



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 09 2014

Mr. Steven J. Miga, President
Eastern Comfort III Inc
4136 Nazareth Pike
Bethlehem, Pennsylvania 18020

RE: Eastern Comfort III
206 Diamond Street
Slatington, Pennsylvania 18018
License #: 216770

Dear Mr. Miga:

As a result of the Department of Public Welfare's licensing inspection on July 30, 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 October 28, 2014 to October 28, 2015 was issued on July 9, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

SH

Enclosure
License Inspection Summary

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

PCH Name: EASTERN COMFORT III		License Number: 21677
Address: 206 DIAMOND STREET, SLATINGTON, PA 18018		County: Lehigh
Administrator: KERRY BOYER		Region: NORTHEAST
Legal Entity Name: EASTERN COMFORT III		
Legal Entity Address: 4136 NAZARETH PIKE, BETHLEHEM, PA 18020		
Certificate(s) of Occupancy C-2 LP 03/10/1999 LABOR AND INDUSTRY		
Staffing Hours Resident Support: 0 Total Daily Staff: 14 Waking Staff: 11		
Type of Inspection: Ind - 49 Indicators BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Indicator		
On-Site Inspections Dates and Department Representatives On-Site 07/30/2014: Dumas, Gerald; Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: 132d.,252. Random Indicators: 15B,42C,101G,25D,20B6		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 20 Number of Residents Served: 14 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: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 11 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 21677 - 07/30/2014 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa. Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident # 1 is prescribed Lurnigan Eye drops - 1 drop in both eyes daily for Glaucoma.
 On 7/28/14 at 8:00pm this medication was not administered. Department Representatives determined it was not administered due to the fact the medication was not available at the facility. The facility failed to report this medication error to the Department.

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.

Educated Staff on proper procedure if medication is not available they are to document & Notify administrator so an incident report can be filed with DPW. with-in 24 hrs.

Adm/Designee will ensure that all staff, especially on nights, weekends & holidays know what needs to be reported and that it is done w/in the required 24 hour time frame. Adm will monitor for ongoing compliance. AP, 9/23/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry Boyer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kerry Boyer, Administrator* Date *8/25/2014*

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

The above plan of correction is approved as of 9-23-14
 (Date)

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

Plan of correction implementation status as of 9-23-14
 (Date)

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

Violation Report: 21677 - 07/30/2014 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION
 The resident home contract for resident # 2 does not include a date of when the contract was implemented.

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 administrator will make sure all contracts are filled out to its entirety all areas will be double checked. Adm or Designee will review all admission related documentation or contract updates prior to filing to insure documents are in compliance going forward.
 * Have all existing contracts been reviewed to insure current compliance? If not, please check.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kerry Boyer</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kerry Boyer, Administrator</i>		Date <i>8/25/2014</i>

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The above plan of correction is approved as of <u>9-23-14</u> (Date)	Plan of correction implementation status as of <u>9-23-14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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: 21677 - 07/30/2014 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 A phone with an outside line, located on the 1st floor common area did not have the required emergency numbers posted on or near the phone.

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 phones have been checked and emergency numbers are placed by the phones. When staff does maintenance checks every 2 weeks they will check to see that all emergency numbers are posted. Adm Designee will perform periodic walk throughs to insure ongoing compliance. *OP*
 9/23/14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry Boyer*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Kerry Boyer, Administrator* *8/25/14*

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Violation Report: 21677 - 07/30/2014 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa. Code §2600

2600.92. - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the tilted stained glass windows located in the dining room open. The windows do not contain screens allowing penetration of insects.
 Cardboard used to cover the sides of a window air conditioner was found loose thereby allowing insects to enter bedroom # 11. The loose cardboard allows for the penetration of insects to enter the bedroom.

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.

foam insulation was placed on sides of air conditioners.

stained glass windows are to remained closed. until we can provide proper screens for the windows

Adm Designee will observe windows to insure closure to attain ongoing compliance
 OP 9/23/14

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

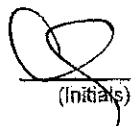
Signature of Legal Entity Representative (Required on EVERY Page) Kerry Boyer

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kerry Boyer, Administrator Date 8-25-14

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Plan of correction implementation status as of 9-23-14 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 21677 - 07/30/2014 - Dumas, Gerald
 PCH Name: EASTERN.COMFORT III

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
 At approximately 11 a.m., there was no thermometer in the kitchen's side by side refrigerator freezer or in the G.E. upright refrigerator.

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.

Thermometer were placed in all Refrigerator & freezers
 Staff is checking thermometer every Friday when food order is put away.
 Adm Designee will perform periodic checks to insure ongoing compliance.
 CP. 9/23/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kerry Boyer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kerry Boyer, Administrator* Date *8-25-14*

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Violation Report: 21677 - 07/30/2014 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa. Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 At approximately 11 a.m., bags of chicken, chicken fingers and brown bags containing french fries were stored in the home's G.E. Freezer. The bags did not include an expiration date or the name of the food items contained within the bags.

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.

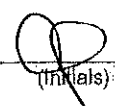
All food was labeled and dated reviewed with staff that all food must be labeled & dated right away when food delivery comes, and with all left over and open products.
 Food in freezer/ will be Refrigerator checked on a weekly Basis every Saturday.
 Adm/Designee will observe food storage periodically to insure ongoing compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry Boyer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kerry Boyer, Administrator* Date *8-25-14*

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Plan of correction implementation status as of 9/23/14 (Date)

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

Violation Report: 21677 - 07/30/2014 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

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

Department Representatives determined the letter from the fire safety expert dated 9/3/13 states that the maximum evacuation time for residents to evacuate in an emergency is 2 minutes and 14 seconds. The facility held fire drills on the following dates that exceeded the maximum evacuation time:

- 6/30/14 at 6:00am; 2 minutes and 30 seconds to evacuate
- 1/30/14 at 2:40am; 2 minutes and 30 seconds to evacuate

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 fire chief wrote the time it took us to evacuate that day instead of time he allows us to evacuate. I have talked to fire chief [redacted] day of inspection he was out of the area. I have called [redacted] He has not got back to me I am still working on this. In future I will make sure form is filled out properly as it was for 2014

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Herry Boyer

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

Herry Boyer, Administrator

Date 8-25-14

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The above plan of correction is approved as of 9-23-14
 (Date)

Until the letter is updated
 evacuation time must be 2 min,
 30 sec or less on every drill.
 The above plan of correction was approved by GP
 (Initials)

Plan of correction implementation status as of 9-23-14
 (Date)

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

10-1-14

30

Pls send in new 132d letter once received. CD.

rec'd 9-27-14 GP.

Violation Report: 21677 - 07/30/2014 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa. Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 The medical evaluation form completed on 4/9/14 for resident # 3, does not include the date the resident was actually medically evaluated and therefore it cannot be determined whether the resident was evaluated in the required time frame.

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

When I, administrator receives medical evaluation forms back from the Doctor I will check thoroughly to make sure all areas are filled out. ^{OP} 9/23/14
 Adm or Designee will review admission packet, including DME upon receipt to insure current compliance.
 Adm will do an audit of all existing residents to insure compliance. Have to retain documentation of audit.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/07/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry Boyer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kerry Boyer, Administrator* Date *8-25-14*

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Violation Report: 21677 - 07/30/2014 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

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

Department Representatives observed two loose pills located in the 2nd drawer of the medication administration cart. One pill was round and white with no identifying letters or symbols, the other pill was oval and pink with ZA20 written on one side. It was unable to be determined what resident these pills may have been prescribed for.

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.

Med cart will
 Be checked on a weekly Basis
 every Wednesday to make sure
 all meds are in cart / non expired.
 Adm/ Designee will perform periodic
 Cart audits to ensure ongoing
 compliance.

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

Signature of Legal Entity Representative:
 (Required on EVERY Page) *Kerry Boyer*

Printed Name and Title of Legal Entity Representative:
 (Required on EVERY Page) *Kerry Boyer, Administrator* Date: *8-25-14*

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 (Date)

Plan of correction implementation status as of 9/23/14
 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 21677 - 07/30/2014 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

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 # 4 is prescribed Ativan 0.5mg - 1 tablet daily 3 times per day. The Medication Administration Record for resident # 4 was not initialed to indicate this medication was administered on 7/29/14 at 8:00pm.

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.

I have reviewed with staff of importance of documentation right after you give the residents their medication MAR Book is also being checked every Wednesday Adm/Designee will also review periodically to insure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kerry Boyer

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

Kerry Boyer, Administrator

Date

8-25-14

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The above plan of correction is approved as of:

9-23-14
 (Date)

Plan of correction implementation status as of:

9/23/14
 (Date)

The above plan of correction was approved by:


 (Initials)

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

Violation Report: 21677 - 07/30/2014 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

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

2a. DESCRIPTION OF VIOLATION

Resident # 1 is prescribed Lumigan Eye drops - 1 drop in both eyes daily for Glaucoma. On 7/28/14 at 8:00pm this medication was not administered. Department Representatives determined it was not administered due to the fact the medication was not available at the facility. The facility failed to follow prescriber's orders in administering this medication.

Resident # 3 is prescribed Imodium AD 2mg tablet, 2 tablets as needed for loose bowels. This medication is not available at the facility.

Resident # 5 is prescribed Delsym 30mg/5ml - 1 tsp as needed for cough and Imodium 2mg capsule - 1 capsule as needed for loose bowels. These medications are not available at the facility.

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.

Reviewed with staff of checking meds when they are expiring to order at least 7 days prior & to follow up with pharmacy - med cart checks are being done every Wednesday.
 MARs should also be reviewed at least every other day to insure all items are on hand to maintain compliance w/ dr. orders.

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

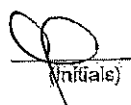
Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry Boyer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kerry Boyer, Administrator* Date *8-25-14*

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Plan of correction implementation status as of 9-23-14
 (Date)

The above plan of correction was approved by 
 (Initials)

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- Not Implemented

Violation Report: 21677 - 07/30/2014 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 is prescribed Lumigan Eye drops -- 1 drop in both eyes daily for Glaucoma.
 On 7/28/14 at 8:00pm this medication was not administered. Department Representatives determined it was not administered due to the fact the medication was not available at the facility. The facility failed to notify the physician of this medication error.

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

When ever medication is not available at facility the Residents Dr. will Be Notified (called & faxed)

Have Reviewed with staff all missed doses will Be reported to Dr. & documented Adm/Designee will examine causes of errors (see as is not on hand) and address it in order to come into and maintain compliance. This will also appear in the home's Annual Quality Plan. CP, 9/23/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kerry Boyer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kerry Boyer, Administrator* Date *8-25-14*

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Plan of correction implementation status as of 9-23-14 (Date)

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

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Violation Report: 21677 - 07/30/2014 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa. Code §2600

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

The home's administrator A is also the medication trainer for the staff's medication administration training. Administrator A acknowledged not completing her own annual practicums which were due in June 8, 2013 and June 8, 2014.

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

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

I have completed my practicum, in the future I will review my paper work along with staff and make sure my med training is up to date. Admin or Designee will develop a tracking system w/ dates in order to assist in attaining ongoing compliance. *OP* 9-23-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kerry Boyer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kerry Boyer, Administrator* Date *8-25-14*

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The above plan of correction is approved as of *OP* (Date) *9-23-14*

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

Plan of correction implementation status as of *9-23-14* (Date)

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Violation Report: 21677 - 07/30/2014 - Dumas, Gerald
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa. Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The facility does not have a current photograph of resident # 2.

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.

Picture of Resident # 2
 was taken in the future
 New Residents picture will
 be taken immediately.

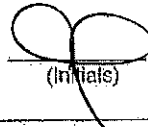
Adm/ Designee will conduct periodic
 resident record reviews & ~~ensure~~ insure
 that all elements of 2600.252 are in
 compliance (as applicable). Cf. 9-26-23-14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kerry Boyer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kerry Boyer, Administrator* Date *8-25-14*

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

The above plan of correction is approved as of <u>9-23-14</u> (Date)	Plan of correction implementation status as of <u>9-23-14</u> (Date)
The above plan of correction was approved by  (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