



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 11 2017

Mr. Frank Minelli
Administrator/Owner
Pittston Heavenly Manor, Inc.
51 North Main Street
Pittston, Pennsylvania 18640

RE: Pittston Heavenly Manor
License #: 218690

Dear Mr. Minelli:

As a result of the Department of Human Services' (Department) annual licensing inspection on August 15, 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: 21869 - 08/15/2017 - O'Haire, Anne
 PCH Name: PITTSBURGH HEAVENLY MANOR

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 in the home's kitchen to monitor the gas fired stove and near the home's gas fired Ptac units located in all residents rooms.

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.

There was no carbon monoxide detectors for safety of residents. We had them in home just never installed. They will be installed by 9/17/17 2 on each hallway on 2nd and 3rd floor. There will be 3 on first floor to cover all areas of the home. Administrator and staff will make sure batteries are checked and dated.

The administrator shall monitor and assure ongoing compliance. *m*
 10/4/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Buddy Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Buddy Minelli* Date *9/13/17*

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

The above plan of correction is approved as of 10/4/17 (Date)

Plan of correction implementation status as of 10/4/17 (Date)

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

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

Violation Report: 21869 - 08/15/2017 - O'Haire, Anne
 PCH Name: PITTSTON HEAVENLY MANOR

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

2a. DESCRIPTION OF VIOLATION

Administrator, Staff person "A" did not complete his/her annual administrative training for the training year 2016. Staff person "A" did not have any training hours available to measure on the date of inspection.

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

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

Administrator only had 16 hrs for the year 2016 and will make the rest of the hours up online. Other 8 hrs will be made up before Jan 2018.

* Training year 2016 and 2017 and Ongoing:

The administrator will have (24 total hours) of training from a source approved by the Department on an annual basis.

The administrator will send to the department proof of 24 hours of approved annual administrators training for year(s) 2016 and 2017 by December 31, 2017.

Documentation and proof of annual training shall be maintained by the home and be available for review by the department when requested.

In the future, the administrator will have at least 24 hours of training from a source approved by the Department in each training year.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Buddy Mivelli

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

Buddy Mivelli Admin

Date

Oct. 30 17

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

The above plan of correction is approved as of

11/2/17
 (Date)

Plan of correction implementation status as of

11/2/17
 (Date)

The above plan of correction was approved by

M
 (Initials)

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

Violation Report: 21869 - 08/15/2017 - O'Haire, Anne
 PCH Name: PITTSFORD HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.64(e) - An administrator who has successfully completed the training in § 2600.64(a)-(d) shall provide written verification of successful completion to the Department's personal care home regional office.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person "B" DOH (05-10-17) had no record they had received training in his /her job duties as a housekeeper. The home did not have a job description outlining staff person "B" job duties.

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.

Employee paper was at another office at time of inspection. Employee paper is attached and will make sure office has all papers on employees.

The administrator shall monitor and be responsible for ongoing compliance.

M 10/4/17

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 9/13/17

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

The above plan of correction is approved as of 10/4/17 (Date)

Plan of correction implementation status as of 10/4/17 (Date)

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

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

Violation Report: 21869 - 08/15/2017 - O'Haire, Anne
 PCH Name: PITTSFORD HEAVENLY MANOR

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

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed a portable fan operating in the main kitchen. The base of the fan including the fan cage is covered in dirt and dust.
 Department Representatives observed a strong odor of urine emanating from resident room 306.

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 fan in kitchen was cleaned same day as inspection, and had meeting with kitchen staff. They are to check fan daily and make sure there is no dust on fan.

Room 306 has strong odor in room because of incontinence issue with a resident. The home will shampoo carpet and clean couple times if this doesn't help the problem a new floor will be placed in room.

The administrator is responsible for ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Buddy Minelli* *10/14/17*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Buddy Minelli* Date *9/13/17*

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

The above plan of correction is approved as of 10/4/17 (Date)
 The above plan of correction was approved by M (Initials)
 Plan of correction implementation status as of 10/4/17 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21869 - 08/15/2017 - O'Haire, Anne
 PCH Name: PITTSSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

The home's front foyer area had 6 overhead light fixtures that were not functioning on the date of inspection.

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

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

The home had electrician out the day after inspection, the bulbs were too high of wattage. The bulbs were changed with right type and wattage bulbs and is working fine now. Managers will check bulbs and lights to make sure they are working at all times.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
10/4/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Buddy Minelli*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Buddy Minelli* Date *9/13/17*

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

The above plan of correction is approved as of 10/4/17 (Date) Plan of correction implementation status as of 10/4/17 (Date)

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

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

Violation Report: 21889 - 08/15/2017 - O'Haire, Anne
 PCH Name: PITTSFORD HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the common bathroom on the first floor. The drain trap of the urinal is leaking. The facility has placed a bucket under the trap catching the urinal waste water.
 The couch located in the main TV lounge nearest to the activity tables had a wooden board protruding out of the back of the couch with sharp nails exposed which is hazardous to residents and others.

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.

Drain trap for urinal was leaking, plumber was called and came out next day and fixed leak. When drain was broke we called just couldn't make it out, til end of week. Manager checks for good repair on regular basis.

In TV lounge, couch was thrown out, and will be replaced with different couch. Managers will check and make sure all furniture is in good repair on daily basis.

The administrator shall monitor and assure ongoing compliance. M 10/4/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/10/2016

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 9/13/17
 Buddy Minelli

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

The above plan of correction is approved as of 10/4/17 (Date)
 Plan of correction implementation status as of 10/4/17 (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: 21869 - 08/15/2017 - O'Haire, Anne
 PCH Name: PITTSFORD HEAVENLY MANOR

1. REGULATION 55 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
 Residents residing in rooms 102, 306, and 309 do not have an operable source of bedside lighting.

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.

Residents in rooms 102, 306, and 309, have been given switches to turn on and off thier lamps or new bulbs. At end of inspection we were shown that some of outlets don't work unless switch is turned on. All rooms were checked and all rooms now have light source by thier bed or a switch to work a lamp. Staff members will check rooms periodically to make sure lamps are working and next to bed.

The administrator is responsible for ongoing compliance.
M
 10/4/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/10/2016

Signature of Legal Entity Representative (Required on EVERY Page)
Buddy Minelli

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 Buddy Minelli 9/13/17

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

The above plan of correction is approved as of 10/4/17 (Date)
 The above plan of correction was approved by M (Initials)

Plan of correction implementation status as of 10/4/17 (Date)

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

Violation Report: 21869 - 08/15/2017 - O'Haire, Anne
 PCH Name: PITTSFORD HEAVENLY MANOR

1. REGULATION 45 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation completed on 2/27/17 for resident # 1 did not include the resident's Cognitive Functioning.
 The medical evaluation completed on 6/14/17 for resident # 2 did not include the resident's ability to self-administer medications, health status, cognitive functioning, or mobility need assessment. The Medical Evaluation also did not include the name of the Medical professional that completed the evaluation form.
 The medical evaluation completed on 4/19/17 for resident # 3 did not include the resident's height, weight, pulse rate, temperature or mobility need assessment.

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.

Dme's for residents # 1-3 were not fully filled out by doctor. Papers and Dme's were fax to doctors office day of inspection. Waiting for papers and Dme's to be faxed back to us. Administrator will check all files for missing boxes on Dme's and get them filled out. From now on Administrator will check all Dme's at time of residents appointment. Will receive Dme's back by Oct. 1 2017.

The administrator is responsible for ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/10/2016

Signature of Legal Entity Representative: *[Signature]* Date: 10/4/17

Printed Name and Title of Legal Entity Representative: *Ruddy Minelli* Date: 9/13/17

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

The above plan of correction is approved as of 10/4/17 (Date)
 The above plan of correction was approved by *[Signature]* (Initials)
 Plan of correction implementation status as of 10/4/17 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21869 - 08/15/2017 - O'Haire, Anne

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident # 3 most recently had a medical evaluation completed on 4/19/17. The previous medical evaluation was completed on 3/4/16, more than 12 months prior.

Resident # 4 most recently had a medical evaluation completed on 1/12/16, which was more than 12 months ago.

Residents are required to be medically evaluated once annually.

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 # 3 DME was month over due, will make sure residents get appointment at least month before new DME is due.

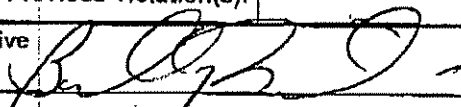
Resident # 4 had DME doctor forgot to sign it, which this DME is with rest of DME's at his office we are just waiting for it to be faxed back to PCH.

The administrator shall monitor and assure that all residents have a medical evaluation completed at least annually.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



M
10/4/17

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

Buddy Minelli

Date

9/13/17

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

The above plan of correction is approved as of

10/4/17
(Date)

Plan of correction implementation status as of

10/4/17
(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: 21869 - 08/15/2017 - O'Haire, Anne

PCH Name: PITTSTON HEAVENLY MANOR

1. REGULATION 56 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

The glucometer prescribed to resident # 5 is not calibrated to the current time.

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.

#5. Glucometer time was off for resident #5. Time was fixed after inspection and all other glucometers were checked for right calibration. Med tech will watch and be careful as they do blood sugars to make sure correct time and date are shown on glucometers.

The administrator shall monitor and assure ongoing compliance.

M
10/4/17

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 9/13/17

Buddy Minelli

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

The above plan of correction is approved as of 10/4/17 (Date) Plan of correction implementation status as of 10/4/17 (Date)

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

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

Violation Report: 21869 - 08/15/2017 - O'Haire, Anne

PCH Name: PITTSFORD HEAVENLY MANOR

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 # 7 's Levemir Flextouch 12 units to be injected subcutaneously at 8:00PM daily, was not initialed as being administered on 08-07-17.

Resident # 8 's Haldol 10 mg, tab. to be taken daily at 8:00PM by mouth was not initialed as being administered on 08-07-17.

Resident # 6 is prescribed Lantus Insulin - Inject 85 units at 8:00pm. The Medication Administration Record (MAR) for resident # 6 was not initialed by the staff person that administered the medication on 8/13/17 at 8:00pm.

Resident # 6 is prescribed Novolog Insulin - Inject 48 units at 8:00am and 11:00am. The (MAR) for resident # 6 was not initialed by the staff person that administered the medication on 8/5/17 and 8/6/17 at 11:00am.

Resident # 6 is prescribed Novolog Insulin based upon a sliding scale of the resident's blood sugar levels. The facility is not documenting the number of units of insulin administered on the resident's (MAR) as required.

Resident # 6 is prescribed Novolog Insulin based upon a sliding scale of the resident's blood sugar levels. On 8/14/17 at 4:00pm the resident was due to receive 2 units of insulin based on the resident's blood sugar level. The facility did not administer any insulin to the resident. On 8/9/17 at 4:00pm the resident was due to receive 2 units of insulin based upon the resident's blood sugar level. The facility did not administer any insulin to the resident. The facility failed to properly follow physician orders regarding administration of insulin to resident # 6.

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

Cont →

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

The administrator is responsible for ongoing compliance 10/4/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Buddy MUELLI

Date *9/13/17*

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

The above plan of correction is approved as of *10/4/17*
(Date)

Plan of correction implementation status as of *10/4/17*
(Date)

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

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

Violation Report: 21869 - 08/15/2017 - O'Haire, Anne

PCH Name: PITTSTON HEAVENLY MANOR

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.

Resident # 7 Levemir Flextouch is 15 units not 12 units Medtech is sure was given, but did not document, that it was given. Documentation will be checked by head of Med Techs regularly, and if on going Head Med Techs will give classes for documenting MAR's

Resident # 8 Haldol 10 mg tab was not documented. Pill was given with rest of meds in a packet. Documentation is very important, Head Med Tech will check regularly and set classes up for MAR's.

Resident # 6 did receive insulin and sliding Scale insulin, If the Administrator talked to resident. Resident remembers receiving insulin. Head Med Tech's will be having a class on proper documentation with all med-techs. Head Med Tech's will check regularly for documentation errors. Class will be done by Oct. 1st

W
10/11/17

Violation Report: 21869 - 08/15/2017 - O'Haire, Anne

PCH Name: PITTSSTON HEAVENLY MANOR

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The following residents did not have resident photos # 9; #10; # 11 and #12.

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

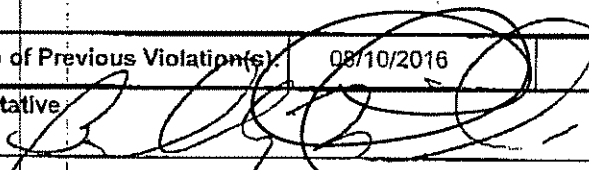
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Residents # 9 - 12 didnt have photo's or they were over 2yrs old. ALL residents have new photo's as of Sept 2017. Med-tech and Administrator will check to make sure all photo's stay up to date, and new residents have photo day they move into PCH.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/10/2016

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Buddy MINELLI

Date: 9/13/17

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

The above plan of correction is approved as of

10/4/17
(Date)

Plan of correction implementation status as of

10/04/17
(Date)

The above plan of correction was approved by

M
(Initials)

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