



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to NORTH WALES 1091 PCH BG OPCO LLC
LEGAL ENTITY

To operate PARK CREEK PLACE - PERSONAL CARE
NAME OF FACILITY OR AGENCY

Located at 1091 HORSHAM ROAD, NORTH WALES, PA 19454
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE 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 72
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 July 11, 2017 until July 11, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **142570**

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

JUL 1 1 2017

Mr. Daniel Guill,
Authorized Signatory
North Wales 1091 PCH BG OPCO LLC
330 North Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Park Creek Place – Personal Care
1091 Horsham Road
North Wales, Pennsylvania 19454
License #: 142570

Dear Mr. Guill:

As a result of the Department of Human Services' annual licensing inspections on March 13, 2017 and May 5, 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.

Mr. Daniel Guill

2

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". The signature is fluid and cursive, with the first letter of the first name being a large, stylized "J".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 14257 - 03/13/2017 - Thomas, Tahesia
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2800
 2600.26(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident # 1 and # 2 was not signed by the resident.

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 #1 and #2 have signed their residency agreement. In the future all residents will sign the residency agreement on their date of move in. If the resident is physically or legally, as in the case of court appointed guardianship, unable to sign the agreement, a notation will be made on the agreement on or before the date of move in.

Staff will be trained on the importance of the resident signing the contract, within 30 days receipt of approved POC. The administrator is responsible for continued compliance @

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Julia Monroe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julia Monroe</i>	Date <i>3/27/17</i>
---	---------------------

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

The above plan of correction is approved as of <u>4/12/17</u> (Date)	Plan of correction implementation status as of <u>4/12/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14267 - 03/13/2017 - Thomas, Tahesia
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 56 Pa.Code §2600

2600.41(c) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident # 1's and # 2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 #1 and #2, have acknowledged receipt of resident rights and complaint procedure. All residents will acknowledge receipt of the resident rights and complain procedure on the day of move in, by signing the residency agreement.

Staff will receive training on the importance of completely signing up all the admission forms; including the contracts & resident rights / complaints within 30 days receipt of approval POC - The administrator is responsible for contract compliance @

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Julia Monroe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julia Monroe</i>	Date <i>3/27/17</i>
---	---------------------

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

The above plan of correction is approved as of <u>4/12/17</u> (Date)	Plan of correction implementation status as of <u>4/12/17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14257 - 03/13/2017 - Thomas, Tahesia
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (36 P.S. §§ 10225.101-10225.6102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

- The criminal background check was not requested for Staff Member A, hired on [redacted]/16.
- The criminal background check was requested on 02/02/17 for Staff Member B, hired on [redacted]/16.

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.

Criminal background check has been completed for Staff Member A (3/13/2017); results have been received and reviewed; no record of criminal convictions were found.

All staff members will have a criminal background check completed prior to or on the first day of employment, in accordance with the Older Adult Protective Services Act (OAPSA). Tracking tool will be used to ensure that all background checks are occurring as specified above.

Steps will remain in place in the event of the OAPSA act within 30 days receipt of approved POC - The administrator is responsible for continued compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julia Monroe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julia Monroe* Date *3/27/17*

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

The above plan of correction is approved as of <u>4/12/17</u> (Date)	Plan of correction implementation status as of <u>4/12/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 14257 - 03/13/2017 - Thomas, Tahesia
 PCH Name: PARK CREEK PLACE PERSONAL CARE

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 #2, dated 2/2/17, does not include elements # 4, # 6 - # 8, and # 10.

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.

Medical evaluation for resident #2 will be completed by physician no later than 4/15/2017.

The Care Service Manager, will review every medical evaluation for completeness and coordinate with the resident's physician to ensure all information is received and appropriately places on the medical evaluation form.

The Care Service Manager will receive training on the DME within 30 days receipt of approved POC - Administration is responsible for maintaining continued compliance @

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julia Monroe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julia Monroe* Date *3/27/17*

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

The above plan of correction is approved as of *3/19/17* (Date) Plan of correction implementation status as of *3/12/17* (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: 14257 - 03/13/2017 - Thomas, Tahesia
 PCH Name: PARK CREEK PLACE PERSONAL CARE

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 # 4's Hydralazine HCL 10 MG, discontinued on 02/10/17, was observed 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.

Care Service Manager conducted medication cart audits, ensuring that all discontinued medications had been removed from the medication cart. A medication cart audit program has been implemented. LPN's will be reviewing all medications in each cart, weekly to verify that discontinued medications have been removed from the cart, expired medications have been removed from the cart, and all current and active orders have medications available.

The audit will be maintained for Department review (u)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Julia Monroe*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julia Monroe* Date *3/27/17*

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

The above plan of correction is approved as of *6/8/17* (Date) Plan of correction implementation status as of *6/8/17* (Date)

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

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

Violation Report: 14257 - 03/13/2017 - Thomas, Taliesia
 PCH Name: PARK CREEK PLACE PERSONAL CARE

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's glucometer was not calibrated to correct date and time.

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 glucometer's, of the same brand and model have been obtained for all residents. Glucometers were calibrated upon receipt. New procedure including cleaning and calibrating glucometers has been initiated by LPNs on night shift.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Julia Monroe*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julia Monroe* Date: *3/27/17*

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

The above plan of correction is approved as of <i>4/12/17</i> (Date) The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <i>4/12/17</i> (Date) <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: 14267 - 03/13/2017 - Thomas, Tahesia
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 and # 2 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 #1 and #2 have been educated on Resident's Rights, specifically, their right to refuse medication if they believe there is a medication error.

Exective Director will be attending April session of Resident Council and will educate residents on their Right to refuse medication, specifically if the resident believes that there may be a medication error. Resident Council date is published on the Resident Activity Calendar.

The administration is responsible for continued compliance @

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Julia Monroe*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Julia Monroe* Date: *3/27/17*

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

The above plan of correction is approved as of <i>4/12/17</i> (Date)	Plan of correction implementation status as of <i>4/12/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14257 - 03/13/2017 - Thomas, Tahesia
PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 56 Pa.Code §2600
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
Resident # 1's and # 5's support plan was incomplete.

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 #1 and #5 assessments have been completed - signed by the resident.

All residents will have assessments completed within 15 days of admission, by Executive Director or Care Service Manager. Each resident's record will be reviewed 14 following admission to ensure all parts of the resident assessment was completed and resident has received an opportunity to acknowledge and review the assessment.

The RASP review will be maintained for Department review

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Julia Monroe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julia Monroe</i>	Date <i>3/27/17</i>
---	---------------------

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

The above plan of correction is approved as of <i>4/12/17</i> (Date)	Plan of correction implementation status as of <i>4/12/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 14257 - 03/13/2017 - Thomas, Tahesia
 PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2800
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident # 1, # 2, # 6, # 8, and # 7 did not sign their support plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident's #1, #2, #6, and #7 have signed their support plans. Residents will sign their support plan at the time of completion. Care Service Manager and Executive Director will meet with residents and review support plan annually; resident and family signatures will be obtained at the time of meeting and plan review.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Julia Monroe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Julia Monroe</i>	Date <i>3/27/17</i>
---	---------------------

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

The above plan of correction is approved as of <i>6/8/17</i> (Date) The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <i>6/8/17</i> (Date) <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: 14267 - 05/05/2017 - Thomas, Tahoea
PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 58 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

- The accu-check reading, dated 05/01/17, was missing from the glucometer machine. However, Staff Member A initialed the medication administration record (MAR) for an 8:00 pm reading of 162 for Resident # 1
- The accu-check reading, dated 05/05/17, was missing from the glucometer machine. However, Staff Member A initialed the MAR for an 8:00 am reading of 142 for Resident # 1
- The accu-check reading, dated 05/01/17, was registered as 147 from the glucometer. However, Staff Member B initialed the MAR for a 8:00 pm reading of 238 for Resident # 1
- The accu-check reading, dated 05/05/17, was registered as 104 from the glucometer machine. However, the 8:00 am reading was written in the MAR as 114 for Resident # 2

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. Med. Techs were educated 5/8/2017, by [redacted] RN, for diabetic training, which included the use of glucometers and the accurate recording of blood glucose readings.
- 2. Licensed nursing staff and med. techs will be re-inserviced on proper documentation procedures and "The 5 Rights" of med administration on 5/18/2017 by [redacted] LPN.
- 3. Monthly, the night shift (7p-7a) LPN will calibrate each glucometer and document in the calibration log.
- 4. Weekly, the Care Service Manager, Resident Care Coordinator, or Executive Director will conduct blood glucose reading verifications, ensuring that staff are following proper procedures and recording blood glucose readings correctly in the resident record.
- 5. Staff members who inaccurately recorded blood glucose readings have been terminated/disciplined in accordance with company procedures and reported to any applicable licensing agency.
- 6. The verification records from audits will be reviewed at the quality management meeting.

all audits will be maintained for Department Review @

Repeat Violation: Yes No Date(s) of Previous Violation(s): 03/13/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Julia Monroe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julia Monroe Exec. Director* Date *5/17/2017*

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

The above plan of correction is approved as of *6/8/17* (Date)

Plan of correction implementation status as of *6/8/17* (Date)

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

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

Violation Report: 14267 - 06/06/2017 - Thomas, Tahesia
PCH Name: PARK CREEK PLACE PERSONAL CARE

1. REGULATION 58 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 accu-check reading, dated 05/01/17 at 8:00 pm, was entered on the MAR in the wrong place for Resident # 2 by Staff Member C. The reading should have been entered for 05/04/17 5 pm reading.
- The accu-check readings, dated 06/08/17 at 6:00 am and 05/04/17 at 9:00 pm, were not initialed by staff member for Resident # 2

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. Diabetic training, including documentation was conducted on 5/8/2017 by [redacted] RN.
2. Staff inservice on "Five Rights" as well as correct documentation procedures will be conducted on 5/18/2017 for all LPNs and Medication Technicians by [redacted] LPN
3. Weekly, Care Service Manager, Resident Care Coordinator, or Executive Director will monitor blood glucose recording on the MAR.

Weekly audits to be maintained for Department review

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

Signature of Legal Entity Representative (Required on EVERY Page) *Julia Monroe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Julia Monroe, Exec. Director* Date *5/17/17*

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

The above plan of correction is approved as of 6/8/17 (Date)

Plan of correction implementation status as of 6/8/17 (Date)

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

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