



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

Ms. Sandra Rich,  
Assistant Administrator  
Cambridge Village Associates  
1600 Darlington Road  
Beaver Falls, Pennsylvania 15010

RE: Cambridge Village Personal Care Home  
License #: 401620

Dear Ms. Rich:

As a result of the Department of Human Services' annual licensing inspection on February 13, 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](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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME		License Number: 40162
Address: 1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010		County: Beaver
Administrator: Cindy Hopkins		Region: WEST
Legal Entity Name: CAMBRIDGE VILLAGE ASSOCIATES		
Legal Entity Address: 1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 04/09/1998 Labor & Industry		MAY 18 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 107	Waking Staff: 80
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 02/13/2017: Rahuba, Matt; Mazza, Larry; Roser, Ashley; Quinn, Suzanne		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 100 Number of Residents Served: 80 Secured Dementia Care Unit in Home: Yes Area: Warrick Unit Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 12		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 79 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 27 Have a Physical Disability: 0

MAY 18 2017

Violation Report: 40162 - 02/13/2017 - Rahuba, Matt  
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- (1) An orientation program approved and administered by the Department.
- (2) A 100-hour standardized Department-approved administrator training course.
- (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION

Staff person A has not completed an orientation program approved and administered by the Department. On 2/13/17, this staff person was acting as the administrator while the home's administrator was on medical leave.

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) ON 2-13-17 ASSISTANT ADMINISTRATOR IMMEDIATELY SIGNED UP @ PENN STATE, BEAVER FOR ORIENTATION PROGRAM.
- 2) CLASS WAS SCHEDULED & COMPLETED ON 5-12-17.
- 3) CERTIFICATION TO BE OBTAINED & PUT IN ASSISTANT ADMINISTRATOR'S FILE.
- 4) ADMINISTRATOR AND/OR DESIGNEE WILL REVIEW EMPLOYEES RECORDS FOR COMPLETION WEEKLY & QUARTERLY @ QUALITY ASSURANCE TO MAINTAIN COMPLIANCE. DOCUMENTATION TO BE KEPT.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LINDY HOPKINS ADMIN</i>	Date <i>5-17-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/24/17  
(Date)

Plan of correction implementation status as of 5/24/17  
(Date)

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

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

MAY 18 2017

Violation Report: 40162 - 02/13/2017 - Rahuba, Matt  
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 2/5/17 at 4:54 p.m., resident #1' glucometer was used to take resident #2's blood glucose reading.

Resident #3's glucometer was used to take resident #4's blood glucose reading on the following dates: 2/10/17 at 7:14 p.m.; 2/11/17 at 5:50 a.m. and 2/11/17 at 6:55 p.m.

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.

*New glucometers were purchased for residents and labeled with residents names. 5/24/17*

- 1) INSERVICE WAS HELD ON 3-9-17 TO RETRAIN AND RE-EDUCATE STAFF ON PROPER POLICY & PROCEDURES ON GLUCOMETER USAGE. SEE ATTACHMENT # 1
- 2) ADMINISTRATOR PURCHASED EXTRA GLUCOMETERS & SUPPLIES TO BE KEPT IN CENTRAL SUPPLY IN CASE OF MALFUNCTIONING OF RESIDENT'S GLUCOMETER.
- 3) IF RESIDENT'S GLUCOMETER FAILS, A NEW ONE IS PULLED OUT OF CENTRAL & ASSIGNED TO THAT RESIDENT. (NAME APPLIED) OLD GLUCOMETERS TO BE DESTROYED. SEE NEW POLICY & PROCEDURE. (ATTACHMENT #2,3)
- 4) ADMINISTRATOR AND/OR DESIGNEE WILL CHECK GLUCOMETERS WEEKLY & WILL BE REVIEWED QUARTERLY @ QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Liddy Hopkins ADM</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>LIDDY HOPKINS ADM</i>	<i>5-17-17</i>

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

<p>The above plan of correction is approved as of <u>5/24/17</u> (Date)</p> <p>The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>5/24/17</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>f</i></p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 40162 - 02/13/2017 - Rahuba, Matt	WEST REGION FIELD OFFICE
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME	Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 Resident #4, residing in bedroom # [redacted], does not have an operable source of lighting which can be turned on/off at bedside.

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) RESIDENT'S BEDROOM WAS RE-ARRANGED TO ACCOMMODATE NIGHT STAND & LAMP @ BEDSIDE.
- 2) MAINTAINANCE TO DO WEEKLY ROOM CHECKS TO ASSURE ALL PROPER FURNITURE IS IN THE RESIDENT'S ROOM. DOCUMENTATION TO BE KEPT.
- 3) ADMISSION DIRECTOR IS TO NOTIFY FAMILIES UPON ADMISSION ABOUT FURNITURE PLACEMENT IN ROOMS TO ASSURE COMPLIANCE.
- 4) ADMINISTRATOR AND/OR DESIGNEES WILL REVIEW QUARTLERY @ QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CINDY HOPKINS ADM</i>	Date <i>5-17-17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

<p>The above plan of correction is approved as of <u>5/24/17</u>          (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u>          (Initials)</p>	<p>Plan of correction implementation status as of <u>5/24/17</u>          (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>*</i></p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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MAY 18 2017

Violation Report: 40162 - 02/13/2017 - Rahuba, Matt  
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

There were two containers in the kitchen refrigerator that were not clearly labeled. One container had a green lid indicating it contained vegetables; however it included the dates 9/15, 9/21, 8/11, 2/24, 2/6 and 2/11. The second container had an orange lid labeled with the following: chicken 3/14, vegetables 12/23, tuna 6/4 and vegetables 2/7.

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) REMOVED CONTAINERS & LIDS THAT WERE IMPROPERLY LABELED.
- 2) PURCHASED NEW PRODUCTS I.E.....LIDS, CONTAINERS, LABEL ON 2-16-17.
- 3) KITCHEN STAFF WAS RETRAINED ON POLICIES & PROCEDURES FOR LABELING & STORAGE ON 2-16-17. SEE ATTACH # 4
- 4) DIETARY SUPERVISOR WILL MONITOR DAILY & DOCUMENTATION SHALL BE KEPT TO MAINTAIN COMPLIANCE. SEE ATTACHMENT # 5
- 5) DOCUMENTATION SHALL BE REVIEWED QUARTERLY @ QUALITY ASSURANCE MEETING.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Mindy [Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>LINDY HEPPINS ADM</i>	<i>5-17-17</i>

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

The above plan of correction is approved as of 5/24/17  
(Date)

Plan of correction implementation status as of 5/24/17  
(Date)

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

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

MAY 18 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40162 - 02/13/2017 - Rahuba, Matt  
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The exit door near bedroom #114 was locked with a keypad. The door was marked as an exit and opened to the rear parking lot and the designated smoking area for staff members.

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 exit door near bedroom #114 is now equipped with a panic bar and is unlocked and unobstructed. 5/24/17

- 1) [EXIT SIGN WAS IMMEDIATELY REMOVED.] unacceptable plan of correction 5/24/17
- 2) MAINTENANCE NOTIFIED NOT TO USE EMERGENCY EXIT IN QUESTION FOR FIRE DRILLS UNTIL DEFICIENCY APPROVED BY DEP'T OF HUMAN SERVICES LICENSING.
- 3) MAINTENANCE WILL MONITOR MONTHLY DURING FIRE DRILLS.
- 4) ADMINISTRATOR WILL REVIEW QUARTERLY @ QUALITY ASSURANCE. DOCUMENTATION TO BE KEPT.
- 5) FACILITY DISAGREES WITH FINDINGS ON VIOLATION OF REGULATION # 2600.121A. DOOR IN QUESTION WAS UNOBSTRUCTED. KEYPAD ON DOOR WILL DE-ENERGIZE (UNLOCK) THRU A CONTACT ON THE FIRE ALARM CONTROL PANEL WHEN ANY FIRE ALARM IS ACTIVATED OR WHEN THE POWER IS OFF. FACILITY HAS A LETTER FROM DEP'T OF LABOR & INDUSTRY VERIFYING APPROVAL OF EXIT DOORS. SEE ATTACHMENT# 7 & 8.
- 6) PATTERSON TWP. APPROVED ALL EXITS DURING FIRE SCHOOL & FIRE TRAINING ON 3-3-17. SEE ATTACHMENT #9

Immediately, then weekly thereafter: A designated staff person shall inspect all hallways, doorways, passageways and egress routes from rooms and from the building to ensure they are unlocked and unobstructed at all times. 5/24/17

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *CINDY HOPKINS*      Date *5-17-17*

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

The above plan of correction is approved as of 5/24/17  
(Date)

Plan of correction implementation status as of 5/24/17  
(Date)

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

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

Violation Report: 40162 - 02/13/2017 - Rahuba, Matt  
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

MAY 18 2017

1. REGULATION 55 Pa.Code §2600  
2600.132(f) - Alternate exit routes shall be used during fire drills.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Exit route #1 was one of the exit routes used for each monthly fire drill from February 2016 through January 2017.

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) MAINTENANCE WAS RE-EDUCATED AND RETRAINED ON USING THE SAME EXIT ROUTES FOR MONTHLY FIRE DRILLS. (COMPLETED ON 2-15-17)
- 2) ADMINISTRATOR AND/OR DESIGNEE WILL CHECK FIRE DRILL LOGS MONTHLY.
- 3) ADMINISTRATOR AND/OR DESIGNEE WILL REVIEW FIRE DRILL LOGS QUARTERLY @ QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *MANDY HOPKINS* Date *5-17-17*

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

The above plan of correction is approved as of 5/24/17  
(Date)

Plan of correction implementation status as of 5/24/17  
(Date)

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

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

MAY 18 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 40162 - 02/13/2017 - Rahuba, Matt  
PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #5, dated 7/6/16, does not include an evaluation of the resident's health status. This section was blank.

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) RE-FAXED DME TO MEDICAL DOCTOR.
- 2) MEDICAL DOCTOR REVIEWED, CHECKED PROPER BOX FOR RESIDENTS HEALTH STATUS. SEE ATTACHMENT # 6
- 3) ADMINISTRATOR AND/OR DESIGNEE TO CHECK ALL DME'S UPON ADMISSION FOR COMPLETION.
- 4) ADMINISTRATOR AND/OR DESIGNEE WILL DO WEEKLY AUDITS TO MAINTAIN COMPLIANCE. DOCUMENTATION SHALL BE KEPT AND REVIEWED QUARTERLY @ QUALITY ASSURANCE TO MAINTAIN COMPLIANCE. SEE ATTACHMENT #10

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Cindy Hopkins ADM*

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

CINDY HOPKINS ADM

Date

5-19-17

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

The above plan of correction is approved as of

5/24/17  
(Date)

Plan of correction implementation status as of

5/24/17  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 40162 - 02/13/2017 - Rahuba, Matt  
 PCH Name: CAMBRIDGE VILLAGE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
 The home's medication administration policy indicates only supervisors administer controlled substances to the residents, which are stored in a lock box that is only accessible to supervisors. However, the direct care staff on duty initial the medication administration records (MAR) as administering the controlled substances, not the supervisor. Resident #5's February 2017 MAR includes the initials of staff person B administering 5mg of Zolpidem to the resident on 2/5/17 at 8:54 p.m., 2/6/17 at 8:55 p.m. and 2/8/17 at 8:59 pm.; however, staff person B is not a supervisor and did not administer the medication. Also, resident #5's February 2017 MAR includes the initials of staff person C administering 5mg of Zolpidem to the resident on 2/1/17 at 8:55 p.m. and 2/12/17 at 8:44 pm.; however, staff person C is not a supervisor and did not administer the medication.

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) NEW POLICY & PROCEDURE WAS IMMEDIATELY IMPLEMENTED ON 2-20-17. STAFF WAS RE-EDUCATED AND RETRAINED ON NEW POLICY 3-9-17. SEE ATTACHMENT# 111
- 2) SUPERVISORS SHALL UNLOCK NARCOTIC DRAWER AND OBSERVE PCA PULLING NARC & SIGNING OFF ON NARCOTIC SHEET.
- 3) IF A SUPERVISOR OR PCA PULL A NARCOTIC, THEY ARE RESPONSIBLE FOR DISPENSING, ADMINISTERING AND DOCUMENTING MEDICATION.
- 4) ADMINISTRATOR AND/OR DISIGNEE WILL CHECK WEEKLY.
- 5) ADMINISTRATOR AND/OR DISIGNEE WILL REVIEW QUARTERLY @ QUALITY ASSURANCE TO MAINTAIN COMPLIANCE.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Linda Hopkins Admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LINDA HOPKINS Admin</i>	Date <i>5-17-17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5/24/17</u> (Date)  The above plan of correction was approved by <u><i>LH</i></u> (Initials)	Plan of correction implementation status as of <u>5/24/17</u> (Date)  <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LH</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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