



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 15 2017

Mr. Frank Minelli,
Owner
West Side Kozy Comfort Personal Care Home Inc.
906 South Main Avenue
Scranton, Pennsylvania 18504

RE: West Side Kozy Comfort Personal Care Home
License #: 204490

Dear Mr. Minelli:

As a result of the Department of Human Services' annual licensing inspection on April 26, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20449 - 04/26/2017 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 1-17-17 Resident #1 pushed Resident #2. There were no injuries, police were called, and Resident #1 was fined. The home did not submit an incident report to the Department.

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

See attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Kimberly Santora

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Kimberly Santora PCHA</u>	Date <u>6-27-17</u>
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The above plan of correction is approved as of <u>7/24/17</u> (Date)	Plan of correction implementation status as of <u>7/24/17</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

16c

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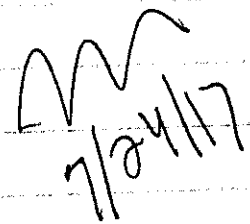
On 1.17.17 Resident #1 pushed Resident #2.
The home did not submit an incident report
to the Department.

On 4.27.17 the incident was reported.
The incident was not reported at the time
because Resident #2 retracted
statement.

The home is aware that all incidents
must be reported in accordance with
the regulation 2600.16(c)

In the future all incidents will be
reported regardless of it being recinded.
The administrator will be responsible
for preventing future violations.
Enclosed is a copy of the report.

Kimberly Santora PCHA 6-27-17


7/24/17

Violation Report: 20449 - 04/26/2017 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT 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
 On 1-17-17, the home failed to contact Office of Aging who would have called Liberty Health Care involving two residents (who are under 60) in an incident which Resident #1 pushed Resident #2. There were no injuries, the police were called, and Resident #1 received a fine.

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.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kimberly Santora PCHA	Date 10-27-17
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On 1-17-17 the home failed to contact Office of Aging who would have called Liberty Health Care involving the two residents under 18 years of age.

The day the report was sent out to the department (4-27-17) the Office of Aging was contacted.

The incident was not reported at the time because Resident #2 retracted [redacted] statement.

The home is aware that all incidents must be reported in accordance with regulation 2600.18.

In the future all incidents will be reported regardless.

The Administrator will be responsible for preventing future violations.

Chamberly Santora PCHA 6-27-17

Violation Report: 20449 - 04/26/2017 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.24 - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

- (1) Bathing.
- (2) Oral hygiene.
- (3) Hair grooming and shampooing.
- (4) Dressing, undressing and care of clothes.
- (5) Shaving.
- (6) Nail care.
- (7) Foot care.
- (8) Skin care.

2a. DESCRIPTION OF VIOLATION

Department Licensing Representatives noticed a strong odor emanating from Resident #3. It was determined through an interview with the administrator that Resident #3 will not allow staff to help with toileting and bathing.

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 home shall provide the resident with assistance as indicated in the resident's RASP.

On the day of inspection department licensing representatives noticed a strong odor emanating from resident #3. The administrator explained that the resident showers and toilets [redacted]. We then discussed the possibility of [redacted] person having an infection or wound. [redacted] was seen by the house doctor and found no medical reason for

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the smell. (note enclosed)

stay now watch [REDACTED] get
into the shower every other day.

The manager helps make sure that
[REDACTED] stays showered.

Amberly Santora 6-27-17.

- The administrator shall monitor and assure ongoing compliance.


7/24/17

Violation Report: 20449 - 04/26/2017 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person A, the home's administrator, completed only 15 hours of the mandated 24 hours of annual training in the training year 2016.

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 person A, the homes administrator, must have 24 hours of annual training related to the job duties.
 The previous year only 15 hours of training were completed.
 The Administrator will complete the remaining hours and fax them over as they are completed.
 The administrator will insure that the mandated 24 hours of training will be done annually.

• The administrator shall complete 9 hours of Administrator's training for training year 2016 and 24 hours of Administrator's training for training year 2017. All training shall be completed by 12/31/17. Proof of training shall be sent to the Regional office for review & maintained by the home -

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

Signature of Legal Entity Representative (Required on EVERY Page) Kimberly Santora 7/24/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kimberly Santora PCHA Date 7.27.17

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Violation Report: 20449 - 04/26/2017 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 The annual training provided to Direct Care Staff Persons A, B, and C, in training year 2016, did not include the following required elements: medication self-administration; Pre-Admission, DME and RASP content; care for residents with dementia; safe management techniques; and, care for residents with MI and ID.

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 administrator shall train Direct Care Staff Persons A, B + C on all the required elements of this regulation for training years 2016 as well as 2017. Documentation of training for years 2016 + 2017 shall be maintained by the home and made available for review by the Department upon request. The administrator shall monitor and see attached assure ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): 7/24/17

Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly Santora*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly Santora PCHA 11-27-17* Date *6-27-17*

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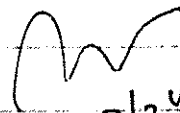
The annual training provided to direct care staff persons A, B, and C in training year 2016 did not include the following required elements: medication self-administration; P.U. Admission, D.M.E. and RASP content; Care for Residents with dementia; safe management techniques and care for residents with MI and G.D.

It is important for employees to have a well rounded education in order to better care for them.

Changes have been made to this years training. Some of the trainings have already occurred.

Enclosed is a copy of the yearly training with classes added along with classes that have already taken place.

Kimberly Santora PCHA 6-27-17.


7/24/17

Violation Report: 20449 - 04/26/2017 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
 (1) The name, position and duties of each direct care staff person.
 (2) The required training courses for each staff person.
 (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION
 The 2016 and 2017 staff training plans are identical, and neither plan contain the mandated following elements: medication self-administration; Pre-Admission, DME and RASP content; care for residents with dementia; safe management techniques; and, care for residents with MI and ID.

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.

→ Training Year 2016 and each year thereafter

The administrator will develop a staff training plan that includes the following information:

- (1) The name, position and duties of each direct care staff person, ancillary staff person, substitute personnel and regularly-scheduled volunteer
- (2) The required training courses for each person identified in (1).
- (3) The dates, times and locations of the scheduled training for each person identified in (1) for the upcoming year.

The training plan will include, at a minimum, the topics required by 2600.65f and 2600.65g.

M 7/24/17

See attached

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora PCHA* Date *6-27-17*

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666

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The 2016 and 2017 staff training plans were of similar content.

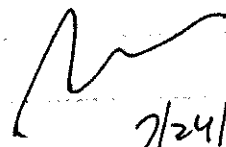
Different trainings help expand the knowledge, thus care the staff can use to support the residents.

New classes were added to the 2017 year plan for a more rounded education of resident care.

Enclosed you will find the updated plan and some classes that have already taken place.

The Administrator is responsible for the trainings of the staff.

Kimberly Santora PCHA
6.26.17


7/24/17

Violation Report: 20449 - 04/26/2017 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
 At approximately 10:00am, there was dried fecal matter found on two bathroom commode seats located in the bathrooms on the first floor closest to the office.
 The second shower located closest to Resident #4's room had tiny black specs scattered on the shower 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 administrator shall monitor and assure ongoing compliance.
 m
 7/24/17

See Attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/28/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Santora PCHA</i>	Date <i>6.27.17</i>
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85a

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During the physical site inspection dried fecal matter was found on the bathroom seat on one of the downstairs bathrooms.

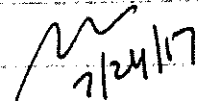
It is important that restrooms are maintained and clean throughout the day for the health of all residents.

Restrooms are cleaned twice per shift. If a resident notifies staff of a mess it is cleaned.

Housekeeping has been told to check restrooms more often in case a mess is left and staff is not notified.

The Manager will check restrooms daily to insure they stay sanitary.

Kimberly Santora PCHA
6-27-17


7/24/17

Violation Report: 20449 - 04/26/2017 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The wooden railing on the outside emergency exit leading from the 2nd floor was weathered. The exposed wood had multiple splits of wood which may cause splinters or a hand injury.

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 wooden railing on the outside emergency exit leading from the 2nd floor was weathered which may cause splinters or hand injury.

It is important that the home stays in good repair for the well being of the Residents.

The railing was covered with a composition of plastic to inhibit weathering or injury. The Administrator will check to see it is in good repair during monthly fire drills.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/28/2016

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora P.C.H.A.* Date *6.27.17*

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Violation Report: 20449 - 04/26/2017 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION
 Resident #2's room did not have any window 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.

The window in Resident #2's room only had a valance as a covering.
 The room did not have a covering that would provide privacy.
 A horizontal shade has been placed in [redacted] window.
 The housekeeper will let the Administrator know if there is a window that does not have a covering.

- The administrator shall monitor for ongoing compliance.

[Signature]
 7/24/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Kimberly Santora*

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Violation Report: 20449 - 04/26/2017 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The local fire company conducted a fire safety drill on 5-24-16, but did not conduct a fire safety inspection.

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 company was out on 5-24-16, but did not conduct a fire safety inspection. Documentation of fire drills and fire safety inspection shall be kept.

On April 27, 2017 a fire safety inspection was conducted and found NO violations.

It is important to have safety inspections annually. The Administrator will insure that this is done.

A copy of the report is enclosed.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	04/28/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly Santora*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Santora PCHA</i>	Date <i>6-27-17</i>
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Violation Report: 20449 - 04/26/2017 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT 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 initial medical evaluation for Resident #1, dated [redacted] 16, does not include the height, weight, pulse rate, temperature or blood pressure.
 The annual medical evaluation for Resident #4, dated 1-30-17, does not include the pulse rate.

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 annual medical evaluations for Residents #1 and #4 did not include all information such as height, weight, pulse rate, temperature or blood pressure.
 It is important that all Resident documents are completed for treatment accuracy.
 *→ The administrator will check all documents and make sure they are filled out and accurate.
 The med evals were completed and are enclosed.

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

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Violation Report: 20449 - 04/26/2017 - Yellenic, Cindy
PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 has a physicians order for insulin to be administered on a sliding scale. On the following dates and times, Resident #5 received the incorrect amount of insulin: on 4-17-17 at 7:00am the resident required 18 units of insulin and was administered 19 units; on 4/17/17 at 5:00pm the resident required 24 units of insulin and received 0 units; and, on 4-26-17 at 7:00am the resident required 18 units of insulin and was administered 15 units.

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 #5 has a physicians order for insulin to be administered on a sliding scale.
On 4-17-17 the resident was given 19 u of insulin. The Resident should have received 18 u. The med tech was counseled for their error. Again on 4-17-17 at 5:00 pm the resident required 24 u of insulin. The med tech failed to document that she gave the proper amount at the time needed. This med tech was also counseled on the importance of documenting the units given because it directly effects their health. On 4-26-17 18 u of insulin were given. Nothing needed to be done. The Administrator will follow up checking that proper documentation and administration are being followed.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kimberly Santora*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kimberly Santora PCHA* Date *4-27-17*

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

The above plan of correction is approved as of 7/24/17 (Date) Plan of correction implementation status as of 7/24/17 (Date)

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

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

Violation Report: 20449 - 04/26/2017 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT 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
 Home Health and Hospice Services was not listed as formal supports on Resident #5's and Resident #6's Resident Assessment and Support Plans dated 1-10-17 and 8-23-16 respectively. This information would include the name of the agency, a contact person-phone number, if possible, what services the resident is receiving, e.g. bathing, nursing and how often the agency is coming into 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.

Home Health and Hospice Services were not listed as formal supports for Resident # 5 and 6.
 The RASP is to be utilized as an evolving support plan that changes along with the changing needs of the Resident.
 → Going forward the Administrator will insure that the individuals RASP reflects the needs of the individual.
 Enclosed you will find the updates to the persons RASP's.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly Santora PCHA</i>	Date <i>6.27.17</i>
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The above plan of correction is approved as of <u>7/24/17</u> (Date) The above plan of correction was approved by <u>M</u> (Initials)	Plan of correction implementation status as of <u>7/24/17</u> (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
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Violation Report: 20449 - 04/26/2017 - Yellenic, Cindy
 PCH Name: WEST SIDE KOZY COMFORT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
 The home is currently not using the Department's Reportable Incident form that went into affect on 10-1-16.

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.

The home was not using the most current standardized form for the Department's Reportable Incidents.
 While the Department Staff were here they gave me a current copy. Since, I have changed my folder so only current copies are available for use.
 The administrator will check the Department sight more often to check for form changes.
 • The administrator shall monitor and assure ongoing compliance.
 m
 7/24/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Kimberley Sanborn

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kimberley Sanborn PCHA	Date 6.27.17
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The above plan of correction is approved as of <u>7/24/17</u> (Date)	Plan of correction implementation status as of <u>7/24/17</u> (Date)
The above plan of correction was approved by <u>m</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented