



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 23 2018

Mr. Hal K. Waldman
President
Norbert, Inc.
1326 Freeport Road, Suite 100
Pittsburgh, Pennsylvania 15238

RE: Norbert Residential Care Facility
2413 Norbert Drive
Pittsburgh, Pennsylvania 15234
Certificate #:430510

Dear Mr. Waldman:

As a result of the Department of Human Services' annual licensing inspection on July 12, 2017 and July 13, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 43051 - 07/12/2017 - Rahuba, Matt
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

FEB 15 2018

1. REGULATION 55 Pa.Code §2000

WEST REGION FIELD OFFICE
Human Services Licensing

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Influenza Awareness Act, enacted 7/17/16, requires that each facility ensure that the required Influenza information is posted in a public place in the facility year-round. On 7/12/17, the home did not have the required Influenza information posted in a public place.

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. Violation was corrected during inspection
2. Influenza awareness act posted in main entry way and in locked glass showcase in the lobby.
3. See enclosed pictures
4. Admin or Designee will check daily to assure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Deems.</i>	Date <i>2-14-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/6/18
(Date)

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

Plan of correction implementation status as of 3/6/18
(Date)

- Fully Implemented *[initials]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

FEB 15 2018

Violation Report: 43051 - 07/12/2017 - Rahuba, Mall
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.65(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

Direct care staff member A, hired 2/21/05, did not receive training on the following topics during the 2016 training year:

- * Medication self-administration training
- * Care for residents with dementia and cognitive impairments
- * Personal care service needs of the resident
- * Care for residents with mental illness or mental retardation. Currently, the home serves residents with mental illness and intellectual disability.

Direct care staff member B, hired 8/30/14, did not receive training on the following topics during the 2016 training year:

- * Medication self-administration training
- * Care for residents with mental illness or mental retardation. Currently, the home serves residents with mental illness and intellectual disability.

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. Direct care staff B is no longer employed by facility.
2. Audit to be conducted on all 2017 training records on employees to assure compliance.
3. Care for residents with mental retardation or mental illness included in 2018 training plan
4. Records shall be kept.

Immediately: A designated staff person shall develop and implement a system to ensure all direct care staff receive training on all topics specified in 2800.65(f) during each established training year. 2/14/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Deems*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Deems* Date *2-14-18*

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The above plan of correction is approved as of <u>3/6/18</u> (Date)	Plan of correction implementation status as of <u>3/6/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

FEB 15 2018

Violation Report: 43051 - 07/12/2017 - Rahuba, Matt
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

INVESTIGATIVE DIVISION
Human Services Licensing

1. REGULATION 58 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

On 7/12/17, the home's staff training plan for the 2017 training year did not include scheduled trainings for all of the topics required by § 2600.65(f)-(g). Also, the training plan is only completed through July 2017.

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. Administrator or Designee will complete training plan for the year including what Departments are to attend training
2. Enclosed please see 2018 training schedule
3. Admin or Designee will complete yearly & update as needed.
4. Records shall be kept.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Deems</i>	Date <i>2-14-18</i>
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The above plan of correction was approved by <u>P</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>J</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 43051 - 07/12/2017 - Rahuba, Matt
 PCH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 56 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

FEB 15 2018

WEST REGION FIELD OFFICE
 Human Services Division

2a. DESCRIPTION OF VIOLATION

On 7/13/17 at 1:51 p.m., no cloth towel, paper towels or any other sanitary means of hand-drying was present in resident #1's bathroom.

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. Staff will be trained on regulation 2600.85(a).
 Staff training was conducted on 2/28/18 and 3/1/18.
2. House Keeping places towels in residents rooms daily. If towels are used staff replaces immediately.
3. training records will be kept.

Immediately: the home shall develop and implement a daily checklist to ensure towels, or any other sanitary means of hand drying, is present in each bathroom.
 3/6/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Deems.</i>	Date <i>2-14-18</i>
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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>f</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43051 - 07/12/2017 - Rahuba, Matt
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

FEB 15 2018

WEST REGION FIELD OFFICE
Human Services Division

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 7/12/17 at 10:28 a.m., there was no lid on the trash can, located in the common men's bathroom near the fourth floor community room. The trash can was approximately half full of trash.

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. Trash can lid was replaced
2. Admin or Designee will audit that trash cans contain lids weekly x 4 weeks then monthly x 3 months to assure compliance
3. Staff will be educated on regulation 2600.85 and report to maintenance or Admin if lid not present. Staff training was conducted on 2/28/18 and 3/1/18. ~~3/6/18~~
4. records shall be kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Deems*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Deems* Date *2-14-18*

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The above plan of correction is approved as of 3/6/18 (Date)

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

Plan of correction implementation status as of 3/6/18 (Date)

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

Violation Report: 43051 - 07/12/2017 - Rahuba, Matt
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST PENNSYLVANIA
Human Resources

1. REGULATION 66 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 7/13/17, resident #2's bedside lamp was located approximately 5' from the resident's bed and was not accessible at bedside.

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. Resident # 2 lamp has been positioned at bedside within reach.
2. Audits will be conducted monthly x 6 months to assure all residents lamps are beside beds and within reach.
3. Staff will be educated on regulation 2600.101(j)(7) staff training was conducted on 2/28/18 and 3/1/18. & 3/6/18
4. Records shall be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Mary Deems</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Mary Deems</i>	<i>2-14-18</i>

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

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

Violation Report: 43051 - 07/12/2017 - Rahuba, Mall
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

WEST PENNSYLVANIA DEPARTMENT OF HEALTH
BUREAU OF FOOD SAFETY AND INSPECTION

1. REGULATION 85 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home currently serves 95 residents, requiring a minimum of 285 gallons of drinking water for a 3-day emergency supply. However, on 7/13/17, there were only 56 gallons of emergency drinking water available on-site. The contractual agreement with US Foods, dated 2/15/17, does not indicate how much water will be delivered or a guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

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.

80 cases of water was delivered on 2/15/18. + 3/6/18

1. Admin or designee will purchase 80 cases of water to be stored on campus for emergency use.
2. Culligan water delivers 3 gallon containers of water to the facility weekly for immediate use (25 containers).
3. Water (80 cases) to be delivered by US Foods to the facility on 2-15-18.
4. 2018 US Foods letter obtained. Emergency food or water to be supplied within 24 hours.
5. Water will be used from cases for emergency only.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Deems*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Deems.* Date *2-14-18*

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Plan of correction Implementation status as of 3/6/18 (Date)

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

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

Violation Report: 43051 - 07/12/2017 - Rahuba, Matt
 PCH Name: NORBERT RESIDENTIAL CARE FACILITY

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

FEB 15 2018

2a. DESCRIPTION OF VIOLATION

The home conducted a fire drill during sleeping hours on 4/29/16 at 6:25 a.m.; however did not conduct another fire drill during sleeping hours until 12/20/16 at 6:10 a.m., which exceeded 6 months.

WEST VIRGINIA STATE OFFICE
 Human Services Licensing

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. Admin or Designee will assure fire drills are conducted during sleeping hours at least one every 6 months.

2. Please see enclosed fire drill log from 2017

3. Admin will check & initial log monthly to assure compliance.

The home conducted a fire drill during sleeping hours on 7/31/17 at 6:27am and 1/29/18 at 3:15AM. 3/6/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Mary Deems

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

Mary Deems.

Date

2-14-18

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

The above plan of correction is approved as of 3/6/18
 (Date)

Plan of correction implementation status as of 3/6/18
 (Date)

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

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

Violation Report: 43051 - 07/12/2017 - Rahuba, Mall
PCH Name: NORBERT RESIDENTIAL CARE FACILITY

FEB 16 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

On 7/12/17, a 2 gallon plastic trash can lined with a plastic trash bag, containing approximately 30 cigarette butts, was present in the home's designated smoking area. The trash can is being used as a receptacle for the smoking area.

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. Trash can has been removed from smoke area and replaced with a bucket full of sand.
2. House Keeping cleans sand daily with a litter scoop.
3. Trash can has been moved inside bldg. near smoke area
4. See attached photo
5. Staff will be educated on regulation 2600.144(c)(1). Staff training was conducted on 2/28/18 and 3/17/18, & 3/16/18
6. Records of training shall be kept.

Immediately: A designee shall inspect all designated smoking areas daily to ensure safe smoking practices are maintained, including fireproof receptacles and ashtrays are present. & 3/16/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Deems*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Deems.* Date *2-14-18*

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

The above plan of correction is approved as of 3/6/18 (Date)

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

Plan of correction implementation status as of 3/6/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43051 - 07/12/2017 - Rahuba, Matt
 PCH Name: NORBERT RESIDENTIAL CARE FACILITY

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.

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FEB 15 2018

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed, Pantoprazole 40mg-Take 1 tablet once daily; however, on 7/13/17, the pharmacy label indicated, Pantoprazole 40mg-Take 1 tablet twice daily.

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 #45 Pharmacy label has been updated - 3/6/18
1. Pharmacy has been changed since inspection
 2. Facility now utilizes 7 day roll packs.
 3. If new orders obtained by MD, roll pack is returned to pharmacy and a new roll pack is sent back to facility with med changes.
 4. Nurses check all new orders daily on E-Mar and check roll pack to assure compliance.
 5. Audits will be done on all meds monthly x 3 months to assure compliance.
 6. Records will be kept

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Deems* Date *2-14-18*

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

The above plan of correction is approved as of 3/6/18
 (Date)

Plan of correction implementation status as of 3/6/18
 (Date)

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

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

Violation Report: 43061 - 07/12/2017 - Rahuba, Matt
 FGH Name: NORBERT RESIDENTIAL CARE FACILITY

1. REGULATION 55 Pa.Code §2800

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.

RECEIVED

FEB 15 2018

WEST REIDUN FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed, Polyethylene Glycol 3350 powder-Dissolve 17gm into 8oz of liquid and take by mouth twice daily. However, on 7/13/17, the resident's July 2017 electronic medication administration record (E-MAR) only includes space for staff to initial the morning dose and does not include the initials of the staff persons who administered the evening dose from 7/1/17 through 7/12/17.

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.

- Resident #25 MAR has been updated 3/6/18*
1. Pharmacy has been changed since inspection
 2. Nurses check new orders on Emar daily to assure E-mar and order read the same.
 3. New orders are placed in residents record. After orders are checked on the E-mar to assure compliance.
 4. If an error is noted pharmacy is notified immediately.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Deems.* Date *2-14-18*

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

The above plan of correction is approved as of 3/6/18
 (Date)

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

Plan of correction implementation status as of 3/6/18
 (Date)

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