



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 19 2015

Mr. Kevin Caruso, Executive Director
Brookdale Senior Living Communities, Inc.
160 Elephant Road
Dublin, Pennsylvania 18917

RE: Brookdale Dublin
License #: 127350

Dear Mr. Caruso:

As a result of the Department of Human Services' annual licensing inspections on August 4, 2015 and October 13, 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 black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: T2736 - 08/04/2015 - Koppel, Autumn PGH Name: BROOKDALE DUBLIN	
1. REGULATION 88 Pa.Code §2000 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.	
2a. DESCRIPTION OF VIOLATION Resident #1 was discharged on [redacted] 14. The home did not provide the required refund until [redacted] 14.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
<p>Regulation 2600.28(f)(2)</p> <p><i>Effective immediately, a process has been created to track refunds being made within 30 days of discharge. The Business Office Coordinator was trained on the new process for refund management by the Executive Director on August 5, 2015. The Business Office Coordinator will submit all resident move-out information day of discharge to the Resident Information Management System. The Executive Director will receive notification of the discharge and in 2 weeks will submit the request for the refund to the corporate billing office. This process will assure that the refund will be sent to the resident or family as indicated. The Executive Director or designee will randomly audit resident billing records to verify no further action needs to be taken</i></p> <p><u>Evidence:</u> Training attendance sheet</p> <p>Completion date: August 5, 2015</p>	
Repeat Violation No	Date(s) of Previous Violation(s)
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevin Carno, Executive Director</i>	
Date <i>10/7/15</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>10/8/15</i> (Date)	Plan of correction implementation status as of <i>10/8/15</i> (Date)
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

[Signature], Executive Director 10/15/15

Violation Report: 12736 - 08/04/2016 - Keppel, Autumn
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 66 Pa. Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
 On 8/28/16, at 7:15PM, Resident #1 slid out of their chair in the homes front living room. While on the floor, the resident had a bowel movement and was changed by Staff Member A while on the floor. The resident was not provided privacy during this change, and it was witnessed by visitors and multiple residents

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.

Regulation 2600.42(c)

On August 5, 2015, the Resident Care Coordinator retrained appropriate staff on the community policy on treating residents with dignity and respect. The community will continue to provide education on this topic at employee orientation and on an annual basis. Training will also be conducted in individual circumstances as warranted. The Health and Wellness Director and Resident Care Coordinator will continue to raise awareness regarding resident dignity within the community, and they will monitor that staff are treating residents with respect at all times. The Executive Director or designee will review orientation and annual training for completion of required trainings monthly to verify if further action is warranted.

The ED will discuss with staff, at monthly STAFF MEETINGS, the importance of treating all residents with dignity + respect at all times to ensure privacy, respect + dignity is provided to the residents all time. The monthly STAFF MEETING discussions will begin within 30 days of receipt of this plan of correction.

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) *Verina Corbo, Executive Director* Date *10/7/15*

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[Signature], Executive Director 1/15/15

Violation Report: 12735 - 08/04/2015 - Keppel, Autumn
 POH Name: BROOKDALE DUBLIN

1. REGULATION 66 Pa.Code §2609
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash can in the common bathroom located across from room #13 did not have a lid.

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.

Regulation 2600.85 (d)

On the day of survey, the Maintenance Director immediately discarded the trash can without the lid and replaced it with a new one that was covered to prevent penetration on insects and rodents. The appropriate staff were retrained on the community policy regarding covering trash receptacles on August 5, 2015 by the Executive Director. The Maintenance Director will include checking trash receptacles in the weekly environmental rounds and note on the checklist. The Executive Director or designee will review the environmental rounds audits to assess if further action is warranted.

Evidence - Copy of check list used for environmental rounds, staff training attendance sheet

Completion Date: August 5, 2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kevin Coraso, Executive Director	Date 10/7/15
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[Signature] Executive Director 9/15/15

Violation Report: 12736 - 09/04/2015 - Keppel, Autumn
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 65 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and OTC for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

- On 8/4/15, Aspirin 85mg prescribed for Resident #4, was located in the home's medication cart. This medication was discontinued on 7/30/15.
- On 8/4/15, Acetaminophen 325mg prescribed for Resident #4 was located in the home's medication cart. This medication was ordered on 7/30/15 with instructions of two tablets by mouth for one dose now. The medication was a one time only dose, and was not administered.
- On 8/4/15, two 16fl. oz. bottles of Valproic Acid oral solution were in the home's medication cart. This medication was discontinued on 8/3/15.

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

Regulation 2600.183(d)

On August 4, 2015 the discontinued medications were removed from the medication cart and discarded. The Medication Technicians and LPN were retrained on the community policy on Medication Administration by the Health and Wellness Director on August 14, 2015. The process has been established that when an order is taken off to discontinue a medication then the nurse taking off the order will remove the medication from the cart at that time. The Medication Technicians and LPN were trained to review their Medication Administration Records at the end of each shift to assure all ordered medications are administered. The Resident Care Coordinator developed a medication audit system and the Resident Care Coordinator or designee will complete weekly medication cart audits for medications that are no longer ordered. The Health and Wellness Director will review audits monthly to assess if further action is indicated.

Evidence: attendance sheet, Medication Administration Audit form

Completion Date: August 14, 2015

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kevin Canale, Executive Director* Date *10/7/15*

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Kevin Canale, Executive Director 9/15/15

Violation Report: 12736 - 06/01/2016 - Keppel, Autumn
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 56 Pa.Code §2009
 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 Lisinopril 5mg. The instructions call for it to be held for systolic blood pressure <16. The medication administration record does not include the blood pressure instructions.

Regulation 2600.187(n)

On August 4, 2015 the blood pressure monitoring instruction was added to the Medication Administration Record for the Lisinopril by the Resident Care Coordinator. The Medication Technicians and LPN were retrained on the community policy on Medication Administration which included thorough review of each medication carried over on the new Medication Administration Record at the beginning of the month for completeness by the Health and Wellness Director on August 14, 2015. The Medication Technicians and LPN were trained to review their Medication Administration Records at the end of each shift to assure all ordered medications are administered according to physician order. The Resident Care Coordinator developed a medication audit system and the Resident Care Coordinator or designee will complete weekly medication cart audits. The Health and Wellness Director will review audits monthly to assess if further action is indicated.

Evidence: attendance sheet, Medication Administration Audit form

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kevin Carbo, Executive Director Date 10/7/15

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[Signature] Executive Director 9/15/15

Violation Report: 12736 - 08/04/2015 - Koppel, Autumn
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 65 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
 On 8/1/15, Resident #4's medication administration record for Acetaminophen 500mg at 8AM was not initialed.

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.

Regulation 2600.187(b)

The Medication Technicians and LPN were retrained on the community policy on Medication Administration which included thorough review of each Medication Administration Record at the end of shift for completeness by the Health and Wellness Director on August 14, 2015. The Medication Technicians and LPN were trained to review their Medication Administration Records at the end of each shift to assure all ordered medications are administered according to physician order. If indicated, staff will be called back to the community to clarify and provide accurate documentation of medications administered. The Resident Care Coordinator developed a medication audit system and the Resident Care Coordinator or designee will complete weekly medication cart audits. The Health and Wellness Director will review audits monthly to assess if further action is indicated.

Evidence: attendance sheet, Medication Administration Audit form

Completion Date: August 14, 2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kevin Conroy, Executive Director* Date *10/7/15*

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

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

Kevin Conroy, Executive Director 9/16/15

Violation Report: 12736 - 08/04/2015 - Koppel, Autumn
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 88 Pa. Code §2000
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 8/4/15, Resident #A did not receive their scheduled dose of Arriprazole 2mg at 12PM because they were sleeping. The home did not document the refusal until 1:36PM.


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.

Regulation 2600.187(c)

The Medication Technicians and LPN were retrained on the community policy on Medication Administration which included timely documentation of medication administration on the Medication Administration Record by the Health and Wellness Director on August 14, 2015. The Medication Technicians and LPN were trained to review their Medication Administration Records at the end of each shift to assure all ordered medications are administered according to physician order and timely. The Resident Care Coordinator developed a medication audit system and the Resident Care Coordinator or designee will complete weekly medication cart audits. The Health and Wellness Director will review audits monthly to assess if further action is indicated.

Evidence: attendance sheet, Medication Administration Audit form

Completion Date: August 14, 2015

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
Yevan Caruso, Executive Director			10/7/15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
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10/23/15 (Date)		10/23/15 (Date)	
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 (Initials)			

Yevan Caruso Executive Director 8/14/15

Violation Report: 12736 - 09/04/2015 - Keppel, Autumn
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 65 Pa.Cs. §2600
 2600.107(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- On 7/30/15, Resident #4 had an order for Acetaminophen 325mg take two tabs by mouth for one dose now. This medication was not administered, and on 8/4/15 was still in the blister pack in the home medication cart.
- Resident #4 had an order for Aspirin 325mg. On 8/1/15, 8/2/15, 8/3/15, and 8/4/15 the resident received 81mg instead of 320mg.
- Resident #4 had an order for Glycolex 17gm. This medication was not administered on 8/1/15, 8/2/15, and 8/3/15.
- Resident #4 had an order for Lisinopril 5mg take one tablet in the morning with instructions to hold for systolic blood pressure <45. The resident's blood pressure was not recorded on 8/1/15, 8/2/15, 8/3/15 and 8/4/15.
- Resident #6 had an order for Megestrol Acetate 40mg. This medication was not administered on 8/3/15 and 8/4/15 at 8AM, and on 8/3 at 8PM because the medication was not available in the home.

Regulation 2600.187 (d)

On August 4, 2015 the discontinued medication was removed from the medication cart and discarded. The Medication Technicians and LPN were retrained on the community policy on Medication Administration by the Health and Wellness Director on August 14, 2015. The process has been established that when a physician order is transcribed to discontinue a medication then the nurse taking off the order will remove the medication from the cart at that time. The Medication Technicians and LPN were trained to review their Medication Administration Records at the end of each shift to assure all ordered medications are administered. The Resident Care Coordinator developed a medication audit system and the Resident Care Coordinator or designee will complete weekly medication cart audits for medications that are no longer ordered. The Health and Wellness Director will review audits monthly to assess if further action is indicated.

Evidence: attendance sheet, Medication Administration Audit form

Completion Date: August 14, 2015

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kevin Caruso, Executive Director* Date *10/7/15*

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Kevin Caruso, Executive Director 9/15/15

Violation Report: 12735 - 08/04/2016 - Keppel, Autumn
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 55 Pa.Code §2000
 2000.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 7/30/16, an error in resident #1's medication administration occurred involving failing to administer Acetaminophan 325mg, take by mouth for one dose now. The error was not reported to the prescriber.

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.

Regulation 2600.188 (b)

The Medication Technicians and LPN were retrained on the community policy on Medication Administration by the Health and Wellness Director on August 14, 2015 which included notifying the prescriber immediately if a prescribed medication has not been administered according to order. The Medication Technicians and LPN were trained to review their Medication Administration Records at the end of each shift to assure all ordered medications are administered according to physician order. The Resident Care Coordinator developed a medication audit system and the Resident Care Coordinator or designee will complete weekly medication cart audits. The Health and Wellness Director will review audits monthly to assess if further action is indicated.

Evidence: attendance sheet, Medication Administration Audit form

Completion Date: August 14, 2015

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ken Conroy, Executive Director* Date *10/7/15*

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[Signature], Executive Director 9/15/15

Violation Report: 12706 - 08/04/2016 - Keppel, Autumn
 PGH Name: BROOKDALE DUBLIN

1. REGULATION 86 Pa. Code §2800
 2800.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 -Resident #3 participated in the development of their support plan on 7/0/16. The resident did not sign the support plan and it does not indicate that they are unable to or refuse to sign.
 -Resident #4 participated in the development of their support plan on 7/30/15. The resident did not sign the support plan and does not indicate that they are unable to or refuse to sign.
 Resident #5 participated in the development of their support plan on 7/0/16. The resident did not sign the support plan and it does not indicate that they are unable to or refuse to sign.
 Resident #6 participated in the development of their support plan on 2/0/16. The resident did not sign the support plan and it does not indicate that they were unable to or refused to sign.

Regulation 227(g)

The Resident Care Coordinator immediately audited all resident medical records for current support plans to verify that they were signed by the resident and or responsible party. The Health and Wellness Director will obtain any missing signatures. A log shall be kept of audits completed. Executive Director held an in-service for appropriate staff on September 15, 2015 on obtaining signatures, and documenting refusals on all documents requiring a resident signature... Quarterly, the Health and Wellness Director or designee will audit new resident support plans to verify that all required documents have been signed as per community policy. Ongoing, the Health and Wellness Director or designee will review support plans after completion to verify they are signed and dated according to community policy. Executive Director or designee will review the quarterly audits for 6 months to verify if further action is required.

Evidence- staff training attendance sheet, audit log

Completion Date: September 30, 2015

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
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Autumn Keppel, Executive Director 9/15/15

Violation Report: 12736 - 09/04/2015 - Kappel, Autumn
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 65 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

- Resident #3, admitted to the SDCU on [redacted] 14, had a medical evaluation that did not document the resident's need for SDCU care.
- Resident #4 was admitted to the SDCU on [redacted] 12. The resident's most recent medical evaluation, dated 7/28/15, does not document the resident's need for SDCU care.
- Resident #6, admitted to the SDCU on [redacted] 16, had a medical evaluation that did not document the resident's need for SDCU care.

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.

Regulation 2600.231 (b)

The Resident Care Coordinator immediately audited all resident medical records for current medical evaluation forms being filled out according to policy with all boxes checked as necessary. A new process was put in place when the medical evaluation is obtained it will be reviewed and initialed by 2 staff for completion. The Health and Wellness Director will obtain any missing information on the medical evaluations. A log shall be kept of audits completed. Executive Director held an in-service on September 15, 2015 on medical evaluation documentation. Quarterly, the Health and Wellness Director or designee will audit new resident medical evaluations to verify that all required documents have been completed as per community policy. Ongoing, the Health and Wellness Director will review medical evaluations after completion to verify they are signed and dated. Executive Director or designee will review the quarterly audits for 6 months to verify if further action is required.

Evidence- staff training attendance sheet, audit log.

Completion Date: September 30, 2015

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kevin Corbo, Executive Director*

Date *10/1/15*

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 (Date)

Plan of correction implementation status as of *10/23/15*
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Kevin Corbo, Executive Director 9/15/15

Violation Report: 12736 - 09/04/2015 - Keppel, Autumn
 PCH Name: BROOKDALE DUBLIN

1. REGULATION 56 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 Resident #4 has an order for Diltiazem HCl, 60mg at 8 AM, 2 PM, and 8 PM. The 2 PM and 8 PM were written over using white out on the resident's medication administration record.

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

Regulation 2600.251(b)

On August 4, 2015 the white out was discarded. On August 12, 2015 the Medication Technician was counseled according to community policy regarding entries in the medical record or medication administration record needing to be permanent, legible, dated and signed by the staff person making the entry. On August 14, 2015 the Health and Wellness Director retrained the Medication Technicians and LPN on the Medication Administration policy which included documentation on the resident record. The Medication Technicians and LPN were trained to review their Medication Administration Records at the end of each shift to assure all ordered medications are administered. The Resident Care Coordinator developed a medication audit system and the Resident Care Coordinator or designee will complete weekly medication cart and medication administration records audits. The Health and Wellness Director will review audits monthly for 6 months to assess if further action is indicated. Executive Director or designee will review the audits quarterly for 6 months to verify no further action is required.

Evidence-Staff training attendance

Completion Date: September 30, 2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kevin Conroy, Executive Director* Date *10/2/15*

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

The above plan of correction is approved as of <i>10/23/15</i> (Date)	Plan of correction implementation status as of <i>10/23/15</i> (Date)
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