



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 14 2016

Mr. Brian Picchini, President & CEO
UMH PA Corp
50 West Tioga Street
Tunkhannock, Pennsylvania 18657

RE: Tunkhannock Manor
License #: 236550

Dear Mr. Picchini:

As a result of the Department of Human Services' annual licensing inspection on October 7, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: TUNKHANNOCK MANOR		License Number: 23655
Address: 50 WEST TIOGA STREET, TUNKHANNOCK, PA 18657		County: Wyoming
Administrator: Annette Chickey		Region: NORTHEAST
Legal Entity Name: UMH PA CORP		
Legal Entity Address: 50 WEST TIOGA STREET, TUNKHANNOCK, PA 18657		
Certificate(s) of Occupancy		
C-2 LP	I-2	
09/27/1994	06/24/2015	
PA Dept of L&I	Bureau Veritas N.Am. Inc.	
Staffing Hours		
Resident Support: 1	Total Daily Staff: 40	Waking Staff: 30
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
10/07/2015: Yellenic, Cindy; OHaire, Anne		
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: 42 Number of Residents Served: 38 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: 1 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 38 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0

Violation Report: 23855 - 10/07/2015 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

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
 The home's fire alarm system was activated at 2:45pm on 10-5-15 as a result of dust in the system. All residents were evacuated prior to the Triton Hose Company, Tunkhannock, PA responding to the alarm. The home failed to report the incident to the Department within 24 hours.

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 current staff will be inserviced again on "Reportable Incidents", including notification of such incidents to the Administrator.

The Administrator will be responsible for assuring that a Reportable Incident is handled properly within the appropriate time frame.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Annette Chickery*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Annette Chickery* Date *11/13/15*

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

The above plan of correction is approved as of 12/2/15
 (Date)

Plan of correction implementation status as of 12/2/15
 (Date)

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

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

Violation Report: 23855 - 10/07/2015 - Yellanic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2800
 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] 15. The home did not provide the required refund until 6-29-15.

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 immediately, include dates by which the steps will be completed.

The person in charge of handling our Resident Refunds will follow-up with our corporate office frequently report findings to the Administrator.
 The Administrator will be responsible for assuring that all refunds are dispersed in a timely manner within the 30 day period as per Regulation.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Annette Chickney* Date *11/13/15*

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

Violation Report: 23655 - 10/07/2015 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 56 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired [redacted] 15, did not have the following requirements, a copy of their High School diploma, GED or active registry status as a CNA for Pennsylvania.

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.

Staff person A, who was hired on [redacted] 2015 could not locate her high school diploma and her school did not keep copies. There is a letter in her personal file stating that she did graduate from Elk Lake High School in 1993. This is the only proof of graduation that exists for staff person A and was accepted prior to current Administrator.

Currently the Administrator interviews all potential Direct Care Staff and makes it the responsibility of the Administrator to obtain a High School Diploma, GED, or CNA of Pennsylvania.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Annette Chickery* Date *11/13/15*

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The above plan of correction was approved by [initials]
 (initials)

Violation Report: 23855 - 10/07/2015 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person B, hired [redacted]-98, completed 8 hours of the required 12 hrs. of direct care annual training for 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.

All Direct Care Staff persons are expected to attend the required 12 hours of annual training and proof of attendance needs to be documented on the appropriate sign sheet.
 • The Administrator will be responsible for checking that each Direct Care staff person was present at each training and that the Direct Care staff person signed the roster to corroborate attendance.

• The identified staff person will have a total of 12 hours for 2014-training year and 12 hours for the 2015 training year.

The training topics will include those required by the Chapter at a minimum. Documentation of training will be kept in accordance with 2600.65.i. M 12/2/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Annette Chickoy*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Annette Chickoy* Date: 11/13/15

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

Violation Report: 23655 - 10/07/2015 - Yelleric, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION
 The spill kit, above the refrigerator in the second floor kitchen / living room, had a clear spray bottle in it with NABC hand printed on the bottle. The list of contents for the spill kit listed the bottle as disinfectant. The product was not in an original bottle and was not appropriately labeled.

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 Department Heads were instructed to inform their staff that at not time should any liquid be poured into an unmarked bottle or be removed from the original container unless the container that is being utilized is labeled appropriately.
 the administrator will be responsible for randomly checking that there are no inappropriately labeled bottles.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Annette Chickedy*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Annette Chickedy* Date *11/13/15*

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 (Date)

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- Not Implemented

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

Violation Report: 23655 - 10/07/2015 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The outside duct for the dryer had a clump of lint in it the size of a tennis ball.
 Inside the laundry room behind the dryer was a sock and clumps of lint.

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.

Our Housekeeping Department is responsible for scheduling and monitoring the external ductwork for the clothes dryers and also for regularly checking/removing lint from behind the clothes dryers as well. A schedule has been put in place to track the regular checking of the the ductwork and behind the dryers.
 The Administrator will monitor this and maintain documentation that it has been checked.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Annette Chickery*

Printed Name and Title of Legal Entity Representative *Annette Chickery* Date *11/13/15*
 (Required on EVERY Page)

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The above plan of correction is approved as of *12/2/15*
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 (Date)

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- Not Implemented

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

Violation Report: 23655 - 10/07/2015 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

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
 Resident #2 was admitted on [redacted] 14. A medical evaluation was not completed until 4-27-15.

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 immediately, include dates by which the steps will be completed.

All Medical Evaluations will be submitted in a timely manner to the PCP within the DHS parameters. Completion of the DME's will be monitored by the Nursing Supervisor and the list of any DME's which will not fulfill the appropriate time frame will be brought to the Administrator's attention on a monthly basis. The Administrator takes full responsibility for meeting this requirement.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Annette Chickoff

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

Annette Chickoff

Date

11/13/15

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 (Date)

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 (Date)

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- Not Implemented

The above plan of correction was approved by

M
 (Initials)

Violation Report: 23655 - 10/07/2015 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The medication administration recertification for Staff person B was incomplete. Staff person B's recertification form dated 04-28-15 was not signed and their observations were incomplete.

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 Med Tech Trainer is responsible for all aspects of "Med Tech Training" for Direct Care Staff, including obtaining signatures and completing the appropriate amount of observations.
 The Administrator will review the Med Tech Training records and is responsible for assuring that the Training records are accurate and up to date.
 (The current Administrator plans on becoming certified in the Med Tech "Train the Trainer" program.)

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/20/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Annette Chickey*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Annette Chickey* Date 11/13/15

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Plan of correction implementation status as of 12/2/15 (Date)

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- Not Implemented

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

Violation Report: 23655 - 10/07/2015 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #3 has a physician's order for a blood glucose (BG) test to be administered three times a day. On 10-2-15 at 5:50am Resident #3's BG was 214 and was recorded in the MAR as 215. On 10-3-15 at 5:14am, Resident #3's BG was 252 and was recorded in the MAR as 242.

Resident #4 has a physician's order for a blood glucose (BG) test to be administered three times a day. On 10-5-15 at 6:00am Resident #4's BG was 146 and was recorded in the MAR as 176.

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.

Blood Glucose Testing is recorded into an electronic Medication Administration Record. The Nursing Supervisor will check the documented readings daily against the glucometer to assure that the reading matches the reading transcribed into the MAR.

The administrator will be responsible for randomly checking to assure that the readings are accurate.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Annette Chicker

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

Annette Chicker

Date

11/13/15

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The above plan of correction is approved as of

12/2/15
 (Date)

Plan of correction implementation status as of

12/2/15
 (Date)

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- Not Implemented

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 23855 - 10/07/2015 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

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
 On the following dates an error in Resident #5's medication administration occurred: 12-10-14, 12-20-14, 12-21-14, 2-24-15. The error was not reported to the resident's designated person.
 On 1-9-15 an error in Resident #6's medication administration occurred and the resident and the resident's designated person were not notified.

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 current Nursing Supervisor and the Current Administrator cannot account for errors which transpired prior to both being employed by Tunkhannock Manor when the errors were found.
 The new Nursing Supervisor has a plan in place for documenting medication errors and for notification to the Resident, the Designated Person, and the PCP. The plan coincides with the UMH at Tunkhannock Manor's Policy and Procedure.
 The Administrator will monitor each medication error occurrence and assure that it is handled properly as per Regulation.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Annette Chickery*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Annette Chickery* Date *11/13/15*

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 (Date)

- Fully Implemented
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- Not Implemented

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

Violation Report: 23656 - 10/07/2015 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for Resident #2 admitted [redacted] 15 was not completed.

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 new Nursing Supervisor has been assigned the task of completing the Pre-Admission screenings. As per the Administrator the Pre Admission Screening is to be completed as soon as possible after an evaluation of a potential resident has been done.
 The Administrator will monitor this upon each new admission.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Annette Chickel* Date *11/13/15*

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The above plan of correction is approved as of <u>12/2/15</u> (Date)	Plan of correction implementation status as of <u>12/2/15</u> (Date)
The above plan of correction was approved by <u>AA</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: 23655 - 10/07/2015 - Yellenic, Cindy
 PCH Name: TUNKHANNOCK MANOR

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The most recent assessment for Resident #8 was completed on 9-16-14.

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

The new Nursing Supervisor will be responsible for the Initial Resident assessment and for the annual Resident assessment. This will include a record of tracking each resident's assessment.
 The Administrator will be responsible for monitoring this tracking system to assure that all assessments are current.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Annette Chickell*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Annette Chickell* Date *11/13/15*

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The above plan of correction was approved by <u><i>AM</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