



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 14, 2016

Ms. Charity A. Lytle, Owner
Lyttles Personal Care Home, LLC
4508 National Pike
Markleysburg, Pennsylvania 15459

RE: Lytle's Personal Care Home, LLC
443910

Dear Ms. Lytle:

As a result of the Department of Human Services' licensing inspection on July 9, 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.

Sincerely,

A handwritten signature in cursive script that reads "Susie Pollock" followed by a checkmark.

Susie Pollock
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: LYTLE S PERSONAL CARE HOME LLC		License Number: 44391
Address: 4508 NATIONAL PIKE, MARKLEYSBURG, PA 15459		County: Fayette
Administrator: Kera Fazen-Baker		Region: WEST
Legal Entity Name: LYTLES PERSONAL CARE HOME LLC		
Legal Entity Address: 4508 NATIONAL PIKE, MARKLEYSBURG, PA 15459		RECEIVED
Certificate(s) of Occupancy C-2 LP 03/24/1994 L&I		JAN 12 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 34	Waking Staff: 26
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/09/2015: Hultquist, Cliff, Williams, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30 Number of Residents Served: 30 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: 6 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 16 Are 60 Years of Age or Older: 13 Have Mental Illness: 9 Have an Intellectual Disability: 2 Have a Mobility Need: 4 Have a Physical Disability: 0	

Violation Report: 44391 - 07/09/2015 - Hultquist, Cliff
PCH Name: LYTTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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

On 07/09/15, there was a video camera installed at the top of the stairs to monitor the second floor hallway; however, the position of this camera enables the home to view the interior of bedroom #12. Residents #2, #3 and #4 currently reside in bedroom #12.

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 video camera in the stairs of second floor hallway has been repositioned to not view interior of bedroom #12.

Immediately: The administrator or designated staff person will check the position of the video camera daily, on each shift, to ensure the resident's right to privacy is not violated. *SM 1/13/16*

Within 30 days of receipt of the plan of correction, all staff person, including management, will receive resident right's training, with emphasis on the resident right to privacy, by a Department-approved outside source. Documentation of training shall be kept. *SM 1/13/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity Lytle

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

Charity Lytle (owner)

Date *1-7-16*

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

The above plan of correction is approved as of *1/13/16*
(Date)

Plan of correction implementation status as of *1/13/16*
(Date)

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

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

RECEIVED

Violation Report: 44391 - 07/09/2015 - Hultquist, Cliff
 PCH Name: LYTTLE S PERSONAL CARE HOME LLC

JAN 12 2016

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At 09:02 a.m., there were no paper towels, mechanical air blower, individual cloth towels or other sanitary means of drying hands in the bathroom across from bedroom #5.

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.

Job description for each shift has been modified for staff to check each bathroom for paper towels at shift beginning and end. Staff has signed modified job description.

Paper towels were placed in the bathroom at the time of inspection. 1/13/16

Immediately: The administrator or designated staff person will check all bathrooms daily on each shift to ensure there is a sanitary means of drying hands available. Any identified or reported unsanitary conditions will be corrected immediately by the staff person identifying the situation or designated staff person. 1/13/16

Immediately: The administrator or designated staff person will devise and implement a system to enable staff to report any unsanitary condition that they cannot correct at the time of discovery to the administrator or maintenance staff person. All staff persons will be educated on this system. 1/13/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/17/2014
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Signature of Legal Entity Representative (Required on EVERY Page) Charity Lytle

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Charity Lytle (owner) Date 1-7-16

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 (Date)

Plan of correction implementation status as of 1/13/16
 (Date)

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

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

JAN 12 2016

Violation Report: 44391 - 07/09/2015 - Hultquist, Cliff
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600.

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

At 9:35 a.m., there were three bags of uncovered garbage on a cart outside the exit door adjacent to bedroom #8.

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.

Covered garbage cans were put outside for staff to put garbage in before taking to the dumpster.

Trash was placed in covered receptacles at the time of inspection. *sm 1/13/16*

Immediately: The administrator or designated staff person will check outside trash area daily on each shift to ensure all trash is contained in covered receptacles. Any uncovered trash identified will be corrected immediately by the staff person identifying the situation or designated staff person. *sm 1/13/16*

Within 15 days of receipt of plan of correction: All staff persons will be educated that all trash outside the home shall be contained in covered receptacles to prevent the penetration of insects and rodents. *sm 1/13/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity Lytle

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

Charity Lytle (owner)

Date 1-7-16

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(Date)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44391 - 07/09/2015 - Hultquist, Cliff
PCH Name: LYTTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a 2' by 2' section of drywall missing from the wall next to the sink exposing the hot and cold water pipes in bathroom A.

The carpet is in disrepair in multiple areas of the home creating the following tripping hazards:

- 12" tear in the carpet outside of bedroom #11.
- 3" by 1" tear in the carpet at the bottom of the first flight of stairs.
- 3" by 1" tear in the carpet on the first and second steps of the second flight of stairs.

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.

Rubber stair treads were installed on all stairs.

Owner/admin to do monthly rounds of the home to check for anything that may need repaired

The carpet and wall have been repaired. *SA 1/13/16*

Immediately: The administrator or designated staff person will devise and implement a system to enable staff to report any floors, walls, ceilings, windows, doors or other surfaces that are unsanitary, in poor repair or in hazardous condition that they cannot correct at the time of discovery to the administrator or maintenance staff person. All staff persons will be educated on this system. *SA 1/13/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity Lytle

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

Charity Lytle (owner)

Date

1-7-16

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The above plan of correction is approved as of *1/13/16*
(Date)

Plan of correction implementation status as of *1/13/16*
(Date)

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

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

Violation Report: 44391 - 07/09/2015 - Hultquist, Cliff
PCH Name: LYTTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

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

There was a 1" square-shaped hole in the screen of the open window in the smoking room.

There was a 2" by 4" crescent-shaped piece of glass missing from the lower right corner of the upper window pane behind resident #2's bed.

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.

Smoking room screen has been repaired

Glass has been replaced in window.

Owner/admin to do monthly walk
arounds of the home to check for
anything that may need repaired.

Immediately: The administrator or designated staff person will devise and implement a system to enable staff to report any windows, including windows in doors and screens in poor repair that they cannot correct at the time of discovery to the administrator or maintenance staff person. All staff persons will be educated on this system. 1/13/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity Lytle

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

Charity Lytle (owner)

Date 1-7-16

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The above plan of correction is approved as of 1/13/16 (Date)

Plan of correction implementation status as of 1/13/16 (Date)

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

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

Violation Report: 44391 - 07/09/2015 - Hultquist, Cliff
 PCH Name: LITTLE S PERSONAL CARE HOME LLC

RECEIVED

JAN 12 2016

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was an unsecure handrail on the left side of the second flight of stairs which wobbled 1/2 inch from side to side.

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.

Handrail has been fixed and is secure.

owner admin to do monthly rounds of the home to check for anything that may need repaired.

Immediately: The administrator or designated staff person will devise and implement a system to enable staff to report any ramp, interior stairway or outside steps without or unsecure handrail that they cannot correct at the time of discovery to the administrator or maintenance staff person. All staff persons will be educated on this system. 1/13/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Charity Lytle

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

Charity Lytle (owner)

Date

1-7-16

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The above plan of correction is approved as of

1/13/14
 (Date)

Plan of correction implementation status as of

1/13/14
 (Date)

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

The above plan of correction was approved by

SLP
 (Initials)

JAN 12 2016

Violation Report: 44391 - 07/09/2015 - Hultquist, Cliff
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

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
There was an 18" by 38" section of drywall above the air duct that had approximately a 2" indentation, exposing 5 dry wall screws.

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.

Drywall has been repaired

owner/admin to do monthly rounds of the home to check for anything that may need repaired.

Immediately: The administrator or designated staff person will devise and implement a system to enable staff to report any bedroom floors, walls, ceilings, windows, doors or other surfaces that are unsanitary, in poor repair or in hazardous condition that they cannot correct at the time of discovery to the administrator or maintenance staff person. All staff persons will be educated on this system. *see 1/13/14*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity Lytle (owner)* Date *1-7-16*

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The above plan of correction is approved as of 1/13/14 (Date)

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

Plan of correction implementation status as of 1/13/14 (Date)

- Fully Implemented.
- Partially Implemented - Adequate Progress *SW*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44391 - 07/09/2015 - Hultquist, Cliff
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION
There were 17 broken slats on the window blind in bedroom #12, leaving a 4' area of the window uncovered.

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.

Window blind in bedroom #12 has been replaced.

owner admin to do monthly rounds of the home to check for anything that may need repaired.

Immediately: The administrator or designated staff person will devise and implement a system to enable staff to report any window covering in poor repair or that does not provide adequate privacy that they cannot correct at the time of discovery to the administrator or maintenance staff person. All staff persons will be educated on this system. *SM 1/13/14*

Within 30 days of receipt of the plan of correction, all staff person, including management, will receive resident right's training, with emphasis on the resident right to privacy, by a Department-approved outside source. Documentation of training shall be kept. *SM 1/13/14*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Charity Lytle (owner)* Date *1-7-16*

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(Date)

Plan of correction implementation status as of 1/13/14
(Date)

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

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

Violation Report: 44391 - 07/09/2015 - Hultquist, Cliff
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

At 9:12 a.m., there were seven cardboard boxes outside room#16, obstructing half of the hallway in front of the emergency exit door.
At 9:15 a.m., there were two twin mattresses lying at the top of the stairs adjacent to the second floor exit door, obstructing the egress path. Also, there were seven metal bed frame beams laying on the right side of the stairs along the egress route, posing a tripping hazard.

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.

Cardboard boxes and mattresses and bed rails have been removed. Job description has been modified for staff to check exits at the beginning and end of shift for anything obstructing exits and remove it if necessary. Staff has signed modified job description.

Immediately: The administrator or designated staff person will check stairways, hallways, doorways, passageways and egress routes daily on each shift to ensure all are free from obstruction. Any obstructed egress identified will be corrected immediately by the staff person identifying the situation or designated staff person. *see 1/13/14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity Lytle

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

Charity Lytle (owner)

Date

1-7-16

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

The above plan of correction is approved as of

1/13/14
(Date)

Plan of correction implementation status as of

1/13/14
(Date)

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

The above plan of correction was approved by

SW
(Initials)

RECEIVED
RECEIVED

JAN 17 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44391 - 07/09/2015 - Hullquist, Cliff
PCH Name: LYTLE S PERSONAL CARE HOME LLC

1. REGULATION 55 Pa. Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 1/2/15, does not include the ability to self-administer medications; this section of the medical evaluation is blank.

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.

DR. [REDACTED] KP made correction to medical Eval and signed and initiated correction. Resident #1 can not self administer medications.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all resident records to ensure a current medical evaluation is completed timely and in its entirety to include ability to self-administer medications. The current medical evaluation shall be maintained in each resident's record. Any missing contents required under regulation 2600.141(a)(2) will be immediately returned to the physician for completion. Documentation of the review shall be kept. *See 1/13/14*

Within 30 days of receipt of the plan of correction, a resident document tracking system will be devised and implemented to ensure all required documentation, including a current and accurate medical evaluation is completed timely and in its entirety to include ability to self-administer medications in each resident's record. Documentation of the review shall be kept. *See 1/13/14*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/17/2014	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Charity Lytle (owner)* Date *1-7-16*

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The above plan of correction is approved as of <u>1/13/14</u> (Date)	Plan of correction implementation status as of <u>1/13/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>See</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44391 - 07/09/2015 - Hultquist, Cliff
 PCH Name: LYTLE S PERSONAL CARE HOME LLC

JAN 12 2016

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

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Alprazolam 1mg-take one tablet by mouth every six hours as needed for Anxiety; however, on 6/1/15, the resident received this medication at 2:14 p.m.; 4:31 p.m.; and 7:44 p.m.

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.

Psychiatrist changed resident #1 order for
 alprazolam 1mg from PRN to straight order
 Three times a day

Immediately - The administrator or designated staff person qualified to administer medications will observe a medication administration, on each shift, at least weekly to ensure all resident medications are administered as prescribed. *SW 1/13/16*

Immediately - A designated staff person qualified to administer medications will conduct an initial and monthly thereafter, audit of resident prescriptions, physician orders and medications to ensure all resident medications are administered as prescribed. *SW 1/13/16*

Within 15 days of receipt of the plan of correction: All staff persons will be reeducated on proper medication administration practice, with emphasis on following the directions of the prescriber. *SW 1/13/16*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Charity Lytle</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Charity Lytle (owner)</i>			Date <i>1-7-16</i>
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The above plan of correction was approved by <u><i>SW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented		