



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 11 2019

Mr. Anthony J. Peroni, RN
Owner
Anthony J. Peroni
111 Easy Street
Uniontown, Pennsylvania 15401

RE: Peroni Personal Care Home
Certificate #: 426270

Dear Mr. Peroni:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 14, 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PGH Name: PERONI PERSONAL CARE HOME		License Number: 42627
Address: 111 EASY STREET, UNIONTOWN, PA 15401		County: Fayette
Administrator: Lynette Wene		Region: WEST
Legal Entity Name: ANTHONY J PERONI		
Legal Entity Address: 111 EASY STREET, UNIONTOWN, PA 15401		
Certificate(s) of Occupancy I-1 04/20/2010 City of Uniontown		JAN 23 2019
Staffing Hours	Total Daily Staff: 34	Waiting Staff: 25
Resident Support: 0	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Full		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/14/2018: Spagna, Lauren; Winters, Lynn		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 32 ✓ Number of Residents Served: 31 ✓ Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 ✓ Number of Hospice Residents in past year: 8 ✓		Number of Residents who: Receive Supplemental Security Income: 0 ✓ Are 60 Years of Age or Older: 31 ✓ Have Mental Illness: 0 ✓ Have an Intellectual Disability: ✓ Have a Mobility Need: 3 ✓ Have a Physical Disability: 0 ✓

JAN 28 2019

Violation Report: 42827 - 12/14/2018 - Spagna, Lauren
PCH Name: PERONI PERSONAL CARE HOME

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 Care Facility Carbon Monoxide Alarms Standard Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet, from any fossil fuel burning device or appliance. There was no carbon monoxide detector in the basement for the gas furnace 3 and gas furnace 4.

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.

Purchased CO monitor & placed it in outlet in back furnace room with furnace #3 & #4

Immediately and then at least monthly thereafter - A designated staff person will check the home's fossil fuel burning devices to ensure a carbon monoxide alarm is installed in close proximity, but not less than 15 feet away.

BB 2/8/19

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 Date
(Required on EVERY Page) Tony Peroni RJ 1/8/19

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

The above plan of correction is approved as of <u>2/8/19</u> (Date)	Plan of correction implementation status as of <u>2/8/19</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JAN 22 2019

Report: 42627 - 12/14/2018 - Spagna, Lauren

CH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults)

2a. DESCRIPTION OF VIOLATION

Staff person A was hired on 7/4/18 and the home failed to obtain a criminal history background check

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.

Check list in place as reminder for items needed for employment. Criminal Background is on list. Staff person A's criminal history background check was requested on 12/14/18 and completed on 12/26/18. BS 2/8/19

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)	
BOVY Peroni RD	Date 1/8/19

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JAN 22 2019

Violation Report: 42627 - 12/14/2018 - Spagna, Lauren
 PCH Name: PERONI PERSONAL CARE HOME

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 B was hired on 8/27/18 and provides direct care, but does not have a high school diploma, GED, or active registration status on the Pennsylvania nurse aide registry.

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.

Staff person B completed GED training Oct 1994, through Private Industry Council. They were only able to submit scores from test via an email. Advised to contact Diploma sender.com to receive copy of certificate.

Immediately - The administrator will implement hiring procedures that include obtaining and retaining documented proof of educational qualifications prior to employing any direct care staff person. *BB 2/8/19*

Within 5 days of receipt of the plan of correction - The administrator will check each direct care staff person's records to ensure that the home has documented proof of educational qualifications in accordance with Chapter 2600.54(a)(2). *BB 2/8/19*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Looy Peroni RD* Date *1/18/19*

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 (Date)

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 (Date)

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 (Initials)

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

Violation Report: 42627 - 12/14/2018 - Spagna, Lauren
 PCH Name: PERONI PERSONAL CARE HOME

JAN 22 2019

1. REGULATION 65 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. §§ 10225.101-10225.6102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Staff person A, hired 7/4/18, has worked 40 hours and has not received orientation training in the required subjects of resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions.

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.

Staff A did receive the initial training that was required. I, as owner, forgot to have employee sign off on their training sheets.

On 1/22/19, the home submitted training records indicating that staff person A received orientation on all of the required topics for Chapter 2600.65(b)(1)-(4) on 1/8/19. BB 2/8/19

Immediately - The administrator will implement initial training procedures that ensure each direct care staff person, ancillary staff person, substitute personnel and volunteer has an orientation on all of the required topics for Chapter 2600.65(b)(1)-(4) within 40 scheduled working hours. BB 2/8/19

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 1/22/19
 Louy Peroni RD

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Violation Report: 42627 - 12/14/2018 - Spagna, Lauren
PCH Name: PERONI PERSONAL CARE HOME

JAN 22 2019

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
At 10:20 a.m., the water temperature at the sink in resident bathroom 5 measured 127.4 degrees.
At 10:22 a.m., the water temperature at the sink in resident bathroom 6 measured 129.4 degrees.

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.

Replaced Hot Water tank 3 months ago. Did not check water temp since replacing. Turned temp down while inspector @ facility. Will check water temp weekly @ all sources.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 01/05/2018
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date: 1/8/19

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Violation Report: 42627 - 12/14/2018 - Spagna, Lauren
 PCH Name: PERONI PERSONAL CARE HOME

JAN 23 2019

1. REGULATION 55 Pa. Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 There were no screens in the windows of bathroom 1 and bathroom 3.

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.

Placed screens in window.
 Immediately and at least monthly thereafter - A designated staff person will check the home's windows, including windows in doors, to ensure they're in good in repair and securely screened when doors or windows are open. BB 2/8/19

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JAN 23 2019

Violation Report: 42627 - 12/14/2018 - Spagna, Lauren
PCH Name: PERONI PERSONAL CARE HOME

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
The freezer in the kitchen was 3 degrees at 10:20 a.m. and 4 degrees at 2:30 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.

Kitchen Freezer is constantly being opened & closed during meal preparation. Will have night shift check temp in AM prior to prepping for breakfast & document.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 1/8/19

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Violation Report: 42627 - 12/14/2018 - Spagna, Lauren
PCH Name: PERONI-PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually.
Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The last fire drill observed by a fire safety expert was conducted on 7/12/17.

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

Scott Cook (Upiostowd City Fire Expert) did witnessed Fire drill 7/10/18's fire safe time. Tom Bouora did witnessed fire drill the year prior and gave a 6mid safe evac time.

Upiostowd City FD will not give safe evac times due to liability.

Will start using Rick McCormick's Upiostowd FD Fire expert to do witnessed fire drills.

Rick stated he will give safe time per regs & use DPW fire drill paperwork.

By 7/10/19 - A fire safety inspection and fire drill conducted by a fire safety expert will be completed and documentation kept.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/05/2018

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date: 1/8/19

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

BB
2/8/19

JAN 22 2019

Violation Report: 42627 - 12/14/2018 - Spagna, Lauren
PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home does not have a written safe evacuation time from a fire safety expert. The home's fire drill evacuation times exceeded 2 minutes and 30 seconds for the following drills:

- 2 minutes 50 seconds on 8/18/18
- 2 minutes 40 seconds on 10/3/18
- 2 minutes 56 seconds on 11/7/18.

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.

Had Fire safe expert, Tim Stowe, who is Fire chief, FF II certified to ~~do~~ witness fire drill 1/17/19 with a ^{safe} time of evac of 5min 27sec.

All his contact info available @ bottom of sheet + request.

Throughout 2019 - The administrator will observe at least 8 fire drills in 2019. The administrator will review all fire drill records monthly. BB 2/8/19

Prior to the next fire drill - All staff persons and residents will be educated on the home's evacuation procedures. BB 2/8/19

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)

Tony Peroni RN

Date

1/18/19

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2/8/19
(Date)

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(Date)

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BB
(Initials)

Violation Report: 42627 - 12/14/2018 - Spagna, Lauren
 PCH Name: PERONI PERSONAL CARE HOME

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
 There has not conducted a fire drill during sleeping hours since 5/13/18.

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.

Fire drill during sleeping hours was done 12/17/18.
 Home will conduct night fire drill of 6 month as required.
 No later than 6/30/19 - The home will conduct another sleeping hours fire drill. BS 2/8/19

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JAN 22 2019

Violation Report: 42627 - 12/14/2018 - Spagna, Lauren
PCH Name: PERONI PERSONAL CARE HOME

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 #1 was admitted on 4/19/18 and has not had a medical evaluation documented on a form specified by the department

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 is from out of state & his MD did not return DME form. Resident 1 has since gone on Hospice, so hospice MD will do DME form for PCH.

Resident #1 had a medical evaluation on 10/23/18 and it was documented on the Department's specified form on 1/8/19. BB 2/8/19

Immediately - The administrator will implement procedures that ensure each newly admitted resident has 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. BB 2/8/19

Repeat Violation: Yes	Date(s) of Previous Violation(s): 01/05/2018
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date: 2/8/19	

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Violation Report: 42627 - 12/14/2018 - Spagna, Lauren
 PCH Name: PERONI PERSONAL CARE HOME

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

On 12/14/18, a prescription bottle containing a 10 mg Bisacodyl suppository, prescribed for resident #3, was located in the home's medication cart and it was discontinued on 5/2/18.

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.

Resident #3 Bisacodyl was disposed of that day and removed. PCH will make sure ~~to~~ all D/c meds are removed promptly from cart when discontinued.

Immediately and at least monthly thereafter - A designated staff person qualified to administer medications will audit the home's medication storage areas to ensure only current prescription, OTC, sample and CAM for individuals living in the home are kept. BB 2/8/19

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:

2/8/19

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JAN 22 2019

Violation Report: 42627 - 12/14/2018 - Spagna, Lauren
PCH Name: PERONI PERSONAL CARE HOME

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
Resident #2's glucometer reading on 12/12/18 at 4:53 p.m. was 175. However, 137 was recorded on the blood glucose record

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.

Instructed staff to pay closer attention when documenting & transferring BS ~~in~~ readings to BS record sheets.

Immediately and at least monthly thereafter - The administrator will review glucometers and compare readings to the blood glucose records to ensure accuracy. BB 2/8/19

Within 5 days of receipt of the plan of correction and at least monthly thereafter - The administrator will observe staff conduct blood glucose checks and record readings. BB 2/8/19

Repeat Violation: Yes	Date(s) of Previous Violation(s): 01/05/2018
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Tara Peroni RD 2/8/19	

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FEB 11 2019

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WEST VIRGINIA POLICE OFFICE
Human Resources

Violation Report: 42827 - 12/14/2018 - Spagna, Lauren
PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 66 Pa.Code §2800
2800.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident # 1 began hospice services on 10/23/18 and had physician orders for thickened liquids as of 11/14/18; however, the home failed to complete a new assessment of the resident's needs to reflect these changes and the resident's most recent assessment, dated 4/27/18, does not address these needs.

Resident #4's medical evaluation, dated 4/10/18, indicates a pureed diet is prescribed. However, resident #4's most recent assessment, dated 4/30/18, does not include a pureed diet.

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

Resident #1 add change to thickened liquids to support plan and make sure any other changes are added to plan when they occur.

Resident #4 add change to puree diet to support plan and make sure any other changes are added to plan when they occur.
plan was signed by her daughter on 5/8/18

within 30 days of receipt of the plan of correction - The administrator or a designee will review each resident's assessment to ensure timeliness and accuracy. All staff persons involved in the assessment process will be educated on Chapter 2600.225(c). BB 2/11/19

Repeat Violation: No	Date(s) of Previous Violation(s)
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	2/11/19

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FEB 11 2019

Violation Report: 42627 - 12/14/2018 - Spagna, Lauren
PCH Name: PERONI PERSONAL CARE HOME

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 68 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 4/27/18, was not signed by the resident and does not indicate the resident refused to sign, was unable to sign, declined to participate, or was unable to participate.

Resident #4's support plan, dated 4/30/18, was not signed by the resident and does not indicate the resident refused to sign, was unable to sign, declined to participate, or was unable to participate.

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

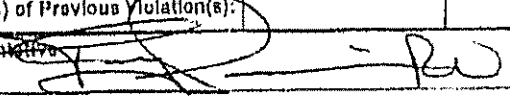
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1
plan was signed by daughter on 5/2/18

Resident #4
plan was signed by daughter on 5/18/18

on 2/8/19, the home submitted support plans for residents #1 and #4 indicating their inability to sign or participate. AS 2/8/19 within 30 days of receipt of the plan of correction - The administrator or a designee will review each resident's support plan to ensure completion in accordance with Chapter 2600.227(h). All staff persons involved in the support plan process will be educated on Chapter 2600.227(h). AS 2/11/19

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


Signature of Legal Entity Representative (Required on EVERY Page)  - PW

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Louy Peroni R Date 2/11/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 2/11/19 (Date)

Plan of correction implementation effective as of 2/11/19 (Date)

The above plan of correction was approved by  (Initials)

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