



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 07 2018

Mr. James Cole
Administrator
New Life Personal Care Home, Inc.
2521 Versailles Avenue
McKeesport, Pennsylvania 15132

RE: New Life Personal Care Home
Certificate #: 431210

Dear Mr. Cole:

As a result of the Department of Human Services' Licensing annual licensing inspection on February 22, 2018, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

APR 05 2018

Violation Report: 43121 - 02/22/2018 - Hoover, Josh
PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The most recent licensing inspection summary dated 3/1/2017 was not posted in a conspicuous and public place in the home.

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 inspection and licensing summaries will be posted in a open and conspicuous place at all times, as of 2-22-18

The administrator will monitor the posting monthly to ensure a copy of the current LIS remains posted.

[Signature]
4/11/18

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

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

The above plan of correction is approved as of 4/11/18
(Date)

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

Plan of correction implementation status as of 4/11/18
(Date)

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

Violation Report: 43121 - 02/22/2018 - Hoover, Josh
PCH Name: NEW LIFE PERSONAL CARE

APR 05 2018

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The exterior of the trash can and lid in the kitchen was covered with multiple layers of food splatters and the surface of the can was sticky to touch.

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 rubbish cans will be cleaned daily. The garbage containers will remain sanitary as of 2-22-18 and checked by the admin daily

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) James Cole admin. Date 3-31-18

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

The above plan of correction is approved as of 4/6/18
(Date)

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

Plan of correction implementation status as of 4/6/18
(Date)

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

Violation Report: 43121 - 02/22/2018 - Hoover, Josh

PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

Hot water temperatures exceeded 120 degrees Fahrenheit in the 1st floor bathroom sink at the following times:

- 138.7 degrees Fahrenheit at approximately 9:45 a.m.
- 129.3 degrees Fahrenheit at approximately 11:30 a.m.
- 130.4 degrees Fahrenheit at approximately 3:45 p.m.

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 water temperatures will be checked and adjusted weekly by the staff

Hot water temperatures were monitored daily for at least one month with temperatures recorded. Temperature measurements will be taken in multiple areas of the home.

If temperatures remain at 120°F or below for one month, then weekly measurements may be taken. Documentation of hot water temperatures will be kept.

[Signature]
4/1/18

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/01/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

James C. IE Admin

Date

3-31-18

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

The above plan of correction is approved as of

4/1/18
(Date)

Plan of correction implementation status as of

4/27/18
(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: 43121 - 02/22/2018 - Hoover, Josh
 PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

There were no emergency numbers posted on or nearby the cordless telephones in the kitchen and dining room.

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 emergency phone numbers will be listed and posted in appropriate areas near phones, as of 2/22/18
 The staff and admin will check and make sure the posting are maintained regularly.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) James GLE Date 3-31-18

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

The above plan of correction is approved as of 4/6/18
 (Date)

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

Plan of correction implementation status as of 4/6/18
 (Date)

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

Violation Report: 43121 - 02/22/2018 - Hoover, Josh
PCH Name: NEW LIFE PERSONAL CARE

APR 05 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600, 130(g) - If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

2a. DESCRIPTION OF VIOLATION

According to staff person A, the administrator, the fire alarm malfunctioned on 2/19/2018. The system was inoperable until 2/22/2018, when an agent of the Department noticed that the trouble light on the display of the fire alarm system was lit and the display indicated "Fire bell has been silenced." The fire alarm system was reset by staff person A, who indicated that he/she forgot to reset the alarm after it malfunctioned on 2/19/2018.

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 fire alarm control panel will be reset and armed after every use. The admin. will arm the system immediately.

A designated staff person will monitor the fire alarm system daily to ensure it is operable.

[Handwritten initials]
4/11/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *James Cole*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) James Cole Date 3-22-18

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

The above plan of correction is approved as of 4/11/18
(Date)

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

Plan of correction implementation status as of 4/11/18
(Date)

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

PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION

According to staff person A, the administrator, the fire alarm malfunctioned on 2/19/2018. The system was inoperable until 2/22/2018, when an agent of the Department noticed that the trouble light on the display of the fire alarm system was lit and the display indicated "Fire bell has been silenced." The fire alarm system was reset by staff person A, who indicated that he/she forgot to reset the alarm after it malfunctioned on 2/19/2018.

The home did not implement fire watch procedures during this period of the fire alarm being inoperable.

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 has a policy of [hourly] checks for fire safety in the facility. In the present future checks will be made. Also the Alarm system will be reset immediately after each use. This process will be completed by the admin and trained staff.

at acceptable frequency.

JH/1/18

Immediately - In the event of a fire alarm malfunction the administrator will implement 15 minute checks for a fire watch.

Immediately - All staff will be educated on fire watch procedures in the event the fire alarm becomes inoperable.

JH/1/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

JH

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

James Cole

Date 3-31-18

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

The above plan of correction is approved as of

4/1/18
(Date)

Plan of correction implementation status as of

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

The above plan of correction was approved by

JH
(Initials)

4/1/18
(Date)

APR 05 2018

Violation Report: 43121 - 02/22/2018 - Hoover, Josh
PCH Name: NEW LIFE PERSONAL CARE

WEST VIRGINIA HEALTH OFFICE
Hazard Control/Inspection

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
Seven months elapsed between the most recent sleeping hours fire drills held on 7/10/2017 and 2/11/2018.

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.

A over night fire drill will be conducted by staff and admin every 6 mos.

A sleeping hours fire drill was conducted on 2/24/18 at 1am.

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

Signature of Legal Entity Representative (Required on EVERY Page) *J Cole*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James Cole Date 3/31/18

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

The above plan of correction is approved as of 4/6/18 (Date)

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

Plan of correction implementation status as of 4/27/18 (Date)

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

Violation Report: 43121 - 02/22/2018 - Hoover, Josh

APR 05 2018

PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 9/6/2017, is blank in the areas of temperature, immunization history, ability to self-administer medications, cognitive functioning, and body positioning.

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.

ACI [ma-5615] ^{Medical Evaluations} will be sure that doctor make all proper assessments and information completed upon leaving the doctor's office. This process will be examined by the administrator, after the forms are completed. Medical evaluation for resident #1 updated by physician's office. on 4/11/18

Immediately - If any medical evaluations are found to have missing information, the form will be returned to the physician's office for completion.

Immediately - The administrator will review all medical evaluations of current residents to ensure all are current and complete.

Jh
4/11/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jh

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

James Cole

Date 3-22-18

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

The above plan of correction is approved as of

4/11/18
(Date)

Plan of correction implementation status as of

4/27/18
(Date)

The above plan of correction was approved by

Jh
(Initials)

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

Violation Report: 43121 - 02/22/2018 - Hoover, Josh

PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

There was a wooden headboard, footboard, and nightstand that contained a 3-gallon can of gasoline in the designated smoking area to the rear of the home.

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 combustible material will be stored in a safe and controlled area. This process will be properly patrolled by staff and Admin.

The indicated items were removed from the area.

The administrator or designee will monitor the smoking area daily to ensure no unsafe items are stored nearby or in the smoking area.

Handwritten initials and date: 4/11/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. GLE Date 3-31-18

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

The above plan of correction is approved as of 4/11/18 (Date)

Plan of correction implementation status as of 4/11/18 (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: 43121 - 02/22/2018 - Hoover, Josh

APR 05 2018

PCH Name: NEW LIFE PERSONAL CARE

EAST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered Citalopram 10mg 3 tablets at bedtime and Welchol 625mg, 2 tablets twice a day. These medications were not available in the home on 2/21/2018 at 8:00 p.m. and 2/22/2018 at 8:00 a.m. and were not administered.

However, staff person A initialed the MAR as having administered the medications on 2/21/2018 at 8:00 p.m. and staff person B initialed the MAR on 2/22/2018 at 8:00 a.m. as having administered the medications.

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 medications will be initiated as medication is administered. All meds will be ordered 5 days before medication runs out. The Admin. and med staff will monitor this duty as needed.

All staff who administer medications were reeducated on the home's medication ordering procedures and MAR documentation.

Monthly - The administrator or designee will complete a medication audit of all residents' medications and will review the MAR to ensure all medications are available and administration is documented.

[Handwritten signature]
4/11/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) J. Cole Date 3-31-18

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

The above plan of correction is approved as of 4/11/18 (Date)

Plan of correction implementation status as of 4/11/18 (Date)

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

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

Violation Report: 43121 - 02/22/2018 - Hoover, Josh

APR 05 2018

PCH Name: NEW LIFE PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

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

The glucometer for resident #3 was not labeled with the resident's name.

Resident #3 is ordered Citalopram 10mg 3 tablets at bedtime and Welchol 625mg, 2 tablets twice a day. These medications were not available in the home.

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.

medications will be ordered no less than 5 days of REAM. date. so meds will always be available before meds are completed. this will be patrolled by med staff and Admin.

glucometer for resident #3 labeled with resident's name.

All staff persons will be educated on medication ordering procedures in the home and labeling of glucometers.

Monthly - The administrator or designee will complete a medication audit to ensure all residents' medications are available in the home. 4/4/18

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)

James Cole

Date 3-31-18

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

The above plan of correction is approved as of

4/4/18
(Date)

Plan of correction implementation status as of

4/4/18
(Date)

The above plan of correction was approved by

(Initials)

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

Violation Report: 43121 - 02/22/2018 - Hoover, Josh

PCH Name: NEW LIFE PERSONAL CARE

EAST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered Citalopram 10mg 3 tablets at bedtime and Welchol 625mg, 2 tablets twice a day. These medications were not available in the home on 2/21/2018 at 8:00 p.m. and 2/22/2018 at 8:00 a.m. and were not administered.

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 medications will be refilled before medicine is exhausted. The med staff and admin will monitor this process.

All staff who administer medications will be educated on the home's ordering procedures.

Monthly - The administrator or designee will conduct a medication audit of all residents' medications to ensure all medications are available in the home.

4/4/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *J. Hoover*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Samuel Coak* Date *3-21-18*

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

The above plan of correction is approved as of 4/4/18 (Date)

Plan of correction implementation status as of 4/4/18 (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: 43121 - 02/22/2018 - Hoover, Josh
PCH Name: NEW LIFE PERSONAL CARE

APR 05 2018

WEST REGION FIELD OFFICE
Human Services Licensing

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

The assessment for resident #3, dated 1/9/2018, does not include the diagnoses of hypertension, chronic diarrhea, iron deficiency anemia, and peptic ulcer as indicated on the medical evaluation, dated 1/22/2018.

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 diagnoses will be listed on all assessment forms. The Admin will review all assessments and evaluations for proper and complete diagnoses.

The assessment for resident #3 was updated with the identified information.

Immediately -

The administrator or designee will review the assessments of all current residents to ensure all diagnoses are indicated. JH 4/6/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/01/2017
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Signature of Legal Entity Representative (Required on EVERY Page) *JH*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James Lake Date 3-7-18

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

The above plan of correction is approved as of 4/6/18 (Date)

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

Plan of correction implementation status as of 4/27/18 (Date)

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