

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to RENEE STUCKICH
LEGAL ENTITY

To operate LYNN HAVEN PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 119 WALNUT STREET, PO BOX 484, BLACK LICK, PA 15716
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 36
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 18, 2014 until June 18, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 445160

Robert E. Robinson
ISSUING OFFICER

[Signature]
ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 19 2014

Ms. Renee Stuckich, Administrator
P.O. Box 484, 119 Walnut Street
Black Lick, Pennsylvania 15716

RE: Lynn Haven Personal Care Home
License #: 445160

Dear Ms. Stuckich:

As a result of the Department of Public Welfare's licensing inspection on March 28, 2014 and May 6, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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

Enclosures
License
License Inspection Summary

Violation Report: 44516 - 03/28/2014 - Bacher, Mike
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract, dated 10/10/13, for resident #1 was not signed by the administrator or the 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.

The resident is no longer at Lynn Haven
 The Administrator will assure all required records are completed in a timely manner with all required areas completed.
 The administrator will check random records monthly for any violations and correct
 By 6/30/14 - The administrator will review all resident contracts to ensure all are complete, including signatures.

2/28/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Renee Stuckich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Renee Stuckich</i>	Date <i>5/5/14</i>
---	--------------------

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

The above plan of correction is approved as of <u>5/28/14</u> (Date)	Plan of correction implementation status as of <u>5/28/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>d</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44516 - 03/28/2014 - Bacher, Mike
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.25(c)(11) - The contract shall include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

2a. DESCRIPTION OF VIOLATION

The contract, dated 10/10/13, for resident #1, does not include the monthly charge for room, board and services.

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 resident refused to fill out or sign admission agreement and is no longer at Lynn Haven

the Administrator will make sure all required information is on admission agreements that the resident signs the agreement in a timely manner ^{within 24 hours of admission.} If the resident refuses, the resident will be notified they can not remain at Lynn Haven

By 6/30/14 - The administrator or designee will review all resident contracts to ensure they are complete, including charges for room and board.

5/28/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Renee Stuckich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Renee Stuckich</i>	Date <i>5/5/14</i>
--	--------------------

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

The above plan of correction is approved as of 5/28/14
 (Date)

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

Plan of correction implementation status as of 5/28/14
 (Date)

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

Violation Report: 44516 - 03/28/2014 - Bacher, Mike
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The stained glass colored covering on the bathroom window near the administrator's office is peeling and approximately 2 inches of the window is not covered. The covering does not provide privacy for 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.

The covering was removed. a full curtain was placed over the window.

The administrator will check all windows monthly to assure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of 5/28/14
 (Date)

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

Plan of correction implementation status as of 5/28/14
 (Date)

- Fully Implemented [Signature]
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44516 - 03/28/2014 - Bacher, Mike
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

There is an inoperable ventilation fan in the large bathroom in the basement. There is no window in this bathroom.

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 vent has been replaced

The administrator will check all vents monthly to ensure they are in working order. If found in-operable they will be replaced or repaired

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Renee Stueck*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Renee Stueck* Date *5/5/14*

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

The above plan of correction is approved as of <u>5/28/14</u> (Date)	Plan of correction implementation status as of <u>5/28/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44516 - 03/28/2014 - Bacher, Mike
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
 There is no handrail for the three exterior steps near the garage door in the rear of 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.

a hand rail will be installed By
 5/15/14 to ensure safety

Maintenance will check physical site monthly
 to ensure all stairs have a secure
 hand rail

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

Signature of Legal Entity Representative (Required on EVERY Page) *Renee Stuckich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Renee Stuckich</i>	Date <i>5/5/14</i>
--	--------------------

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

The above plan of correction is approved as of 5/28/14
 (Date)

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

Plan of correction implementation status as of 5/28/14
 (Date)

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

Violation Report: 44516 - 03/28/2014 - Bacher, Mike
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION
 There is no non-skid surface on the ramp leading to the front door of 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.

We will place rubber backed ~~rub~~ mats on ramp by 5/10/14 to ensure a non-slip surface

Admin Will check ramp monthly for safety and ensure mats are still in place.

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

Signature of Legal Entity Representative (Required on EVERY Page) Renee Stueckich

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Renee Stueckich Date 5/5/14

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

The above plan of correction is approved as of <u>5/28/14</u> (Date)	Plan of correction implementation status as of <u>5/28/14</u> (Date)
The above plan of correction was approved by <u>Oh</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>z</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44516 - 03/28/2014 - Bacher, Mike
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The legs on the 4 dining table chairs were very loose and were not well-secured to the seat, posing a fall hazard.

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 chairs have been all checked and the legs tightened on the ones that are loose.
 Maintenance will check them monthly and re-tighten as needed

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

Signature of Legal Entity Representative (Required on EVERY Page) Renee Stuckich

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Renee Stuckich Date 5/5/14

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

The above plan of correction is approved as of 5/28/14
 (Date)

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

Plan of correction implementation status as of 5/28/14
 (Date)

- Fully Implemented [Signature]
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44516 - 03/28/2014 - Bacher, Mike
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 There is a hole measuring 4" x 2" in the wall to the right of the door in bedroom #12.

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 hole will be repaired by 5/15/14
 The Administrator will check the home monthly for any damage to plaster and repair

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Renee Stueckich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Renee Stueckich</i>	Date <i>5/5/14</i>
--	--------------------

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

The above plan of correction is approved as of <u>5/28/14</u> (Date)	Plan of correction implementation status as of <u>5/28/14</u> (Date)
The above plan of correction was approved by <u><i>RS</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>a</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44516 - 03/28/2014 - Bacher, Mike
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

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
 There was no thermometer in the refrigerator in the basement kitchenette.

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 refrigerator was removed from the kitchenette.

If one is replaced for kitchenette a thermometer will be placed inside and monitored weekly

By 6/30/14 - The administrator or designee will weekly monitor refrigerators and freezers to ensure each has a thermometer and that the temperatures are in the required range.
 S. Stuckich

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

Signature of Legal Entity Representative (Required on EVERY Page) Renee Stuckich

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Renee Stuckich Date 5/5/14

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

The above plan of correction is approved as of <u>5/25/14</u> (Date)	Plan of correction implementation status as of <u>5/28/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>2</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44516 - 03/28/2014 - Bacher, Mike
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 3/28/14, the home served 29 residents, and no emergency drinking water was stored on site. The home has a contract, dated 4/15/13, with Culligan to deliver an emergency water supply; however, the contract does not include the following:

- The amount of water to be delivered.
- A guarantee that the water will be delivered immediately upon request, 24-hours-per-day.
- A guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

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.

We will have Culligan deliver ~~100~~¹¹⁰ gallons of water to keep on sight.

We will check exp. dates and rotate as needed to keep required amounts on hand - 3 gallons per resident.

6/3/14 - 110 gallons of drinking water purchased for the home.
 By 6/30/14 - The administrator or designee will weekly monitor the stored water to ensure at least 3 gallons per resident are kept in the home.

Dr 5/28/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Renee Stueckich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Renee Stueckich* Date *5/5/14*

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

The above plan of correction is approved as of 5/28/14 (Date)

Plan of correction implementation status as of 5/28/14 (Date)

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

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

Violation Report: 44516 - 03/28/2014 - Bacher, Mike
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

There were approximately 15 folded paper towels touching the side of the furnace and on the floor around the furnace.

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.

They were removed

The administrator will check all furnace/hot water tanks ~~at~~ weekly to ensure no combustible materials are near the furnaces/hot water tanks

By 6/30/14 - The administrator or designee will weekly monitor the furnace room to ensure no combustible or flammable materials are stored near the furnace or other heat source.

BS 5/28/14

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

Signature of Legal Entity Representative (Required on EVERY Page) Renee Stuckich

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Renee Stuckich</u>	Date <u>5/5/14</u>
--	--------------------

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

The above plan of correction is approved as of 5/28/14
 (Date)

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

Plan of correction implementation status as of 5/28/14
 (Date)

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

Violation Report: 44516 - 03/28/2014 - Bacher, Mike
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening form for resident #1, admitted 10/7/13, is not dated, therefore it is unable to be determined if it was completed 30 days prior to admission.

Also, this form is blank in the following sections:

- The level of supervision needed
- The ability to self-administer medication
- Medical diagnoses

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 is no longer at Lynn Haven
 Designated office staff will do pre-adm. screens in designated time allowed.
 Administrator will check all new Resident files on admission to ensure the screens are being completed in a timely manner

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

Signature of Legal Entity Representative (Required on EVERY Page) Renee Stuckich

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Renee Stuckich Date 5/5/14

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

The above plan of correction is approved as of <u>5/28/14</u> (Date)	Plan of correction implementation status as of <u>5/28/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <u>a</u> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44516 - 03/28/2014 - Bacher, Mike
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

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
 The home did not complete the initial assessment for resident #1, admitted 10/7/13, and discharged 11/9/13.

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

The resident is no longer at Lynn Haven
 The designated office staff will complete all required paper work in a timely manner.
 The administrator will check each file on resident admission for completeness to ensure compliance
 By 7/15/14 - The administrator will review all resident assessments to ensure each is complete, accurate and timely.
 5/28/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Renee Stueckich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Renee Stueckich* Date *5/5/14*

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

The above plan of correction is approved as of <u>5/28/14</u> (Date)	Plan of correction implementation status as of <u>5/28/14</u> (Date)
The above plan of correction was approved by <u><i>RS</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