receive information on Abuse and Neglect with their paychecks on 11/22/13 (see attachment "C").
5. A presentation on abuse and reporting abuse to all employees given by [redacted], Protective Services, Washington County, on 11/22/13.
6. As of 11/11/13 and ongoing, all staff will notify the Executive Director or its designee of any suspected or allegation of abuse or neglect immediately. Initial information will be passed onto the DPW and Protective Services via phone or fax immediately following.
7. New Hire orientation will continue to include the completion of the "Resident Abuse and Neglect Acknowledgement Form" by the new hire (see attachment "D"). New hires will also continue to receive and acknowledge the receipt of the Employee Handbook which states our policy on reporting abuse and neglect.
8. Effective 11/11/13 and ongoing, the Executive Director or its designee will review quarterly incidents and document all incidents to ensure timely report to Adult Protective Services.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen M. Walsh* Date *11-12-13*

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

The above plan of correction is approved as of *11/12/13* (Date)

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

Plan of correction implementation status as of *12/10/13* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44346 - 08/16/2013 - Whitney, Diane
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

NOV 14 2013

1. REGULATION 55 Pa.Code §2600

2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

WEST REGIONAL HEALTH SERVICES
1000 N. 10TH ST
PITTSBURGH, PA 15207-1507

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 1-29-2013. The initial medical evaluation does not list "dementia" as a diagnosis. On a physician visit form dated 8-10-2013, it was noted the resident has "advanced dementia", is not able to make needs known, does not have safety awareness, and is unsafe in the current environment. The home did not have a new medical evaluation completed to reflect this diagnosis.

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.

1. The DME was completed and signed on 8/19/13 and RASP completed on 8/20/13 showing significant change. Resident was transferred to the secured dementia unit on 8/20/13.
2. 11/11/13 and ongoing, the direct care staff will communicate with the Director of Nursing or designee on a daily basis regarding issues of significant changes. Director of Nursing will follow up with physician for necessary paperwork required for significant changes and obtain new signed DME and changes in RASPs.
3. On 11/19/13, the Director of Nursing will inservice and document training and provide a handout explaining significant changes (see Nursing Agenda for 11/19/13).
4. With regard to significant changes, all RASP's and Care Plans will be updated within 5 days.

By 11/21/13, the administrator will develop a process to ensure physician visit records and records from other health care professionals such as home health and hospice are reviewed by appropriate staff and action is taken when necessary.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen M. Wahl*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathleen M. Wahl* Date *11-12-13*

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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

NOV 11 2013

WEST PHARMACY
PHARMACY OFFICE
1000 S. 10th St
Pittsburgh, PA 15226

Violation Report: 44346 - 08/16/2013 - Whitney, Diane
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

1. REGULATION 55 Pa.Code §2600

2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted on 12-5-2012 and is diagnosed with anxiety and depression. According to nursing notes, on 8-9-2013 at approximately 7:45 P.M., resident #1 attempted to hit another resident with a portable radio. At 10:10 P.M., staff person C documented receiving an order for Ativan 1mg every 6 hours/PRN. The fax for the verbal order is dated 8-9-2013 at 10:10 P.M. and signed by staff person C. At 10:30 P.M., staff person B documented in the notes 1 mg of Ativan was administered to resident #2 at 10:00P.M. However, pharmacy delivery sheets indicate that the Ativan 1 mg was not delivered to the home until the following day, 8-10-2013 at 7:00 P.M. The resident did not have Ativan listed as a medication on his/her medication administration record prior to 8-10-13.

Resident #4 was admitted on 10-1-2013. On 11-19-12 the resident was prescribed Deep Sea nasal spray 3 times a day. During an interview with the resident on 8-20-13, it was disclosed that approximately 4 weeks prior another resident's nasal spray was given to resident #4 for use. Resident #4 stated the dispensing bottle was a spring loaded device, and his./her usual spray was a squeeze bottle. The resident thought there was a change in the prescription and used the spring loaded device nasal spray. The following day, a staff person told resident #4 that he/she was erroneously given another resident's nasal spray. The resident said he/she was upset about using a medicated nasal spray when his/her nasal spray is not medicated. Resident #4 stated the director of nursing discussed the incident with 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.

1. On 9/25/13, an inservice was provided by the Director of Nursing and [redacted] of Johnson's Pharmacy to Medication Administrators. Attendance sheet attached. Topics of discussion were medication administration and the importance of medication documentation records, pharmaceutical services, and the effects of medication borrowing (see attachment "A").
2. Provided was Johnson's hours of normal business and answering service for 24 hour delivery service (see attachment "B").
3. Posted in the nurses stations was a memo stating not to borrow medications from residents (see attachment "C").
4. Effective 11/11/13 and ongoing, medication audits will be performed monthly by licensed staff to monitor prescribed medications for all Residents (see attachment "D").

The administrator will review monthly reports.
D. 11/10/13

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Katherine M. Wahl*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Katherine M. Wahl* Date *11-12-13*

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The above plan of correction was approved by <u><i>[Signature]</i></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

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NOV 14 2013

WEST VIRGINIA OFFICE
NURSING CENTER LICENSING

Violation Report: 44346 - 08/16/2013 - Whitney, Diane
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

According to a nursing note dated 8-9-2013 at 10:30 P.M., staff person B administered 1 mg of Ativan to resident #2 at 10:00P.M. The medication administration record is not documented for this administration.

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.

1. On 9/25/13, staff member was verbally counseled on the 5 rights of medication administration and the importance of medication documentation records. Also discussed was the importance of the date and time medication is administered and the initials appropriately entered in the box for the medication given. Proper MAR use is critical (see attachment "A").
2. On 9/25/13, an inservice was provided by the Director of Nursing and _____ of Johnson's Pharmacy to Medication Administrators. Topics of discussion were medication administration and the importance of medication documentation records, pharmaceutical services, and the effects of medication borrowing (see attachment "B"). Also provided was Johnson's hours of normal business and answering service for 24 hour delivery service (see attachment "C"). Also posted in the nurses stations was a memo stating not to borrow medications from residents (see attachment "D"). Medication audits performed monthly by licensed staff (see attachment "E").
3. 11/11/13 and ongoing, daily audits via computer of the medication administration record performed by Director of Nursing or designee.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathleen M. Walsh* Date *11-12-13*

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WEST REGION FIELD OFFICE
Human Services Liaison

Violation Report: 44346 - 08/16/2013 - Whitney, Diane
PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #4 returned from the hospital on 7-1-2013. Prior to the hospital treatment, the resident was prescribed Deep Sea nasal spray 3 times per day, 11:00 A.M., 5:00 P.M. & 11:00 P.M. On 7-2-2013, a fax from the doctor's office ordered for the home to resume "previous orders [medications] before hospital stay." The home did not have this medication available from 7-1-2013 at 5:00 P.M. through 7-8-2013 at 11:00 P.M.

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.

1. A nursing inservice will be held on 11/19/13 at 7am and 2pm to partly discuss the importance of following the directions of the prescriber. See Nursing Agenda for 11/19/13.
2. When an order is received from the physician, the pharmacy will receive same information.
3. The pharmacy will electronically place on the medication administration record.
4. All orders at the facility level will be placed in the New Order Binder.
5. 11-7 shift nurse will verify that new orders are placed and correct on the medication administration record.
6. A spot audit of the redlining process is completed by the Director of Nursing on a daily basis.

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

Matthew M. Wahl

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Matthew M. Wahl</i>	<i>11-12-13</i>

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WEST REGIONAL OFFICE
 HUNTSVILLE, ALABAMA

Violation Report: 44346 - 08/16/2013 - Whitney, Diane
 PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on 12-5-2012. The resident is 60 years of age and diagnosed with depression and anxiety.

On 8-9-13, at approximately 7:45 P.M., resident #2 attempted to hit another resident with an object. According to the nursing notes, the resident's arms were grabbed from behind by staff person B and a struggle resulted. The resident was escorted to his/her room and directed to remain in their room. On 8-10-13 7:00 A.M., the physician ordered that resident should stay in room for a 24-hour period for monitoring of a change in medications, and could leave the room on 8/11/13 in the afternoon with 1 to 1 supervision. The resident was upset because he/she would miss church services and wanted to participate in activities but was forced to remain in bedroom. On 8/11/13 at 2:00 P.M., staff accompanied resident on a walk outside with staff supervision. However, on 8/11/13 at 6:30 P.M., the resident requested to leave the room for an activity and had to remain in the bedroom for dinner. The resident continued to be redirected back to his/her bedroom after meals and activities until 8-14-13 at approximately 7:00 P.M.

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 ATTACHED PLAN OF CORRECTION - Page 9A
 2
 2/16/13

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathleen M. Wahl*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathleen M. Wahl* Date *11-12-13*

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The above plan of correction was approved by <u><i>[Signature]</i></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

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WEST REGION FIELD OFFICE
Human Services Licensing

POC 2600.202

1. Individual staff re-education on 9/25/13 regarding manual restraints.
2. All staff members will receive information on Abuse and Neglect with their paychecks on 11/22/13 (see attachment "C").
3. On 8/8/13, [REDACTED] from the Department of Aging (Ombudsman) provided an inservice to staff (see Attachment "A"), and a follow up inservice on abuse and neglect on 8/29/13 (see Attachment "B").
4. A presentation on abuse and reporting of abuse to all employees by [REDACTED], Protective Services, Washington County, on 11/22/13.
5. As of 11/11/13 and ongoing, all staff will notify the Executive Director or its designee of any suspected or allegation of abuse or neglect. Initial information will be passed onto the DPW and Protective Services via phone or fax immediately following.
6. New Hire orientation will continue to include the completion of the "Resident Abuse and Neglect Acknowledgement Form" by the new hire (see Attachment "D"). New hires will also continue to receive and acknowledge the receipt of the Employee Handbook which states our policy on reporting abuse and neglect.
7. Effective November 2013 and ongoing, the Executive Director or its designee will review quarterly and document all incidents to ensure timely report to Adult Protective Services.
8. Nursing meeting on 11/19/13 discussing prohibitions including seclusions, confinement, pressure point techniques, chemical, mechanical and manual restraints. See Nursing Agenda.

[Handwritten signature]
12/16/13

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NOV 14 2013

WEST PHILADELPHIA OFFICE

Violation Report: 44346 - 08/16/2013 - Whitney, Diane
 PCH Name: PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP

1. REGULATION 55 Pa.Code §2600
 2600.225(d) - If the resident's physician or appropriate assessment agency determines that the resident requires a higher level of care, a plan for placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, or both.

2a. DESCRIPTION OF VIOLATION
 On 8-10-2013, resident #1, admitted 1-29-2013, was determined by the physician require a higher level of care. The home did not develop a placement plan for 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.

1. Transfer of Resident #1 was being planned via Administrator. [redacted] at Viaquest was contacted to assist with the social work consult per psychiatrist's order on 8/10/13. Also Administrator contacted placement services for information to assist in placement.

2. Effective 11/11/13 and ongoing, the Executive Director or designee will hold a care conference for any resident in which the physician feels that a higher level of care needs to be established. Care planning team will consist of the physician, Executive Director, Director of Nursing, therapies involved if applicable, Resident and family of Resident. If determination is Resident needs a higher level of care then the Executive Director or designee will assist Resident and family with placement as soon as possible. The information collected on placement will be given to the decision maker of the Resident to assist with placement.

Immediately - Residents who require a higher level of care will have care needs met by the home until resident is discharged. Care needs include, but are not limited to increased supervisor - one-on-one if necessary.

J. [redacted]

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Katherine M. Wane*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Katherine M. Wane</i>	Date <i>11-12-13</i>
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