



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 15 2017

Dennis W. Nebel, Psy.D.
Executive Director
Westfield Behavioral Health Affiliates, Inc.
130 West North Street
New Castle, Pennsylvania 16101

RE: Westfield
5826 Old Pulaski Road
New Wilmington, Pennsylvania 16142
Certificate #: 474240

Dear Mr. Nebel:

As a result of the Department of Human Services' annual licensing inspection on July 25, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: WESTFIELD		License Number: 47424
Address: 5826 OLD PULASKI ROAD, NEW WILMINGTON, PA 16142		County: Lawrence
Administrator: KIM HOSLEY PERRINO		Region: WEST
Legal Entity Name: WESTFIELD BEHAVIORAL HEALTH AFFILIATES INC		
Legal Entity Address: 130 WEST NORTH STREET, NEW CASTLE, PA 16101		RECEIVED
Certificate(s) of Occupancy C-3 SP 12/13/1996 LABOR AND INDUSTRY		NOV 09 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/25/2017: Bartlett, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8	Number of Residents who:	
Number of Residents Served: 8	Receive Supplemental Security Income: 8	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 3	
Area:	Have Mental Illness: 8	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 47424 - 07/25/2017 - Bartlett, Patricia
PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 7/3/17 through 7/7/17, 7/10/17, 7/11/17 and 7/17/17 through 7/21/17, there were eight residents present in the home. Direct care staff person A was the only staff person on duty and in the home from 12:00 a.m. to 8:00 a.m. during these dates. However, direct care staff person A was not currently certified in first aid, CPR, and obstructed airway techniques.

On 7/8/17, 7/9/17, 7/12/17 through 7/16/17, 7/22/17 and 7/23/17, there were eight residents present in the home. Direct care staff person B was the only staff person on duty and in the home from 12:00 a.m. to 8:00 a.m. during these dates. However, direct care staff person B was not currently certified in first aid, CPR, and obstructed airway techniques.

On 7/5/17 through 7/7/17 and 7/22/17, there were eight residents present in the home. Direct care staff person B was the only staff person on duty and in the home from 4:00 p.m. to 12:00 a.m. during these dates. However, direct care staff person B was not currently certified in first aid, CPR, and obstructed airway techniques.

On 7/11/17 through 7/15/17 and 7/18/17 through 7/21/17, there were eight residents present in the home. Direct care staff person C was the only staff person on duty and in the home from 4:00 p.m. to 12:00 a.m. during these dates. However, direct care staff person C was not currently certified in first aid, CPR, and obstructed airway techniques.

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.

Changes to the schedule were made immediately from 7/25/17 - 8/1/17 to have at least one staff on duty who was certified in CPR/First Aid/AED training. On 8/2/17 staff person's A, B, and C all had CPR/First Aid/AED training along with all other staff. In the future I will contact the certified trainer at least one month prior to the expiration of the training to ensure all staff are certified. Documentation of the training is enclosed

Immediately: The administrator or designated staff person who schedules staff shall ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation will be present in the home at all times. 11-15-17

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)

Kim Perrino PCH Administrator

Date

11/9/17

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

The above plan of correction is approved as of

11-15-17
(Date)

Plan of correction implementation status as of

11-15-17
(Date)

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

The above plan of correction was approved by

K
(Initials)

Violation Report: 47424 - 07/25/2017 - Bartlett, Patricia
PCH Name: WESTFIELD

NOV 09 2017

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The following foods were stored in the freezer section of the white kitchen refrigerator/freezer.

- * Three uncooked chicken breasts in an unsealed, undated plastic bag.
- * A dozen uncooked chicken breasts in an undated plastic bag.
- * Eleven uncooked chicken breasts with evidence of freezer burn in an undated plastic bag.
- * A dozen uncooked pierogi in an undated plastic bag.
- * Approximately 2 pounds of uncooked bacon in a plastic bag dated 2/25/16.
- * Eight uncooked catfish filets with ice crystals and evidence of freezer burn in a plastic bag.

The vertical kitchen Frigidaire freezer on the right side of the room had approximately 10 pounds of uncooked chicken legs and thighs in an undated, unsealed plastic bag with approximately a 2 inch tear and donated to the home by a resident's family member.

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.

During the inspection all food items were discarded that were not dated, not sealed, or freezer burnt. I also asked the residents mother not to bring donate any perishable food items due to DHS regulations. I addressed food safety at the quality management meeting on 7/27/17 and also had a food safety training on 9/28/17. The documentation is enclosed.

Immediately: A designated staff person shall check all food storage areas daily including refrigerators and freezers to ensure all food items are labeled and dated. Any outdated or spoiled food will be disposed of. 11-15-17

Within 30 days of receipt of the plan of correction: All staff persons handling, preparing or storing food items shall be educated regarding the safe storage of food items including labeling and dating. Documentation of education shall be kept. 11-16-17 ✓

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)

Kim Perrino PCH Administrator

Date: 11/9/17

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(Date)

Plan of correction implementation status as of 11-15-17
(Date)

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

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

Violation Report: 47424 - 07/25/2017 - Bartlett, Patricia
PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

The residents' cat "Momma" does not have a current certificate of rabies vaccination for this cat.

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 "Momma" aka "Kitty" was vaccinated on 8/10/17. In the future I will be sure that all animals in the home are vaccinated for rabies. Effective immediately I will keep proper documentation to ensure the safety of the residents. Documentation is enclosed.

Immediately: The administrator shall develop and implement a system to ensure all cats and dogs that are in or at the home have a current rabies vaccination and the documentation is available upon request by the Department.

11-15-17 y

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)

Kim Ferrino PCH Administrator

Date 11/9/17

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(Date)

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(Initials)

Plan of correction implementation status as of 11-15-17
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

NOV 09 2017

Violation Report: 47424 - 07/25/2017 - Bartlett, Patricia

PCH Name: WESTFIELD

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The most recent inspection of the home's four furnace/heat pump systems was completed on 3/8/16.

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 furnaces were 4 months late on the yearly inspection. I contacted [redacted] the day of inspection (7/27/17) and made an appointment for that same day. I will keep a record of yearly inspections that need to be done to ensure the home is in compliance with the regulations. Documentation is enclosed.

Immediately: The administrator shall develop and implement a system to ensure the home's furnace is inspected at least annually and the documentation is available upon request by the Department. 11-15-17

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)

Kim Perrino PCH Administrator

Date 11/9/17

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11-15-17 (Date)

Plan of correction implementation status as of 11-15-17 (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: 47424 - 07/25/2017 - Bartlett, Patricia
PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record indicated a fire drill was conducted on 3/29/16 at 5:40 p.m. However, the time to evacuate could not be determined.

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.

On 3/29/17 a fire drill was conducted at 5:40pm, however there was an evacuation time on the fire drill log. The home failed to have another fire drill because the drill's time evacuation was over 3 mins. I implemented in the fire drill policy that if there is a fire drill conducted and evacuation time is longer than 2min the staff or myself will have to have another fire drill within 24 hours. Documentation is enclosed.

Immediately: The administrator shall monitor the fire drill record to ensure an unannounced fire drill is conducted at least once a month and is documented in the home's fire drill record which includes; the date, time, amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was activated. This also includes all residents were evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year 11-15-17 ✓

Immediately: The administrator shall complete the following steps to reduce the safe evacuation to a time specified in writing by a fire safety expert within the past year:

- Conduct at least two fire drills a month until the home can meet the safe evacuation time specified in writing by a fire safety expert within the past year, for three consecutive months.
- If the home exceeds the safe evacuation time specified in writing by a fire safety expert within the past year, for two consecutive fire drills, the home will add additional staff to the regular schedule and maintain the staffing level at all times.
- Relocate residents who require special assistance with evacuation closer to exits or fire safe areas. 11-15-17 ✓

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)

Mim Perrino PCH Administrator

Date

11/9/17

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11-15-17
(Date)

Plan of correction implementation status as of

11-15-17
(Date)

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

The above plan of correction was approved by

✓
(Initials)

NOV 09 2017

Violation Report: 47424 - 07/25/2017 - Barlett, Patricia
PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

The home conducted a sleeping hour fire drill on 6/23/16. However the next sleeping hour fire drill was not conducted until 6/21/17.

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.

I failed to have in my the homes fire drill policy that 2 fire drills need to be conducted yearly (every 6 months). Effective immediately there will be a fire drill during sleep hours every 6 months. Documentation is enclosed.

Immediately: The home shall conduct a sleeping hour fire drill, 11-11-17 ✓

Immediately: The administrator shall monitor the fire drill record to ensure an unannounced fire drill is conducted at least once a month, a fire drill is conducted during sleeping hours every 6 months, all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year, and a record is kept for each fire drill in a record which includes all information required by 2600.132(c).

11-11-17 ✓

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)

Kim Perrino PCH Administrator

Date 11/9/17

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The above plan of correction is approved as of 11-15-17
(Date)

Plan of correction implementation status as of 11-15-17
(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: 47424 - 07/25/2017 - Bartlett, Patricia
PCH Name: WESTFIELD

NOV 09 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation dated 8/25/16 does not indicate the resident's ability to self-administer medications. This section was blank.

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.

I failed to indicated that the resident gives himself own insulin injections. Resident #1 has since had a medical evaluation therefore I was able to correct his current DME. Effective immediately I will be more thorough when filling out the fields on the DME's, documentation is enclosed from 8/29/17.

Immediately: The administrator or designated staff person shall review all current resident records to ensure all resident's have complete and accurate documentation of an in-person medical evaluation within the past year.

11-15-17 ✓

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)

Kim Perrino PCH Administrator

Date 11/9/17

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The above plan of correction is approved as of 11-15-17
(Date)

Plan of correction implementation status as of 11-15-17
(Date)

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

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

NOV 09 2017

Violation Report: 47424 - 07/25/2017 - Barlett, Patricia
PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home's menu, posted on the side of the kitchen refrigerator was dated "February 1-14" and labeled "Fall Winter."

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.

Effective 7/28/17 the home implemented new menus and they currently being followed. This was discussed on 7/27/17 at the quality management meeting. Documentation is enclosed.

The current week menu and the week in advance menu were posted in a conspicuous and public place.

Immediately: The administrator or designee shall check weekly to ensure the current week's menu and the week in advance menu is post in a conspicuous place in the home. 11-15-17y

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)

Jim Perrino PCH Administrator

Date 11/9/17

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

The above plan of correction is approved as of 11-15-17 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 11-15-17 (Date)

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

NOV 09 2017

Violation Report: 47424 - 07/25/2017 - Bartlett, Patricia
PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The first aid kit in the home's 2009 Ford Van used to transport residents did not include the following items: scissors, adhesive bandages, antiseptic, gauze pads, thermometer, or adhesive tape.

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.

All items were replaced in the first aid kit at the time of inspection. Effective immediately I will check the vans first aid kit monthly, as well as any other first aid kit. a documentation chart is enclosed

Immediately: All staff persons involved with transporting residents shall be educated on the requirements of regulation 2600.171(b)(5). Documentation of education shall be kept. 11-15-17

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)

Kim Perrino RTH Administrator

Date 11/9/17

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

The above plan of correction is approved as of 11-15-17
(Date)

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

Plan of correction implementation status as of 11-11-17
(Date)

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

Violation Report: 47424 - 07/25/2017 - Bartlett, Patricia
PCH Name: WESTFIELD

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 7/6/17, resident #2 is prescribed Lorazepam 0.5mg, take one tablet at supper and as needed. However, the medication administration record (MAR) dated July 2017 indicated take 1 tablet at 12:00p.m., 1 tablet at supper, and 1 tablet as needed.

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.

I did a medication administration review during the quality management meeting on 7/27/17. I will check medication records monthly to ensure that all documentation is correct and all information is accurate. Documentation is enclosed.

Resident #2's Mar was corrected.

11/17/17

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)

Kim Perrino RCH Administrator

Date 11/9/17

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

The above plan of correction is approved as of 11-15-17
(Date)

Plan of correction implementation status as of 11-15-17
(Date)

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

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