



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 24, 2014

Ms. Heidi A. Aguillo, President
HFA, Inc.
13771 South Eagle Valley Road
Tyrone, Pennsylvania 16686

RE: Olivia Village
319170

Dear Ms. Aguillo:

As a result of the Department of Public Welfare's Human Services licensing inspection on January 16, 2014 and February 10, 2014, 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.

Sincerely,

A handwritten signature in black ink that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 31517 - 01/16/2014 - McCloskey, Jason
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 1/16/14, the "staff only" bathroom outside of the kitchen had water damage along the baseboards measuring 2' in either direction from the corner closest to where the sink is mounted. The wall in the storage room on the other side of the bathroom has water damage along the baseboard measuring 6' long. The baseboards in both rooms have a dark-colored substance which appears to be mold.

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.

Short Term Goal:

On 2/5/14, Kimmen Plumbing of Altoona, PA was called to determine the root cause. The plumber found out that the dampness that resulted in mold accumulation was caused by a 2" PVC Vent from Restroom leaking at fitting above ceiling. Dampness on the baseboards (both rooms) was not caused by water pipe leaks but by this loose PVC fitting that let moisture accumulation going down to the baseboards - this is a construction issue and has never detected until the mold accumulation. The affected areas were opened, mitigated with commercial mold & mildew inhibitor, let it dried and observed for 20 days, replaced the affected dry wall and primed. See the following before and after images.

Date of Completion: 03/13/2014, both bathroom and storage room are now usable. (Vinyl baseboards will be installed no later than 3/31/2014. The "staff only" bathroom will be repainted no later than 4/1/2014).

Long Term Goal:

All bathrooms will be regularly inspected by cleaning staff for dampness along baseboards, the side of the sink and toilet. Dampness without a suspicion of water pipe leaks is a sign of an impending mold accumulation.

Date of Completion: Ongoing Staff Training/Education

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heidi A. Aquillo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *HEIDI A. AQUILLO* Date *3/14/2014*

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

The above plan of correction is approved as of <u>3/21/14</u> (Date) The above plan of correction was approved by <u><i>CB</i></u> (Initials)	Plan of correction implementation status as of <u>3/21/14</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partisly Implemented - Adequate Progress <input type="checkbox"/> Partisly Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 31917 - 01/16/2014 - McCloskey, Jason
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 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

Four ceiling tiles in the hallway outside of the kitchen, storage room and laundry room are water stained. One of these tiles surrounds a fire sprinkler head.

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.

Short Term Goal:

On 10/15/2013, Kimmen Plumbing was called to determine the cause of the leak through the ceiling panels. The plumber found out that the "HVAC unit above froze up - dripping from Frozen ref pipe lines". He fixed the problem that caused the leak. The affected ceiling panels were replaced. The one that surrounds the smoke detector (not a fire sprinkler head) was manually primed and repainted. Please see the following "before and after images".

Date of Completion: 01/20/2014

Long Term Goal:

Once water leaks are determined and repaired, all affected areas such as floors, ceilings, etc. as specified in 2600.88(a) shall be inspected and replaced/repainted if necessary as soon as the plumbing work is over.

Date of Completion: Ongoing Staff Education/Training of Reporting to Owners (Perpetual Care, LLC).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Heidi A. Aquillo

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

HEIDI A. AQUILLO

Date 3/14/2014

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The above plan of correction is approved as of

3/6/14
 (Date)

Plan of correction implementation status as of

3/6/14
 (Date)

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

The above plan of correction was approved by

CB
 (Initials)

Violation Report: 31917 - 01/16/2014 - McCloskey, Jason
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 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 2/10/14 at 10:00 am, all exit ways surrounding the home, except the front doors and the concrete pad immediately outside of each exit door, were covered in snow. Staff Person B, the Administrator, stated snow had stopped falling the evening before.

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.

Short term goals:

1. All exit ways were cleared every snow days. Owners of the building are in-charge of the overall maintenance. They will make sure that the exit ways will be cleared as soon as the snow stops, that is, if they need to sleep in the facility to take care of early/immediate clearing of the exit ways surrounding the facility.
2. The administrator instructed all staff to check all egress routes and exit ways are cleared of snow. The staff is instructed to call the administrator if it is not cleared during their shift.

Long Term goals:

1. The owner, currently in charge of maintenance will find a close by independent contractor who can guarantee to take care of the snow next year or a possible maintenance employee.
2. The owners will make sure that all exit ways will be cleared of snow as early as possible, that is, as soon as the snow stops.
3. The Administrator and the staff are all accountable to keep exit ways free of snow.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Heidi A. Aquillo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) HEIDI A. AQUILLO / ADMINISTRATOR Date 3/14/2014

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The above plan of correction is approved as of <u>3/2/14</u> (Date)	Plan of correction implementation status as of <u>3/2/14</u> (Date)
The above plan of correction was approved by <u><i>HA</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

Violation Report: 31917 - 01/16/2014 - McCloskey, Jason
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

-Staff Person A states that the front doors of the building are locked beginning at 10:30 pm until approximately 6:00 am. The lock on the front door has a small, metal knob with sharp edges that requires multiple turns to lock and unlock.

-On 1/16/14 at 9:55 am, a planter was blocking the exit doors in the lounge area across from bedroom #7 of the "Sunset" hallway.

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.

Short term goal:

1. The front door will be kept unlocked 24/7.
2. The administrator informed all staff to ensure that the main entrance doors are unlocked 24/7.
3. The plant was moved away from the doorway.
4. The administrator informed the new resident not to move the plants to the doorway. The administrator explained the importance of not blocking any egress route and she understood.

Date of Completion: 1/17/2014

Long Term goal:

1. The owners will plan for changing the door lock or door knob.
2. As part of the admission procedures, all new residents are informed of the importance of not blocking any doorways or egress routes with plants or chairs. The administrator will make sure residents will understand the importance.
3. All staff will continue monitoring every shift that all egress routes are unobstructed.

Date of Completion: 1/17/2014 and ongoing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>HEIDI A AGUILLO</i>	Date <i>3/14/2014</i>
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The above plan of correction is approved as of 3/21/14
 (Date)

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

Plan of correction implementation status as of 3/21/14
 (Date)

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

Violation Report: 31917 - 01/16/2014 - McCloskey, Jason
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills

2a. DESCRIPTION OF VIOLATION

The front door of the home was used as an exit route for 11 of 14 fire drills held from 7/24/13 through 1/14/14.

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.

Short Term Goals:

1. Front, Sunset and Sunrise exit doors were used during the February fire drill. Pls. see attached fire drill record.
2. Administrator met with all staff and residents to remind them that all exit doors are to be utilized to evacuate at the time of the fire drill.

Date of Completion: 2/20/2014

Long Term Goals:

1. There will be more fire drills conducted using all exit doors to evacuate.
2. Administrator will keep track of the fire drill log to ensure that all residents and staff are kept aware to use all exit doors to evacuate.

Date of Completion: 2/20/14 and on going

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Heidi A Aquillo

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

HEIDI A AQUILLO

Date 3/14/2014

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The above plan of correction is approved as of

3/21/14
 (Date)

Plan of correction implementation status as of

3/21/14
 (Date)

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

The above plan of correction was approved by

HA
 (Initials)

Violation Report: 31917 - 01/16/2014 - MacIsaac, James

#CH Name: OLIVIA VILLAGE

1. REGULATION OR PA Code #1905

2000 100(a) - Menus, stating the specific item being served at each meal shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2. DESCRIPTION OF VIOLATION

-On 1/16/14, the home's menu for the week of 1/14/14 through 1/20/14 was not posted in a conspicuous and public place in the home.

-On 2/10/14, the home did not have the menu for the current week, 2/9/14 through 2/15/14, posted in 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.

Short Term Goals:

1. On 1/16/14 - Menu for the week of 1/14/14 - 1/20/14 was printed and posted on the bulletin board.
2. On 2/10/14 - Menu for the current week 2/9/2014 - 2/15/14 was printed and posted on the bulletin board.
3. The administrator reminded the staff to post the current week and one week in advance menu on the 2 bulletin board. Advised to check carefully the dates, not to make mistakes in printing.
4. The administrator assigned the evening shift on every Sunday's to print and post the following weeks' menu. The administrator will follow up the compliance of the staff.

Date of Completion: 1/16/2014

Long Term Goals:

1. The administrator will check the bulletin board every Mondays to ensure that the evening staff will always in compliance with printing and posting menu on the bulletin board.
2. The residents were informed not to remove the menu on the bulletin board. That they can request from the staff a copy of the menu if they want to have one.

Date of Completion: 1/16/2014 and ongoing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James D. MacIsaac

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

James D. MacIsaac

Date

3/14/2014

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The above plan of correction is approved as of

3/16/14
(Date)

Plan of correction implementation status as of

3/16/14
(Date)

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 31917 - 01/16/2014 - McCloskey, Jason
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 1/16/14, the home did not have a current weekly activity calendar posted in a public and conspicuous 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.

Short Term Goals:

1. On 1/16, the current week's activity was printed and posted on the 2 bulletin board.
2. The administrator reviewed with the staff the required activity posted every week.

Date of Completion: 1/16/2014

Long Term Goals:

1. The administrator assigned the evening staff every Sunday to check the current, print and post the following week's activity calendar along with the following week's menu.
2. Administrator will check on Mondays that current and following week activities and menu calendars are printed and posted by the staff every Sunday evenings.

Date of Completion: 1/16/2014 and ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Henri A. Aquillo*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *HENRI A AQUILLO* Date *3/14/2014*

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The above plan of correction is approved as of *3/21/14*
 (Date)

Plan of correction implementation status as of *3/21/14*
 (Date)

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

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

Violation Report: 31917 - 01/16/2014 - McCloskey, Jason
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #1 was completed on 10/31/13. The assessment states that the resident is independent in eating and drinking. During the inspection on 1/16/14, representatives of the Department observed direct care staff feeding the resident from 12:30 pm through 2:00 pm.

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 is incorrect.~~ *OB*

Please see attached copy of the page 2 of the 10/31/2013 RASP. The assessment was "A- independently eating". The description of service needs stated "Resident #1 is mostly independent in eating but at times needs some assistance."

During the 1/16/14 inspection, Resident #1 was a day she needed assistance with eating. The 2nd inspection on 2/10/14, Resident #1 was observed eating and drinking independently. Most days she is independent in eating and drinking, so the administrator has chosen "A" Independent.

The assessment for resident #1 will be revised to reflect the occasional need for feeding assistance. In the future, all assessments will be completed to reflect all resident needs, even occasional needs.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Heidi A Aguillo

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

HEIDI A AGUILLO

Date 3/14/2014

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3/21/14
 (Date)

Plan of correction implementation status as of

3/21/14
 (Date)

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

The above plan of correction was approved by

OB
 (Initials)

Violation Report: 31917 - 01/18/2014 - McCloskey, Jason
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa. Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The assessment for Resident #2, completed on 7/5/13 and revised on 11/10/13, indicates that the resident requires supervision and checking every hour. The support plan does not document how the need for supervision, as indicated by following incidents will be met:

1. 8/26/13 wandered up the street and was brought back by staff
2. 9/11/13 left the building five times
3. 10/30/13 left the building and was found sitting in a staff person's vehicle
4. 11/5/13 left the building and was walking through the parking lot
5. 11/10/13 returned to the building with a bloodied mouth and two broken teeth
6. 11/18/13 left the building and brought back in by staff
7. 11/22/13 left the building and retreated inside by staff
8. 12/4/13 left the building twice, brought back by staff first time and brought back by passer-by second time

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.

Short Term Goals:

1. Resident #2 has a risk for wandering as indicated on the in-house progress notes. All these occurred wandering behaviors were not documented in the RASP but in the in-house progress notes. Staff were immediately informed and educated on updating any wandering behavior on the RASP. The administrator reviewed with the staff the Assessment and Support Plan Update and Changes Form provided as a template to the RASP for the description of service need or change and plan to meet the newly identified service need or change.
2. All staff instructed to document all wandering behaviors in the RASP to be able to address the identified service need and how to meet the newly identified service need.
3. The administrator emphasized to staff that all issues on abuse, falls, wandering, medication error addressed in the Home's Risk Management Practices and Prevention Manual that the home can be exposed must be documented on the RASP.

Date of Completion: 3/16/2014 and on going

Long Term Goals:

1. The administrator will continue to educate the staff the importance of updating the support plan with any changes of residents mentally, physically and behaviorally by using the Assessment and Support Plan Update and Changes Form provided.
2. The administrator will reemphasize to the staff to monitor on a daily basis any mental, physical and behavioral changes and to address the changes in the RASP to document how the need for supervision of the newly identified service need or change be met.
3. The administrator will continue training the staff how to assess, monitor and document in the RASP and the importance of immediate reporting of the changes to the administrator.
4. The administrator will review the RASP monthly to ensure that any change is documented or updated in the RASP.

Date of Completion: 1/16/2014 and on going

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Heidi A. Aquillo*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) HEIDI A. AQUILLO Date 3/14/2014

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The above plan of correction is approved as of <u>3/6/14</u> (Date)	Plan of correction implementation status as of <u>3/6/14</u> (Date)
The above plan of correction was approved by <u>BA</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

Violation Report: 31917 - 01/16/2014 - McCloskey, Jason
 PCH Name: OLIVIA VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident #3, finalized on 6/20/13, does not address how the home will meet the resident's needs related to numerous falls occurring on 8/13/13, 9/29/13, 9/18/13, 10/02/13, 10/09/13, 10/21/13, 11/02/13, 11/17/13, 12/09/13, 12/15/13 and 1/05/14.

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.

Short Term Goals:

1. Resident #3 was at risk for falls. All the falls that occurred with Resident #3 were all documented on the in-house progress notes but not updated in the Support Plan. The doctor and the family were all informed of the falls and documented in the progress notes. Any referral made were all in the progress notes. Eventually she was moved to a Nursing Home. The staff were informed immediately and educated on updating the support plan using the Assessment and Support Plan Updates and Changes form to document falls and any changes in the resident.
2. Staff were informed on the importance of updating the support plan for any changes behaviorally and physically to assess and address the service need and plans to meet the newly identified service need or change.
3. The administrator emphasized to staff that all issues on falls, abuse, wandering, skin breakdown and medication error addressed in the Home's Risk Management Practices and Prevention Manual that the home can be exposed must be documented on the RASP.

Date of Completion: 1/16/2014 and on going

Long Term Goals:

1. The administrator will continue to educate the staff on updating the RASP and emphasize on the importance on documenting on how to meet the newly identified service need or change.
2. The administrator will continuously educate the staff to assess and monitor on a daily basis physical, mental and behavioral changes. Any changes must be documented on the RASP to address the service need and how to meet the need as well.
3. The administrator will review the RASP monthly to ensure any changes have been documented on the RASP.

Date of Completion: 1/16/2014 and on going

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) HEIDI A AGUILLO Date 3/14/2014

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

The above plan of correction is approved as of 3/6/14
(Date)

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

Plan of correction implementation status as of 3/6/14
(Date)

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