



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

Ms. Michelle Hoffman, LPN, PCHA  
Campus Director  
Redstone Senior Care  
126 Matthews Street  
Greensburg, Pennsylvania 15601

RE: Redstone Highlands  
12921 Redstone Drive  
North Huntingdon, Pennsylvania 15642  
License #: 443370

Dear Ms. Hoffman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 20, 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 black ink that reads 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 44337 - 12/20/2018 - Graziano, Belinda  
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
 The contract for resident #1, dated 11/1/18, was not signed by the payer. The payer is not the resident.

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.

See page 2a of 9

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Hoffman LPN PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Hoffman LPN PCHA</i>	Date <i>3-18-19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/15/19</u> (Date)	Plan of correction implementation status as of <u>4/15/19</u> (Date)
The above plan of correction was approved by <u><i>JW</i></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

Regulation 55 Pa. Code 2600

2600.25(b) The contract will be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

- Immediately an audit was completed of all resident contracts to ensure compliance with Pa Code 2600.25 (b). No other incidents of non-compliance were noted.
- Each residency agreement will be reviewed by the Campus Director or designee upon completion of signing to ensure compliance with Pa Code 2600.25 (b) and documented on audit tool through 12/31/2019. (See attached)

Michelle Hoffman LPN PCNA 3-18-19  
Michelle Hoffman LPN-PCNA

JW 4/15/19

Violation Report: 44337 - 12/20/2018 - Graziano, Belinda  
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600  
 2600.62 - The administrator shall maintain a current list of the names, addresses, and telephone numbers of staff persons including substitute personnel and volunteers.

2a. DESCRIPTION OF VIOLATION  
 The home does not maintain a list of temporary/contracted staff persons to include phone numbers.

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.

See page 3a of 9

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Hoffman LPN PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Hoffman LPN PCNA</i>	Date <i>3-18-19</i>
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The above plan of correction is approved as of 4/15/19  
 (Date)

Plan of correction implementation status as of 4/15/19  
 (Date)

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

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

Regulation 55 Pa Code 2600

Regulation 2600.62 – The administrator shall maintain a current list of names, addresses and telephone numbers of all staff persons including substitute personnel and volunteers.

- Immediately an audit was completed of all staff names, addresses and telephone numbers including substitute personnel and volunteers.
- Immediately substitute personnel contact information was added to staff call sheet to include contact name, address and phone number.
- The Campus Director or designee will audit staff call sheet monthly to ensure accuracy and compliance with Pa Code 2600.62. Staff call sheet will be signed and dated by the Campus Director or designee indicating completion of audit.

Michelle Hoffman LPN PCNA  
Michelle Hoffman LPN PCNA 3-18-19

JW 4/15/19

Violation Report: 44337 - 12/20/2018 - Graziano, Belinda  
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600  
 2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION  
 There were 6 bowls of chicken noodle soup uncovered and unrefrigerated on the stainless steel counter in the food pantry.

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.

See page 4a of 9

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Hoffman LPW PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Hoffman LPW PCHA</i>	Date <i>3-18-19</i>
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The above plan of correction was approved by <u><i>JW</i></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

Regulation 55 Pa Code 2600

Regulation 2600.103(c) – Food shall be protected from contamination while being stored, prepared, transported and served.

- Immediately, the 6 bowls of chicken soup that were uncovered and unrefrigerated on the stainless steel counter in the food pantry were removed and discarded.
- Immediately, the dining staff member assigned to the pantry was educated on Regulation 2600.103(c).
- Immediately, the Campus Director observed the pantry prior to and during meal service to ensure compliance with Pa Code 2600.103 (c). No further compliance concerns noted.
- Within 30 days of approval of this plan of correction, the Director of Dining Services or designee and the Campus Director or designee will in-service dining staff on Regulation 2600.103(f) to better ensure understanding of the regulation and compliance.
- The Director of Dining Services initiated a Dining Safety Committee consisting of a Safety Champion and three staff members who will alternate every two months. The Dining Safety Committee will meet monthly to complete audits in the kitchen, discuss concerns and review safety policies and procedures.

Michelle Hoffman LPN PCNA  
Michelle Hoffman LPN PCNA 3-18-19

JW 4/15/19

Violation Report: 44337 - 12/20/2018 - Graziano, Beinda  
 PCH Name: REDSTONE HIGHLANDS

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

At 10:42 a.m., the temperature in the freezer in the secured dementia care unit (SDCU) measured 7 degrees Fahrenheit.

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.*

See page 5a of 9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Michelle Hoffman LPN PCH*

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

*Michelle Hoffman LPN PCH*

Date *3-17-19*

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

The above plan of correction is approved as of 4/15/19  
 (Date)

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

Plan of correction implementation status as of 4/15/19  
 (Date)

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

Regulation 55 Pa Code 2600

Regulation 2600.103 (f) – Food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit. Frozen food shall be kept at or below 0 degrees Fahrenheit. Thermometers are required in refrigerators and freezers.

- Immediately, the freezer in the secured dementia care unit (SDCU) was emptied and maintenance serviced. The temperature upon arrival was found to be 0 degrees Fahrenheit. No concerns were found with function of the freezer.
- Within 30 days of approval of this plan of correction, the Director of Dining Services or designee and the Campus Director or designee will in-service dining staff on Regulation 2600.103(f) to better ensure understanding of the regulation and compliance.
- The Director of Dining Services initiated a Dining Safety Committee consisting of a Safety Champion and three staff members who will alternate every two months. The Dining Safety Committee will meet monthly to complete audits in the kitchen, discuss concerns and review safety policies and procedures.
- Freezer temperatures will be monitored and recorded on a daily basis to ensure compliance with Pa Code 2600.103 (f). Director of Dining Services will submit temps to the Campus Director weekly for review along with corrective actions completed if applicable. Campus Director will maintain documentation.

Michelle Hoffman LPN PCIA  
Michelle Hoffman LPN PCIA 3-18-19

JW 4/15/19

Violation Report: 44337 - 12/20/2018 - Graziano, Belinda  
 PCH Name: REDSTONE HIGHLANDS

**1. REGULATION 55 Pa.Code §2600**

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**2a. DESCRIPTION OF VIOLATION**

The home's menu was posted only for the periods 12/9/18 to 12/15/18 and 12/16/18 to 12/22/18.

**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.*

See page 6a of 9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Michelle Hoffman LPW PCH*

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

*Michelle Hoffman LPW PCH*

Date *3-18-19*

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The above plan of correction is approved as of

4/15/19  
 (Date)

Plan of correction implementation status as of

4/15/19  
 (Date)

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

The above plan of correction was approved by

*JW*  
 (Initials)

Regulation 55 Pa Code 2600

Regulation 2600.162(c) – Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

- Immediately, the Director of Dining Services posted the current and next week's menus.
- Within 30 days of approval of this plan of correction, the Director of Dining Services or designee will in-service dining staff on regulatory guidelines for posting menus.
- Director of Dining Services or designee will post the weekly menus 1 week in advance in a conspicuous and public place in the home every Saturday.
- The Campus Director or designee will confirm that the weekly menus are posted 1 week in advance to maintain compliance with Pa Code 2600.162(c) The Campus Director will maintain this documentation.

*Michelle Hoffman LPN + CNA*  
*Michelle Hoffman LPN + CNA 3-18-19*

*JW* 4/15/19

Violation Report: 44337 - 12/20/2018 - Graziano, Belinda  
 PCH Name: REDSTONE HIGHLANDS

**1. REGULATION 55 Pa.Code §2600**

2600.184(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 #1 is prescribed Senna Tablet 8.6mg, give 2 tablet by mouth one time a day for constipation; however, the medication label indicates RA P-Col Rite Tablet, give 2 tablets by mouth every morning and 2 tablets every evening if needed for constipation and the label does not include the prescribed dosage.

Resident #1 is prescribed Milk of Magnesia, give 30mg/ml by mouth every 24 hours as needed for constipation; however, the medication label indicates use as directed or 2 to 4 tablespoons.

Resident #1 is prescribed both Acetaminophen Tablet 325mg, give 2 tablet by mouth every 6 hours as needed for elevated temperature and Acetaminophen Tablet 325mg, give 2 tablet by mouth every 6 hours as needed for pain - mild; however, the medication label indicates Acetaminophen Tablet 325mg, give 2 tablet by mouth every 6 hours as needed for elevated temperature.

Resident #2 is prescribed Simvastatin Tablet 5mg, give 5mg by mouth one time a day; however, the medication label indicates take 1 tablet by mouth at bedtime.

Resident #3 is prescribed Questran Light Powder 4gm/dose, give 1 dose by mouth one time a day for diarrhea; however, the medication label indicates Prevalife Packet, take 1 packet (4 grams) by mouth twice a day.

**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.*

See page 7a of 9

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/10/2018 *etal*

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Michelle Hoffman LPW PCNA*

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

*Michelle Hoffman LPW PCNA*

Date

*3-18-19*

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

The above plan of correction is approved as of 4/15/19  
 (Date)

Plan of correction implementation status as of 4/15/19  
 (Date)

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

The above plan of correction was approved by

*JW*  
 (Initials)

Regulation 55 Pa Code 2600

Regulation 2600.184(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 prescription dosage and instructions for administration.
  5. The name and title of prescriber.
- 
- Immediately, orders were verified with resident chart and pharmacy.
  - Immediately, medication cards were labeled with stickers stating, "Refer to MAR for Change in Directions"
  - A Medication Cart Audit will be completed weekly by nurse on duty and submitted to the Campus Director to ensure compliance with Pa Code 2600.184(a). (See attached Medication Cart Audit Tool) Campus Director will maintain documentation.
  - Campus Director or designee will complete a Medication Cart Audit on a random selection of residents monthly to ensure compliance with Pa Code 2600.184(a).

Within 15 days of receipt of the plan of correction: All staff persons qualified to administer medication shall be educated on 2600.184a, including the required contents of the pharmacy label and the home's policy on applying "Change in Direction" stickers. Documentation of the education shall be kept.

*JW* 4/15/19

*Mitchell Hoffman LPN/PCA*  
*Mitchell Hoffman LPN/PCA 3-18-19*

Violation Report: 44337 - 12/20/2018 - Graziano, Belinda  
 PCH Name: REDSTONE HIGHLANDS

**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**

At 3:19 p.m., a small white round pill identified as Levothyroxine was on the floor of the medication room in front of the file cabinet. The staff indicated it was not known to which resident the medication belonged.

Resident #1 is prescribed the following medications; however, these medications were not available in the home:

- Acetaminophen 650mg suppository, insert 1 suppository rectally every 4 hours as needed for fever/pain
- Atropine Sulfate Solution 1%, give 2 drop sublingually every 1 hour as needed for secretions
- Haloperidol Lactate Concentrate 2 mg/ml, give 0.25 ml sublingually every 6 hours as needed for nausea/vomiting
- Lorazepam Concentrate 2 mg/ml, give 0.5ml sublingually every 6 hours as needed for anxiety
- Morphine Sulfate Solution 20mg/ml, give 0.5ml sublingually every 2 hours as needed for pain/SOB

Resident #3 is prescribed the following medications; however, these medications were not available in the home:

- Atropine Sulfate Solution 1%, give 2 drop sublingually every 1 hour as needed for secretions
- Haloperidol Lactate Concentrate 2 mg/ml, give 0.25 ml sublingually every 6 hours as needed for nausea/vomiting

Resident #4 is prescribed the following medications; however, these medications were not available in the home:

- Atropine Solution 1%, give 2 drop sublingually every 1 hour as needed for respiratory secretions
- Diazepam Solution 5mg/ml, give 1 mg orally every 6 hours as needed for anxiety/restlessness

**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.*

See page 8a of 9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Michelle Hoffman (P) RMA*

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

*Michelle Hoffman (P) RMA*

Date *3-12-19*

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

The above plan of correction is approved as of 4/15/19  
 (Date)

Plan of correction implementation status as of 4/15/19  
 (Date)

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

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

Regulation 55 Pa Code 2600

Regulation 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.

- Immediately, small white round pill was removed from the floor and disposed of per policy. Inspection of medication room completed and no further compliance concerns were noted.
- Immediately, medications for resident #1, #3, and #4 were ordered by hospice nurse from pharmacy.
- A Medication Cart Audit (to include medication refrigerator) will be completed weekly by nurse on duty and submitted to the Campus Director to ensure compliance with Pa Code 2600.184(a). (See attached Medication Cart Audit Tool) Campus Director will maintain documentation.
- Campus Director or designee will complete a Medication Cart Audit ( to include medication refrigerator) on a random selection of residents monthly to ensure compliance with Pa Code 2600.184(a).

Michelle Hoffman LPW PCNA  
Michelle Hoffman LPW PCNA 3-18-19

JW 4/15/19

Violation Report: 44337 - 12/20/2018 - Graziano, Belinda  
 PCH Name: REDSTONE HIGHLANDS

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 is prescribed Lorazepam 2mg/ml, take 0.5ml every 6 hours as needed; however, the December 2018 medication administration record (MAR) indicates give 0.5ml sublingually every 4 hours as needed.

**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.*

See page 9a of 9

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Hoffman LPW PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Hoffman LPW PCNA</i>	Date <i>3-18-19</i>
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Plan of correction implementation status as of 4/15/19  
 (Date)

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Regulation 55 Pa Code 2600

Regulation 2600.187(a) – A medication record shall be kept to include the following for each resident for whom medications are administered:

- 1) Resident's name.
- 2) Drug allergies.
- 3) Name of medication.
- 4) Strength.
- 5) Dosage form.
- 6) Dose.
- 7) Route of administration.
- 8) Frequency of administration.
- 9) Administration times.
- 10) Duration of therapy, if applicable.
- 11) Special precautions, if applicable.
- 12) Diagnosis or purpose for the medication, including pro re nata (PRN)
- 13) Date and time of medication administration.
- 14) Name and initials of the staff person administering the medication.

- Immediately, medication was labeled with “Refer to MAR for Change in Directions” sticker.
- Immediately, medication order was verified with resident chart and pharmacy.
- A Medication Cart Audit (to include medication refrigerator) will be completed weekly by nurse on duty and submitted to the Campus Director to ensure compliance with Pa Code 2600.184(a). (See attached Medication Cart Audit Tool) Campus Director will maintain documentation.
- Campus Director or designee will complete a Medication Cart Audit (to include medication refrigerator) on a random selection of residents monthly to ensure compliance with Pa Code 2600.184(a).

*Michelle Hoffman*  
Michelle Hoffman CW PCBA 3-18-19

*JW* 4/15/19