



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: September 20, 2017

Ms. Susan Sartoretto  
Owner  
Cedar Park Assisted Living, LLC  
4161 Walter Road  
Bethlehem, Pennsylvania 18020

RE: Abington Manor at Morgan Hill  
215 Cedar Park Boulevard  
Easton, Pennsylvania 18042  
License #: 219620

Dear Ms. Sartoretto:

As a result of the Department of Human Services' licensing inspection on June 21, 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.

Sincerely,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: ABINGTON MANOR AT MORGAN HILL		License Number: 21962
Address: 215 CEDAR PARK BOULEVARD, EASTON, PA 18042		County: Northampton
Administrator: David Seng		Region: NORTHEAST
Legal Entity Name: CEDAR PARK ASSISTED LIVING LLC		
Legal Entity Address: 4161 WALTER ROAD, BETHLEHEM, PA 18020		
<b>Certificate(s) of Occupancy</b>		
I-2 04/08/2011 Williams Township	I-1 12/15/2008 Williams Township	Other 02/11/2013 Williams township
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 62	Waking Staff: 47
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/21/2017: Foulkes, Kimberli		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 07/28/2017: Foulkes, Kimberli 07/31/2017: Foulkes, Kimberli		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity: 75</b> <b>Number of Residents Served: 53</b> <b>Secured Dementia Care Unit in Home: No</b> <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents: 7</b> <b>Number of Hospice Residents in past year: 24</b>		<b>Number of Residents who:</b> <b>Receive Supplemental Security Income: 0</b> <b>Are 60 Years of Age or Older: 53</b> <b>Have Mental Illness: 0</b> <b>Have an Intellectual Disability: 0</b> <b>Have a Mobility Need: 9</b> <b>Have a Physical Disability: 1</b>

*David Seng Administrator*  
*David Seng 8/2/17*

Violation Report: 21962 - 06/21/2017 - Foulkes, Kimberli  
 PCH Name: ABINGTON MANOR AT MORGAN HILL

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 5/31/17 at approximately 4pm it was discovered that Resident #1's blister pack of Oxycodone 10mg tablets was missing from the medication cart. The home did not submit an incident report to the Department until 6/2/17 at approximately 5:45pm.

Resident #2 is prescribed Lorazepam 0.5mg tablet by mouth three times daily at 8am, 2pm, and 8pm. This medication was not administered to the resident on 6/8/17 at 2pm, 6/12/17 at 8pm, and 6/19/17 at 8am and 2pm according to the home's MAR the dose was held or missed on these dates. Also on 6/20/17 the scheduled time of 2pm lists the medication as administered at 2:34pm and the scheduled time of 8pm lists the medication as administered at 2:33pm. 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.

The Accountability system of the "Reportable Incident" is necessary as it ensures best resident care and that all parties, including Administrators, have been informed and are therefore able to act. New training and policy has been written and discussed see attached "Med Adm Addendum" in which the medication dashboard on our EMAR system will now be reviewed at each med pass by the LPN supervisors on duty, if none are on then by 3<sup>rd</sup> floor med tech. Any meds found to be not in stock, and therefore undeliverable shall be immediately reported to the Admin verbally or by text if not in the building. The LPN supervisors along with the Med manager shall ensure immediate resupply through Pharmacy and Administrator shall make sure that the RI has been created and sent. The administrator shall be responsible for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>David Jang</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date <i>8/31/17</i> <i>9/18/17</i>

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

The above plan of correction is approved as of <u>9/18/17</u> (Date)	Plan of correction implementation status as of <u>9/18/17</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
The above plan of correction was approved by <u>M</u> (Initials)	

Violation Report: 21962 - 06/21/2017 - Foulkes, Kimberli  
 PCH Name: ABINGTON MANOR AT MORGAN HILL

**1. REGULATION 55 Pa.Code §2600**

2600.42(l) - A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 is prescribed Tramadol HCL 50mg tablet by mouth every 6 hours as needed and resident #4 is prescribed Tramadol HCL 50mg tablet, one tablet by mouth twice daily. On 6/12/17 at 8am Resident #4 did not have this medication available in the home and the home gave resident #4 one of resident #3's tramadol 10mg.

Resident #5 is prescribed APAP/Codeine tablet 300-30mg, take one tablet by mouth every 4-6 hours as needed for pain. Resident #6 is prescribed Oxycodone/APAP tablet 5-325 take one tablet by mouth every 6 hours as needed for pain. On 1/15/17 at 8am staff administered one of resident #5's tablets to resident #6 due to resident #6 not having any medication available.

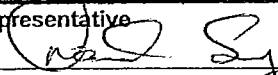
**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*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 regulation violation also speaks of not having all meds in stock as page 2 of 9. Please see same addendum. See specifically that Med techs are not to borrow but immediately report the out of stock med to Above manager in effort to quickly resupply by pharmacy. Additionally each med tech, on each shift shall perform a medication "Quick Audit" which is designed to alert the med manager of any meds in the cart that are low. This is a 3x per day inventory check that should catch all meds that need re-filling before it is too late.

• The administrator shall monitor and assure ongoing compliance. M 9/18/17

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Sany Administrator Date 8/31/17

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

The above plan of correction is approved as of 9/18/17 (Date)

Plan of correction implementation status as of 9/18/17 (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: 21962 - 06/21/2017 - Foulkes, Kimberli  
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Alprazolam 1 mg tablet, give one tablet by mouth three times a day as needed. The resident's bottle of medication in the home's medication cart has a label stating, "Pkg 1 of 1, filled 3/20/17, and Qty filled 270". The home's Controlled Drug Receipt/Record/Disposition Form states, "Quantity received 87, 6/6/17". There were 41 pills left in the bottle and the log indicated there were 41 pills remaining, however the count started at 87 and not the filled quantity of 270. According to the home's Administrator, staff person A and staff person B, break down the 3 month supply and keeps some locked in the office, therefore removing the medications from the original medication bottle.

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.

Keeping meds in original containers prevents loss, confusion and potential theft. In the future when we receive large volumes of NACS from VA or mail order vendors (which come in bottles) we will send them to our pharmacy, Partners Co, which ~~has~~ has agreed to bubble pack them for us. This will remove our desire to keep such large count bottles at a ~~large~~ broken down amount in the med carts. We had done so, as we did not want the med techs to do such ~~a~~ a large manual count each shift. The nurse on shift or the med manager shall be responsible for sending these bulks to the pharmacy as they are the ones who also receive them when they come in the mail. The administrator shall monitor for ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *David Seng*      *Mr 9/18/17*

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

*David Seng*      *8/31/17*

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

The above plan of correction is approved as of *9/18/17* (Date)      Plan of correction implementation status as of *9/18/17* (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: 21962 - 06/21/2017 - Foulkes, Kimberli  
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Tramadol HCL 50mg, one tablet by mouth twice daily. The resident's bottle of medication in the home's medication cart had a label that was written with what appeared to be a type writer and there were remnants of a previous label on the pill bottle. The new lable affixed that appeared type written stated the words, "Patient, DOB, Medication, PCP, Date" and written on the bottle, "[patients name] 228 Tramadol HCL 50mg 1 tab twice daily by mouth for pain". There were 17 white oblong pills in the bottle with "377" imprinted on them wich matched the homes Controlled Drug Receipt/Record/Disposition Form. According to the home's Administrator, staff person B made up the new label and can only deduce it was because they were borrowed.

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 violation stems from the same necessity as page 2 of 9 and 3 of 9. Meds not being in stock. The Attached Attachment shall also reiterate that no borrowing is allowed, but the real fix is to not have the problem occur in the 1st place. This correction is the same as 2 of 9 & 3 of 9, with more inventory controls in place and with the Administrator watching and being immediately made aware of any not available meds. In most cases the meds can be delivered or picked-up within the home. The administrator shall monitor and assure ongoing compliance.*

Repeat Violation: No      Date(s) of Previous Violation(s): *9/18/17*

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* *9/18/17*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *David Jerry Administrator*      Date *8/31/17*

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

The above plan of correction is approved as of <u>9/18/17</u> (Date)	Plan of correction implementation status as of <u>9/18/17</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

Violation Report: 21962 - 06/21/2017 - Foulkes, Kimberli  
 PCH Name: ABINGTON MANOR AT MORGAN HILL

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 #1 is prescribed Oxycodone 10mg tablet every 8 hours as needed. On 6/11/17 at 8pm, the pill is documented as administered on the Controlled Drug Receipt/Record/Disposition Form, but was not documented correctly according to the home's policy to include the staff's signature as to who administered this medication.

Resident #2 is prescribed Zolpidem 5mg tablet, take one tablet by mouth at bedtime. On 6/4/17 at 8pm it was initialed as administered on the resident's Medication Administration Record (MAR) but was not documented correctly according to the home's policy on the Controlled Drug Receipt/Record Disposition Form. This form did not have the date, time and amount given documented.

Resident #2 is prescribed Lorazepam 0.5mg tablet by mouth three times daily at 8am, 2pm, and 8pm. On 6/20/17 only two doses were recorded on the Controlled Drug Receipt/Record/Disposition Form as administered and 3 doses were recorded on the Resident's Medication Administration Record (MAR).

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.

Documentation is crucial to maintaining good med administration, prevention of overdosing and inventory control. All MTs have been re-educated on the importance and mandatory nature of this. However, in addition, ~~the~~ the manager of the shift is now responsible for auditing the NARC book for all entries to confirm completeness. They will still have the effecting crew on hand to make any entries complete. Also, when it comes to properly putting all PRNs that we administered into the EMAR system, not only have the MTs been retrained but we are researching a special PRN cart which would have individual passwords and a printable log to compare.

Repeat Violation: Yes  Date(s) of Previous Violation(s): 09/01/2016

Signature of Legal Entity Representative (Required on EVERY Page) *David Sere* *The administrator shall be responsible ongoing*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DAVID SERE Administrator* Date *8/31/17* *9/18/17*

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

The above plan of correction is approved as of <u>9/18/17</u> (Date)	Plan of correction implementation status as of <u>9/18/17</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

Violation Report: 21962 - 06/21/2017 - Foulkes, Kimberli  
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include the date and time of medication administration and name and initials of the staff person administering the medication for Oxycodone tablet 10mg, one tablet every 8 hours as needed, on 6/7/17 at 1pm, 6/7/17 at 9pm, 6/11/17 at 8pm, 6/12/17 at 8pm, 6/16/17 at 8pm, 6/17/17 at 11:30am, and 6/18/17 at 8am.

The medication administration record for resident #7 does not include the date and time of medication administration and name and initials of the staff person administering medication Hydrocodone/Acetaminophen 75-325, take one tab by mouth 4 times a day as needed and one tablet at bedtime for the following dates and times: 6/6/17 at 3pm and 9pm, 6/9/17 unknown time, 6/12/17 at 12 noon, and 8pm, 6/13/17 at 8am and 2:30pm, 6/14/17 at 8am, 12 noon, and 8pm, 6/15/17 at 8pm, 6/16/17 at 9am and 8pm, 6/17/17 at 8am, 6/18/17 at 2:35pm and 8pm, 6/19/17 at 2am, 12 pm, and 6:20/17 at 4:15am and 7pm.

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 violation deals with the same importance of documentation as on page 6 of 9. Having the MTs properly log the PRNs to the EMAR system as in 6 of 9's 2<sup>nd</sup> half will ensure our knowledge of knowing right away who the offenders are and having them properly log the delivery. Also the Administrator shall review the med passes daily to ensure that they were added during the actual med pass when they are added late the system*

Repeat Violation: No	Date(s) of Previous Violation(s):	<i>The administrator shall be responsible for ongoing compliance</i>
Signature of Legal Entity Representative (Required on EVERY Page)		<i>David Seng</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<i>David Seng Administrator</i>		<i>8/31/17</i> <i>9/18/17</i>

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

The above plan of correction is approved as of	<i>9/18/17</i> (Date)	Plan of correction implementation status as of	<i>9/18/17</i> (Date)
The above plan of correction was approved by		<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	
<i>M</i> (Initials)			

Form is the same time reading confusion Times.

Violation Report: 21962 - 06/21/2017 - Foulkes, Kimberli  
 PCH Name: ABINGTON MANOR AT MORGAN HILL

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

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Tramadol HCL 50mg one tablet by mouth twice daily at 8am and 8pm. According to the resident's Medication Administration Record (MAR), on 6/12/17 at 8pm, 6/13/17, 6/14/17, 6/15/17, 6/16/17, 6/17/17, 6/18/19, 6/19/19 at 8am and 8pm, and on 6/20/17 and 6/21/17 at 8am this medication was not administered due to it not being available in the home.

Resident #2 is prescribed Lorazepam 0.5mg tablet by mouth three times daily at 8am, 2pm, and 8pm. This medication was not administered to the resident on 6/8/17 at 2pm, 6/12/17 at 8pm, and 6/19/17 at 8am and 2pm according to the home's MAR the dose was held or missed on these dates. Also on 6/20/17 the scheduled time of 2pm lists the medication as administered at 2:34pm and the scheduled time of 8pm lists the medication as administered at 2:33pm.

Resident #5 is prescribed APAP/Codeine tablet 300-30mg, take one tablet by mouth every 4-6 hours as needed for pain. Resident #6 is prescribed Oxycodone/APAP tablet 5-325 take one tablet by mouth every 6 hours as needed for pain. On 1/15/17 at 8am staff administered one of resident #5's tablets to resident #6 due to resident #6 not having any medication available. The resident's are not prescribed the same dose.

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.

Again, As in the other previous violations, It is always vital to have all meds in-stock. This is for the health and well being of our resident and of course, insure that we are filling the prescriber's directions. As with the previous corrections, not having meds in-stock shall be fixed. And certainly no borrowing shall be permitted.

The administrator shall be responsible for ongoing compliance m 9/18/17

Repeat Violation: Yes  Date(s) of Previous Violation(s): 12/27/2016

Signature of Legal Entity Representative (Required on EVERY Page) *David Jang*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Jang Administrator Date 8/31/17

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

The above plan of correction is approved as of <u>9/18/17</u> (Date)	Plan of correction implementation status as of <u>9/18/17</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
The above plan of correction was approved by <u>DM</u> (Initials)	

Violation Report: 21962 - 06/21/2017 - Foulkes, Kimberli  
 PCH Name: ABINGTON MANOR AT MORGAN HILL

1. REGULATION 55 Pa.Code §2600  
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 is prescribed Lorazepam 0.5mg tablet by mouth three times daily at 8am, 2pm, and 8pm. This medication was not administered to the resident on 6/8/17 at 2pm, 6/12/17 at 8pm, and 6/19/17 at 8am and 2pm according to the home's MAR the dose was held or missed on these dates. Also on 6/20/17 the scheduled time of 2pm lists the medication as administered at 2:34pm and the scheduled time of 8pm lists the medication as administered at 2:33pm. The error was not reported to the resident, resident's designated person and the prescriber.

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.

Just as in the violation of page 2 of 9, if the incident was reported to the Administrator or the State, it was surely not reported to the resident, DP or the DRO. Having the correction of 2 of 9 in place will ensure that the Administrator is aware of the need for any RI and I will follow through making sure that all parties State included, are notified and that that information is properly on the RI form.

The administrator shall monitor and be responsible for ongoing compliance.

9/18/17

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

DAVID FERG      Administrator      8/31/17

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

The above plan of correction is approved as of <u>9/18/17</u> (Date)	Plan of correction implementation status as of <u>9/18/17</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