



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 25 2014

Mr. Steven T. Cherry, Executive Director  
The New Heritage Towers, Inc.  
200 Veterans Lane  
Doylestown, Pennsylvania 18901

RE: Heritage Towers  
License #: 127180

Dear Mr. Cherry:

As a result of the Department of Public Welfare's licensing inspection on April 16, 2014 and June 4, 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 July 5, 2014 to July 5, 2015 was issued on April 16, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew V. Jones  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: HERITAGE TOWERS		License Number: 12718
Address: 200 VETERANS LANE, DOYLESTOWN, PA 18901		County: Bucks
Administrator: Martine Minninger		Region: SOUTHEAST
Legal Entity Name: THE NEW HERITAGE TOWERS INC		
Legal Entity Address: 200 VETERANS LANE, DOYLESTOWN, PA 18901		
Certificate(s) of Occupancy		
C-1 09/24/1981 PA Dept. of L&I	C-2 LP 06/08/2001 PA Dept. of L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 79	Working Staff: 59
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/16/2014: Kazlmer, Lauren; Keely, Jennifer		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 75 Number of Residents Served: 66 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 13 Have a Physical Disability: 0	

Violation Report: 12718 - 04/16/2014 - Kazimer, Lauren  
 PCH Name: HERITAGE TOWERS

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care Staff Person A in training year 2013 did not include:

- Medication self-administration training
- Instruction on meeting the needs of the resident as described in the pre-admission screening form, assessment tool, medical evaluation, and support plan
- Infection control and general principals of hygiene associated with immobility
- Safe management techniques

The annual training provided to direct care Staff Person B in training year 2013 did not include:

- Medication self-administration training
- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan

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

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Staff person A is no longer employed at Heritage Towers. Staff person B has been trained in Medication self-administration and instruction on meeting the needs of the residents as described in the preadmission form, assessment tool, medical evaluation, and support plan. *See Attachments #1 & 1b*

Going forward, all direct care staff will be required to attend WEL caregiver training annually where the Medication Self-Administration, Infection Control and general principles of cleanliness and hygiene and areas associated with immobility, and Safe Management Techniques are reviewed. *See Attachment #5*

PCHA will also provide annual training to all DCS on instruction on meeting the needs of the residents as described in the preadmission form, assessment tool, medical evaluation, and support plan.

This will be monitored by the PC administrative assistant *and reviewed weekly w/ PCHA - MAM*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Martine Minninger, PCHA* Date *5/15/14*

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

The above plan of correction is approved as of *5/30/14*  
 (Date)

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

Plan of correction implementation status as of *6/4/14*  
 (Date)

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

Violation Report: 12718 - 04/16/2014 - Kazimer, Lauren  
 PCH Name: HERITAGE TOWERS

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Direct care Staff Person A did not receive training in resident rights and the Older Adult Protective Services Act during training year 2013.

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

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Staff person A is no longer employed at Heritage Towers.

All Direct care staff are required to attend annual caregiver training where OAPSA training is completed. *See Attachment #5*

WEL staff development educators are also conducting a mandatory elder abuse training which covers ACT-13 and OAPSA on June 20, 2014 for ALL Heritage Towers employees. This will be done annually.

Compliance will be monitored by PC Administrative Assistant *and Reviewed Weekly with PCHA - MM*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

02/14/2013

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

*Martine Minninger PCHA*

Date *5/15/14*

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

The above plan of correction is approved as of

*5/30/14*  
 (Date)

Plan of correction implementation status as of

*6/24/14*  
 (Date)

The above plan of correction was approved by

*MM*  
 (Initials)

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

Violation Report: 12718 - 04/16/2014 - Kazimer, Lauren  
 PCH Name: HERITAGE TOWERS

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

2a. DESCRIPTION OF VIOLATION

On 4/16/14, there were approximately fifteen 5-gallon water cooler jugs being stored on the floor in the second floor storage closet.

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.

On day of inspection, water jugs were removed from floor and placed on a cart.  
 Signage was placed in storage area stating not to place water jugs on the floor.  
 Compliance will be monitored by PCHA and Director of Facility Operations during monthly facility walk-throughs.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Martine Minninger PCAA</i>	Date <i>5/15/14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5/27/14  
 (Date)

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

Plan of correction implementation status as of 6/4/14  
 (Date)

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

Violation Report: 12718 - 04/16/2014 - Kazimer, Lauren  
 PCH Name: HERITAGE TOWERS

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 4/16/14, there was one box of frozen cod filets and one box of frozen turkey burger patties in the main kitchen walk-in freezer that were opened and unsealed.

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.

On day of inspection, food was wrapped up immediately.

Going forward, assigned staff will inspect 1<sup>st</sup> floor refrigerator and freezers daily and initial in the QA log upon completion. Please see attachment #2

*Compliance will be monitored by dining services  
 General Manager on a weekly basis - MM*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/14/2013
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Martine Minninger PCHA</i>	Date <i>5/15/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *5/30/14*  
 (Date)

Plan of correction implementation status as of *6/4/14*  
 (Date)

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

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

Violation Report: 12718 - 04/16/2014 - Kazimer, Lauren  
 PCH Name: HERITAGE TOWERS

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

During the Department's inspection of the home on 4/16/2014, it was observed that Resident # 1's blister package of Warfarin had two different pharmacy labels. The original label was damaged and missing information, and a new photocopied label was taped over top of it. During a follow-up phone interview on 4/30/2014, Administrator C stated that, as a past practice, the nursing staff of the home had been saving residents' discontinued Warfarin prescriptions and using them for other residents when an order was changed.

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.

Saving discontinued medication and giving to other resident's is not a practice that is acceptable to this administrator. This practice unfortunately was discovered during the inspection. Nurse supervisor has been terminated, and all other nursing staff and med techs have been re-educated and counseled on the importance of returning discontinued medications to pharmacy.

Medication disposal policy has been updated and all staff educated of policy changes. See attachment #3

Mandatory training is to be conducted with contract pharmacy to retrain all staff pharmacy policy and procedures scheduled 5/20/14

Pharmacy will also be conducting quarterly cart and med room audits. First audit scheduled for 5/28/14.

*Carts will be audited by Med Techs each shift;  
 Lead Med Techs will also perform a Monthly Cart/Med room Audit - MM*

Repeat Violation; Yes	Date(s) of Previous Violation(s):	02/14/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Martine Minninger PCHA* Date *5/15/14*

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

The above plan of correction is approved as of 5/30/14  
 (Date)

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

Plan of correction implementation status as of 6/4/14  
 (Date)

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

Violation Report: 12718 - 04/16/2014 - Kazimer, Lauren  
 PCH Name: HERITAGE TOWERS

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

During an audit of Resident # 1's medications. The blister package of Warfarin 6mg that was presented as Resident # 1's had 2 labels. The original pharmacy label attached to the prescription was damaged and did not contain the residents name, and the instructions for administration.

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.

Removing or damaging pharmacy labels is unacceptable and will not be tolerated by this administrator. Nurse supervisor has been terminated. All nursing staff and med techs have been counseled and re-educated about the importance of reporting any changed or damaged pharmacy labels.

Mandatory training is to be conducted with contract pharmacy to retrain all staff pharmacy policy and procedures scheduled 5/20/14

Pharmacy will also be conducting quarterly cart and med room audits. First audit scheduled for 5/28/14.

*Carts will be audited by Med Techs each Shift;  
 Lead Med Tech will also perform monthly Cart/Med Room  
 Audit - MM*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Martine Minninger PCHA</i>	Date <i>5/15/14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5/20/14  
 (Date)

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

Plan of correction implementation status as of 6/4/14  
 (Date)

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

Violation Report: 12718 - 04/16/2014 - Kazimer, Lauren  
 PCH Name: HERITAGE TOWERS

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 - On 4/16/2014, Resident # 2's PRN Milk of Magnesia, PRN Dulcolax suppositories, and PRN QC enema were not available in the home.  
 - On 4/16/2014, Resident # 3's PRN Acetaminophen 500mg was not available.

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 #2's PRN medication was reordered and received the day of inspection.  
 Resident #3 had two PRN Tylenol orders; one order for Tylenol 350mg for pain and one order for Tylenol 500mg for pain. There was a blister pack of Tylenol 350mg in the med cart but no 500mg Tylenol. Tylenol 500mg order was discontinued on day of inspection.  
 Pharmacy will be conducting quarterly cart audits to monitor for compliance. First audit scheduled 5/28/14.

*Carts will be audited by Med Techs each shift;  
 Lead Med Tech will also perform monthly Cart/Med Room audits - MM  
 Any unavailable medications will be immediately ordered from pharmacy or discontinued if medication is no longer needed. MM 6/4/14*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Martine Minninger PCHA*      Date *5/15/14*

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

The above plan of correction is approved as of *6/4/14*  
 (Date)

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

Plan of correction implementation status as of *6/4/14*  
 (Date)

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

Violation Report: 12718 - 04/16/2014 - Kazimer, Lauren  
 PCH Name: HERITAGE TOWERS

1. REGULATION 55 Pa.Code §2600  
 2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION

On 4/16/2014, what was presented as Resident # 1's Warfarin 6mg prescription had 2 labels. The top label was a photocopy of Resident # 1's Warfarin 5mg label taped to the blister pack. The original label underneath was damaged and did not contain the resident's name or administration instructions. Several elements of the original label did not match the label taped on top. The prescribing physician was different, the prescription number was different, the order date and expiration date were different, the quantity filled were different, and the last letter of of the resident's name visible on the original label did not match the photocopied label. It can be concluded that the home was using another resident's Warfarin 6mg for Resident # 1.

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 practice is not acceptable by this administrator. Nurse supervisor has been terminated. Nursing staff and med techs have been counseled and re-educated about reporting these occurrences.

Medication disposal policy has been updated and all staff educated of policy changes. See attachment #3

Mandatory training is to be conducted with contract pharmacy to retrain all staff pharmacy policy and procedures scheduled 5/20/14

Pharmacy will also be conducting quarterly cart and med room audits. First audit scheduled for 5/28/14.

*Carts will be audited by Med Techs each shift  
 lead Med Techs will also perform monthly Cart/med  
 Room audits - MM 6/4/14*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Martine Minninger PCHA Date 5/15/14

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

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

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

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

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

Violation Report: 12718 - 04/16/2014 - Kazimer, Lauren  
 PCH Name: HERITAGE TOWERS

1. REGULATION 55 Pa.Code §2600  
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
 On 3/31/2014, at 8am, Resident # 4 received a schedule dose of Amlopidine 10mg. Staff did not initial the MAR at the time of administration.

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.

Documentation that medication was given was shown to inspectors the day of inspection. Notation made in MAR that medication was given.

Med Techs re-educated of importance to document in MAR's at time of administration.

*Going forward, Lead Med Techs will Review MAR's daily to ensure compliance - MM*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Martine Munnix PCHA</i>	<i>5/15/14</i>

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

The above plan of correction is approved as of 5/20/14  
 (Date)

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

Plan of correction implementation status as of 6/4/14  
 (Date)

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

Violation Report: 12718 - 04/15/2014 - Kazimer, Lauren  
 PCH Name: HERITAGE TOWERS

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

2a. DESCRIPTION OF VIOLATION  
 - Resident # 1 was prescribed Warfarin 6mg, 1 tab on Tuesdays. Resident # 1 received Warfarin 6mg, 1 tab on Thursday 4/3/2014 and Thursday 4/10/2014.  
 - Resident # 5 was prescribed Oyster Calcium 250mg/Vitamin D 125units, take 2 tabs (500mg/250units) daily. The home was administering two tablets from a bottle of Calcium 800mg/Vitamin D 800units, equaling 1200mg Calcium and 1600 units Vitamin D.

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.*

Physician was contacted on day of inspection re: resident #1's warfarin given on Thursday's instead of Tuesday. See attachment #4. Order was also changed to give 6mg warfarin on Thursdays.

Resident #5's Oyster Calcium was removed from cart and reordered from pharmacy on day of inspection

Staff re-educated of careful transcription of physician orders and also careful checking of medication dosages when receiving medications. Staff have also been directed to not accept any OTC medications if they do not match the physician's order. Family also educated to be sure to deliver correct dosages when supplying OTC medications.

Pharmacy will also be conducting quarterly cart and med room audits. First audit scheduled for 5/28/14.

*Carts will be audited by Med Techs each Shift:  
 Lead Med Tech will also perform Monthly Cart/Med Room Audits - MM*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/14/2013	
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Martine Munniger RCHA* Date *5/15/14*

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

The above plan of correction is approved as of <u>5/30/14</u> (Date)	Plan of correction implementation status as of <u>04/14</u> (Date)
The above plan of correction was approved by <u>MM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented