



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 19 2016

Ms. Marcia Houston, Administrator  
Roper and Marcia Houston  
93 Dayspring Lane  
Morrisdale, Pennsylvania 16858

RE: Dayspring Personal Care Home  
License #: 301870

Dear Ms. Houston:

As a result of the Department of Human Services' annual licensing inspection on February 25, 2016 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 "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary



Violation Report: 30187 - 02/25/2016 - Yellenic, Cindy  
 PCH Name: DAYSPRING PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home's quality management plan states the home will conduct an annual quality management review to address reportable incidents, complaint procedures, staff training, any violation reports and plans of correction, and resident and family council meetings. The home's most recent quality management review was conducted on 1-14-15

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.

Quality management plan review is done annually. Quality Management Review was completed on Jan. 14, 2015. This was the required review for 2015. Quality Management Plan from this day forward will be completed by the middle of January each year.

The administrator shall monitor and assure ongoing compliance.

*M*  
4/11/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Marcia Houston*

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

Marcia Houston Administrator

Date  
03-28-16

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

The above plan of correction is approved as of 4/11/16  
 (Date)

Plan of correction implementation status as of 4/11/16  
 (Date)

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

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

Violation Report: 30187 - 02/25/2016 - Yellenic, Cindy  
 PCH Name: DAYSPRING PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 Resident Room #1, located to the right side of the main entrance door, had enablers on both sides of the bed with no protective covers.

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.

1. Dayspring Personal Care Home held a training with the Staff and with the resident that removed the cover.

2. Protective covers were replaced on the enablers and everyone was instructed on their importance.

The administrator shall monitor and assure ongoing compliance.

*M*  
 4/11/16

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Marcia Houston*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Marcia Houston Administrator*      Date *03-28-16*

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Violation Report: 30187 - 02/25/2016 - Yellenic, Cindy  
 PCH Name: DAYSPRING PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.108 - Firearms, weapons and ammunition shall be permitted on the licensed premises of a home only when the following conditions are met:

- (1) Firearms and weapons shall be contained in a locked cabinet located in a place other than the residents' room or in a common living area.
- (2) Ammunition shall be contained in a locked area separate from firearms and weapons, and located in a place other than the residents' room or in a common living area.
- (3) The key to the locked cabinet containing the firearms, weapons and ammunition shall be in the possession of the administrator or a designee.
- (4) The administrator or a designee shall be the only individual permitted to open the locked cabinet containing the firearms and weapons and the locked area containing the ammunition.
- (5) If a firearm, weapon or ammunition is the property of a resident, there shall be a written policy and procedures regarding the safety, access and use of firearms, weapons and ammunition. A resident may not take a firearm, weapon or ammunition out of the locked cabinet into living areas.

**2a. DESCRIPTION OF VIOLATION**

The home did not specify in the residents' home rules if residents were permitted to have fire arms on the property. Staff Person A, who is the administrator, stated firearms are prohibited in the home but were omitted in the home rules.

**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.*

"Fire Arms Prohibited" was added to Dayspring Personal Care Home's "Home Rules."  
 This will now be reviewed with all future residents.

- The administrator shall monitor and assure ongoing compliance.
- M 4/11/16

Repeat Violation: No

Date(s) of Previous Violation(s):

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*Marcia Houston*

Printed Name and Title of Legal Entity Representative  
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*Marcia Houston Administrator*

Date

*03-28-16*

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Violation Report: 30187 - 02/25/2016 - Yellenic, Cindy  
 PCH Name: DAYSPRING PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The home has one resident with a mobility need and did not update their mobility letter to the fire department. The most recent mobility letter was sent to the local fire department on 4-15-2006.

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.

1. Administration sent a mobility letter to Winburne Fire Company with the most recent resident requirements.

2. An update will be sent anytime the resident situations change.

The administrator shall monitor and assure ongoing compliance.  
 M 4/11/16

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *marie hoover Administrator* Date *03-28-16*

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Violation Report: 30187 - 02/25/2016 - Yellenic, Cindy  
 PCH Name: DAYSPRING PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 has a physician's order for an Advair 250/50 diskus. The resident's Advair was not in the medication cart, but was found in the resident's room, where it was unlocked and accessible to unauthorized persons. This resident has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding the ability to self-administer medications.

**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.

1. Staff was recertified and retrained March 9, 2016
  2. Workers were advised to the importance that all medications must be kept in the cart and locked at all times.
- The administrator shall be responsible for ongoing compliance. *M* 4/11/16

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Marcia Houston Administrator* Date *03-28-16*

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Violation Report: 30187 - 02/25/2016 - Yellenic, Cindy  
 PCH Name: DAYSPRING PERSONAL CARE HOME

**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**

Staff Person(s) A, B, and C administer medications to the residents and are not medical professionals. Staff Person(s) A, B, and C are not currently medication administration certified to administer medications.

**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.

1. Staff A, B and C stopped administering medication immediately.
  2. [Redacted] LPN, took over medication administration until Staff was recertified on March 9, 2016.
  3. Staff started medication administration after recertification was issued March 9, 2016.
- The administrator shall monitor and assure ongoing compliance. *M* 4/11/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marcia Houston*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcia Houston Administrator*      Date *03-28-16*

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Violation Report: 30187 - 02/25/2016 - Yellenic, Cindy  
 PCH Name: DAYSPRING PERSONAL CARE HOME

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

The medications for Resident #2 were pre-poured in medication cups marked 8:00am, Noon, 4:00pm and 8:00pm for February 25 through February 29, 2016.

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.

1. All staff were recertified on medication training on March 9, 2016.
2. All staff were reacquainted with proper policies and procedures for administering the OTC and CAM medications.
3. Staff instructed not to pre-pour medication and to keep medications in labeled containers and not be removed more than 2 hours in advance.

The administrator shall be responsible for ongoing compliance

M  
4/11/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) Marcia Houston

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Marcia Houston Administrator

Date 03-28-16

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Violation Report: 30187 - 02/25/2016 - Yellenic, Cindy  
 PCH Name: DAYSPRING PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order for an Advair 250/50 diskus. The resident's Advair was not dated when it was opened. The Advair 250/50 has a shelf life of one month after opening. The diskus was filled at the pharmacy on 12-15-15.

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.

1) All Staff was recertified and retrained in medication administration March 9, 2016. (Medication Administration Training documents attached)

2) All Staff was trained in the appropriate steps in dating medications upon starting each required medication.

The administrator shall monitor and assure ongoing compliance.

*[Signature]*  
 4/11/16

Repeat Violation: No

Date(s) of Previous Violation(s):

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*Marcia Houston*

Printed Name and Title of Legal Entity Representative  
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Marcia Houston Administrator

Date 03-28-16

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Violation Report: 30187 - 02/25/2016 - Yellenic, Cindy  
 PCH Name: DAYSPRING PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**

The following expired medications were located in the home's first aid kit: Triple Antibiotic Ointment - 8 packs, exp. 4/2004; Quick clean - 30 packs, exp. 11/2010; medicated Insect wipes - 6 packs, exp. 10/2003; Providone iodine - 6 packs, exp. 9/2004; Burn Spray - 2 Oz., exp. 10/2004; and eye wash - 1 fl.oz., exp. 8/2004.

**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.

1. All expired medications located in the First Aid kit (Items not required to be there) were discarded

2. All items required in First Aid kit were checked for expiration dates.

The administrator shall monitor and assure ongoing compliance in 4/11/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Marcia Houston*

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

Marcia Houston Administrator

Date

03-28-16

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Violation Report: 30187 - 02/25/2016 - Yellenic, Cindy  
 PCH Name: DAYSPRING PERSONAL CARE HOME

**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 for Resident #1 did not include the staff person's initials, for medication administered, on the following dates and times: 8:00am on 2-25-16: Levothyroxin, Omeprazole, Combivent, Sertraline, Aspirin, Loratadine, and Memantine.

The medication administration record for Resident #3 did not include the staff person's initials, for medication administered, on the following dates and times: Carb/Levo on 2-23-16 at Noon and 5:00pm, on 2-24-16 at 8:00am, Noon, and 5:00pm, and on 2-25-16 at 8:00am.

The medication administration record for Resident #4 did not include the staff person's initials, for medication administered, on the following dates and times: Memantine on 2-23-16 at 8:00pm, 2-24-16 at 8:00am and 8:00pm, 2-25-16 at 8:00am; Simvastatin on 2-23-16 at 8:00pm and 2-24-16 at 8:00pm; Potassium Chloride on 2-23-16 at 8:00am; and, Amantadine on 2-23-16 at 8:00pm, 2-24-16 at 8:00pm, and 2-25-16 at 8:00am.

**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.

1. All Staff recertified.
2. All Staff reacquainted with proper procedures.
3. All Staff reacquainted with proper procedures for filling out the MAR book.
4. Everyone urged to take time and care when doing MAR.

\* THE ADMINISTRATOR IS RESPONSIBLE FOR MONITORING AND ONGOING COMPLIANCE.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marcia Houston* M  
4/11/16

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marcia Houston Administrator*      Date *03-28-16*

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Violation Report: 30187 - 02/25/2016 - Yellenic, Cindy  
 PCH Name: DAYSPRING PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600  
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION  
 Resident #5's contract did not contain the resident's right to refuse medication if the resident believes it is being given in error.

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

This was discussed and reviewed with Resident #5. All resident right's Contracts from this date forward will include this.

Resident has a right to refuse medication if The resident believes it is being given in error

The administrator shall monitor and assure ongoing compliance.

M  
 4/11/16

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Marcia Houston*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Marcia Houston Administrator*      Date *03-28-16*

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Violation Report: 30187 - 02/25/2016 - Yellenic, Cindy  
 PCH Name: DAYSPRING PERSONAL CARE HOME

**1. REGULATION 55 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**

The use of white out corrective fluid was observed in Resident #1's Preadmission form dated 07-24-15 and the resident's RASP dated 12-24-15 that was revised due to significant changes.

**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.

White Out Corrective fluid will no longer be used on any form.

The administrator is responsible for ongoing compliance.  
 M  
 4/11/16

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

*Marcia Houston*

Printed Name and Title of Legal Entity Representative  
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Marcia Houston Administrator

Date

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