



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 23 2014

Ms. Amy Young, Executive Director
Albright Care Services
1700 Normandie Drive
York, Pennsylvania 17408

RE: Normandie Ridge
License #: 351320

Dear Ms. Young:

As a result of the Department of Public Welfare's licensing inspection on May 14, 2014 and May 15, 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 24, 2014 to June 24, 2015 was issued on April 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

JH

Enclosure
License Inspection Summary

Violation Report: 35132 - 05/14/2014 - Rosenblat, Dale
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff persons A, hired on 1/9/2013 and B, hired on 7/31/2013, did not receive orientation in the Emergency Medical Plan 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.

2600.65(b) - Staff will have orientation within 40 scheduled working hours which includes: (1) resident rights, (2) Emergency medical plan, (3) mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, (4) Reporting of reportable incidents and conditions.

On 6/30/14, the Administrator provided training to staff persons A and B on the Emergency Medical Plan.

Personal Care Administrator or designee will provide orientation during general orientation upon hire; Staff hired for Personal Care will be oriented on 1) residents rights, 2) Emergency medical plan, 3) mandatory reporting of abuse and neglect under Older Adult Protective Services Act, 4) Reporting of reportable in-

Repeat Violation: No Date(s) of Previous Violation(s): ~~Criteria and Conditions~~

Signature of Legal Entity Representative (Required on EVERY Page) *Cathy Serfert*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy Serfert PC Administrator* Date *6/27/14*

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

The above plan of correction is approved as of 7.3.14 (Date)

Plan of correction implementation status as of 7.3.14 (Date)

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

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

Violation Report: 35132 - 05/14/2014 - Rosenblat, Dale
 PCH Name: NORMANDIE RIDGE

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
 The bathroom in room 148, does not have an operable window or ventilation fan.

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 bathroom ventilation fan in room 148 was repaired on 5/16/14 at 8:22 am.

Environmental Services will inspect 8 bathroom ventilator fans per month. All rooms will be inspected quarterly.

Environmental Services will report inspection results at Quality Assurance meetings quarterly.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seifert*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seifert, PC Administrator* Date *6/27/14*

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Violation Report: 35132 - 05/14/2014 - Rosenblat, Dale
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home does not have documentation of notification to the local fire department of the address of the home, location of the bedrooms and the assistance needed to evacuate in an 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.

Sent certified mail
 A letter has been sent to the West Manchester fire chief, [REDACTED], indicating the following:
 a. address of home
 b. location of bedrooms
 c. immobile residents room numbers.

This letter will be kept on file at Normandie Ridge in the administrators office as well as in the Environmental Services office.

will update quarterly and send new letters

a copy of this letter is attached

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cathy Seifert*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy Seifert, Personal Care Administrator* Date *6/24/14*

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Violation Report: 35132 - 05/14/2014 - Rosenblat, Dale
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The last fire safety inspection and drill observed by a fire safety expert was conducted on 3/06/2014. The home does not have a record of a fire safety inspection and drill observed by a fire safety expert during the 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.

A task report has been generated so that on September 1st of each year the Environmental Services Supervisor will be notified to contact the Fire Expert to schedule an appointment for yearly fire drill inspection on October 7th.

A task report has also been generated to remind Environmental Services Supervisor of yearly Fire drill inspection on October 7th. Fire drill inspection will be coordinated with the Personal Care administrator.

Going forward, the Environmental Services Supervisor, will ensure that the Department's 132b model form is completed annually. *je*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seifert PC administrator* Date *6/27/14*

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 (Initials)

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Violation Report: 35132 - 05/14/2014 - Rosenblat, Dale
 PCH Name: NORMANDIE RIDGE

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 first fire drill conducted on 12/31/2013 was not recorded on the fire drill log. A second fire drill was conducted on the same day at 12:30p because the first drill was not successful. This fire drill was recorded on the fire drill record.

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.

Any and all fire drills conducted in Personal Care shall have documentation of all required elements, provided by the Environmental Services Supervisor.

If a problem occurs during a drill, the drill will be documented with all required elements including explanation of problem. The second attempt will then also be documented with all required elements as a separate entry.

Fire drills will be reviewed for all required elements at monthly Quality Assurance meetings.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/21/2013	05/18/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Cathy Seifert*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy Seifert PC Administrator* Date *6/27/14*

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Violation Report: 35132 - 05/14/2014 - Rosenblat, Dale
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home does not have a designated evacuation time from a fire safety expert. The home's fire drill evacuation times exceed 2.5 minutes every month.

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.

Fire Safety expert will provide documentation that residents are capable of evacuating to fire safe area in a designated amount of time on a yearly basis.

Personal care administrator does have documentation that residents can evacuate to fire safe area, and they should be able to evacuate in no more than 7 minutes.

See attached documentation

Going forward, the Environmental Services Supervisor, will ensure that the Department's 132d model form is completed annually. *je*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy Seifert PC Administration* Date *6/27/14*

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The above plan of correction was approved by <u><i>je</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: 35132 - 05/14/2014 - Rosenblat, Dale
 PCH Name: NORMANDIE RIDGE

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

2a. DESCRIPTION OF VIOLATION
 The same three fire exit routes, west, south and north were used during 10 out of 11 fire drills in the past year.

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.

Environmental Services will vary the locations of the hypothetical fire during each drill. This will be done by simulating a blocked door or egress path and practice evacuating through an alternate path.
 at least once every two calendar years a hypothetical fire will be located in each fire safe area.

Environmental Services will report alternating exit routes monthly at Quality Assurance meetings.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seibert*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cathy Seibert PC Administrator* Date: *6/27/14*

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Violation Report: 35132 - 05/14/2014 - Rosenblat, Dale
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

Nine of the 11 fire drills in the past year were held at the end of the month. (6/28, 8/30, 9/30, 10/31, 11/30, 12/31, 1/31, 2/28 and 4/28)

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.

Environmental Services Supervisor and personal Care Administrator will coordinate random calendar dates and times through out calendar year. Each month's fire drill will alternate different days of the week, different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Environmental Services Supervisor will report calendar dates and times at monthly Quality Assurance meetings.

A Task report will be generated to notify Environmental services of dates and times through out year.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cathy Seifert*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy Seifert PCC Administrator* Date *6/27/14*

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 (Initials)

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- Not Implemented

Violation Report: 35132 - 05/14/2014 - Rosenblat, Dale
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The home's written emergency medical plan does not include the hospital or source of health care that will be used in an emergency or an emergency staffing 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.

Emergency medical plan will include resident's Hospital of choice on Personal Information sheet that is included in the emergency envelope which is located in front of each resident chart.

Resident's personal information sheets will be reviewed and revised to include hospital of choice in an emergency.

Each new admission to personal care will have hospital of choice indicated on personal information sheet.

Personal Care Administrator will report on personal information sheet review at monthly Quality Assurance meetings until all personal care information sheets have been reviewed and updated.

Emergency medical plan will be revised to include an emergency staffing plan as follows: a current list of staffing phone numbers will be kept in Personal Care Administrator/nursing office and by PC administrator. (cont'd)

page 10A013 JE

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cathy Seifert*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy Seifert, PC administrator* Date *6/27/14*

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Plan of correction implementation status as of 7.3.14 (Date)

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- Not Implemented

2600.143(a) (cont'd)

In an emergency the Personal Care Administrator will be contacted and emergency staffing will be called to assist with staffing needs by the administrator. In the event the P.C. administrator is unavailable the executive director will be notified.

Staffing phone numbers will be revised as needed.

Cathy Serfent 6/27/14
P.C. Administrator.

Violation Report: 35132 - 05/14/2014 - Rosenblat, Dale
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a prescription for Novolog /100units/ML- 2units before meals in addition to sliding scale coverage. Some staff are documenting the total sliding scale coverage units administered together with the routine coverage units administered on the medication administration record.

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 educated on the new procedure of documentation of standing order insulin and sliding scale insulin. Staff will document on glucose flow sheet the number of units given for standing order insulin, use a slash, then record sliding scale insulin amount of units given. On the MAR's staff will document standing order insulin units given and sliding scale units given separately. (contd)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cathy Seifert, PCHA</i>	Date <i>6/26/14</i>
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2600.187(a) cont'd.

Medication Administration Reviews will be audited by the Personal Care Administrator monthly for a period of 3 months to ensure proper documentation of insulin given.

Reports/audits will be reported at Quality Assurance meetings monthly for 3 months.

Cathy Seifert
P.C. Administrator
6/27/14

Violation Report: 35132 - 05/14/2014 - Rosenblat, Dale
 PCH Name: NORMANDIE RIDGE

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 initial assessment for resident #2, admitted 7/15/2013, was completed on 8/4/2013. The assessment was completed beyond the time required by regulation.

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.

An initial assessment (written) will be completed within 15 days of admission by the nurse manager, PC administrator or designee.

Admission date of any new resident will be recorded on calendar; date when initial assessment should be completed will be documented on calendar and will be initialed when assessment is completed.

A list of admissions with completion date of assessments will be reviewed at Quality Assurance meeting monthly for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cathy Seibert PC Administrator</i>	Date <i>6/27/14</i>
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 (Initials)

Violation Report: 35132 - 05/14/2014 - Rosenblat, Dale
 PCH Name: NORMANDIE RIDGE

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #2 has a diagnosis of lower extremity edema and is to utilize compression stockings and the foot of the bed must be elevated when the resident is lying down. The resident's support plan does not document how this need will be met.

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 support plan has been updated to include ted hose stockings and foot of bed to be elevated. (Completed 5/16/14)

Administrator and nursing supervisor will review 8 support plans per month (9 will be reviewed in one of the months). This will ensure that all support plans will be reviewed quarterly.

PC administrator will report reviews at monthly Quality Assurance meetings

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cathy Seifert</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Cathy Seifert PC Administrator</i>	<i>6/27/14</i>

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