



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 17 2017

Ms. Sharon Martin
Administrator
Heritage Mills Personal Care Center LLC
401 Moltke Avenue
Scranton, Pennsylvania 18505

RE: Heritage Mills Personal Care Center
846 East Wiconisco Avenue
Tower City, Pennsylvania 17980
License #: 226360

Dear Ms. Curran:

As a result of the Department of Human Services' (Department) annual licensing inspection on July 28, 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: HERITAGE MILLS PERSONAL CARE CENTER		License Number: 22636
Address: 846 EAST WICONISCO AVENUE, TOWER CITY, PA 17980		County: Schuylkill
Administrator: Shannon Martin		Region: NORTHEAST
Legal Entity Name: HERITAGE MILLS PERSONAL CARE CENTER LLC		
Legal Entity Address: 401 MOLTKE AVENUE, SCRANTON, PA 18505		
Certificate(s) of Occupancy I-2 03/28/2002 Borough Tower City		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 57	Waking Staff: 43
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/28/2017: Novak, Ryan; OHaire, Anne		
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: 60 Number of Residents Served: 33 Secured Dementia Care Unit in Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, if applicable: 17 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 16		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 0

Violation Report: 22636 - 07/28/2017 - Novak, Ryan
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

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
 The home was not in compliance with the Carbon Monoxide Alarms Standards Act and did not have a carbon monoxide detector located at least 15 feet away from the gas fired cooking stove in the home's main kitchen.

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.
 Carbon monoxide Alarm has been placed 15 feet away from gas fired cooking stove. Battery has been will be charged annually or upon malfunction if needed according to instructions on packaging. To be in compliance of regulation 2600.18

The Administrator will oversee this to ensure ongoing compliance. *AM* 9-21-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Shannon Martin* ^{LM/PCA} Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Shannon Martin</i> ^{LM/PCA}	9-14-17

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

The above plan of correction is approved as of <u>9-21-17</u> (Date)	Plan of correction implementation status as of <u>9-21-17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented
	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress
	<input type="checkbox"/> Partially Implemented - Inadequate Progress
	<input type="checkbox"/> Not Implemented

Violation Report: 22636 - 07/28/2017 - Novak, Ryan
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

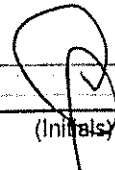
2a. DESCRIPTION OF VIOLATION
 Resident #1 & Resident #2's resident contracts were not signed by the residents. The documents did not indicate if the residents refused or were unable to sign the resident contracts at the time of admission.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. Resident 1 and Resident 2 contracts have been signed. moving forward to prevent this from happening again a admission checklist will be implemented to assure appropriate paperwork is all signed and in compliance with state regulation 2600 25 (b)

The Administrator will oversee the implementation of the checklist to ensure future compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Hannon Martin</i> ^{LSN/PCHA}	Administrator
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		<i>Hannon Martin</i> ^{LSN/PCHA}	Date 9-14-17

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The above plan of correction is approved as of <u>10-16-17</u> (Date)	Plan of correction implementation status as of <u>10-16-17</u> (Date)
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Violation Report: 22636 - 07/28/2017 - Novak, Ryan
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

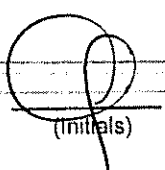
2a. DESCRIPTION OF VIOLATION
 Resident #3 was discharged on [redacted] 17, the home did not refund the resident until [redacted] 17.

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. Making forward resident refunds will be issued within 30 days of contract termination or discharge. A resident termination notice / Refund form has been implemented and will be tracked by administrator and administrative assistant so that home is compliance with regulation 2600.28(f)(2)

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		Shannon Martin ^{LPA/PCA} Administrator	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Shannon Martin ^{LPA/PCA}		9-14-17	

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Violation Report: 22636 - 07/28/2017 - Novak, Ryan
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION
 A bottle with the words "lysol" written on it was located under the sink in the activity area in the home's secure dementia unit. The bottle did not contain the original product labeling.

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 poisonous material will be kept in original labeled container. Staff will be in-service on OSHA Hazard Communication Standard labels and Pictograms by Sept 30, 17. Bottle labeled Lysol has been discarded. So home is in compliance with regulation 2600.82(a)

The home will send a copy of the signature sheet and an outline of the training completed once training is conducted. Please submit to NE Regional Office. Cf. 9-21-17

Administrator will oversee this process to ensure ongoing compliance. Cf. 9-21-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shannon Martin* ^{LEN/PCHA} Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shannon Martin* ^{LEN/PCHA} Date *9-14-17*

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Violation Report: 22636 - 07/28/2017 - Novak, Ryan
 PGH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

The following poisons were unlocked and accessible in the homes secure dementia unit under the sink in the activity area: neutral cleaner and disinfectant labeled "if swallowed get medical attention immediately", disinfecting heavy duty acid bathroom cleaner labeled "harmful if swallowed" and glass force professional strength glass cleaner labeled "if swallowed get medical attention immediately."

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

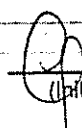
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Activity Dining room cabinet has been locked and labeled poisonous materials along with a reminder to keep door locked at all times to keep home in compliance with regulation 2600.82(c)

The Administrator will oversee this plan to ensure future compliance. C/M, 9-21-17

Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/05/2016
Signature of Legal Entity Representative (Required on EVERY Page) - Shannon Martin ^{LPA/PCA} Administrator	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shannon Martin ^{LPA/PCA}	Date 9-14-17

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	<input type="checkbox"/> Not Implemented

Violation Report: 22636 - 07/28/2017 - Novak, Ryan
 PGH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The notice to the fire department does not include the capacity of the home or a general layout of the building.

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 Letter to the fire Department has been revised to include capacity of the home along with a general layout of the building to be in compliance with regulation 2600.124

The Adm will review periodically to ensure information is correct & current. This will ensure ongoing compliance. *Q*

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/05/2016

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Date 9-14-17

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The above plan of correction is approved as of 10-16-17
 (Date)

Letter provided

Plan of correction implementation status as of 10-14-17
 (Date)

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

The above plan of correction was approved by

Q
 (Initials)

Violation Report: 22636 - 07/28/2017 - Novak, Ryan
 PGH Name: HERITAGE MILLS PERSONAL CARE CENTER


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 conducted on 7/27 at 12:40pm does not include the year.
 The fire drill conducted on 4/28/17 at 11:05 does not indicate am/pm.

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. Fire drill conducted on 7/27 has been corrected to 7/27/17. Fire drill conducted on 4/28/17 at 11:05 now read 11:05 am. Moving forward all fire drills conducted. Paperwork will be completely filled out and checked by Administration for any errors. So home is compliance with regulation 2600.132(c)

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 9-14-17	

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Violation Report: 22636 - 07/28/2017 - Novak, Ryan

PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #4's levemir vial was not dated when the bottle was opened.

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 4's Levemir bottle has been discarded. Moving forward, all bottles will have sticker applied with opened date, expiration date and initials of the Med Tech or Nurse who opened it. So home can be compliance with Regulation 2600.183(d)

At Minimum, this will be done on a monthly basis. Findings, corrections or steps taken will be noted.

The Administrator will oversee this process in order to ensure future compliance. Q. 9-21-17

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/05/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

Shannon Martin ^{LEA/PCHA} Administrator

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

Shannon Martin ^{LEA/PCHA}

Date 9-14-17

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documents provided.
(Date)

Plan of correction implementation status as of 10-17-17
(Date)

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

The above plan of correction was approved by


(Initials)

Violation Report: 22636 - 07/28/2017 - Novak, Ryan
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #4's glucometer was no calibrated correctly with the dates. The blood glucose test readings numbers were correct but they were consistently recording as the previous date.
 Resident #1's 8:00 PM glucose test readings did not match the glucometer readings on the following dates: 07-23-17 the glucometer had a reading of 263 and 212 was documented; 07-25-17 the glucometer had a reading of 194 and 196 was documented.

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

Resident 1 glucometer was calibrated on 7/28/17. moving forward glucometers will be calibrated monthly and recorded on glucometer calibration and quality control log. So facility is and remains in compliance with regulation 2600.185(a)

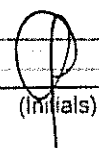
The Administrator will oversee this process to ensure ongoing compliance. CP. 9-21-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Shannon Martin* ^{LDN/PCA} Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shannon Martin* Date *9-14-17*

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Violation Report: 22636 - 07/28/2017 - Novak, Ryan
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

Resident #5 has an order for pro air inhaler 2 puffs every 8 hours PRN, the label to the medication notes 2 puffs 4 times daily PRN.

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 Directions changed refer to chart sticker was applied to pro air inhaler box. Moving forward sticker will be applied to any medication packet. Where the order has changed. And medication and same dosage is needed. So that facility remains in compliance with regulation 2600.186(c)


Administrator will oversee to ensure ongoing compliance. Cf. 9-21-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Shannon Martin ^{LEN/PLHA} Administrator
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Shannon Martin	9-14-17

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Violation Report: 22636 - 07/28/2017 - Novak, Ryan
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

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

Resident #5's diclofenacs sodium gel was not initialed as administered on 7/25/17 in the morning and on 7/10 & 7/23/17 in the evening.

Resident #6's cephalexin was not initialed as administered on 7/27/17 at 6am.

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.

Omission's report for each floor will be printed out at the end of each shift and given to the nurse manager or administrator for review.

* 10-12-17 - spoke to adm. these sheets are used as audit tools - not to complete the MARS.

The Adm will over see audits on a minimum of daily - progressing to weekly, then monthly, then quarterly as the med techs/licensed staff show consistent compliance. Home will retain documents. P

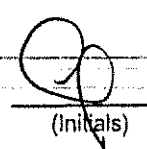
Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/16/2017	08/05/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Date 9-14-17

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Violation Report: 22636 - 07/28/2017 - Novak, Ryan
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #7 refused the prescribed furosemide 40mg on 7/26/17 at 8am, the prescriber was not notified regarding the refusal.

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.

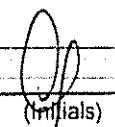
Resident #7 Doctor was notified on 7/28/17 of lasix refusal and documented in chart. Moving forward mid tech's were educated on Regulation 2600:187. They were also instructed to notify Nurse Manager or Administrator of medication refusals. So that we can notify the prescriber and document refusal in residents chart. So that facility remains in compliance with regulation 2600.187(c)
 Administrator will oversee this process so the home may maintain compliance. 9-21-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shannon Martin* ^{LEN / PCHA} Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shannon Martin* Date *9-14-17*

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Violation Report: 22636 - 07/28/2017 - Novak, Ryan

PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #8's initial assessment was not completed within 15 days of admission. Resident #8 had an admission date of [redacted] 17 and the initial assessment was completed [redacted] 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.

Moving forward all assessments will be completed within 15 days of admission by Nurse Manager or Administrator. Admission checklist will be implemented to assure all admission paperwork is completed and in compliance with regulation 2600.225(a)

The Administrator will oversee to ensure ongoing compliance. CJ

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/05/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date 9-14-17

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

The above plan of correction is approved as of 9/21/17 (Date)

Plan of correction implementation status as of 10/6/17 (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: 22636 - 07/28/2017 - Novak, Ryan
 PCH Name: HERITAGE MILLS PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #9 resides on the secured memory care unit in the facility and did not have a consent statement his/her resident record allowing for resident #9 to reside in a secured unit.

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 #9 Memory Consent statement has been signed. Moving forward Administrator will assure all consents are signed on admission by following admission checklist. So that facility remains in compliance with state regulation 2600 231 (e)

The Administrator will oversee the implementation and correct completion of the checklist resident record to ensure ongoing compliance. Cp

Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/05/2016
Signature of Legal Entity Representative (Required on EVERY Page) Shannon Martin ^{LPA/PCHA} Administrator	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shannon Martin	Date 9-14-17

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

The above plan of correction is approved as of <u>9/2/17</u> documents provided (Date)	Plan of correction implementation status as of <u>10-16-17</u> (Date)
The above plan of correction was approved by  (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