



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 17 2014

Ms. Dawn Baker, RN, Administrator
Manor Personal Care Inc.
6730 Tabor Avenue
Philadelphia, Pennsylvania 19111

RE: Tabor Manor
License #: 116980

Dear Ms. Baker:

As a result of the Department of Public Welfare's licensing inspection on July 30, 2014 and September 12, 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 November 30, 2014 to November 30, 2015 was issued on August 15, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew L. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 11698-07/30/2014- McHale, Christine
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa. Code §2600
 2600.28(g) - Upon discharge of the resident or transfer of the resident to a higher level of care, the administrator shall return the resident's funds being managed or stored by the home to the resident within 2 business days from the date the room is cleared of the resident's personal property.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was discharged from the home on 4/3/14, and the resident's belongings were removed on 4/3/14. The home did not return the resident's funds being managed by the home until 7/22/14.

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.

Resident #1 voluntarily left the home without a 30 day notice as written in the contract and refused to provide the home with a forwarding address. The administrator spoke with the resident via telephone and informed the resident of the remaining funds left at the home and again requested a forwarding address, resident refused to provide. The resident did not return to home until 7/22/2014, to receive her rent rebate. At this time the remaining balance of her PNA was retrieved.
 Upon discharge of a resident, the home will return residents funds being managed by the home within 2 business days from the date of removal of personal property to ensure the home remains in compliance with DPW Regulations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Dawn Baker

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

Dawn Baker RN-Administrator

Date 8/29/14

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

The above plan of correction is approved as of

9/22/14
 (Date)

Plan of correction implementation status as of

9/22/14
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 11698 07/30/2014 - McHale, Christine
 PCH Name: TABOR MANOR

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 window in the bathroom of resident room #5 does not have a curtain or other means of ensuring privacy for residents while bathing.
- The window in the bathroom of resident room #11 does not have a curtain or other means of ensuring privacy for residents while bathing.

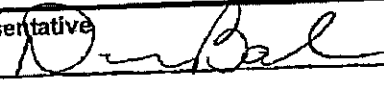
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the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

All bathroom windows in the home were immediately covered, temporarily, to provide privacy. By 9/5/2014, the owner will cover all the bathroom windows in the home permanently, with translucent material to ensure that every resident are provided privacy. The manager will perform weekly walking rounds to ensure that the home is in compliant with 2600 regulations. The manager will immediately report all findings to the administrator and the administrator will ensure that needed repairs are scheduled and completed.

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)

Dawn Baker

Date: 8/29/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

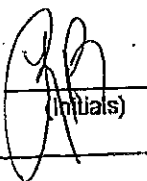
9/20/14
 (Date)

Plan of correction implementation status as of

9/20/14
 (Date)

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

The above plan of correction was approved by



(Initials)

Violation Report: 11698 - 07/30/2014 McHale, Christine
 PCH Name: TABOR MANOR

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

The ceiling in the upper right hand corner of resident room #5 has brown stains. The wall behind the back of the bed beneath this stain is soft to the touch. The resident who resides in this room reports that sometimes water drips in this area and that their pillow will be wet.

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 in room #5 bed was immediately moved away from the affected area, and the area blocked-off. On 7/31/2014, maintenance replaced the sheet rock to the ceiling and the walls direct care staff will perform daily rounds and record all needed repairs in the maintenance log. The maintenance worker will check the log weekly and perform all needed repairs. The manager will perform weekly rounds to ensure all repairs are complete and report to administrator. The administrator will perform monthly rounds to ensure the home is in compliance with DPW regulation.

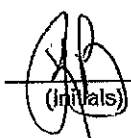
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dawn Baker - RA-Adm Date 8/29/14

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

The above plan of correction is approved as of 8/29/14 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 8/29/14 (Date)

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

Violation Report: 11698 07/30/2014 - McHale, Christine
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa. Code §2600*
 2600.102(j) - Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

2a. DESCRIPTION OF VIOLATION:
 - An unlabeled washcloth was found in the shower in the bathroom in resident room #11. This is a shared bathroom.
 - An unlabeled loofah was found in the shower in the bathroom in resident room #18. This is a shared bathroom.

The washcloth found in bathroom #11 and the loofah found in bathroom #18 was removed from the bathrooms. Resident council meeting was held and residents were informed that their towels and washcloths must remain in their personal living space. All towel racks were labeled. The manager will perform weekly walking rounds to make certain that all towel racks are properly labeled.

pages.)
 ips cannot be completed

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Denise Baker*

Printed Name and Title of Legal Entity Representative Date *8/29/14*
 (Required on EVERY Page) *Denise Baker RN-Administrator*

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

The above plan of correction is approved as of *9/22/14*
 (Date)

Plan of correction implementation status as of *9/22/14*
 (Date)

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

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

Violation Report: 11698 07/30/2014 - McHale, Christine
PCH Name: TABOR MANOR

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
Two bags of unlabeled meat were observed in the freezer on the right in the emergency food/water storage room.

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

The 2 bags of unlabeled meat (chicken) were never cooked or leftover. However, the chicken was discarded due to the label falling off. Staff will label all foods prior to being placed in the freezer. The manager will check the freezer's weekly to ensure that all stored items are properly labeled.

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) *Don Baker - RN Adm* Date *8/29/14*

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

The above plan of correction is approved as of *9/22/14*
(Date)

Plan of correction implementation status as of *9/22/14*
(Date)

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

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

Violation Report: 1169807/30/2014 - McHale, Christine
 PCH Name: TABOR MANOR

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 has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed in an evacuation.

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.

Notifying the fire department in writing was an oversight of the owner. On 7/31/2014, the home informed the local fire department, in writing, of the address, location of resident rooms and assistance needed in the case of evacuation. The owner will monitor the home's paperwork, monthly, to ensure that all needed paperwork is kept up-to date. The administrator will monitor the home paper quarterly, to ensure the home is in compliance with IDPW regulations.

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)

Don Baker RW Administrator

Date

8/29/14

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

The above plan of correction is approved as of

9/22/14
 (Date)

Plan of correction implementation status as of

9/22/14
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

7/30/14

Violation Report: 11698 - ~~07/02/2014~~ - McHale, Christine
PCH Name: TABOR MANOR

1. REGULATION 65 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 are: 7/24/14 - 4 minutes 20 seconds, 7/5/14 - 3 minutes 10 seconds, and 6/17/14 - 3 minutes.

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 home has signed a contract with Croker Fire safety Corporation to conduct an expert inspection within the next 30 days to obtain accurate evacuation time, and will be performed annually thereafter. Please see attached. The manager has created a tracking file to monitor the homes paperwork on a monthly basis to ensure that the home remains in compliance with 2600 regulations and report all findings to the administrator.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *D. Baker*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Dawn Baker RN-Admin* Date *8/29/14 9/19/14*

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

The above plan of correction is approved as of *10/21/14* (Date)
The above plan of correction was approved by *JP* (Initials)
Plan of correction implementation status as of *10/21/14* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 11698 07/30/2014 McHale, Christine
 PCH Name: TABOR MANOR

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

2a. DESCRIPTION OF VIOLATION
 All exits were used during the fire drills from 8/20/13 to 7/24/14.

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.

All staff was in-serviced to use alternate routes during each fire drill. The route not in use will depend upon the location of the fire. The administrator will monitor the fire drill log quarterly, to ensure the exits are alternated.

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) <i>Don Baker RN-Adm</i>	Date <i>8/29/14</i>
---	---------------------

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

The above plan of correction is approved as of *9/2/14*
 (Date)

Plan of correction implementation status as of *9/22/14*
 (Date)

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

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

Violation Report: 11698 07/30/2014 - McHale, Christine
PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2600
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
On 7/30/14, a bottle of Latanoprost 0.005%, was being stored in a drawer in the medication room. The label for this medication stated "refrigerate."

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.

Request for removal.

The bottle of latanoprost was properly stored in the medication room. The bottle was incorrectly labeled "refrigerator". The latanoprost is only to be refrigerated prior to use. After opening the bottle, the eye drops can be stored at room temperature. The administrator notified the pharmacy and requested the label be changed to reflect "refrigerate prior to use." Please see attached literature. The RN will check all the medications weekly to ensure proper storage.

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) *Dawn Balcar RN Admin*

Date *8/29/14*

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

The above plan of correction is approved as of *9/2/14*
(Date)

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

- Plan of correction implementation status as of *9/2/14* (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 11698 - 07/30/2014 McHale, Christine
 PCH Name: TABOR MANOR

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.
 The medication administration record for resident #2 does not include a diagnosis or purpose for Ketoprofen 75, which is taken as needed.

The medication record for resident #2 has been updated with the proper diagnoses. The pharmacy has been notified to add the diagnoses to the medication profile. The RN will monitor the medication records weekly to ensure that all medications have diagnosis listed.

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 Date
 (Required on EVERY Page) *Dawn Baker RN-Adm* *8/29/14*

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

The above plan of correction is approved as of *9/22/14*
 (Date)

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

Plan of correction implementation status as of *9/22/14*
 (Date)

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

Violation Report: 11698 07/30/2014 - McHale, Christine
 PCH Name: TABOR MANOR

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

Resident #3 is prescribed Spiriva Handihaler 18 mcg, one capsule daily. Resident #3 reports that they did not receive this medication during the month of July 2014. The resident's medication administration record was initialed that the resident received this medication from 7/1/14 to 7/30/14.

(s)
 cannot be completed

Resident #3 is prescribed spiriva and has indeed received this medication for the month of July, as recorded on the medication record. The last dose was received on 7/30/2014 in the AM prior to inspection; the administrator reordered all needed medications prior to the inspectors' arrival. The resident was educated about his daily medications and times to be given. The resident will continue to receive all medications as prescribed by the physician. The RN will continue to monitor all medications against the medication records to ensure that all prescribed medications are in the home. The administrator will continue to check the medications against the medication records monthly to ensure all medications are in the home and available to the resident

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!

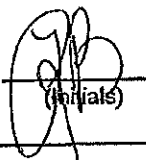
The above plan of correction is approved as of

9/2/14
 (Date)

Plan of correction implementation status as of

9/2/14
 (Date)

The above plan of correction was approved by:


 (Initials)

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

Violation Report: 11698-07/30/2014 McHale, Christine
 PCH Name: TABOR MANOR

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

2a. DESCRIPTION OF VIOLATION
 Resident #3 is prescribed Spiriva Handihaler 18 mcg, one capsule daily. The resident did not receive this medication from 7/1/14 to 7/30/14.

Resident #3 is prescribed spiriva and has indeed received this medication for the month of July, as recorded on the medication record. The last dose was received on 7/30/2014 in the AM prior to inspection; the administrator reordered all needed medications prior to the inspectors' arrival. The resident was educated about his daily medications and times to be given. The resident will continue to receive all medications as prescribed by the physician. The RN will continue to monitor all medications against the medication records to ensure that all prescribed medications are in the home. The administrator will continue to check the medications against the medication records monthly to ensure all medications are in the home and available to the resident.

cs.)
 cannot be completed

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) *Dawn Baker RN-Adm* Date *8/29/14*

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

The above plan of correction is approved as of *9/29/14* (Date)

Plan of correction implementation status as of *9/29/14* (Date)

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

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

Violation Report: 11698 - 07/30/2014 McHale, Christine
 PCH Name: TABOR MANOR

1. REGULATION 55 Pa.Code §2800
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

- Staff person A administered resident #2's Percocet 5/325 daily from 7/1/14 to 7/30/14. Staff person A has not completed their annual practicum for medication administration in 2013.
 - Staff person B administered medications to residents in the home from 7/16/14 to 7/19/14, and from 7/22/14 to 7/26/14. Staff person A has not completed their annual practicum for medication administration in 2013.

At the time of inspection, the administrator was unable to locate the record of Annual practicum for medication administration in 2013 for staff person's A & B. The administrator contacted the trainer and received copies of the training for 2013. Please see attached. The administrator will monitor employee training records, monthly, to ensure that all records are up-to-date and properly filed.

(d pages.)
 steps cannot be completed

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

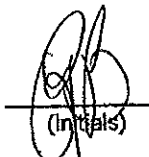
Signature of Legal Entity Representative
 (Required on EVERY Page)

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 9/22/14
 (Date)

Plan of correction implementation status as of 9/22/14
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 11698 - 07/30/2014 McHale, Christine
 PCH Name: TABOR MANOR

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 #4 admitted 7/25/13, was completed on 8/13/13. Resident #4 has a history of suicide attempts and requires a low fat, low salt, low cholesterol, and heart healthy diet. These items are not addressed on the resident's assessment.

There was a calculation error made when completing the initial assessment for resident #4. The administrator will monitor all assessment records to ensure that the initial assessment is implemented within 15 days of admission and completed no longer than 30 days after admission. An addendum has been added to the resident record to reflect the resident's history of suicide attempts and that she requires a low fat, low cholesterol and heart healthy diet. The administrator will monitor the assessment records annually and update the assessment, as changes occur.

(es.)
 cannot be completed

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *D. Bal*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Dawn Baker RN-Adm* Date *8/29/14*

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

The above plan of correction is approved as of *9/22/14*
 (Date)

Plan of correction implementation status as of *9/22/14*
 (Date)

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

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