



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 08 2014

Mr. Mark W. Ohlendorf, President
Brookdale Senior Living Communities
7151 Saltsburg Road
Pittsburgh, Pennsylvania 15235

RE: Sterling House of Penn Hills
License #: 431590

Dear Ohlendorf:

As a result of the Department of Public Welfare's licensing inspection on November 15, 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.

Your regular license for the period March 26, 2014 to March 26, 2015 was issued on December 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: STERLING HOUSE OF PENN HILLS		License Number: 43159
Address: 7151 SALTSBURG ROAD, PITTSBURGH, PA 15235		County: Allegheny
Administrator: Judy Carrabla		Region: WEST
Legal Entity Name: BROOKDALE SENIOR LIVING COMMUNITIES INC		
Legal Entity Address: 7151 SALTSBURG ROAD, PITTSBURGH, PA 15235		
Certificate(s) of Occupancy C-2 LP 09/22/1997 Labor & Industry		RECEIVED APR 30 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 37	Working Staff: 28
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/15/2013: Whitney, Diane; Garrigan, Laurie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 26 Number of Residents Served: 22 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 22 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 1	

Violation Report: 43159 - 11/15/2013 - Whitney, Diane
PCH Name: STERLING HOUSE OF PENN HILLS

**WEST REGION FIELD OFFICE
Human Services Licensing**

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

2a. DESCRIPTION OF VIOLATION
On 11-15-2013, the home's current violation report was posted inside a closet with the fax machine and residents and visitors had to request to see a copy. The closet is not a conspicuous and public place in the home.

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

The homes current violation report has been relocated to a bulletin board adjacent to the front door entrance which is readily visible when entering the home. The Executive Director retrained the appropriate staff on proper posting of the violations report. The Executive Director or designee will audit weekly for proper placement of this document. The Executive Director or designee will monitor for compliance.

Completion Date: November 15, 2013

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Judy Carrabba*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Judy Carrabba* Date *4-9-14*

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

The above plan of correction is approved as of 4/11/14
(Date)

Plan of correction implementation status as of 4/11/14
(Date)

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

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

RECEIVED

APR 29 2014

Violation Report: 43169 - 11/15/2013 - Whitney, Diane
PCH Name: STERLING HOUSE OF PENN HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 11-15-13, at approximately 10:55 a.m., medical records, including resident #1's medical evaluation, hospice binder and prescription orders, and resident #2's home health records, were unlocked and accessible in the fax closet by the dining room area.

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

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

The closet containing the medical records, resident #1's evaluation, hospice binder, prescription orders and resident #2's home health record was immediately locked. Appropriate staff were retrained on the community's policy regarding maintaining the confidentiality of resident records. The Health and Wellness Director or designee will audit weekly to verify the closet is locked. The Executive Director or designee will monitor for compliance, at least monthly.
4.11.14

Completion Date: November 15, 2013.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Judy Carrabba</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Carrabba, ED</i>			Date <i>4-9-14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/11/14</u> (Date)		Plan of correction implementation status as of <u>4/11/14</u> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (Initials)		<input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43169 - 11/16/2013 - Whilney, Diane
PCH Name: STERLING HOUSE OF PENN HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was 5-1-2013, did not receive orientation training in fire safety, evacuation procedures, use of fire extinguishers, smoke detectors and alarms, telephone use and emergency services notification, and safe smoking procedures until 5-9-13.

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.

By 4/30/14 - The administrator or designee will develop an orientation training sheet, including all topics covered in first-day orientation, and have each new employee sign the training sheet. Documentation will be kept.

4/11/14

Staff person A received fire safety training on her first day of employment, May 2, 2013, as noted on the attached training log, and the training covered evacuation procedures, use of fire extinguisher, smoke detector and alarms, and telephone use and safe procedures. The appropriate staff were retrained on the requirement of timeliness of fire safety and emergency preparedness orientation prior to or during the first day of orientation. The Business Office Coordinator or designee will audit new hire records to verify compliance. The Executive Director or designee will monitor for compliance.

Completion Date: November 15, 2013

Judy Cavallo

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Judy Carobbio Date 4-9-14

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The above plan of correction is approved as of 4/11/14 (Date)

Plan of correction Implementation status as of 4/11/14 (Date)

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

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

RECEIVED

APR 30 2014

Violation Report: 43159 - 11/15/2013 - Whitney, Diane PCH Name: STERLING HOUSE OF PENN HILLS	WEST REGION FIELD OFFICE Human Services Licensing
1. REGULATION 55 Pa.Code §2800 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	
2a. DESCRIPTION OF VIOLATION Direct care staff person B, hired 12-12-07, received only 9.5 hours of annual training in training year 2012.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	

*Direct care staff person B received 19 hours of annual required training as shown on the attached form. Direct care staff will receive 12 hours of the required training on an annual basis. The associate records will be audited by the Business Office Coordinator or designee to determine the completed training for each associate. Going forward, the Executive Director or designee will implement a tracking system to verify ongoing compliance. The Executive Director or designee will monitor for compliance, at least quarterly. Jm 4/1/14
Completion date: November 15, 2013*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/06/2012	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Judy Corabio</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Corabio, ED</i>			Date <i>4-9-14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <i>4/1/14</i> (Date)		Plan of correction implementation status as of <i>4/1/14</i> (Date)	
The above plan of correction was approved by <i>J</i> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>or</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43159 - 11/15/2013 - Whitney, Diana
 PCH Name: STERLING HOUSE OF PENN HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 The annual training provided to direct care staff person B in training year 2012 did not include meeting the needs of residents based on the preadmission screening, medical evaluation and resident assessment support plan, and personal care service needs.

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 December 14, 2013, Direct care staff person A received training on meeting the needs of residents based on pre-admission screening, medical evaluation and resident assessment support plan, and personal service needs. All direct care staff will receive the required annual training which includes a minimum of the following topics: 1.) Medication Self-Administration Training, 2.) Instructions on meeting the needs of the resident as described in the pre-admission screening form, assessment tool, medical evaluation and support plan, 3.) Care for residents with dementia and cognitive impairments, 4.) Infection Control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition, and dehydration, 5.) Personal Care Service needs 6.) safe management techniques, 7.) Care for residents with mental illness or mental retardation or both if the population is served. Executive Director or designee will implement a tracking system to verify ongoing compliance. Executive Director or designee will monitor for compliance,

at least quarterly. pr 4/10/14

Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/06/2012	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Judy Carrabba</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Carrabba, ED</i>		Date <i>4-9-14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>4/10/14</u> (Date)		Plan of correction implementation status as of <u>4/10/14</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 <i>J</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 43159 - 11/16/2013 - Whitney, Diane
PCH Name: STERLING HOUSE OF PENN HILLS

APR 10 2014

1. REGULATION 65 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There is a large oval stain in the center of the carpet in bedroom #22. There is also a slight urine odor in the room.

The hallway of bedrooms #22 and #23 has a slight urine odor.

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 November 15, 2013 the stain in the carpet in bedroom #22 and carpet in bedroom #23 were shampooed. The staff were retrained to inform the Maintenance Technician when any stains on the carpet or odors are identified. The Maintenance Technician or designee will audit resident rooms for odors or stains on a weekly basis. The Executive Director or designee will monitor compliance, at least monthly.

*Jaw
4/6/14*

Completion Date: November 16, 2013

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Judy Corrobio, ED* Date *4-9-14*

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

The above plan of correction is approved as of *4/6/14*
(Date)

Plan of correction implementation status as of *4/6/14*
(Date)

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 43159 - 11/15/2013 - Whitney, Diane
PCH Name: STERLING HOUSE OF PENN HILLS

RECEIVED

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

APR 10 2014

2a. DESCRIPTION OF VIOLATION

On 11-15-2013, at approximately 11:15 a.m., the hot water temperature at the sink in the bathroom in room #5 measured 125.2 degrees Fahrenheit.

WEST REGION FIELD OFFICE
Human Services Licensing

On 11-15-2013, at approximately 11:25 a.m., the hot water temperature at the sink in the beauty salon measured 125.6 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.

On 11/12/13 the mixing valve was disassembled and cleaned. Following survey, on November 21, 2013 the same valve was rechecked after being disassembled and cleaned again. The Maintenance Technician will audit water temperatures daily on the attached log for proper temperature with frequent attention to the beauty salon and room #5. The Executive Director or designee will monitor for compliance, at least weekly. Documentation will be kept. Completion Date: November 21, 2013.

Judy Cavallo

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Judy Cavallo</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Judy Cavallo, ED</i>			Date <i>4-9-14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/6/14</u> (Date)		Plan of correction implementation status as of <u>4/6/14</u> (Date)	
The above plan of correction was approved by <i>J</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	

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APR 10 2014

Violation Report: 43159 - 11/15/2013 - Whitney, Diane
PCH Name: STERLING HOUSE OF PENN HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 11-15-2013, the refrigerator in the main kitchen pantry contained the following items that were not dated:

- * A half ham
- * 1/2 pound of Swiss cheese
- * 3 pounds of beef

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 undated half ham, 1/2 pound of Swiss cheese and 3 pounds of beef in the refrigerator were discarded the day of inspection by the Dining Services Coordinator. Appropriate staff were retrained in dating of leftover food. Dining Services Coordinator or designee will perform daily audits of food stored in the refrigerator to verify they are properly dated if open. Executive Director or designee will monitor for ongoing compliance, at least monthly. In violation

Completion Date: November 16, 2012

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/06/2012
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Judy Carroll</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Judy Carrobbia, Ed</i>	<i>4-9-14</i>

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

The above plan of correction is approved as of <u>4/6/14</u> (Date)	Plan of correction Implementation status as of <u>4/10/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>2</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43159 - 11/15/2013 - Whitney, Diane
PCH Name: STERLING HOUSE OF PENN HILLS

APR 10 2014

1. REGULATION 65 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 11-15-2013, the freezer in the main kitchen pantry contained the following items that were not sealed:

- * 32 ounce bag of green beans
- * sleeve of bagels
- * a bag of meal
- * a bag of mixed vegetables
- * 2 pieces of breaded chicken

On 11-15-2013, the main kitchen pantry contained the following items that were not sealed:

- * bag of yellow cake mix
- * half-filled box of cream of wheat cereal

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 unsealed bag of green beans, sleeve of bagels, bag of meal, bag of mixed vegetables and 2 pieces of breaded chicken in the freezer were discarded the day of survey by the Dining Services Coordinator. The unsealed bag of yellow cake mix and half-filled box of Cream of Wheat in the pantry were discarded day of survey. Appropriate staff were retrained in sealing of leftover food. Dining Services Coordinator or designee will perform daily audits of food stored in the refrigerator to verify they are properly sealed after opening. Executive Director or designee will monitor ongoing compliance, at least monthly. m 4/16/14

Completion Date: November 16, 2013

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Judy Carroll, ED* Date *4-9-14*

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

The above plan of correction is approved as of *4/16/14*
(Date)

Plan of correction implementation status as of *4/16/14*
(Date)

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

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

Violation Report: 43169 - 11/15/2013 - Whitney, Diane
PCH Name: STERLING HOUSE OF PENN HILLS

APR 10 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600.
2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 11-15-2013, the freezer in the main kitchen pantry contained the following items that were not dated:

- * a bag of meat
- * 2 pieces of breaded chicken

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.

Freezer items discarded on date of survey.
 Food service staff retrained in dating stored food items.
 The dining services coordinator or designee will perform daily audits of food stored in the freezer to verify they are properly sealed, dated and labeled.
 The Executive Director or designee will monitor for ongoing compliance, at least monthly.

R
4/10/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Judy Carrabba, ED* Date *4.9.14*

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

The above plan of correction is approved as of *4/6/14* (Date)

Plan of correction implementation status as of *4/6/14* (Date)

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

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