



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 24 2017

Mr. Steven J. Miga,
President/Owner
Eastern Comfort III Inc
4136 Nazareth Pike
Bethlehem, Pennsylvania 18020

RE: Eastern Comfort III
206 Diamond Street
Slatington, Pennsylvania 18018
License #: 216770

Dear Mr. Miga:

As a result of the Department of Human Services' annual licensing inspection on January 19, 2017 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

PCH Name: EASTERN COMFORT III		License Number: 21677
Address: 206 DIAMOND STREET, SLATINGTON, PA 18018		County: Lehigh
Administrator: Kerry Boyer		Region: NORTHEAST
Legal Entity Name: EASTERN COMFORT III INC		
Legal Entity Address: 4136 NAZARETH PIKE, BETHLEHEM, PA 18020		
Certificate(s) of Occupancy C-2 LP 03/10/1999 PA Dept of L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 16	Waking Staff: 12
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
01/19/2017: Foulkes, Kimberli; Novak, Ryan		
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: 20 Number of Residents Served: 16 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: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 12 Have Mental Illness: 0 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 21677 - 01/19/2017 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

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 fire alarms activated on 11/18/16 at 12am and the fire department responded to the home. The home did not submit an incident report to the Department.

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.

Reporting an incident in a timely matter is important so the department has all the information.

It was a new staff person on duty who didn't follow the report. She was then educated along with rest of the staff with in the week of inspection. To prevent future violations staff was taught to document incident immediately & contact Administrator. Administrator will make sure no further violations.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kerry Boyer Administrator* Date *2-27-17*

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The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction implementation status as of <u>3/6/17</u> (Date)
The above plan of correction was approved by <u>m</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: 21677 - 01/19/2017 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

The home manages the finances for residents #1,2,3,and 4. The home does not maintain a record of financial transactions for these 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.

Financial records for the Residents protects that funds aren't misused. Residents checks go to main office Rent paid, spending money sent to Residents. At the home Administrator was assisting the Resident with paying Pharmacy Bills & Rent given to Resident for spending But no Record was kept. Keeping Itemized account of Resident finances on departments model forms Starting February: Administrator will make sure this is carried out.

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

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 (Required on EVERY Page) *Kerry Boyer Administrator* Date *2-27-17*

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Violation Report: 21677 - 01/19/2017 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.42(f) - A resident has the right to receive and send mail. Outgoing mail may not be opened or read by staff persons unless the resident requests. Incoming mail may not be opened or read by staff persons unless upon the request of the resident or the resident's designated person.

2a. DESCRIPTION OF VIOLATION

The home has two plastic pockets/bins mounted on the wall for mail. One is used for outgoing mail and one is used for incoming mail. Residents expressed concerns that there is no way that their mail is secure and anyone walking past the pockets/bins are able to access the mail and it can go missing.

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.

It protects Residents privacy; we have never had any mail go missing, But when residents expressed there concerns Administrator purchased a locked mail Box. This was done the same week of inspection Administrator will make sure mailbox is always secure

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kerry Boyer, Administrator</i>	Date <i>2-27-17</i>
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Violation Report: 21677 - 01/19/2017 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

Room #2 does not have a locking mechanism on the resident room door. Resident #5 expressed concerns about other residents being able to come into their room and having no way of preventing this. This resident wants to have a lock on their door for privacy.

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.

Protects Residents privacy
 Doors did not lock, Residents
 didn't express this was a
 concern, when brought to Administrator
 attention, Door Knobs with Key
 lock were purchased & put on all
 doors. By 2-3-2017
 Administrator will make
 sure all door knobs lock and working

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Violation Report: 21677 - 01/19/2017 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on [redacted] 16, was providing unsupervised ADL services in December 2016 and January 2017. The staff person did not complete the Department-approved direct care training course.

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.

To make sure staff is trained properly to do ADL's, Administration will make sure New staff completes the Department approved training within the 40 hrs of supervised training. will not work unsupervised until completed

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65d.(cont)

6/8/17

Staff person A completed the training on 2-9-2017. Administrator will make sure this is completed and Review staff records.

Kerry Boyer

2-27-17

Kerry Boyer, Administrator

A handwritten signature and the date 3/6/17 are enclosed within a hand-drawn circle.

Violation Report: 21677 - 01/19/2017 - Foulkes, Kimberli PCH Name: EASTERN COMFORT III	
1. REGULATION 55 Pa.Code §2600 2600.85(a) - Sanitary conditions shall be maintained.	
2a. DESCRIPTION OF VIOLATION Resident # 6's glucometer had dried blood on the machine.	
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.	
<p>This Regulation is important to prevent illness. This occurred because staff didn't check after use. Have educated staff to check & clean glucometer after use. Right person is checking glucometer. Administrator is following up & checking glucometers 2x's a week to make sure it is carried out documentation of checks will be logged. The administrator shall be responsible for ongoing compliance M 3/6/17</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 01/20/2016
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kerry Boyer Administrator</i>	Date <i>2-27-17</i>
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Violation Report: 21677 - 01/19/2017 - Foulkes, Kimberli PCH Name: EASTERN COMFORT III	
1. REGULATION 55 Pa.Code §2600 2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.	
2a. DESCRIPTION OF VIOLATION Resident room #10 has a ceiling tile in the corner of the room near the foot of the bed near the window that is hanging down and has approximately a 2ft x 1ft brown stain. It was reported that there was a leak in the air conditioner and it was also reported to be an issue with the gutters.	
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.	
<p style="font-size: 1.2em;">This Regulation is important so the residents do not suffer injuries. Ceiling tiles were replaced Administrator will do walk through 2x's week and document any repairs needed and fax & verbally notify owner of repairs. The staff will also report repairs to the owner. Owner is responsible for making sure repairs are being done. The administrator is responsible for ongoing</p>	
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Violation Report: 21677 - 01/19/2017 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 1/19/17, in the afternoon, the temperature in the maytag plus refrigerator located in the home's upstairs kitchen was 50 degrees farenheit.

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 is important for Resident safety so good dont spoil. It was known why the temperatures were at 50°. It could've been from door being opened. Replaced thermometer, maintenance came & cleaned vents on Fridge. Staff was told not to pile food in front of vents. Administrator will check temp 2x's week. Staff is also checking daily & documenting (Both Refridgerator) Administrator will check to make sure being carried out

Repeat Violation: No

Date(s) of Previous Violation(s):

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Kerry Boyer Administrator

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Violation Report: 21677 - 01/19/2017 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

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 does not have a notice to the Fire Department regarding the assistance needed in the event of an emergency.

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 Regulation is important it will aid the fire department to evacuate the Residents. At time of inspection Administrator could only show copy of certified receipt but did not have actual copy of letter. The Administrator will send out new letter certified has copy of letter & will keep copy of certified Receipt. The Administrator will be responsible for having this documentation on file

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 21677 - 01/19/2017 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

On 1/19/17, in the afternoon, there was a yellow sock behind the dryer on the 2nd floor on top of the dryer duct work.

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 Regulation is important to prevent fires. The staff will check ~~at~~ Behind the dryer after each completed load along with the lint trap. Documentation will be kept. Administrator will check dryer area & lint traps 2x's week
Administrator will be responsible to make sure this is being carried out.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
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Kerry Boyer Administrator

Date

2-27-17

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Violation Report: 21677 - 01/19/2017 - Fouikes, Kimberli PCH Name: EASTERN COMFORT III	
1. REGULATION 55 Pa.Code §2600 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	
2a. DESCRIPTION OF VIOLATION The fire drill conducted on 11/18/16 at 12am took 3 minutes and 5 seconds for evacuation. The letter from the fire safety expert dated 7/26/16 notes a safe evacuation time of 3 minutes.	
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.	
<p style="font-size: 1.2em;">This Regulation is important to ensure Residents evacuate safely in a timely manner. The reason we went over allowed time was due to a resident falling. Since the time of inspection another drill was conducted and all Residents evacuated timely. At this time this Resident was having mobility issues since this time Resident was evaluated to need a higher level of care and was assisted with placement. IB Administrator will discuss my declines in Resident mobility w/ staff.</p>	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kerry Boyer Administrator</i>	
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Violation Report: 21677 - 01/19/2017 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

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

2a. DESCRIPTION OF VIOLATION

Resident # 7's DME dated 12/2/16 is incomplete as there is nothing noted for height, weight and allergies. It also notes "see attached" for the medications, however nothing is attached.

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 Regulation is important to assure the home can meet this residents needs. Resident # 7 was in hospital at time of inspection and did not return to facility. Going forward Administrator will Review DME more carefully to make sure all areas were filled out By the Doctor. Administrator will Review Residents charts weekly. Administrator is Responsible to make sure this is done.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 21677 - 01/19/2017 - Foulkes, Kimbri
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 1/19/17, resident 5's Triamcinolone 0.5% cream and Ammonium Lactate 12% Cream was unlocked and accessible in the resident's night stand in room #2. Resident #5 can self administer these medications. The night stand does not lock. The resident's roommate resident #1 can not self administer medications. Room #2 does not have a lock on the door. Other residents in the home can not 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.

This Regulation is important for other Residents who share room safety. Resident # 5 is only Resident who self medicates and [redacted] was given a lock Box for [redacted] medications.

To prevent future violations administrator will make sure any Residents who self Administer meds will Receive a lock Box

The Administrator shall monitor and be responsible for ongoing compliance. M

Repeat Violation: No	Date(s) of Previous Violation(s): 3/6/17
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kerry Boyer, Administrator Date 2-27-17

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Violation Report: 21677 - 01/19/2017 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

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
 On 1/19/17, Atorvastatin calcium and Olanzapine prescribed for individual #8, who is not a current resident of the home, was located in the home's medication cart.

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.

Resident # 8 doesn't live at the home anymore and Resident # 8 was the only Resident who used a different pharmacy. Staff will check med cart upon discharge of resident to ensure all medications sent with that resident. Administrator will go through med cart within 48 hrs of discharge to make sure all meds were sent. The administrator is responsible for ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kerry Boyer* *M*
3/6/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kerry Boyer, Administrator* Date *2-27-17*

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

The above plan of correction is approved as of <u>3/6/17</u> (Date)	Plan of correction implementation status as of <u>3/6/17</u> (Date)
The above plan of correction was approved by <u><i>m</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

Violation Report: 21677 - 01/19/2017 - Foulkes, Kimberli
 PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Tylenol 325mg PRN, as needed. This medication was not available in 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 reason this regulation is important is to make sure the residents are receiving their medication. Resident #4 received [redacted] PRN meds the next morning. Reeducated the staff within the week of inspection when to order meds & how from the pharmacy it has now been changed to order at 7 days left instead of 5 days. Now monthly pharmacy & staff will be doing med cart & MAR checks. Administrator will make sure this is completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kerry Boyer

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

Kerry Boyer Administrator

Date 2-27-17

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

The above plan of correction is approved as of

3/6/17
 (Date)

Plan of correction implementation status as of

3/6/17
 (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: 21677 - 01/19/2017 - Foulkes, Kimberli
PCH Name: EASTERN COMFORT III

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident # 9 and #10's record does not include a photograph.

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 Regulation is important to help identify residents. At the time of inspection photo's were taken but not printed. Administrator will print photo's and place in resident Records. Since time of inspection Administrator has figured out how to print photos. In the future if this plan ~~is~~ doesn't work Administrator will use a different camera.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/20/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kerry Boyer Administrator Date 2-27-17

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

The above plan of correction is approved as of 3/6/17
(Date)

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

Plan of correction implementation status as of 3/6/17
(Date)

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