



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2017

Ms. Carole Jones,
Program Director
Mentor ABI, LLC
6816 West Lake Road
Fairview, Pennsylvania 16415

RE: NeuroRestorative Pennsylvania
4155 Roxbury Road
Erie, Pennsylvania 16506
License #: 446960

Dear Ms. Jones:

As a result of the Department of Human Services' annual licensing inspection on October 19, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

JAN 10 2017

Violation Report: 44696 - 10/19/2016 - McConnell, Deb
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
The home charges specified amounts for individual personal needs services. The contract for resident #1, dated 12/25/15 does not include a fee schedule of actual amounts charged for available services.

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.

NEURORESTORATIVE CHARGES A FLAT RATE. I HAVE ATTACHED THE RESIDENCY AGREEMENT THAT HAS BEEN APPROVED BY JILL KACHMAR.

Resident #1's resident-home contract was updated to include the fee schedule of actual amounts of allowable resident charges and the monthly rate currently being charged for services. 5/12/17

Immediately: The administrator or designated staff person will review all current and newly completed contracts for accuracy and completion to ensure all contracts include a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services and the monthly rate currently being charged for services. 5/12/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carole Jones*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carole Jones, Prog. Director* Date *1-10-2017*

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

The above plan of correction is approved as of 1/25/17
(Date)

Plan of correction implementation status as of 1/25/17
(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: 44698 - 10/19/2016 - McConnell, Deb
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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

Direct care staff person A hired [redacted] 15, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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 WAS SUSPENDED FROM WORK WHILE THE SITUATION WAS INVESTIGATED. IT WAS DISCOVERED THAT THE DOCUMENTATION SHE HAD RECEIVED WAS INSUFFICIENT FOR PURPOSES OF PROVING A GED. THE STAFF ENROLLED IN A GED PROGRAM (ATTACHED). NEURORESTORATIVE REINSTATED HER EMPLOYMENT ONCE THE DOCUMENTATION WAS RECEIVED AND APPROVED BY BHSL.

NEURORESTORATIVE IS REQUESTING ACTUAL HIGH SCHOOL TRANSCRIPTS FOR ANY EMPLOYEE PRESENTING QUALIFICATIONS FROM NON LOCAL SCHOOLS.

Immediately: The administrator or designated staff person will review all direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54a prior to providing direct care services. *sp 1/10/17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carole Jones, Program Director</i>	Date <i>1-10-2017</i>
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<p>The above plan of correction is approved as of <u>1/25/17</u> (Date)</p> <p>The above plan of correction was approved by <u>SW</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>1/25/17</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SW</i></p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 44696 - 10/19/2016 - McConnell, Deb
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 10/16/16, from 3 p.m. through 11 p.m., 6 residents were present in the home. During this time staff person B was the only staff present in the home. Staff person B is not certified in first aid, obstructed airway techniques and CPR.

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.

EMPLOYEE B IS NO LONGER EMPLOYED AT NEURORESTORATIVE.
EFFECTIVE 10/2016, OUR ORIENTATION SCHEDULE WAS CHANGED.
CPR AND FIRST AID TRAINING IS DAY ONE OF THE WEEK LONG
TRAININGS. CURRENT EMPLOYEES ALSO ATTEND THESE
MONTHLY TRAININGS AS THEIR CERTIFICATIONS EXPIRE.
CPR / FIRST AID CERTIFICATION DATES ARE MONITORED BY
THE HUMAN RESOURCE COORDINATOR WHO NOTIFIES
SUPERVISORY LEVEL STAFF REGARDING EXPIRATION DATES

Immediately: The administrator or designated staff person will review staff schedules weekly to ensure at least one staff person who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation is in the home at all times there is at least one resident in the home. *SP 1/25/17*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carole Jones*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carole Jones, PROGRAM DIRECTOR* Date *1-10-2017*

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The above plan of correction is approved as of 1/25/17
(Date)

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

Plan of correction implementation status as of 1/25/17
(Date)

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

RECEIVED

JAN 10 2017

Violation Report: 44696 - 10/19/2016 - McConnell, Deb
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired [REDACTED] 16, did not receive orientation training in any of the topics under 2600.65a.

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.

EMPLOYEE B IS NO LONGER EMPLOYED AT NEURO RESTORATIVE

THE ATTACHED FORM IS TO BE USED BY ALL RESIDENTIAL SUPERVISORS WHEN TRAINING RELOCATING EMPLOYEES. THIS FORM WILL BE MAINTAINED IN THE TRAINING SECTION OF EMPLOYEE FILES.

Within 15 days of receipt of the plan of correction: The administrator will review all staff training records to ensure all staff persons have completed the required fire safety and emergency preparedness orientation in accordance with regulation 2600.65(a). Any staff person identified through this review process as not having had the required orientation will receive general fire safety and emergency preparedness training immediately upon discovery to ensure all staff persons are trained to respond in an emergency situation. Documentation of this review shall be kept.

SP 1/2/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/10/2016	
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Signature of Legal Entity Representative (Required on EVERY Page) Carole Jones

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Carole Jones, Program Director Date 1-10-2017

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

The above plan of correction is approved as of 1/25/17 (Date)

Plan of correction implementation status as of 1/25/17 (Date)

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

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

RECEIVED

JAN 10 2017

Violation Report: 44696 - 10/19/2016 - McConnell, Deb
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
Staff person B, hired [redacted] 16, completed his/her 40th scheduled work hour on [redacted] 16. Staff person B did not receive orientation training on the Emergency Medical Plan.

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.

EMPLOYEE B IS NO LONGER EMPLOYED AT NEURORESTORATIVE.
IT IS LIKELY THAT SITE DID RECEIVE THE TRAINING, IT WAS NOT DOCUMENTED ON THE APPROPRIATE FORM.
RESIDENTIAL SUPERVISORS WILL USE THE ATTACHED FORM TO DOCUMENT ALL ORIENTATION HOURS. THIS FORM WILL BE MAINTAINED IN THE EMPLOYEE'S FILE WITH OTHER TRAINING DOCUMENTATION

Within 15 days of receipt of the plan of correction: The administrator will review all staff training records to ensure all staff persons have received orientation in accordance with regulation 2600.56(b). Any staff person identified through this review process as not having had the required orientation specified in regulation 2600.65(b) will receive orientation immediately upon discovery. Documentation of this review shall be kept. *sw 1/25/17*

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/10/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Carole Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carole Jones, Program Director* Date *1-10-2017*

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

Violation Report: 44696 - 10/19/2016 - McConnell, Deb
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

An unlabeled used tooth brush and razor were on top of the paper towel dispenser in the common bathroom next to the first floor kitchen.

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 TOOTH BRUSH AND RAZOR WERE REMOVED AT THE TIME OF THE LICENSING INSPECTION.

RESIDENTS WILL BE REMINDED TO MAINTAIN PERSONAL BELONGINGS IN THEIR OWN ROOMS IN A SAFE AND SANITARY MANNER.

STAFF WILL MONITOR THROUGHOUT THE DAY TO ENSURE RESIDENT BELONGINGS ARE MAINTAINED IN A SAFE AND SANITARY MANNER.

RESIDENTIAL SUPERVISORS WILL CONDUCT REGULAR CHECKS OF ALL COMMON AREAS OF THE HOME TO ENSURE PERSONAL BELONGINGS OF THE RESIDENTS ARE STORED AND MAINTAINED APPROPRIATELY.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carole Jones

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

Carole Jones, PROGRAM DIRECTOR

Date

1-10-2017

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The above plan of correction is approved as of

1/25/17
(Date)

Plan of correction implementation status as of

1/25/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *SW*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

SW
(Initials)

JAN 10 2017

Violation Report: 44696 - 10/19/2016 - McConnell, Deb
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit stored in the staff office did not contain tweezers.

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 TWEEZERS WERE LOCATED AND PLACED IN THE FIRST AID KIT AT THE TIME OF THE LICENSING INSPECTION.

THIRD SHIFT STAFF WILL CONDUCT WEEKLY CHECKS OF THE FIRST-AID KITS AND DOCUMENT THE CHECKS ON THE ATTACHED FORM.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carol Jones

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

Carol Jones, Prog. Director

Date 1-10-17

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

The above plan of correction is approved as of

1/25/17
(Date)

Plan of correction implementation status as of

1/25/17
(Date)

The above plan of correction was approved by

SJO
(Initials)

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

Violation Report: 44696 - 10/19/2016 - McConnell, Deb
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

There was an undated and unsealed bag of approximately 35 sausage links in the kitchen freezer.

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.

SAUSAGE WAS DISPOSED OF AT THE TIME OF THE INSPECTION DUE TO LACK OF DATE ON THE BAG.

RESIDENTIAL SUPERVISORS WILL CONDUCT ROUTINE INSPECTIONS TO ENSURE FOOD SAFETY MEASURES ARE IMPLEMENTED

THE ATTACHED FORMS ARE LOCATED IN THE KITCHEN AREA OF THE HOME

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carole Jones*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carole Jones, Prog. Director* Date *1-10-17*

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

The above plan of correction is approved as of 1/25/17 (Date)

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

Plan of correction implementation status as of 1/25/17 (Date)

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

Violation Report: 44696 - 10/10/2016 - McConnell, Deb PCH Name: NEURORESTORATIVE PENNSYLVANIA	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
Staff person C indicated residents smoke on the covered patio in the rear of the home. The five chairs around the table on the covered patio do not have flame retardant cushions. This is not the home's designated smoking area. The designated smoking area is on the uncovered patio in the rear of the home.

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 SMOKING AREA HAS BEEN CHANGED TO INCLUDE THIS AREA. THE CUSHIONS WERE REMOVED FROM THE CHAIRS AT THE TIME OF THE INSPECTION.

Immediately: All residents and staff persons will be educated on the home rules and the home's policies and procedures for smoking including the additional designated smoking area. 1/25/17 &

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) Carole Jones

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Carole Jones, Program Director</u>	Date <u>1-10-2017</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/25/17</u> (Date)	Plan of correction implementation status as of <u>1/25/17</u> (Date)
The above plan of correction was approved by <u>SHP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>SHP</u> <input type="checkbox"/> Partially implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JAN 10 2017

Violation Report: 44896 - 10/19/2016 - McConnell, Deb
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

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 October 2016 medication administration record for resident #1 does not include a diagnosis or purpose for the following medications:

- * Baclofen
- * Gabapentin
- * Divalproex
- * Duloxetine

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 INFORMATION WAS ENTERED ON THE MAR AT THE TIME OF THE INSPECTION.

NEURORESTORATIVE NOW USES AN ELECTRONIC MAR FORMAT. THE MARS ARE PREPARED BY THE PHARMACIST WITH ALL INFORMATION ENTERED.

Immediately: The administrator or designated person qualified to administer medication will review all resident MARS at least monthly to ensure all prescribed medications are documented on the MAR as prescribed to include a diagnosis or purpose. *SM 1/25/17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carole Jones, Prog. Director* Date *1-11-17*

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

The above plan of correction is approved as of <u>1/25/17</u> (Date)	Plan of correction implementation status as of <u>1/25/17</u> (Date)
The above plan of correction was approved by <u>SM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented