



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MENTOR ABI LLC
LEGAL ENTITY

To operate NEURORESTORATIVE PENNSYLVANIA
NAME OF FACILITY OR AGENCY

Located at 10589 NORTH EDGEWOOD DRIVE, LAKE CITY, PA 16423
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 5
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 19, 2017 until May 19, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 447960

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 18 2017

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

RE: Neurorestorative Pennsylvania
10589 North Edgewood Drive
Lake City, Pennsylvania 16423
License #: 447960

Dear Ms. Jones:

As a result of the Department of Human Services' annual licensing inspection on March 2, 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.

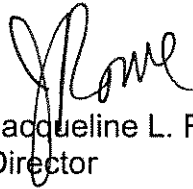
All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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

Enclosures
License
License Inspection Summary

MAY 17 2017

Violation Report: 44796 - 03/02/2017 - Grace, Desmond
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

The home did not obtain written receipts from residents for the following disbursements:

Resident #1

- 3-2-17 - \$40
- 2-21-17 - \$20

Resident #2

- 3-2-17 - \$60
- 2-24-17 - \$40
- 2-23-17 - \$40
- 2-10-17 - \$20
- 2-2-17 - \$75

Resident #3

- 3-2-17 - \$140
- 2-23-17 - \$80
- 2-21-17 - \$20
- 2-15-17 - \$16
- 2-10-17 - \$30
- 2-2-17 - \$50

Resident #4

- 2-28-17 - \$100
- 2-21-17 - \$300
- 2-14-17 - \$100
- 2-7-17 - \$100

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.

Updated our ledger to include a column for residents to initial for all transactions. (see Attached) we also created and started using a Funds Requested/Received Receipt Form (see Attached) for residents to sign when requesting and receiving disbursements.

Immediately - The administrator or a designated staff person will review written receipts for cash disbursements at least monthly, *BB 5/11/17* within 30 days of receipt of these plans of correction - All staff persons involved in cash disbursements will be educated on Chapter 2600.20(a)(3) *BB 5/11/17*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Dave Mackenzie</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Dave Mackenzie Program Director</i>		<i>5/11/17</i>	

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

The above plan of correction is approved as of <u><i>5/12/17</i></u> (Date)	Plan of correction implementation status as of <u><i>5/17/17</i></u> (Date)
The above plan of correction was approved by <u><i>BB</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

MAY 17 2017

Violation Report: 44796 - 03/02/2017 - Grace, Desmond
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Foamy Q and acid disinfectant cleaner, a windex spray bottle, and spray shine stainless steel cleaner, with labels indicating to contact poison control or physician immediately if swallowed, was unlocked and accessible under the kitchen sink. Resident #1 has not been assessed capable of recognizing and using poisons safely.

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 cabinet under the kitchen sink containing cleaning supplies was locked. A sign was placed on the cabinet to remind staff to keep the cabinet locked. (see Attached).

The Administrator or designee will ensure the cabinet is locked during daily Health and Safety walk-throughs of the program.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Dave Mackenzie Program Director

Date 5/1/17

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

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

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

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

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

RECEIVED

Violation Report: 44796 - 03/02/2017 - Grace, Desmond
PCH Name: NEURORESTORATIVE PENNSYLVANIA

MAY 17 2017

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At 10:15 AM, there was a dark red, dried substance that appeared to be blood on the side of the bathtub down to the floor in the common bathroom near the TV/dining room on the main floor.

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 dried substance on the side of the bathtub and on floor was cleaned using proper disinfectant guidelines during the inspection. (See Attached) staff will routinely monitor all areas of the program to ensure sanitary conditions are maintained.

Routine staff monitoring of sanitary conditions will occur at least daily.

BB
5/17/17

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Dave Mackenzie Program Director* Date *5/17/17*

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

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(Date)

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

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

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

RECEIVED

MAY 17 2017

Violation Report: 44796 - 03/02/2017 - Grace, Desmond
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

At 9:00 AM, there was a mixture of snow and leaves approximately 2 and a half feet high that covered most of the front entrance's ramp.

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 mixture of snow and leaves was removed from the program's front entrance ramp. (See Attached).

The Administrator or designee will ensure all exit/entrances to the program are free from obstructions as part of their daily Health and Safety walk-throughs.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Dave Mackenzie

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

Dave Mackenzie Program Director

Date 5/1/17

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

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

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

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

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

RECEIVED

MAY 17 2017

Violation Report: 44798 - 03/02/2017 - Grace, Desmond
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

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

At 11:15 AM, there was no thermomeler in the chest freezer located in the hallway across from the administrator's office.

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.

A thermometer was placed in the chest freezer. (see Attached)
The Administrator or designee will ensure all refrigerators and freezers contain thermometers and maintain required temperatures during their daily Health and Safety walk-throughs at the program.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

DeMun

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

Dave Mackenzie

Date 5/1/17

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

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

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

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

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

MAY 17 2017

Violation Report: 44795 - 03/02/2017 - Grace, Desmond
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

There was an accumulation of lint 1/4 inch thick in the lint trap of the dryer in the main floor laundry room.

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 lint was removed from the dryer vent during the inspection. (see Attached)

The staff are required to fill out the dryer lint cleaning form daily. (see Attached)

The Administrator or designee will ensure the form is completed daily as part of their daily Health and Safety walk-through.

During 2017 quality management plan reviews and evaluations - The administrator will ensure the home places an increased emphasis on these plans of Correction. BB 5/17/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/17/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dave Mackenzie Program Director* Date *5/17/17*

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

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

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

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

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

MAY 17 2017

Violation Report: 44796 - 03/02/2017 - Grace, Desmond PCH Name: NEURORESTORATIVE PENNSYLVANIA	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
The fire drill records for the drills conducted on 2/23/17, 1/26/17, 12/28/16, and 11/29/16 do not include the number of residents evacuated and exit routes used.

The fire drill records for the drills conducted on 1/26/17 and 12/28/16 do not indicate AM or PM.

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 Fire Drill Recording Form was updated to include information on number of residents, time of drill (AM/PM), and evacuation routes used. (See Attached)

The Administrator and Program Director will ensure all required information is recorded on the Fire Drill form as part of their monthly documentation audit.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dave Mackenzie Program Director</i>	Date <i>5/1/17</i>
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MAY 17 2017

Violation Report: 44796 - 03/02/2017 - Grace, Desmond
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

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 #4, dated [redacted] 16, does not include 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.

The medical evaluation for resident #4 dated [redacted] 16 was created in error. The medical evaluation was created for resident #4's transfer from one licensed to another. Since a new medical evaluation was not required, we removed the evaluation dated [redacted] 16, and continued to use the medical evaluation completed on 11/19/15. (See Attached). This evaluation accurately reflected all of Resident #4's medications. Also attached is the current medical evaluation dated 11/17/16 which also includes all of Resident #4's medications.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Dave Mackenzie* Date *5/17/17*

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The above plan of correction was approved by <u>BB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>BB</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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MAY 17 2017

Violation Report: 44796 - 03/02/2017 - Grace, Desmond
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

Weekly advanced menus were not posted in the home. The home's menus for 2/5/17 to 2/11/17 and 2/12/17 to 2/18/17 were the only menus posted.

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.

Updated menus were posted on the refrigerator in the kitchen. The Administrator will ensure updated menus are posted in the program.
(see Attached)

Immediately - The administrator will check the home at least weekly to ensure menus are posted 1 week in advance in a conspicuous and public place in the home.
BB 5/17/17

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)

Dave MacKenzie Program Director

Date 5/1/17

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

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

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

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

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

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MAY 17 2017

Page 11 of 13

Violation Report: 44796 - 03/02/2017 - Grace, Desmond

PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

A van used to provide residents transportation had a first aid kit that did not include a breathing shield or eye coverings.

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.

A breathing shield and eye coverings were placed in the program vehicle's First Aid Kit. (see Attached)

The Administrator or designee will ensure the First Aid Kits contains all required contents as part of their daily health and safety walk-throughs and audits.

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)

Dave Mackenzie Program Director

Date 5/1/17

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The above plan of correction is approved as of 5/12/17
(Date)

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

Plan of correction implementation status as of 5/12/17
(Date)

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

MAY 17 2017

Violation Report: 44796 - 03/02/2017 - Grace, Desmond
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
Resident #2's ketoconazole 2% was discontinued on 9/30/16 and it was still stored 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.

Resident #2's ketoconazole 2% was removed from the program and disposed of following proper procedures. Nursing staff will ensure that all discontinued medications are removed as part of their weekly medication cart audits.

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) *Dave MacKenzie Program Director* Date *5/1/17*

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

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

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

- Fully Implemented
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Violation Report: 44796 - 03/02/2017 - Grace, Desmond
PCH Name: NEURORESTORATIVE PENNSYLVANIA

WEST REGION FIELD OFFICE
Human Services Licensing

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

The home has a policy regarding medications that indicates PRN medications classified as controlled substances are signed off on the count sheet and remaining controlled substances are counted at the end of each shift and recorded on the inventory sheet.

Resident #2 is ordered Zolpidem 10mg PO at bedtime. The medication count was 14, but the narcotic inventory sheet inaccurately indicated 17 due to no recordings after the administration of the medication on 2/27/17, 2/28/17, and 3/1/17.

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 were educated on the importance of accurately and consistently completing the controlled substance count sheet.

Starting on 5/8/17, we will be utilizing our eMAR to track distribution of end shift-to-shift counts of controlled medications. Every time a controlled substance is given, eMAR will notify the med Tech that it's decreasing a dose from inventory and the med Tech will need to acknowledge. The narcotics count will occur at the end of every shift and will require a count and 2nd medication Tech to sign off. This system will help to ensure all counts and distributions of controlled substances are recorded accurately.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Dave Mackenzie*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Dave Mackenzie Program Director* Date *5/1/17*

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(Date)

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

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

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