



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

Mr. John D. Dougherty, Administrator
Ms. Kathleen Dougherty, Administrator
Washington Manor Personal Care Home LLC
PO Box 1935
320 South Washington Street
Butler, Pennsylvania 16003

RE: Washington Manor Personal Care Home LLC
448630

Dear Mr. and Mrs. Dougherty:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 18, 2013, December 20, 2013 and December 27, 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 black ink, appearing to read "Jill Pezzino".

Jill Pezzino
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

JAN 14 2014

Violation Report: 44863 - 12/18/2013 - Marini, Michael
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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 12-17-13, staff person A was informed that resident #1 alleged staff person B hit him/her 3 times. The home failed to report this allegation of abuse to the Area Agency on Aging.

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

See page 2A of 9

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 was told by staff person A that she was not informed on 12-17-13 of the above described violation but only first heard of it on 12-18-13 from DPW inspector Michael Marini. Both staff member A and the staff member that was on shift that night of 12-17-13 have written accounts (see attached) about the hospital calls. In their accounts never did the hospital say that resident #1 alleged any staff of hitting her in any way. I feel this citation is incorrect based on what two of my staff members have indicated from the hospital calls. Staff has been trained on 08-21-13 by Protective Services plus it has been part of every meeting from March - December on reportable incidents / abuse. I will continue with each meeting reviewing this topic/area and have protective services in annually. I don't believe my staff was informed of any abuse by the hospital calls on 12-17-13.

Repeat Violation: NO

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date *01-12-14*

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

The above plan of correction is approved as of 1-31-14
(Date)

Plan of correction implementation status as of 1-31-14
(Date)

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

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

JAN 29 2014

Page 2 of 9

Violation Report: 44863 - 12/18/2013 - Marini, Michael

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 12-17-13, staff person A was informed that resident #1 alleged staff person B hit him/her 3 times. The home failed to report this allegation of abuse to the 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.

3/1/14 - All direct care staff and management staff including the administrator will receive training in abuse reporting and prevention from an outside source. Documentation will be kept.

3/1/14 - The administrator or designated staff person will review incidents weekly to ensure reporting is done in a timely manner.

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) John D. Dougherty Date 01-29-14

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)

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

JAN 14 2014

Violation Report: 44863 - 12/18/2013 - Marini, Michael
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 12-17-13, staff person A was informed that resident #1 alleged staff person B hit him/her 3 times. The home failed to report this allegation of abuse to the Department.

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

See page 3A of 9

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 was told by staff person A that she was not informed on 12-17-13 of the above described violation but only first heard of it on 12-18-13 from DPW inspector Michael Marini. Both staff member A and the staff member that was on shift that night of 12-17-13 have written accounts (see attached) about the hospital calls. In their accounts never did the hospital say that resident #1 alleged any staff of hitting her in any way. I feel this citation is incorrect based on what two of my staff members have indicated from the hospital calls. Staff has been trained on 08-21-13 by Protective Services plus it has been part of every meeting from March - December on reportable incidents/abuse. I will continue with each meeting to review this topic/area and have Protective Services in annually. I don't believe my staff was informed of any abuse by the hospital calls on 12-17-13. It appears the hospital was confused by resident #1 and the hospital did return her the same night.

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/15/2013

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John D. Dougherty Date 01-12-14

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

The above plan of correction is approved as of 1-31-14 (Date)

Plan of correction implementation status as of 1-31-14 (Date)

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

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

JAN 29 2014

Page 3 of 9

Violation Report: 44883 - 12/16/2013 - Marin, Michael

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.16 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 12-17-13, staff person A was informed that resident #1 alleged staff person B hit him/her 3 times. The home failed to report this allegation of abuse to the Department.

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.

3/1/14 - All direct care staff and management staff including the administrator will receive training in abuse reporting and prevention from an outside source. Documentation will be kept.

3/1/14 - The administrator or designated staff person will review incidents weekly to ensure reporting is done in a timely manner.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/15/2013

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date

01-29-14

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The above plan of correction is approved as of _____

(Date)

Plan of correction implementation status as of _____

(Date)

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

The above plan of correction was approved by _____

(Initials)

RECEIVED

Violation Report: 44863 - 12/18/2013 - Marini, Michael
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

JAN 2 2014
WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 11-2-13 staff person B was cleaning resident #2's bedroom. While resident #2 stood outside the door of his/her bedroom, staff person B yelled, "You people live like pigs! No wonder your families sent you here!". Staff and residents reported staff person B was frequently rude 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.

See page 4A of 9
On 11-02-13 immediately after staff person B made her inappropriate comments staff person A (whom overheard them) discussed with staff person B that such comments are not professional and tolerated at our home. Staff person A reported the incident to the administrator. The administrator contacted staff person B at their residence and informed her that her services are no longer needed at Washington Manor which ended her employment. Resident's Rights, Abuse of Residents is always covered in annual trainings by Protective Services presentations plus discussed each staff meeting which will always continue each year. Despite the trainings I'm unable to control a staff member breaking them but only can respond to this conduct as I did with staff person B.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty* Date *01-12-14*

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

The above plan of correction is approved as of 1-31-14
(Date)

Plan of correction implementation status as of 1-31-14
(Date)

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

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

RECEIVED

JAN 29 2014

Page 4 of 9

Violation Report: 44853 - 12/18/2013 - Marini, Michael

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2800.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 11-2-13 staff person B was cleaning resident #2's bedroom. While resident #2 stood outside the door of his/her bedroom, staff person B yelled, "You people live like pigs! No wonder your families sent you here!". Staff and residents reported staff person B was frequently rude 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.

3/1/14 - All direct care staff and management staff, including the administrator, will receive training in resident rights, abuse reporting and prevention from a Department-approved outside source. Documentation of training will be kept.

3/1/14 - The administrator will privately interview at least three residents a week for three months and biannually thereafter to ensure residents are treated with dignity and respect. Documentation of interviews will be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty* Date *01-29-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____ (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

JAN 14 2014

Violation Report: 44863 - 12/18/2013 - Marini, Michael
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.65(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 B, whose first day of work was on 8-26-13, did not receive training on any of the required topics.

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 B was trained on Fire training plus Emergency training on 08/20/13 and 08/21/13. Copies of these trainings is attached. Trainings are always conducted prior to any staff member beginning work at our home and this will continue to be our policy.

Withdrawn
1-31-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *01-12-14*

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44863 - 12/18/2013 - Marini, Michael
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person B, whose first day of work was on 8-26-13, did not receive training on her job functions.

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 B received these trainings on 08-21-13, copies attached. Employees never begin work without this training and this will continue to be the policy of our home for all employee hirings.

Withdrawn 1-31-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *01-12-14*

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

1. REGULATION 55 Pa.Code §2600

2600.101(i) - A resident shall have access to his/her bedroom at all times.

JAN 24 2014

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 11-2-13, staff person B required resident #2 to leave his/her bedroom while staff person B cleaned it. Staff and residents reported that staff person B frequently required residents to leave their bedrooms when he/she came to clean them.

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 B was previously warned on Sept 21, 2013 when she told two residents to leave their room - see attached. This violation occurred again on 11-02-13 and staff person B was terminated from employment. Residents Rights are always part of the annual direct care staff trainings and will continue to be so in the future. When/if staff violates a resident's rights warnings/termination of employment will be the administrator's response as with staff member B. Immediately - Residents will have access to their bedrooms at all times.

3/11/14 - All residents and staff persons will be educated on this requirement. Documentation will be kept - JSP, 3-11-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *01-12-14*

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

The above plan of correction is approved as of 1-31-14 (Date)

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

Plan of correction implementation status as of 1-31-14 (Date)

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

Violation Report: 44863 - 12/18/2013 - Marini, Michael
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 9-26-13. Resident #1.A medical evaluation has not been completed for this 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.

Dr. [redacted], our house doctor, was contacted on 09-27-13 but due to his personal schedule did not make it in to complete resident #1's medical evaluation until 10-29-13. Our home was instructed Dr. [redacted] would be in much sooner than he was able to actually make a visit. Our home always makes quick contact with Dr. [redacted] or personal resident physicians, to complete medical evaluations ~~and~~ and will continue to do so with all future residents.
medical evaluation attached
See page 8A of 9

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

Signature of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty* Date *01-12-14*

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

The above plan of correction is approved as of 1-31-14
(Date)

Plan of correction implementation status as of 1-31-14
(Date)

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

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

JAN 29 2014

Page 5 of 9

Violation Report: 44863 - 12/18/2013 - Marini, Michael

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 9-26-13, Resident #1. A medical evaluation has not been completed for this 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.

3/1/14 - The administrator or designated staff person will review all resident records to ensure a current medical evaluation has been completed for each resident.

Immediately - The administrator will ensure all new admissions will have a completed medical evaluation by a physician, physician's assistant, or certified nurse practitioner within 60 days prior to admission or within 30 days after admission. If the house doctor is unavailable, other arrangements will be made for the medical examination to be completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

John D. Dougherty

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

John D. Dougherty

Date

01-29-14

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)

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

The above plan of correction was approved by

(Initials)

JAN 14 2014

Violation Report: 44863 - 12/18/2013 - Marini, Michael
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

On 10/19/13 resident #1 hit staff person B in the face and on the arm. Staff failed to update resident #1's assessment dated 9-27-13 to include this incident.

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.

Resident #1 was warned on 10/19/13 about hitting staff/residents but an update to her file was overlooked. Resident #1 assessment was updated on 12-19-13 to include this incident (see attached). Administrator's/manager typically review assessments during QMT meetings or monthly meetings. Oversight occurred in this ~~instance~~ instance, but we will continue QMT and monthly meetings to strive to reach perfection in updating assessments. 3/1/14 - the administrator or designated staff person will review all resident assessments for accuracy and completion including any change of behavior.

JDP 1-31-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/01/2013	
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Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *01-12-14*

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

The above plan of correction is approved as of <u>1-31-14</u> (Date)	Plan of correction implementation status as of <u>1-31-14</u> (Date)
The above plan of correction was approved by <u>JDP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JDP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented