



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 0 4 2019

Mr. James Kusko  
President  
Sacred Heart Assisted Living by Saucon Creek, LLC  
3910 Adler Place, Suite 100  
Bethlehem, Pennsylvania 18017

RE: Sacred Heart Senior Living by Saucon Creek  
4851 Saucon Creek Road  
Center Valley, Pennsylvania 18034  
License #: 216750

Dear Mr. Kusko:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 7, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

A handwritten signature in cursive script that reads 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



**Violation Report:** 21675 - 09/07/2018 - Deluca, Amy  
**PCH Name:** SACRED HEART SENIOR LIVING BY SAUCON CREEK

**1. REGULATION 55 Pa.Code §2600**  
 2600.54(a) - Direct care staff persons shall have the following qualifications:  
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).  
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.  
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person A does not have a high school diploma from United States and the home does not currently have a waiver to accept the staff person's registered nurse license from the Philippines.

**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.*

**Regulation 2600.54(a):**

- EXPLANATION:** The Human Resources Department failed to apply for a waiver to accept Staff Person A's Registered Nurse Diploma and License from the Philippines as proof of education.

**CORRECTION:**

- A request for waiver of regulation was submitted to BHSL on September 12, 2018. On September 14, 2018, the Administrator received notice that the Registered Nurse Degree from the Republic of the Philippines meets the education requirement for direct care staff; therefore, no waiver is needed. (See Attachment #1.)
- The Human Resources Department will notify the Administrator and submit a request of waiver of regulation for all future staff candidates possessing an educational degree requiring review.
- The Administrator will ensure compliance.

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 Kusko, Manager* Date *1/17/2019*

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

The above plan of correction is approved as of <u>1-18-19</u> (Date)	Plan of correction implementation status as of <u>1-18-19</u> (Date)
The above plan of correction was approved by <u>MM</u> (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: 21675 - 09/07/2018 - Deluca, Amy  
PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Staff person A did not have training in the emergency medical plan when hired on 5/9/18.

Staff person A did not have training in resident rights completed within their first 40 hours of work 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.*

**Regulation 2600.65(b):**

- **EXPLANATION:** Staff Person A did complete on 5/9/2018 all the required Policy reviews, which include The Emergency Medical Plan and Resident Rights, see Attachment #2. As per protocol, upon review of each document online, Staff Person A entered her initials electronically to confirm completion. All items were reviewed with Staff Person A by the Human Resources Director on 5/9/2018; however, the Checklist was not available in Staff Person A's employee file. The Human Resources Director was new at the time of inspection and misunderstood what the inspector was asking for.

**CORRECTION:**

1. The Policy Checklist was placed in Staff Person A's employee file on the day of inspection.
2. The Human Resources Director will ensure that all Policy Checklists are stored in each employee file.
3. New Employee files will be reviewed by the Administrator.
4. The Administrator will ensure compliance.

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 Kusko, Manager

Date 1/17/2019

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

The above plan of correction is approved as of 1-18-19  
(Date)

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

Plan of correction implementation status as of 1-18-19  
(Date)

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

Violation Report: 21675 - 09/07/2018 - Deluca, Amy  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:  
 (1) Training that includes a demonstration of job duties, followed by supervised practice.  
 (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.  
 (3) Initial direct care staff person training to include the following:  
 (i) Safe management techniques.  
 (ii) ADLs and IADLs.  
 (iii) Personal hygiene.  
 (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.  
 (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.  
 (vi) Implementation of the initial assessment, annual assessment and support plan.  
 (vii) Nutrition, food handling and sanitation.  
 (viii) Recreation, socialization, community resources, social services and activities in the community.  
 (ix) Gerontology.  
 (x) Staff person supervision, if applicable.  
 (xi) Care and needs of residents with special emphasis on the residents being served in the home.  
 (xii) Safety management and hazard prevention.  
 (xiii) Universal precautions.  
 (xiv) The requirements of this chapter.  
 (xv) Infection control.  
 (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person A who was hired 5/9/2018 did not take the department's required direct care training course competency test until 7/26/2018.

**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.  
  
*Please see the attached Plan of Correction.*

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
James Kusko, Manager	1/17/2019

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

The above plan of correction is approved as of <u>1-18-19</u> (Date)  The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>1-18-19</u> (Date) <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
---	--

**Regulation 2600.65(d):**


- **EXPLANATION:** It was discovered in July 2018 that Staff Person A had not completed the Direct Care Staff Training Course and Competency Test. The employee immediately completed the training on 7/26/2018, see Attachment #3.

**CORRECTION:**

1. The Human Resources Director will ensure that all direct care staff complete the Direct Care Staff Training Course and Competency Test prior to the first day of work.
2. New Employee files will be reviewed by the Administrator.
3. The Administrator will ensure compliance.

1-18-19

MM

 James Kusko, Manager 1/17/19

Violation Report: 21675 - 09/07/2018 - Deluca, Amy  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

**1. REGULATION 55 Pa.Code §2600**  
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**2a. DESCRIPTION OF VIOLATION**  
 Enabler bars were found on the bed located in room #221 that did not have covers, allowing for potential entrapment of limbs or other injury.

**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.

**Regulation 2600.81(b):**

- **EXPLANATION:** The family of the resident residing in Room 221 installed an enabler bar on his bed without notifying any staff. They did not provide a cover.

**CORRECTION:**

1. A cover was installed on the enabler bar on the day of inspection.
2. The Administrator called the family and discussed the regulation and the importance of communication regarding the addition of any assistive devices.
3. A letter will be sent to all families with February 2019 billing regarding any assistive equipment to be inspected. This same information will be included in the Admission Packet going forward.
4. Staff were coached and counseled on the requirements of the regulation and the importance of reporting any new assistive devices they see in resident rooms.
5. Monthly room checks will be completed by the Resident Care Director.
6. The Administrator will ensure compliance.

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 Kusko, Manager	Date	1/17/19
---	----------------------	------	---------

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

The above plan of correction is approved as of <u>1-18-19</u> (Date)	Plan of correction implementation status as of <u>1-18-19</u> (Date)
The above plan of correction was approved by <u>MM</u> (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: 21675 - 09/07/2018 - Deluca, Amy  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

**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**

A utility closet located on the home's 3rd floor containing a bottle of bleach and a bottle of Fabuloso multi cleaner was not locked during the initial walk through of the home. There are currently 3 residents residing on the 3rd floor who can not safely identify and avoid poisonous materials.

**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.*

**Regulation 2600.82(c):**

- **EXPLANATION:** Housekeeping failed to lock the third-floor utility room.

**CORRECTION:**

1. The Housekeeping Supervisor reviewed with his staff the importance of ensuring the Utility Room doors remain closed and locked to ensure the safety of the residents.
2. The Housekeeping Supervisor, Maintenance Director and Administrator are checking Utility Closet doors during daily building walk throughs.
3. The Administrator will ensure compliance.

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 James Kusko, Manager Date 1/17/2019  
 (Required on EVERY Page)

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

The above plan of correction is approved as of <u>1-18-19</u> (Date)  The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>1-18-19</u> (Date)  <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: 21675 - 09/07/2018 - Deluca, Amy  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

**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**  
 The shared residents' phone located on the 3rd hall near the elevators, did not have the required emergency numbers for the nearest hospital, police department, fire department, ambulance, poison control, local EMS and the personal care home hotline posted near or on the phone.

**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.

**Regulation 2600.91:**

- EXPLANATION:** Housekeeping removed the old emergency phone numbers but failed to replace them with the new format.

**CORRECTION:**

- The emergency phone list was replaced on the day of inspection.
- The Housekeeping Supervisor, Maintenance Director and Administrator are checking Emergency Phone Number lists during daily building walk throughs.
- The Administrator will ensure compliance.

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 Kusko, Manager	Date 1/17/2019
---	----------------------	----------------

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

The above plan of correction is approved as of <u>1-18-19</u> (Date)	Plan of correction implementation status as of <u>1-18-19</u> (Date)
The above plan of correction was approved by <u>MM</u> (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: 21675 - 09/07/2018 - Deluca, Amy  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

**1. REGULATION 55 Pa.Code §2600**

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**2a. DESCRIPTION OF VIOLATION**

The home's fire drill records for September 2017 thru August 2018 reflected that the home had a pattern of conducting fire drills on same dates for several months during this period. The home conducted fire drills on the following dates:

- 11-29-17
- 12-29-17
- 01-26-18
- 02-26-18
- 03-27-18

**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.*

**Regulation 2600.132(g):**

- **EXPLANATION:** The Maintenance Director did not vary the monthly fire drill dates as required from month to month.

**CORRECTION:**

1. The Maintenance Director will vary monthly dates so as not to form a pattern thereby meeting the requirements of the regulation.
2. The Administrator will ensure compliance.

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 Kusko, Manager*

Date *1/17/2019*

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

The above plan of correction is approved as of 1-18-19  
 (Date)

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

Plan of correction implementation status as of 1-18-19  
 (Date)

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

Violation Report: 21675 - 09/07/2018 - Deluca, Amy  
 PCH Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK

**1. REGULATION 55 Pa.Code §2600**  
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

**2a. DESCRIPTION OF VIOLATION**  
 The home's vehicle first aid kit did not contain a thermometer.

**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.*

**Regulation 2600.171(b)(5):**

- **EXPLANATION:** The First Aid kit in the resident transport vehicle was brand new. The driver failed to have the First Floor Med Tech inspect the kit prior to placement in the vehicle.

**CORRECTION:**

1. The vehicle driver was counseled on the regulation and inspection requirement prior to First Aid kit placement in the vehicle.
2. The First Floor Med Tech has added the vehicle First Aid kit to her list of monthly checks.
3. The Administrator will ensure compliance.

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 Kuskiq Manager	Date	1/17/2019
---	----------------------	------	-----------

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

The above plan of correction is approved as of <u>1-18-19</u> (Date)	Plan of correction implementation status as of <u>1-18-19</u> (Date)
The above plan of correction was approved by <u>MM</u> (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:** 21675 - 09/07/2018 - Deluca, Amy  
**PCH Name:** SACRED HEART SENIOR LIVING BY SAUCON CREEK

**1. REGULATION 55 Pa.Code §2600**  
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:  
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.  
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.  
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.  
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person B's last med tech annual practicum was completed on 6/15/2017. Staff person B has not yet completed an annual practicum.

**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.

**Regulation 2600.182(b):**

- **EXPLANATION:** Staff Person B's last annual practicum was completed on 12/15/17. She was due on 6/15/2018; however, she was working as a PCA, not a Med Tech at the time. The annual practicum was completed on 7/16/2018 prior to her work as Med Tech, but outside of regulatory parameters.

**CORRECTION:**

1. The Director of Nursing and the Human Resources Director will complete Monthly checks of all Med Tech files to ensure annual practicums are completed on time.
2. The Administrator will ensure compliance.

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 Kusko, Manager* Date *1/17/2019*

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

The above plan of correction is approved as of <u>1-18-19</u> (Date)  The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>1-18-19</u> (Date) <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:** 21675 - 09/07/2018 - Deluca, Amy  
**PCH Name:** SACRED HEART SENIOR LIVING BY SAUCON CREEK

**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 #1's Flovent Diskus found in the 1st floor medication cart had expired on 9/6/2018. The label indicated the disk was opened 7/25/2018 and is to be discarded 42 days after opening.

**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.

**Regulation 2600.183(d):**

- EXPLANATION:** The Med Tech had re-ordered a new Flovent Diskus, which was on hand in the medication cart, but failed to pull the expired inhaler.

**CORRECTION:**

- The expired inhaler was disposed of on the day of inspection and the new inhaler opened.
- In addition to the open date written on the inhaler, a sticker has been added with the expiration date.
- Med Techs check expiration dates daily. The pharmacy audits all medications monthly here at the facility.
- The Administrator will ensure compliance.

<b>Repeat Violation:</b> No	<b>Date(s) of Previous Violation(s):</b>		
-----------------------------	--	--	--

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

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page)	James Kusko, Manager	<b>Date</b> 1/17/2019
--	----------------------	-----------------------

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

The above plan of correction is approved as of <u>1-18-19</u> (Date)	Plan of correction implementation status as of <u>1-18-19</u> (Date)
The above plan of correction was approved by <u>MM</u> (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