



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to CARE HSL BELLE REVE OPCO LLC
LEGAL ENTITY

To operate BELLE REVE SENIOR LIVING CENTER
NAME OF FACILITY OR AGENCY

Located at 404 EAST HARFORD STREET, MILFORD, PA 18337
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

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

The total number of persons which may be cared for at one time may not exceed 65
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 19

Restrictions: _____

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

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

and shall remain in effect from June 25, 2015 until June 25, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 225130

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 25 2015

Mr. Edward Harding, Executive Director
Care HSL Belle Reve OPCO LLC
404 East Harford Street
Milford, Pennsylvania 18337

RE: Belle Reve
License #: 225130

Dear Mr. Harding:

As a result of the Department of Human Services' licensing inspection on May 6, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

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

Sincerely,

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

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

Violation Report: 22513 - 05/06/2015 - Harvey, Jason
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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
 The telephone located in the secured dementia care unit main room did not have the required emergency numbers posted.

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.

91 (completed 5/20/15)

This regulation is important to allow residents, family members and staff to be able to notify emergency services of an event. This was violated due to a confused resident removing the sticker which was attached to the table where the main telephone was located.

1. The emergency telephone number label was re-attached to the stand and affixed to the telephone with a zip tie.
2. A room to room audit was completed by staff to assure that every telephone with a cord had a listing affixed using a zip tie any wireless phone / cell had the listing attached to the stand.
3. Housekeeping will assist with the ongoing compliance during their cleaning rounds at least weekly to assure emergency telephone number available attached directly to the phone, and/or taped to the bedside table or the location of the telephone.
4. The Personal Care Coordinator / designee will conduct weekly rounds for four (4) week then monthly to ensure ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Edward P Harding, Executive Dir</i>	Date <i>5.29.15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-15-15</u> (Date)	Plan of correction implementation status as of <u>6-15-15</u> (Date)
The above plan of correction was approved by <u><i>EH</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: 22513 - 05/06/2015 - Harvey, Jason
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The homes secured dementia care unit did not post the current and following week's menus.

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.

162 (completed 5/20/15)

This regulation allows the residents to be aware of the specific food being served at each meal. Most resident in the SDU were unable to understand or read the weekly menu, therefore the facility thought it would be in the resident's best interest to post large print daily menus. The facility updated the menu board to include the required weekly menu along with maintaining the daily notice.

- The Dietary Department immediately posted the required menus.
- The Food Service Director / designee will assure ongoing compliance posting / verifying the menus are posted weekly.
- The Memory Care Director / designee will monitor daily to assure that current menus are posted.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Edward P. Harding*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Edward P. Harding, Executive Dir* Date *6-28-15*

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

The above plan of correction is approved as of 6-15-15
 (Date)

Plan of correction implementation status as of 6-15-15
 (Date)

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

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

Violation Report: 22513 - 05/06/2015 - Harvey, Jason
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the large passenger van did not contain scissors, a thermometer, eye coverings, and a breathing shield.

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.

171b5 (completed 5/20/15)

It is important to assure all items are available according to regulation to properly respond in the event of an emergency and to be able to administer first aid. The facility failed to have a complete first aid kit available with all items listed.

1. The maintenance department purchased a new complete first aid kit for the van to assure compliance.
2. The maintenance director / designee will inspect monthly to ensure that the first aid kit is complete with all required items.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Edward P Harding*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Edward P Harding, Executive Dir* Date *5-28-15*

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Violation Report: 22513 - 05/06/2015 - Harvey, Jason
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION
 1 tablet of Sertraline 50mg prescribed to resident #1 was out of its original container and was located at the bottom of a drawer in the 1st floor medication cart.

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.

183a1 (completed 5/20/15)

It is important to keep all medication within their original container to prevent any errors relating to the administration to the resident.

- A. At the time of the survey it was identified whose medication was accidentally popped from the bubble pack and found at the bottom of the drawer, pharmacy was notified for a replacement and the medication was destroyed.
- B. Med Techs were educated on checking medication cart each shift and inspecting for any loose medication.
- C. If a medication is discovered it will need to be identified and then destroyed properly. Pharmacy will be notified to replace the missing dose to ensure resident will not be short their scheduled medication.
- D. The Personal Care Home Administrator / designee with the assistance of the Personal Care Coordinator will complete a cart audit monthly for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Edward P. Harding*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Edward P. Harding Executive Dir* Date *5-28-15*

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The above plan of correction was approved by <u>OO</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: 22513 - 05/06/2015 - Harvey, Jason
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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
 The pharmacy label for Asmanax Twisthaler prescribed to resident #2 was torn and partially removed from the medication packaging.

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.

184a (completed 5/20/15)

This regulation to have properly labeled medication with the all required information is important to assure proper administration.

- The identified label was partially removed due to opening the foil container showing the part of the name, full room number and a portion of the instructions. Staff has been trained in the past to identify all medication using the 5 rights of medication administration and identified the proper resident, medication through the MAR system.
- Following the survey the pharmacy was informed of the damaged label and replacement was received.
- Med techs were educated on inspecting all labels for all information each shift prior to administration to ensure that directions, resident's entire name, are intact and clearly labeled.
- If it is discovered that a label is not clear and intact the pharmacy will be made aware to replace the missing / damaged label and / or medication.
- The Personal Care Home Administrator / designee with the assistance of the Personal Care Coordinator will complete a cart audit monthly for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Edward P. Hackett*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Edward P. Hackett, Executive Dir* Date *5-20-15*

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

The above plan of correction is approved as of 6-15-15
 (Date)

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

Plan of correction implementation status as of 6-15-15
 (Date)

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

Violation Report: 22513 - 05/06/2015 - Harvey, Jason
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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 (MAR) for the following residents was not properly maintained due to staff incorrectly transcribing the accucheck readings from the individual glucometer machines:

Resident #3- Before dinner on 4/27/15 the reading was 186 but was incorrectly transcribed as 184.
 Before breakfast on 4/29/15 the reading was 179 but was incorrectly transcribed as 170
 Before breakfast on 4/30/15 the reading was 129 but was incorrectly transcribed as 127
 Before breakfast on 5/1/15 the reading was 193 but was incorrectly transcribed as 179
 Before breakfast on 5/2/15 the reading was 125 but was incorrectly transcribed as 121
 Before dinner on 5/4/15 the reading was 165 but was incorrectly transcribed as 169

Resident #4- Before bedtime on 4/28/15 the reading was 137 but was incorrectly transcribed as 136
 Before breakfast on 5/1/15 the reading was 49 but was incorrectly transcribed as 121
 Before breakfast on 5/2/15 the reading was 253 but was incorrectly transcribed as 163
 Before breakfast on 5/4/15 the reading was 71 but was incorrectly transcribed as 73

Resident #5- Before breakfast on 4/27/15 the reading was 386 but was incorrectly transcribed as 388
 Before breakfast on 4/29/15 the reading was 150 but was incorrectly transcribed as 250
 Before breakfast on 5/1/15 the reading was 250 but was incorrectly transcribed as 240
 Before lunch on 5/1/15 the reading was 424 but was incorrectly transcribed as 249
 Before dinner on 5/1/15 the reading was 192 but was incorrectly transcribed as 308
 Before bedtime on 5/1/15 the reading was 232 but was incorrectly transcribed as 239
 Before dinner on 5/3/15 the reading was 276 but was incorrectly transcribed as 275

Resident #6- Before breakfast on 5/1/15 the reading was 91 but was incorrectly transcribed as 105
 Before dinner on 5/1/15 the reading was 308 but was incorrectly transcribed as 192
 Before lunch on 5/3/15 the reading was 128 but was incorrectly transcribed as 129

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.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/24/2014	11/03/2014
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Please see next page →

Violation Report: 22613 - 05/06/2015 - Harvey, Jason PCH Name: BELLE REVE SENIOR LIVING CENTER	
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.	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Edward P. Harding</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Edward P. Harding, Executive Dir</i>	Date <i>5-28-15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>6-15-15</i></u> (Date)	Plan of correction implementation status as of <u><i>6-15-15</i></u> (Date)
The above plan of correction was approved by <u><i>EP</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

187a (completed 5/20/15)

It is important to properly document and to maintain the residents medical records the med tech failed to properly transcribe the readings from the glucometer machine.

- All staff who administer medications including providing an Accu-check were educated on the importance of properly transcribing the correct readings from the glucometer to the E-MAR.
- The Personal Care Coordinator / designee will conduct daily audit for one week, weekly for four (4) weeks then monthly to ensure ongoing compliance and report to the Personal Care Home Administrator any non-compliance for processing through the progressive disciplinary process.

The home will retain documentation of audit results.

Edward P. Harding, RD 5/28/15 EP.

Violation Report: 22513 - 05/06/2015 - Harvey, Jason
 PCH Name: BELLE REVE SENIOR LIVING CENTER

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

2a. DESCRIPTION OF VIOLATION
 Resident #6 is prescribed to have accucheck readings completed daily before meals. A review of the resident's glucometer indicates the staff did not complete an accucheck reading on 4/29/15 before lunch as ordered.
 Resident #7 is prescribed accucheck readings daily before each meal and before bedtime. A review of the resident's glucometer indicates the staff did not complete an accucheck reading on 4/29/15 before breakfast as ordered.

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.

187d (completed 5/20/15)

This is important to assure that all resident receive the proper services and medications as ordered by the prescriber. The staff member failed to follow the physicians order with regards to the Accu-check.

1. All staff who administers medications were educated on the importance of properly following the directions of the prescriber on all medications including Accu-checks.
2. The Personal Care Coordinator / designee will conduct weekly audits for four (4) weeks then monthly to ensure ongoing compliance and report to the Personal Care Home Administrator any non-compliance for processing through the progressive disciplinary process.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Edward P. Harding*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Edward P. Harding, Executive Dir.* Date *5-28-15*

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The above plan of correction was approved by <i>[Signature]</i> (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: 22513 - 05/06/2015 - Harvey, Jason
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 The directions for operating the home's locking mechanism was not posted at the door to the SDCU.

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.

233c (completed 5/20/15)

The directions for the operation of the electronic locking device is important to allow visitors and staff free egress and the need for it to be posted to safe guard the safety of the residents of the SDCU. This was not available because the code was recently changed.

- The directions were immediately posted in a conspicuous location near the un-locking key pad with the correct coding.
- The Director of Maintenance will ensure that any time the code requires to be changed will notify the Memory Care Director to update the direction sheet.
- The Memory Care Director will monitor for compliance to assure the directions are posted at all times.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Edward P. Hasatung*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Edward P. Hasatung, Executive Dir* Date *5-28-15*

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The above plan of correction was approved by <u><i>OP</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: 22513 - 05/06/2015 - Harvey, Jason
 PCH Name: BELLE REVE SENIOR LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident #8 was admitted to the home's secure dementia care unit on 3/4/14, the home did not complete a resident assessment support plan within 72 hours of admission.

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.

234a (completed 5/20/15)

The support plan is important to assure that the resident receives the proper assessment, along with the care and services. This is important to be used to communicate the care and services to staff. This resident was an internal transfer from the personal care unit to the SDU. Her original support plan was updated to reflect her increased needs. The manager was unaware that an entire new support plan needed to be completed.


- A. Once discovered a new support plan was completed for the resident showing the updated items relating to her dementia and transcribed from her prior plan.
- B. Staff was educated on the need to complete a new service plan.
- C. Moving forward the Memory Care Director will complete a new complete support plan either within 72 of the admission or within 72 hours prior to the resident's being admitted to the SPU of any internal transfer.
- D. The Personal Care Coordinator / designee will conduct monthly audits to ensure that any internal transfer have a completed new support plan for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Edward P. Herpin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Edward P. Herpin, Executive Dir.</i>	Date <i>5-28-15</i>
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