



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 17 2017

Ms. Christina Callahan,  
Owner/Administrator  
Heartland Retirement Personal Care Home Inc.  
46 Elementary Lane, P.O. Box 210  
Woolrich, Pennsylvania 17779

RE: Heartland Retirement Personal Care Home  
License #: 316150

Dear Ms. Callahan:

As a result of the Department of Human Services' annual licensing inspection on March 1, 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,

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

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 31615 - 03/01/2017 - Rushin, Julianne  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**  
 The License Inspection Summary dated 3/7/16 was posted on a bulletin board next to the medication room with the Resident Privacy Coding 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 IS IMPORTANT DUE TO THE PRIVACY OF THE RESIDENT  
 THIS REGULATION WAS VIOLATED DUE TO THE LICENSE INSPECTION SUMMARY WAS POSTED WITH THE RESIDENT PRIVACY CODING STILL ATTACHED.  
 THE ADMINISTRATOR DID NOT MAKE SURE THAT THE RESIDENT PRIVACY CODING WAS REMOVED BEFORE POSTING TO THE PUBLIC  
 THE ADMINISTRATOR REMOVED AT THE TIME OF INSPECTION  
 THE ADMINISTRATOR WILL MAKE SURE WHEN POSTING FUTURE LICENSE INSPECTION SUMMARY'S THAT THE RESIDENT PRIVACY CODING IS REMOVED.  
 ADMINISTRATOR AND ASSISTANT

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Christina Callahan</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Christina Callahan CEO/Admin.</i>	<i>3-24-17</i>

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

The above plan of correction is approved as of <u>3/31/17</u> (Date)	Plan of correction implementation status as of <u>3/31/17</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: 31615 - 03/01/2017 - Rushin, Julianne  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
 The home does not have a copy of the PA Department of Health's Influenza Poster posted in a public area of the home as required by the Influenza Awareness Act.  
 The home does not have a carbon monoxide detector placed within 15 feet of either of the 2 gas fueled fire places located in the common areas.

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 INFORMS ALL THE RESIDENTS AND VISITORS OF INFLUENZA. ALSO TO ENSURE THE SAFTY OF RESIDENTS, VISITORS, AND STAFF OF ANY CO2 LEAKS.  
 THE POSTER OF NEW INFLUENZA WAS NOT POSTED AND ALSO THERE WAS NO CO2 DETECTORS IN OR AROUND THE FIREPLACES IN THE HOME.  
 ADMINISTRATOR DID NOT HAVE THE NEW INFLUENZA INFORMATION POSTED FOR THE PUBLIC. THE ADMINISTRATOR DID NOT HAVE ANY CO2 DETECTORS IN THE HOME AROUND THE GAS FIREPLACES.  
 ADMINISTRATOR POSTED THE NEW INFLUENZA POSTER AT THE TIME OF INSPECTION. CO2 DETECTORS WERE PUT UP IN BOTH ROOMS WHERE THERE WAS A FIREPLACE.  
 THE ADMINISTRATOR WILL MAKE SURE THAT SHE IS UP TO DATE WITH POSTERS THAT ARE TO BE POSTED. ADMINISTRATOR WILL MAKE SURE WHEN THERE IS CO2 BEING USED FOR THE HOME THAT THERE IS A CO2 DETECTOR.  
 ADMINISTRATOR is responsible for ongoing compliance.

M  
 3/31/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Christina Callahan

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Callahan CEO/Admin.      Date 3-24-17

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 (Date)

Plan of correction implementation status as of 3/31/17  
 (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: 31615 - 03/01/2017 - Rushin, Julianne	
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME	
<b>1. REGULATION 55 Pa.Code §2600</b> 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	
<b>2a. DESCRIPTION OF VIOLATION</b> The Resident Contract for resident #3 does not include a fee schedule.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>THE REGULATION IS IMPORTANT FOR NOT ONLY THE RESIDENT BUT ALSO THE FAMILY TO KNOW THE EXTRA FEES THAT IS NOT PROVIDED IN THE MONTHLY BILLING.</p> <p>THIS WAS VIOLATED BY THERE WAS NOT AN ADDITIONAL CHARGES ATTACHED TO A CONTRACT.</p> <p>THE ADDITIONAL CHARGES WERE NOT ATTACHED TO A CONTRACT.</p> <p>THE ADMINISTRATOR OR ASSISTANT WILL INFORM THE FAMILY AND THE RESIDENT THAT THE ADDITIONAL CHARGES WERE NOT ATTACHED TO THE CONTRACT AT THE TIME OF SIGNING AND ONE WILL BE PROVIDED FOR THEM TO GO OVER AND ATTACHED TO THE CONTRACT.</p> <p>ADMINISTRATOR OR ASSISTANT WILL MAKE SURE WHEN MAKING A CONTRACT FOR ANY FUTURE RESIDENTS THAT THE ADDITIONAL CHARGES ARE ATTACHED BEFORE ANY SIGNING. THE ADMINISTRATOR WILL ALSO GO OVER CONTRACTS ON A ROUTINE BASIS TO ENSURE ALL ADDITIONAL PAPERS ARE INCLUDED.</p> <p>ADMINISTRATOR OR ASSISTANT</p>	
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Callahan</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Callahan CEO/Admin</i>	Date <i>3-24-17</i>
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Violation Report: 31615 - 03/01/2017 - Rushin, Julianne	
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME	
<b>1 REGULATION 55 Pa Code 52600</b>	
2600.85(a) - Sanitary conditions shall be maintained.	
<b>2a. DESCRIPTION OF VIOLATION</b>	
Department representatives noted animal feces in a child's wading pool filled with sand on the back porch of the home.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>THIS REGULATION IS IMPORTANT FOR THE SAFETY OF THE RESIDENTS FROM ILLNESS, RODENT AND INSECT INFESTATION.</p> <p>THERE WAS A SMALL CHILD WADING POOL FILLED WITH SAND THAT HAD ANIMAL FECES INSIDE THE POOL. A SMALL CHILD WADING POOL FILLED WITH SAND WAS LEFT OUTSIDE AND THERE WAS ANIMAL FECES INSIDE THE POOL.</p> <p>THE CHILD WADING POOL WAS REMOVED AND PUT INTO THE DUMPSTER AT THE TIME OF INSPECTION. THE ADMINISTRATOR IS NO LONGER ALLOWING CHILD SIZE WADING POOLS IN OR AROUND THE HOME.</p> <p>ADMINISTRATOR</p>	
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Violation Report: 31615 - 03/01/2017 - Rushin, Julienne  
 PCH Name: HEARTLAND RETIREMENT 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**

A row of stacked folding chairs and activity supplies was blocking the egress leading from the home's dining room to the exterior of the home.  
 The double exit doors across from the home's beauty shop do not open immediately when exiting the home. The right door sticks and requires force to open.

**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 IS IMPORTANT FOR THE SAFETY OF THE RESIDENTS AND STAFF TO BE ABLE TO EVACUATE QUICKLY AND SAFTLY IN AN EMERGENCY  
 THERE ARE TWO DOUBLE DOORS INFORT OF THE BEAUTY SHOP THAT DO NOT OPEN IMMEDIATELY WHEN PUSHED ON, ALSO IN THE ACTIVITIY ROOM THERE WAS CHAIRS BLOCKING AN EXIT.  
 CHAIRS WERE BLOCKING AN EXIT AND TWO DOUBLE DOORS DO NOT OPEN IMMEDIATELY WHEN PUSHE ON.  
 THE CHAIRS WERE REMOVED FROM THE ACTIVITIY ROOM TO UNBLOCK THE EXIT AT THE TIME OF INSPECTION. THE TWO DOUBLE DOORS ARE BEING AJUSTED TO MAKE SURE THEY OPEN WITH OUT STICKING.  
 ADMINISTRATOR, ASSISTANT, AND MAINTENANCE WILL DO MONTHLY CHECKS TO ENSURE THAT ALL EXITS ARE CLEAR AND FREE OF ANYTHING INFRONT OF THEM AND WILL MAKE SURE THAT ALL THE DOORS OPEN EASILY.  
 ADMINISTRATOR, ASSISTANT, AND MAINTENANCE

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Christina Callahan*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Christina Callahan CEO Admin*      Date *3-24-17*

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Violation Report: 31615 - 03/01/2017 - Rushin, Julienne PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)
<b>2a. DESCRIPTION OF VIOLATION</b> The DME for resident #1 dated 9/21/16 does not indicate the resident's blood pressure or need for body positioning. The DME for resident #2 dated 2/9/17 does not indicate the resident's temperature or the date the resident was evaluated.
<b>3. PLAN OF CORRECTION (POC)</b> (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 FORM IS IMPORTANT TO HELP THE HOME DECIDE IF THE RESIDENTS NEEDS CAN BE MEET BY THE HOME.  
 TWO DME FORMS WERE NOT COMPLETED, THER WERE SOME BLANK SPOTS  
 TWO OF THE DME FORMS WERE NOT LOOKED OVER CAREFULLY TO ENSURE THAT THEY WERE FILLED OUT COMPLETELY.  
 THE ADMINISTRATOR WILL GO OVER THE DME AND FILL IN ANY BLANK SPOTS IN THE DME FORMS.  
 ADMINISTRATOR AND ASSISTANT WILL MAKE SURE WHEN RECEIVING A DME FORM FROM THE DOCTOR THAT THER IS NO BLANK SPOTS, IF SO THEY WILL CONTACT THE DOCTORS OFFICE TO GO OVER WHAT WAS MISSED.  
 ADMINISTRATOR AND ASSISTANT

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Christina Callahan CEO/Admin	
		Date 3-24-17	
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m (Initials)			

Violation Report: 31615 - 03/01/2017 - Rushin, Julienne	
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME	
<b>1. REGULATION 55 Pa.Code §2600</b>	
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	
<b>2a. DESCRIPTION OF VIOLATION</b>	
Resident #3's Pre-Admission form (dated [redacted] /16) is missing the following elements: the resident's last name, primary language spoken and medical diagnoses.	
Resident #4 (admitted [redacted] /16) Pre-Admission form is missing the following elements: the date the form was completed, the resident's personal care and medical needs and medical diagnoses.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> <i>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.</i>	
<p>THIS IS IMPORTANT TO MAKE SURE THE HOME CAN MEET THE RESIDENTS NEEDS.                  THERE WERE TWO INCOMPLETE PRE-ADMISSION FORMS                  THE ADMISTRATOR DID NOT CMLETE THE PRE-ADMISSION FORMS FOR TWO RESIDENTS                  THE ADMINISTRATOR WILL GO OVER THE FORMS AND FILL IN WHERE THEY WERE NOT COMPLETED.                  THE ADMINISTRATOR WILL MAKE SURE WHEN FILLING OUT A PRE-ADMISSION FORM THAT IT IS COMPLET AT THE TIME OF THE ASSESMENT. ALSO WILL DO MONTHLY CHECKS ON ALL PAPERWORK MAKING SURE THERE ARE NO BLANK SPOTS.                  ADMINISTRATOR</p>	
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Violation Report: 31615 - 03/01/2017 - Rushin, Julienne	
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME	
<b>1. REGULATION 55 Pa.Code §2600</b>	
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	
<b>2a. DESCRIPTION OF VIOLATION</b>	
The Summary and Determination section of resident #4's Initial RASP (dated 11/14/16) is not completed. The Summary and Determination section of resident #3's Initial RASP (dated 10/26/16) is not completed.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>THIS IS IMPORTANT TO MAKE SURE THE HOME IS ABLE TO MEET THE NEEDS OF THE RESIDENT. THERE WERE TWO RASP THAT WERE NOT COMPLETE. THE SUMMARY AND DETERMINATION SECTION WAS NOT FILLED OUT FOR TWO RESIDENTS RASP. THE ADMINISTRATOR OR ASSISTANT WILL GO THROUGH AND FILL IN THE SUMMARY AND DETERMINATION SECTION OF THE TWO RASP. WHEN DOING A RASP FOR ALL RESIDENTS THE ADMINISTRATOR OR ASSISTANT WILL MAKE SURE THAT THERE ARE NO BLANK SPOTS. ALSO WILL DO MONTHLY CHECKS ON ALL PAPERWORK MAKING SURE THERE ARE NO BLANK SPOTS. ADMINISTRATOR OR ASSISTANT</p>	
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Violation Report: 31615 - 03/01/2017 - Rushin, Julianne	
PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME	
<b>1. REGULATION 55 Pa.Code §2600</b>	
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	
<b>2a. DESCRIPTION OF VIOLATION</b>	
The Summary and Determination section of resident #1's annual RASP (dated 9/23/16) is not completed. The Summary and Determination section of resident #2's annual RASP (dated 2/25/17) is not completed.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> <i>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.</i>	
<p>THIS IS IMPORTANT TO MAKE SURE THE HOME IS ABLE TO MEET THE NEEDS OF THE RESIDENT. THERE WERE TWO RASP THAT WERE NOT COMPLETE. THE SUMMARY AND DETERMINATION SECTION WAS NOT FILLED OUT FOR TWO RESIDENTS RASP. THE ADMINISTRATOR OR ASSISTANT WILL GO THROUGH AND FILL IN THE SUMMARY AND DETERMINATION SECTION OF THE TWO RASP. WHEN DOING A RASP FOR ALL RESIDENTS THE ADMINISTRATOR OR ASSISTANT WILL MAKE SURE THAT THERE ARE NO BLANK SPOTS. ALSO WILL DO MONTHLY CHECKS ON ALL PAPERWORK MAKING SURE THERE ARE NO BLANK SPOTS. ADMINISTRATOR OR ASSISTANT</p>	
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Violation Report: 31615 - 03/01/2017 - Rushin, Julienne  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**  
 The RASP for resident #2 dated 2/25/17 does not address the resident's diagnosis of edema.  
 The RASP for resident #1 dated 9/23/16 does not indicate the medical diagnoses of dementia, seizure disorder depression and anemia.

**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 IS IMPORTANT TO ENSURE THE HOME CAN MEET THE NEEDS OF THE RESIDENTS  
 TWO RASP WERE INCOMPLETE WITH NOT HAVING THE FULL DIAGNOSIS LISTED.  
 THE DIAGNOSIS PART OF THE RASP WAS NOT COMPLETED.  
 ADMINISTRATOR AND ASSISTANT WILL GO THROUGH THEM AND MAKE SURE THAT ALL THE DIAGNOSIS ARE ON THE RASP  
 ADMINISTRATOR AND ASSISTANT WILL MAKE SURE WHEN DOING A RASP THAT ALL THE DIAGNOSIS IS ON THE RASP.  
 ALSO WILL DO MONTHLY CHECKS ON ALL PAPERWORK MAKING SURE THERE ARE NO BLANK SPOTS.  
 ADMINISTRATOR AND ASSISTANT

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

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Violation Report: 31615 - 03/01/2017 - Rushin, Julienne  
 PCH Name: HEARTLAND RETIREMENT PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 The photo in resident #1's file, taken on 2/18/14, has expired.  
 Resident #3's record does not indicate identifying marks, if any.

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 IS IMPORTANT TO HAVE A COMPLET RECORD OF EACH RESIDENT, WITH A PICTURE TO ENSURE ID AND ALSO ANY IDENTIFYING MARKINGS THEY MAY HAVE  
 A PICTURE OF A RESDIENT WAS EXPIRED, ALSO A RESDIENT DID NOT INDICATE IF THEY HAD ANY IDENTIFYING MARKS ON THE APPLICATION.  
 ADMINISTRATOR AND ASSISTANT DID NOT MAKE SURE ALL PICTURES WERE UP TO DATE AND OVERLOOKED IF RESIDENT HAD ANY IDENTIFYING MARKS  
 THERE WAS A PICTUR THAT WAS MARKED WITH AN EXPIRED DATE. THE RESIDENT DID NOT INDICATE IF THEY HAD ANY IDENTIFYING MARKS ON THE APPLICATION AND WAS OVERLOOKED BY THE ADMINISTRATOR.  
 ADMINISTRATOR AND ASSISTANT WILL GO THROUGH TO MAKE SURE THAT THERE IS NOT EXPIRED PICTURE AND MAKE SURE THAT EVERYTHING IS FILLED OUT FOR THEM ON A MONTHLY BASIS.  
 ADMINSTRATOR AND ASSISTANT

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christie Callahan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christie Callahan CEO/Admin*      Date *3-24-17*

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