



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 30 2013

Ms. Kawana Blake-Williams, Administrator  
Kaysim Housing Court, Inc.  
Kaysim Court Manor  
5909-19 Wayne Avenue  
Philadelphia, Pennsylvania 19144

Dear Ms. Blake-Williams:

As a result of the Department of Public Welfare's licensing inspection on August 26, 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 December 14, 2013 to December 14, 2014 was issued on October 22, 2013. Your regular license remains in good standing.

Sincerely,

Matthew Jones /JA  
Acting Director

Enclosure  
License Inspection Summary



Violation Report: 10966 - 08/26/2013 - Kazlmer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 68 Pa. Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

- The second floor residents' bathroom has one and half foot sections of ceiling tiles missing above the toilet, there is hole in the wall directly above the toilet exposing pipes, there is a hole in the wall behind the shower stall, exposing water pipes and a protruding rusty nail, and the lid of the toilet tank is missing.  
 - Two linoleum floor tiles outside of room #203 are lifting at the corners, posing a tripping hazard to 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.

*We are under funded and I can only afford one contractor. We have 13 bathrooms and 52 bedrooms in our home. We are constantly repairing, replacing things. We had a leak in that bathroom and had to punch holes in the walls to locate the problem. We have to prioritize repairs based on the severity level as it relates to the health, safety and welfare of our residents. We utilize a work request paper trail system in place to track and schedule repairs throughout the home. We will continue to make repairs to ensure regulatory compliance. The violation cited will be completed by 9-17-13.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/19/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAWANA BLAKE-Williams* Date *9-16-13*

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

The above plan of correction is approved as of 10/16/13  
 (Date)

Plan of correction implementation status as of 10/16/13  
 (Date)

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

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

Violation Report: 10966 - 08/26/2013 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa. Code §2600  
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION  
 The third floor window next to the fire escape has a screen that is not attached at the bottom and right side.

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.

*Our porters are responsible for monitoring hallway windows. They were retained on 8-27-13. We use a paper tracking system detailing repair issues. After reviewing the check list sheets, I noticed windows and screens were not listed. I added these to the list. We will continue to use this system. The violation was corrected on 8-26-13. We installed a sliding screen in that window. Porters will continue to monitor and report needed repairs of windows.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/19/2102
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Signature of Legal Entity Representative (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kawana Blake-Williams</i>	Date <i>9-16-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/25/13</u> (Date)	Plan of correction implementation status as of <u>10/10/13</u> (Date)
The above plan of correction was approved by <u>CRM</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: 10966 - 08/26/2013 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The third floor side fire escape is significantly rusted at the landing of the top of the steps. The landing easily bent with slight foot pressure. It appears that it could break through with full body weight applied in the event of 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.

I have instructed my porter staff to use the fire escapes monthly to ensure structure is in good repair. They will notify Administrator of any concerns. Administrator will contact an iron works company to make repairs. I have called several iron works companies to bid on the repair. Repair should be completed by 10-30-13.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/19/2012
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawanna Blake-Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KAWANNA BLAKE-Williams</i>	Date <i>9-16-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/10/13  
 (Date)

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

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

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

Violation Report: 10986 - 08/26/2013 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 65 Pa.Code §2600  
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION  
 On 8/26/2013, the ground at the bottom of the second floor side fire escape was obstructed by broken wood/particle board pieces from furniture.

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 the day of our inspection staff were putting in new dressers and mattress sets. Our building is three stories high and we have no elevators. To assist my employees with doing their job I allow them to throw the old dressers and mattress sets off the fire escapes. We have 10 exits in the main building. During our fire drills throughout the year we alternate blocking different exits so that residents become familiar with using alternate exits. After installing new furniture staff immediately picked up all debris and deposited into the dumpsters on 8-26-13.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAWANA Blake-Williams*      Date *9-16-13*

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The above plan of correction was approved by <u>CPM</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: 10966 - 08/26/2013 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION  
 The mattress in resident room #205 is covered in the original shipping plastic, which is not fire retardant.

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.

Retained staff reminding them that shipping plastic is not fire retardant on 8-26-13. Plastic was removed that day.  
 Staff are assigned to specific floors. Staff will check to make sure plastic covers are not present and removed if needed.  
 CW  
 10/10/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAWANA BLAKE-WILLIAMS*      Date *9-16-13*

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

The above plan of correction is approved as of 10/10/13  
 (Date)

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

Plan of correction implementation status as of 10/16/13  
 (Date)

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

Violation Report: 10986 - 08/26/2013 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 56 Pa.Code §2600  
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION  
 There are no grab bars at the toilets or in the shower of the newly renovated first floor bathroom.  
 There is no grab bar at the toilet of the third floor bathroom.

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.  
 We had originally installed an adjustable suction style grab bar in that bathroom. This grab bar was removed. We installed a permanently mounted grab bar on 8-27-13. Porters were retained on 8-27-13 on the importance of going over the checklist bathroom sheets to insure regulatory compliance. Please <sup>see</sup> attached inspection checklist. We installed a permanently mounted grab bar for the toilet on 8-27-13. We will continue to use this system to ensure compliance in the future.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAWANA Blake-Williams*      Date *9-15-13*

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

The above plan of correction is approved as of <u>9/25/13</u> (Date)	Plan of correction implementation status as of <u>10/10/13</u> (Date)
The above plan of correction was approved by <u><i>DEM</i></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: 10966 - 08/26/2013 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.103(a) - A home shall have access on the grounds to an operable kitchen with a refrigerator, sink, stove, oven, cooking equipment and cabinets or shelves for storage. If the kitchen is not in the home, the home shall have a kitchen area with a refrigerator, cooking equipment, a sink and food storage space.

2a. DESCRIPTION OF VIOLATION  
 According to resident interviews conducted on 8/26/2013, the residents in the home do not have independent access to a microwave, food storage areas, a refrigerator, or a food preparation sink.

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.

*I am submitting a waiver request on this violation.*

*WITHDRAWN 10/16/13  
 CRM*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KAWANA Blake-Williams*      Date *9-16-13*

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

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

Violation Report: 10966 - 08/26/2013 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The home's emergency procedures were posted in a locked bulletin board, not allowing for easy access to individuals in the home to review or access in the event of 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.

*This violation was a result of human error. Staff person had removed the emergency procedure document from the binder attached to the outside of the bulletin board to make revisions. After making the revisions she inadvertently placed the document inside the locked bulletin board instead of the binder. Violation was corrected on 8-26-13. Staff person was retained on 8-26-13 as to what documents must be accessible to the public without requiring the assistance of staff to read them.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAWANA Blake-Williams*      Date *9-16-13*

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The above plan of correction is approved as of <u>9/25/13</u> (Date)  The above plan of correction was approved by <u>OWM</u> (Initials)	Plan of correction implementation status as of <u>10/10/13</u> (Date) <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
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Violation Report: 10986 - 08/26/2013 - Kazimer, Lauren  
 POH Name: KAYSIM COURT MANOR

1. REGULATION 85 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The emergency evacuation diagrams throughout the home do not include the location of the fire extinguishers and pull signals.

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.

This violation was an oversight. Locations of fire extinguishers and pull stations have been added to the diagram. The violation was corrected on 8-27-13

Emergency evacuation diagrams are painted directly on our walls. Staff are assigned to floors during their shifts and will monitor the evacuation diagrams as part of their assignments to ensure they are not tampered with.

AKM  
10/9/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kawana Blake-Williams*

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

*Kawana Blake-Williams*

Date: 9-16-13

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The above plan of correction is approved as of

10/9/13  
 (Date)

Plan of correction implementation status as of

10/10/13  
 (Date)

The above plan of correction was approved by

*AKM*  
 (Initials)

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

Violation Report: 10966 - 08/26/2013 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 6/31/2012.

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 our thirteen years of operation we have never missed being in compliance with our observed fire safety inspection. We are a family owned and operated home. My daughter and I are the primary people responsible for maintaining fire safety compliance. My daughter's son, my grandson suffered a traumatic brain injury in May 2013. We were ~~bombarded~~ bombarded with many medical related issues regarding his care. We simply forgot. We have always used an automated reminder system for scheduling annual inspections. We still used that system but have incorporated a printout for all our annual inspections which is posted on our office wall as a visual reminder to ensure future compliance. Our observed fire drill is scheduled for 9-24-13 @ 10:00.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kawana Blake-Williams*

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

*Kawana Blake-Williams*

Date *9-16-13*

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

The above plan of correction is approved as of

*10/10/13*  
 (Date)

Plan of correction implementation status as of

*10/10/13*  
 (Date)

The above plan of correction was approved by

*awm*  
 (Initials)

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

Violation Report: 1656-05020213 - Kozmin, Lazaro  
PCH Name: KANSAS COURT MANDR

3. RESOLUTION BY P.A. 0200  
2600. 332(6) - A. (a) shall be held during sleeping hours every 6 months.

22. DESCRIPTION OF VIOLATION  
The last scheduled sleeping hours was at 11/12/13.

3. PLAN OF CORRECTION (POC) (Attach page as necessary. Remember that you are signifying an approved plan.)  
Include steps to correct the violation described above and steps to prevent a recurrence from occurring again. If steps are completed, consistently, 60 days after the date while completed.

We usually conduct our fire drills during sleeping hours in Jan. and June each year. As mentioned in the previous violation (2600.132(b)) regarding my grandpa's bench he been telling me forgot. Please see our plan of correction for (2600.132(b)) as this will be our plan to ensure future compliance. Violation was correct on Sept, 2013.

We will continue to use our automated reminder system for our annual inspections. We have incorporated a printed version listing all annual inspections along with the months they are due. It is posted in multiple places as a visual reminder and all supervisors to remind each other of them.

Report Violation No	Date of Previous Violation (if)
Signature of Licensed Entity Representative (Required on EVERY POC)	Date
Printed Name and Title of Licensed Entity Representative (Required on EVERY POC)	Date
DEPARTMENT USE ONLY - NOIMES MAY NOT WRITE BELOW THIS LINE!	
This above plan of correction is approved as of	Date
This above plan of correction was approved by	Date
Plan of correction implementation status as of 10/16/13 (Date)	
<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: 10966 - 08/26/2013 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 8/26/2013, during an inspection of resident bedrooms, a Ventolin Inhaler was found on top of the tv, unlocked and accessible to residents in room #300.

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.

Staff person responsible for that individual's room was terminated for failure to maintain compliance as it relates to medications found in resident's room. New staff person has been trained to monitor residents and to confiscate any prescription or over the counter meds found and to give it to the supervisor on duty. Med tech's were reminded to watch resident use inhaler and once the resident has finished staff will take inhaler and store in a secure location. This will ensure future regulatory compliance. Violation was corrected on 8-26-13.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kawana Blake-Williams*

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

*Kawana Blake-Williams*

Date: 9-16-13

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The above plan of correction is approved as of

*9/26/13*  
 (Date)

Plan of correction implementation status as of

*10/16/13*  
 (Date)

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

The above plan of correction was approved by

*AKM*  
 (Initials)

Violation Report; 10966 - 08/26/2013 - Kazimer, Lauren  
 PCH Name: KAYSIM COURT MANOR

1. REGULATION 65 Pa.Code §2600  
 2600.223(b) - The home shall develop written procedures for the delivery and management of services from admission to discharge.

2a. DESCRIPTION OF VIOLATION

The home does not have written procedures for the delivery and management of services from admission to discharge.

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.

Sandy Wooters gave me technical assistance years ago with this document as it relates to the development of these written procedures. I submitted this document to the licensing inspectors regarding our delivery and management of our services from admission to discharge. The inspectors provided additional technical assistance regarding sections that needed to be updated or more precise. I don't feel as though I should have been given a violation for this. The updates were completed on 8-26-13.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kawana Blake-Williams*      Date *9-16-13*

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The above plan of correction is approved as of <u>10/22/13</u> (Date)  The above plan of correction was approved by <u>APM</u> (Initials)	Plan of correction implementation status as of <u>10/22/13</u> (Date) <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
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