



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 16 2014

Ms. Mary C. Parsons, Administrator/Owner
Helping Hand Rescue Mission, Inc.
112 Mission Lane
Lilly, Pennsylvania 15938

RE: Helping Hand Rescue Mission – Main Building
License #: 300360

Dear Ms. Parsons:

As a result of the Department of Public Welfare's licensing inspection on March 11, 2014 and May 1, 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.

Your regular license for the period June 20, 2014 to June 20, 2015 was issued on April 8, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 30036 - 03/11/2014 - OPake, Hope
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

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

2a. DESCRIPTION OF VIOLATION
Incontinence pads were found on all seats in common areas throughout 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.

All incontinence pads were removed immediately from all the seats in the Living Rooms.

To ensure violation does not recur
Staff will conduct checks throughout the day on each shift.
A daily checklist has been developed & implemented by each shift beginning on 4/10/14. -ge

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary C Parsons

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

MARY PARSONS Administrator

Date

04-18-14

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

The above plan of correction is approved as of 5-1-14
(Date)

Plan of correction implementation status as of 5-1-14
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

Violation Report: 30036 - 03/11/2014 - OPake, Hope
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.42(l) - A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

2a. DESCRIPTION OF VIOLATION

The closets in Room #4 were locked with padlocks, preventing resident access.

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.

Padlock was removed immediately from closet by a staff member, in Room #4. -SE

To ensure violation does not recur no resident will have a lock on their closet (et...) if they are not able to unlock it.

The home completed an audit of resident rooms on 5/1/14 to ensure that all residents had access to belongings. -SE

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MARY PARSONS Administrator	Date 04-18-14
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The above plan of correction is approved as of <u>5-1-14</u> (Date)	Plan of correction implementation status as of <u>5-1-14</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress
The above plan of correction was approved by <u>SE</u>	

Violation Report: 30036 - 03/11/2014 - OPake, Hope
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

A blue container with a spout was filled with a liquid that staff identified as being brown paint. The container was stored on top of the basement ice chest.

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.

Blue container was removed immediately from the top of the ice chest and disposed of.

To ensure violation does not recur, poisonous materials shall be kept in original, labeled containers, and basement storage room will remain locked at all times. - SE

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>MARY PARSONS ADMINISTRATOR</u>	Date <u>04-18-14</u>
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Violation Report: 30036 - 03/11/2014 - OPake, Hope
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa. Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Two 32-ounce bottles of Lysol Drain Opener with manufacturer's labels indicating, "In all cases call physician, poison center, or emergency room", were stored in the basement laundry room, with the door propped open. The bottles were accessible to residents, though not all residents of the home have been assessed as being capable of recognizing and using poisons safely.

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.

Both 32oz. bottles of Lysol drain Opener were removed immediately from being used as a door propper and placed further back in the laundry room on the shelf above washers + dryers.

To ensure violation does not recur Poisonous materials shall be kept under lock + key. Laundry room door will be kept locked when Staff members are not present.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Mary C Parsons

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

MARY PARSONS ADMINISTRATOR

Date

04-18-14

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5-1-14
 (Date)

Plan of correction implementation status as of

5-1-14
 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress

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SE
 (Initials)

Violation Report: 30036 - 03/11/2014 - OPake, Hope
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

On March 11, 2014, the temperature of the exterior of the coffee maker on the dining room counter was 159 degrees Farenheit. There were no protective guards in place to prevent residents from coming in contact with the hot surface of the coffee maker.

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.

Coffee maker was removed immediately from the Dining room Counter, to an area in kitchen where residents do not have access, and a protective guard was installed. -BE

To ensure violation does not recur Coffee Makers that are accessible to Residents shall not exceed 120°F and/or Protective guards will be in place.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary C Parsons*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Parsons Administrator* Date *04-8-14*

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The above plan of correction is approved as of 5-2-14 (Date) *BE*

Plan of correction implementation status as of 5-2-14 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Violation Report: 30036 - 03/11/2014 - OPake, Hope
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

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

2a. DESCRIPTION OF VIOLATION

There was fluid leaking from the toilet base in the bathroom near the first floor laundry room. The fluid was flowing from the toilet base across the floor to the bathtub.

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.

Bathroom was cleaned immediately
 Sign was Posted "out of order"
 Maintenance was then called to fix the problem. Toilet was repaired and
 a daily checklist for each shift to maintain sanitary conditions was implemented beginning on 4/10/14. - SE
 To ensure violation does not recur Staff will conduct checks throughout the day.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Parsons*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **MARY PARSONS ADMINISTRATOR** Date **04-18-14**

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 (Date)

Plan of correction implementation status as of 5-1-14
 (Date)

- Fully Implemented
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SE

Violation Report: 30036 - 03/11/2014 - OPake, Hope
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

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

-The bottom of the bath tub in the bathroom near the first floor laundry room had peeling paint and paint chips.

-An "X," approximately 3" by 3," was cut into the linoleum in the basement to allow drainage of water from an overflowing toilet and a leaking shower. The edges of the "X" were raised, creating a potential tripping hazard. Water oozes out of the opening from underneath the linoleum, when residents/ staff walk in the 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 Bath tub was removed and a Shower was installed.
 All ^{other} Bath tubs were checked and were in good repair.
 To ensure violation does not recur checks will be conducted weekly by the Teamleader on duty. Documentation will kept.
 The linoleum was checked and is in good repair.
 The linoleum were there was an X cut in it has been properly cut so the Drain can now receive drainage and it cannot get under the linoleum also it is free of tripping. A new drain was installed in the basement.
 New linoleum was laid in the basement bathroom, and the wax seal on the toilet was replaced. -SE

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary C. Parsons*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARY PARSONS ADMINISTRATOR* Date *04-18-14*

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

The above plan of correction is approved as of 5-1-14
 (Date)

Plan of correction implementation status as of 5-1-14
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress

SE

Violation Report: 30036 - 03/11/2014 - OPake, Hope
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION
 A box of food items, including a bag of pretzels, was stored on the floor of the pantry in the basement, near the laundry room.

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 box of food items were put on the shelves, the bag of pretzels were thrown away immediately.

To ensure violation does not recur Cook will now be conducting checks Daily to make sure Food items are were they should be also boxes are on crates or on shelves. A checklist was developed for this purpose and implemented on 4/10/14. -ze

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Mary C Parsons

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

MARY PARSONS ADMINISTRATOR

Date 04/18/14

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 (Date)

Plan of correction implementation status as of 5-1-14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

The above plan of correction was approved by ze

Violation Report: 30036 - 03/11/2014 - OPake, Hope
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

- The small refrigerator in the dining room had a broken thermometer.
- The refrigerator in the basement had no thermometer.

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 thermometer in the small refrigerator in dining room was replaced immediately with a new one. On 4/30/14, the refrigerator was removed to be cleaned and replaced. - SE

The refrigerator in the basement was supplied with a new thermometer immediately.

To ensure violation does not recur Administrator will have the Cook complete weekly checks making sure thermometers are in working condition and are in refrigerator. A checklist was developed for this purpose and implemented on 4-10-14. -SE

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary C Parsons*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **MARY C PARSONS ADMINISTRATOR** Date **04-13-14**

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

The above plan of correction is approved as of 5-1-14 (Date) Plan of correction implementation status as of 5-1-14 (Date)

P.E.

Fully Implemented
 Partially Implemented - Adequate Progress

Violation Report: 30036 - 03/11/2014 - OPake, Hope
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION
 Four 1/2-gallon containers of "Lamplight" oil and four filled oil lamps were unlocked and accessible to residents on shelves inside the exit door, closest to the staff office.

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.

Lamp oil and Lamps filled with oil were removed and locked up so they are not accessible to residents.

To ensure violation does not recur any/all Combustible materials will be kept locked up.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary C Parsons*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **MARY C PARSONS ADMINISTRATOR** Date **04-18-14**

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

The above plan of correction is approved as of 5-14
 (Date)

Plan of correction implementation status as of 5-1-14
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress

Violation Report: 30036 - 03/11/2014 - OPake, Hope
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

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 3/11/2014, an unlabeled bottle of Fungi Foam, 2.5 fluid ounces, used by Resident #2, was found unlocked and accessible in the shared bedroom.

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.

Fungi foam was removed from Resident #2's room immediately and returned to the Med Room. Pharmacy label was ordered from pharmacy and placed on bottle. Medication was discontinued on 3/14/14. -ZE

To ensure violation does not recur all Staff members have reviewed the Policies and Procedures on proper storage of all Medications

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary C Parsons*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **MARY PARSONS ADMINISTRATOR** Date **04-18-14**

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

The above plan of correction is approved as of 5-1-14 (Date)

Plan of correction implementation status as of 5-1-14 (Date)

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

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

Violation Report: 30036 - 03/11/2014 - OPake, Hope
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff Persons C, D and E administer medications to residents of the home. None of these staff persons have successfully completed the Department-approved medications administration course within the past two years.

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 Persons C and D will be completing the Medication Administration Course by May 1, 2014.
 Staff Persons C and D will not administer Medications until Both C and D Have Successfully Passed the Medication Administration Course.
 Staff Person E was Trained immediately and Has successfully Passed the Medication Administration Course. ^{DATE} 04-13-14
 To ensure violation does not recur Staff Persons required to Pass Medications will complete the Medication Administration Course Successfully first Before administering Medications.
 Documentation of all training will be kept by the home - SE

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/26/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Mary C Parsons*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MARY PARSONS Administrator Date 04-18-14

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The above plan of correction was approved by <u>SE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress

Violation Report: 30036 - 03/11/2014 - OPake, Hope
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

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 April 20, 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.

The Assessment for Resident # 1 was Completed Immediately on 03-11-2014.

To ensure violation does not recur list is posted in office of annual dates for assessments. The list is checked daily By administrator and Designee.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MARY PARSONS	Date 04-18-14
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Violation Report: 30036 - 03/11/2014 - OPake, Hope
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

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 most recent support plan for Resident #1 was completed on April 20, 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.

The Support Plan for Resident #1 was Completed Immediately on 03-11-14 after assessment was complete.

To ensure violation does not recur list is posted in office of annual Dates for Support Plans. The list is checked daily by Administrator and Designee.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) Mary C Parsons

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) MARY PARSONS Administrator Date 04-18-14

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 (Initials)