



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 07 2018

Ms. Rhonda L. Layman  
President  
P.A.L., Inc.  
122 Ridgeview Street  
Youngwood, Pennsylvania 15697

RE: Ridgeview Residential Care  
Certificate #: 428580

Dear Ms. Layman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 21, 2018 and May 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](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



RECEIVED

JUL 17 2018

Violation Report: 42858 - 05/21/2018 - Grace, Desmond  
PCH Name: RIDGEVIEW RESIDENTIAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION

The home provides financial services to resident #1. Resident #1 maintained at least \$224.00 since 12/8/17 in the resident personal needs account in the home. However, the home did not offer resident #1 an interest bearing account.

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 5/26/18, I sent a letter to her POA explaining the situation. I am still waiting for a decision from her. A copy of the letter is enclosed.

I will make sure this is offered to any future residents that we are holding more than \$200 for. After inspection, I went through all other resident's records of financial transactions to make sure there were no others over \$200.<sup>00</sup>. There were not.

Immediately: The administrator shall notify and offer resident #1 assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. 7-10-18,

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Racheelle Day

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

Racheelle Day

Date 7-12-18

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

The above plan of correction is approved as of 7-20-18  
(Date)

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

Plan of correction implementation status as of 7-20-18  
(Date)

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

JUL 17 2018

Violation Report: 42858 - 05/21/2018 - Grace, Desmond

PCH Name: RIDGEVIEW RESIDENTIAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

On 5/21/18 at 4:08 p.m., the top left drawer on the main kitchen's center island is broken off the track.

On 5/21/18 at 4:30 p.m. the control box for the electric baseboard heater in the hallway by exit door #5 was broken with exposed electrical wires and control cover laying on the floor.

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 5/22/18 maintenance fixed the broken drawer in the center island in the main kitchen. Maintenance will watch for repairs that need made and repair them quickly. All staff is aware to watch for this also and put it on the list we have for maintenance. A picture is attached. Also on the same day, the baseboard heater in the back hallway by exit door #5 was replaced. A picture is also attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rachelle Day*

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

Rachelle Day

Date 7-12-18

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

The above plan of correction is approved as of

7-20-18  
(Date)

Plan of correction implementation status as of

7-20-18  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

JUL 17 2018

Violation Report: 42858 - 05/21/2018 - Grace, Desmond  
PCH Name: RIDGEVIEW RESIDENTIAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
On 5/21/18, refrigerators and freezers in the home did not contain thermometers as follows:  
\* The small mini refrigerator in the main kitchen  
\* The freezer of side by side white refrigerator/freezer in the main kitchen  
\* The mini-refrigerator in the lower level medication 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 of these areas have had thermometers. We aren't sure how they were missing. On 5/21/18 new thermometers were put in those 3 refrigerators. Staff is aware that they must stay in there at all times. Administration will check this also. On 7/12/18, I made a chart for each refrigerator and freezer to be pasted on the front of each one to be checked <sup>monthly</sup> ~~monthly~~ starting now. A copy of the chart is enclosed. A copy of the receipt for the 3 thermometers that were missing + extra thermometers to have on hand is enclosed. Our med techs and myself will check this monthly and record.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 06/23/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Rachelle Day*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rachelle Day*      Date *7-12-18*

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

The above plan of correction is approved as of 7-20-18 (Date)

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

Plan of correction implementation status as of 7-20-18 (Date)

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

JUL 17 2018

Page 5 of 12

Violation Report: 42858 - 06/21/2018 - Grace, Desmond

PCH Name: RIDGEVIEW RESIDENTIAL CARE

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 5/21/18 at 4:30 p.m., the door to the first floor common area (Piano room) leading to emergency exit door #5 was ill fitting to the door frame requiring a considerable amount of force to open the door, thus blocking the egress to rear emergency exit door #5.

On 5/22/18 at 2:30 p.m., a large rock approximately 6" by 8" by 2" inches was placed on the exterior side of emergency exit door #4 blocking egress from the door.

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 5/21/18, the door to the piano room was fixed. It just needed adjusted by maintenance. All staff and maintenance will report any broken items. We have a dry erase board in the main kitchen area to put any needed repairs on it for maintenance.

Immediately: A designated staff person shall check the home daily to ensure all stairways, hallways, doorways, passageways, and egress routes from rooms and from the building are unlocked and unobstructed.

7-20-18

The rock was removed from the door area on 5/22/18 by maintenance. One of the residents had put it there. I talked to him and asked him not to put anything in front of any of the doorways. He understood. Maintenance will watch for this now since we were made aware of the resident doing that. This was door #4 where this happened.

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

Signature of Legal Entity Representative (Required on EVERY Page) Rachelle Day

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rachelle Day Date 7-13-18

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

The above plan of correction is approved as of 7-20-18 (Date)

Plan of correction implementation status as of 7-20-18 (Date)

- Plan of correction implementation status as of 7-20-18 (Date)
[ ] Fully Implemented
[X] Partially Implemented - Adequate Progress
[ ] Partially Implemented - Inadequate Progress
[ ] Not Implemented

The above plan of correction was approved by (Initials)

JUL 17 2018

Violation Report: 42858 - 05/21/2018 - Grace, Desmond  
PCH Name: RIDGEVIEW RESIDENTIAL 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

Resident #2 had an initial medical evaluation completed on 11/7/17. However, the sections for weight, health status, and cognitive function was left blank.

Resident #3 had an initial medical evaluation completed 2/22/18. However, the section for the resident's temperature was left 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.

On 5/23/18, we went through all medical evaluations for other residents. We will do a double check on all medication evaluations from now on. We will make sure each section is filled out completely. We will send the form back to the doctor's offices if needed to complete the form. [REDACTED] and I will be responsible for medical evaluations.

Resident #2's and resident #3's medical evaluations were corrected.

*7/20/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rachelle Day*

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

*Rachelle Day*

Date *7-14-18*

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

The above plan of correction is approved as of

*7-20-18*  
(Date)

Plan of correction implementation status as of

*7-20-18*  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress - *5*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

JUL 17 2018

Violation Report: 42858 - 05/21/2018 - Grace, Desmond

PCH Name: RIDGEVIEW RESIDENTIAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

The medication cart in the medication room contained Alprazolam for resident #2. However, the resident did not have an active order for this medication.

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 expired Alprazolam was discarded immediately on 5/21/18. All meds for all current residents were checked for expired meds on 5/23/18. On 7/12/18 another regulation review was done with current med techs. A regulation review was printed up to address the violations concerning medications from the inspection of 5/21/18. Each regulation was gone over with the staff by myself or office manager, [redacted] Each staff signed a training sheet. A copy is enclosed. Going forward, all med techs will check labels for expiration date and any med expiring in the next 30 days will be added to the dry erase board in the med room noting the resident, the medication and the expiration date.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/23/2017

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rachelle Day*

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

Rachelle Day

Date

7-14-18

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

The above plan of correction is approved as of

*7-20-18*  
(Date)

Plan of correction implementation status as of

*7-20-18*  
(Date)

The above plan of correction was approved by

*[Initials]*  
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - inadequate Progress

Not Implemented

JUL 17 2018

Violation Report: 42858 - 05/21/2018 - Grace, Desmond  
PCH Name: RIDGEVIEW RESIDENTIAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered Glipizide 5 mg by mouth daily. However, the medication's label indicates twice per day.

Resident #4 is prescribed Ondansetron 8mg by mouth every 6 hours as needed for nausea. However, the medication's label states Ondansetron 4mg one tab by mouth every 6 hours. Also the resident is ordered Loperamide 2mg by mouth four times per day as needed for loose stool. However, the medication's label states take two pills after first loose stool then 1 after each loose stool not to exceed for in 24 hours.

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 5/21/18, the pharmacy corrected the labels for Resident #3 and #4. [REDACTED] and I went through the other residents medications on 5/23/18. We matched the medications with the MAR to make sure there weren't any differences. We currently check the medication name and dosage each month. We will also check the instructions each time now to make sure they match the MAR exactly. Any differences will be addressed with the pharmacy and/or prescribing doctor as needed. On 7/12/18 a regulation review training was given to all med techs. A copy of the training sheet is enclosed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Rachelle Day

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

Rachelle Day

Date 7-15-18

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

The above plan of correction is approved as of

7/20/18  
(Date)

Plan of correction implementation status as of

7/20/18  
(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: 42858 - 05/21/2018 - Grace, Desmond  
PCH Name: RIDGEVIEW RESIDENTIAL CARE

JUL 17 2018

WEST REGIONAL 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 #2 is ordered Magnesium Oxide 400 mg daily. However, on 5/16/18 at 5:00 p.m. the staff person administering the medication did not initial the medication administration record (MAR) at the time the medication was administered.

Resident #3 is prescribed Hydrocortisone 1% cream apply to chest and stomach rash twice day as needed until healed. However, the staff person administering the medication did not initial the medication administration record (MAR) on 5/20/18 at 8:00 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.

On 5/23/18 [redacted] and I went through all other resident's MAR's to look for missed signatures. On 7/12/18 another training was done with the med techs reviewing the regulations we were in violation for from inspection on 5/21/18. Our plan is for each shift to review the prior shifts MAR daily to make sure all meds were given and properly signed off. A copy of the training sheet is enclosed. Med techs will report any problems to me.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Rachelle Day

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

Rachelle Day

Date 7-15-18

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

The above plan of correction is approved as of

7-20-18  
(Date)

Plan of correction implementation status as of

7-20-18  
(Date)

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

The above plan of correction was approved by

[Signature]  
(Initials)

RECEIVED

Violation Report: 42858 - 05/21/2018 - Grace, Desmond  
PCH Name: RIDGEVIEW RESIDENTIAL CARE

JUL 17 2018

1. REGULATION 55 Pa.Code §2800  
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The resident #3 is ordered Lantus 19 units sub-cutaneous twice per day. However, from 5/19/18 to 5/21/18 at 5:00 p.m. the resident did not receive the medication as ordered.

Resident #4 is ordered Novolog 100 units per a blood glucose sliding scale which indicates

- 151 - 180 = 1 unit
- 181 - 200 = 2 units
- 201 - 250 = 3 units
- 251 - 300 = 4 units
- 301 - 350 = 6 units
- 351 - 400 = 8 units

On 5/3/18 at 6:33 a.m., the resident's blood glucose measured 184. However, the resident received 1 unit of Novolog.

On 5/20/18 at 2:07 p.m. the resident's blood glucose measured 318. However, the resident received 4 units of Novolog.

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 copy of Dr. [redacted] orders are attached for resident #3 concerning her Lantus order.

Immediately: All resident MARS shall be checked daily to ensure the orders of the prescriber are followed.

The sliding scale for resident #4 was confusing how it was written in MAR. The inspector showed us a better way of doing that so it was easier to read which blood sugar range went with correct number of units for coverage. We will now separate each set of numbers alternating 2 different colors of highlighters. This will avoid another error like this one on resident #4. This was addressed again with med techs on 7-12-18 - Regulation Review Training. A copy is attached. All MARS were checked by [redacted] LI on 5/23/18.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rachelle Day*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rachelle Day*      Date *7-15-18*

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

The above plan of correction is approved as of 7-2-18 (Date)

Plan of correction implementation status as of 7-1-18 (Date)

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

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

JUL 17 2018

Violation Report: 42858 - 05/21/2018 - Grace, Desmond  
PCH Name: RIDGEVIEW RESIDENTIAL CARE

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

Resident #2 had an initial assessment completed on 10/23/17. However, the resident does not include an assessment of care needs for aggression and multiple medical diagnoses to include atrial fibrillation, overactive bladder, gastro-esophageal reflux disorder and hypertension.

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 #2's ~~Supper~~ Initial Assessment was corrected on 5/23/18. All other Assessments were gone through to check for completeness of them. From now on, we will have a double-check system each time an assessment is done. [REDACTED] or I will do the assessment and the other one of us will double check it before it goes in their files. A copy of Resident #2's initial assessment is attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rachelle Day*

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

Rachelle Day

Date

7-14-18

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

The above plan of correction is approved as of

7-20-18  
(Date)

Plan of correction implementation status as of

7-20-18  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

JUL 17 2018

Violation Report: 42858 - 05/21/2018 - Graca, Desmond  
PCH Name: RIDGEVIEW RESIDENTIAL CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #4 had an annual support plan completed on 12/8/17. However, the resident's support plan does not indicate the care and services the home will provide to the resident for bladder management.

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 support plan was corrected on 5/23/18. All other support plans were gone over to make sure they were also complete. We will double check all sections of the support plans from now on. [REDACTED] will do the support plans and I will double check them. A copy of the corrected support plan is attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rachelle Day*

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

Rachelle Day

Date 7-14-18

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

The above plan of correction is approved as of

7-20-18  
(Date)

Plan of correction implementation status as of

7/20/18  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)