



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 17 2014

Mr. Michael Howze, Administrator  
Department of Military and Veterans' Affairs  
One Veterans' Drive, 4<sup>th</sup> Floor  
Spring City, Pennsylvania 19475

RE: Southeastern Veterans' Center  
License #: 138370

Dear Mr. Howze:

As a result of the Department of Public Welfare's licensing inspection on March 13, 2014 and March 19, 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 March 27, 2014 to March 27, 2015 was issued on December 23, 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: 13837 - 03/13/2014 - Hoover, Douglas  
 PCH Name: SOUTHEASTERN VETERANS CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION  
 The resident assessment and support plan (RASP) for resident #1, admitted on 1/28/14, was requested on 3/13/14 as part of the resident record review. The RASP was not available until 3/19/14 which was the last day of the renewal inspection.

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 resident assessment support plans will be made available when requested. The Personal Care administrator and all subsequent administrators will be in serviced regarding the importance of having the resident assessment and support plan in the medical record on the housing unit at all times.

All education will be completed by May 31, 2014. The Quality Assurance Coordinator will conduct monthly audits for the next three months or until 100% compliance is reached. A random audit will completed for the next 6 months verify compliance and forwarded to the quality assurance committee.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *M Nowozil*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michael Howze, PC Admin*      Date 4/25/2014

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

The above plan of correction is approved as of <u>4-30-14</u> (Date)	Plan of correction implementation status as of <u>4-30-14</u> (Date)
The above plan of correction was approved by <u>JE</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: 13837 - 03/13/2014 - Hoover, Douglas  
 PCH Name: SOUTHEASTERN VETERANS CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION  
 The home did not have a staff training plan for 2014.

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 training plan for 2014 has been developed according to DPW standards and format. The departments format will be maintained for each successive plan. ~~See Attached Form.~~

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *M. Howze*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Michael Howze, Personal Care Administrator Date 4/25/2014

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

The above plan of correction is approved as of <u>4.30.14</u> (Date)	Plan of correction implementation status as of <u>4.30.14</u> (Date)
The above plan of correction was approved by <u><i>MH</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: 13837 - 03/13/2014 - Hoover, Douglas  
 PCH Name: SOUTHEASTERN VETERANS CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 Kitchenette #434 had an uncovered trash can in the corner.

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 small trash container without a lid was found in the kitchenette and was immediately removed. The Custodial staff will be in serviced on not utilizing trash containers without lids. All staff will be in serviced on not using trash containers without lids. All education will be completed by May 31, 2014. The Custodial Work Supervisor will observe weekly that all trash containers have lids and report findings to the quality assurance committee for a period of 6 months or until 100% compliance is reached.

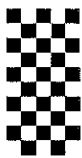
Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative  
 (Required on EVERY Page) *M. Howze*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Howze, Personal Care Administrator	Date 4/25/2014
--	----------------

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

The above plan of correction is approved as of <u>4.30.14</u> (Date)	Plan of correction implementation status as of <u>4.30.14</u> (Date)
The above plan of correction was approved by <i>MC</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



Violation Report: 13837 - 03/13/2014 - Hoover, Douglas  
PCH Name: SOUTHEASTERN VETERANS CENTER

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  
The refrigerator in kitchenette #434 had an opened quart of "WaWa" skim milk which was undated.

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.

A carton of skim milk was found in the kitchenette labeled and dated with an expiration date. All milk will be labeled with the date the milk is opened and placed in the unit refrigerator. Dietary and personal care staff will all be in-serviced regarding the fact that all milk cartons will be labeled with the date the milk is opened by May 31, 2014. The dietitians will monitor compliance for the next 3 months to ensure that the milk is appropriately labeled with the delivery date. *date opened. m*

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. Howze*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Howze, Personal Care Administrator Date 4/25/2014

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

The above plan of correction is approved as of 5.2.14  
(Date)

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

- Plan of correction Implementation status as of 5.2.14  
(Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress
  - Partially Implemented - Inadequate Progress
  - Not Implemented

Violation Report: 13837 - 03/13/2014 - Hoover, Douglas  
 PCH Name: SOUTHEASTERN VETERANS CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION  
 Laundry room #419 had accumulated lint in the empty dryer next to the window.

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 lint found in the lint trap was removed during the inspection process. All staff and residents working on the unit will be in-serviced to clean out the lint trap with each use. All Custodial staff will check the dryers daily for lint within the lint traps. This in-servicing will be completed by May 31, 2014. The Custodial Work Supervisor will do a weekly check of the lint traps to ensure compliance for the next 6 months. The results of these audits will be presented to the Quality Assurance Committee.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *M Howze*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Howze, Personal Care Administrator	Date 4/25/2014
--	----------------

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

The above plan of correction is approved as of <u>4.30.14</u> (Date)	Plan of correction implementation status as of <u>4.30.14</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <i>je</i> (Initials)	

Violation Report: 13837 - 03/13/2014 - Hoover, Douglas  
 PCH Name: SOUTHEASTERN VETERANS CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
 The fire drill logs from April of 2013 to February of 2014 did not document alternate exit routes used for each drill.

**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 facility fire drill auditing form has been revised to include a space for the rotation of various evacuation routes. The last two fire drills have been conducted varying the evacuation routes. Our Security Chief will in-service all designees (security officers) by May 31, 2014 on the importance of varying the evacuation routes during a fire drill. The Personal Care Administrator will audit the fire drill records monthly for six months to ensure that the evacuation routes are alternated each month. The results of those findings will be presented to the Quality Assurance Committee.

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. Howze*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Howze, Personal Care Administrator	Date 4/25/2014
---	----------------

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

The above plan of correction is approved as of <u>4.30.14</u> (Date)	Plan of correction implementation status as of <u>4.30.14</u> (Date)
The above plan of correction was approved by <u><i>ME</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: 13837 - 03/13/2014 - Hoover, Douglas  
 PCH Name: SOUTHEASTERN VETERANS CENTER

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

2a. DESCRIPTION OF VIOLATION  
 Alternate exit routes were not used in fire drills from April of 2013 to February of 2014.

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 facility fire drill auditing form has been revised to include a space for the rotation of various evacuation routes. The last two fire drills have been conducted varying the evacuation routes. Our Security Chief will in-service all designees (security officers) by May 31, 2014 on the importance of varying the evacuation routes during a fire drill. The Personal Care Administrator will audit the fire drill records monthly for six months to ensure that the evacuation routes are alternated each month. The results of those findings will be presented to the Quality Assurance Committee.

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

Signature of Legal Entity Representative (Required on EVERY Page) *M. Howze*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Howze, Personal Care Administrator	Date 4/25/2014
---	----------------

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

The above plan of correction is approved as of 4.30.14  
 (Date)

Plan of correction implementation status as of 4.30.14  
 (Date)

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

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

Violation Report: 13837 - 03/13/2014 - Hoover, Douglas  
 PCH Name: SOUTHEASTERN VETERANS CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

"Sea Soft Nasal Mist" for resident #2 was in the medication cart and there was no documentation of the medication in the medication administration record (MAR). The medication had been stopped on 1/9/14.

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.*

The medications found were immediately removed from the cart and returned to pharmacy. All staff will be in-serviced to remove the medication from the cart at the time of discharge. The in-servicing will be completed by May 31, 2014. The Assistant Director of Nursing will audit all discharges for the next 6 months to ensure that all medications are removed from the cart and sent back to pharmacy. The results will be presented to the Quality Assurance Committee.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 [Required on EVERY Page]

*M. Howze*

Printed Name and Title of Legal Entity Representative  
 [Required on EVERY Page] Michael Howze, Personal Care Administrator

Date 4/25/2014

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

The above plan of correction is approved as of 4-30-14  
 (Date)

Plan of correction implementation status as of 4-30-14  
 (Date)

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

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

Violation Report: 13837 - 03/13/2014 - Hoover, Douglas  
 PCH Name: SOUTHEASTERN VETERANS CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3 refused "Mirafax" powder on 3/10/14, 3/12/14, 3/13/14, 3/14/14, 3/17/14 and 3/18/14. The medication refusal and physician notification was not documented in the resident's record and MAR.

**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.

When a resident refuses a medication staff must educate the resident regarding the purposes of the medication and notify the physician within 24 hours of the resident's refusal of the medication. Staff will also make a notation within the medical record of the resident's refusal and circle the medications on the medication administration record indicating that the medications were refused. The staff will be in-serviced about these procedures by May 31, 2014. The Assistant Director of Nursing will audit 5 records a month for six months to ensure compliance in this area. The results of these audits will be presented at the Quality Assurance Committee.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *M. Howze*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Howze, Personal Care Administrator	Date 4/25/2014
--	----------------

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

The above plan of correction is approved as of <u>4.30.14</u> (Date)	Plan of correction implementation status as of <u>4.30.14</u> (Date)
The above plan of correction was approved by <u>JW</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: 13837 - 03/13/2014 - Hoover, Douglas  
 PCH Name: SOUTHEASTERN VETERANS CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION.

Direct care staff person A, who is a nurse, stated: "If residents do not report to the medical station, they do not get their medications." Resident #4 did not report to the medical station on 3/5/14 and did not receive his/her 8:00 am medications which included: *Thera; Vitamin D3, 1000 units; Aspirin, 81 mg; Celexa, 20mg; Lisinopril, 10 mg; Metformin, 1000 mg; and Gemfibrozil, 600 mg.* as prescribed.

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.*

Direct care nurse administering the medications must deliver the medication as prescribed by the physician. If the resident does not report to the nurses station at the scheduled dose delivery time then the nurse administering the medications will seek out the resident to give the medications as ordered and remind the resident of the need to report to the nurses station to receive their medications at the appropriate prescribed times. All nursing staff will be in-serviced regarding giving medications at the appropriate time by May 31, 2014. The Assistant Director of Nursing will audit 5 records a month for the next six months to ensure compliance. The results will be presented to the Quality Assurance Committee for review.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *M. Howze*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Howze, Personal Care Administrator	Date 4/25/2014
--	----------------

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

The above plan of correction is approved as of <u>4.30.14</u> (Date)	Plan of correction implementation status as of <u>4.30.14</u> (Date)
The above plan of correction was approved by <i>je</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

Violation Report: 13837 - 03/13/2014 - Hoover, Douglas PCH Name: SOUTHEASTERN VETERANS CENTER	
1. REGULATION 55 Pa.Code §2600 2600.191 - The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.	
2a. DESCRIPTION OF VIOLATION There was no documentation that the home educates residents of the right to question or refuse a medication if the resident believes there may be a medication error.	
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>	
<p>As part of the admission packet to the Personal Care Unit staff will now review that the resident has the right to refuse medications as part of their rights. The Admission Director is responsible for completing the resident rights packet on admission. The Admission Director has already been educated to complete this piece with each new admission. The Personal Care Administrator will inform all current residents of this right. All current residents and new admissions will be made aware of their right to refuse medications by May 31, 2014. The Personal Care Administrator will audit the resident records for the next 3 months to ensure compliance. The results of these findings will be presented at the Quality Assurance Committee.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>M Howze</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Howze, Personal Care Administrator	
Date 4/25/2014	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>4.30.14</u> (Date)	Plan of correction implementation status as of <u>4.30.14</u> (Date)
The above plan of correction was approved by <i>JE</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

**Violation Report:** 13837 - 03/13/2014 - Hoover, Douglas  
**PCH Name:** SOUTHEASTERN VETERANS CENTER

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**2a. DESCRIPTION OF VIOLATION**  
 There was no documentation that resident #5, admitted on 1/13/14, was unable or refused to sign the support plan dated 2/10/14. Resident #5 participated in the development of the support however, there was no resident signature.

**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 #5 is now signed. If a resident refuses to sign the support plan their refusal needs to be documented on the support plan. The Personal Care Administrator will review all current and future support plans to make sure that they are signed. The Quality Assurance Coordinator will audit the support plans for the next three months to ensure that all support plans are signed. The results of these audits will be presented at the Quality Assurance Committee.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *M. Howze*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Howze, Personal Care Administrator	Date 4/25/2014
--	----------------

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

The above plan of correction is approved as of <u>4.30.14</u> (Date)	Plan of correction implementation status as of <u>4.30.14</u> (Date)
The above plan of correction was approved by <i>MC</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