



February 25, 2020

Ms. Linda Howard  
Administrator  
Perry South Personal Care Home, Ltd.  
1129 Tweed Street  
Pittsburgh, Pennsylvania 15204

RE: Perry South Personal Care Home  
License # 433730

Dear Ms. Howard:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 18, 2019, 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, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: PERRY SOUTH PERSONAL CARE HOME

License Number: 433730

Address: 1129 TWEED STREET, PITTSBURGH, PA 15204

County: ALLEGHENY

Region: WESTERN

## Administrator

Name: LINDA HOWARD

Phone: 4127779828

Email: PERRYSOUTH@VERIZON NET

## Legal Entity

Name: PERRY SOUTH PERSONAL CARE HOME LTD

Address: 1129 TWEED STREET, PITTSBURGH, PA, 15204

## Certificate(s) of Occupancy

Type: R-4

Date: 10/30/2008

Issued By: City of Pittsburgh

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 8

Waking Staff: 6

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Complaint, Settlement

## Inspection Dates and Department Representative

06/18/2019 - On-Site: Jan Cutter

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 8

Residents Served: 8

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 5

Are 60 Years of Age or Older: 7

Diagnosed with Mental Illness: 8

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 0

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Allegheny County Health Department Food Safety Regulations, section 336, state "No person shall operate a food facility where potentially hazardous food is prepared, stored, or displayed in Allegheny County who does not employ full time Food Protection Manager(s) certified or approved by the Department." The home does not employ any staff persons with a Food Protection Manager certification.

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.)

Monique will take her Food Certification on 12/17/19 here is an attached copy of Registration. This Certification is good for upto 7yrs. This will Be added to our calendar for any upcoming training.

The administrator will review staff training as part of the quality management review process to ensure the home employs a certified full time Food Protection Manager and documentation of this certification is available in the staff person's record.

JW 1/2/20

Legal Entity Representative

Linda Howard  
Signature

Linda Howard Admin 11/15/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 1/2/20 (Date) Plan of correction implementation status as of 1/2/20 (Date)

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

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

26b - Quality Management Plan Content

Regulations

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

The home did not conduct a quality management review in 2018.

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.)

Poc: Perry South staff has completed an review of the quality management plan this plan will be reviewed every 6 months or as needed. The Administrator will have a staffing training every 6mos This has been placed on Our training calendar

Legal Entity Representative

*Linda Howard*  
Signature

Linda Howard Admin 1/15/19  
Printed Name and Title Date

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64c - Annual Training

Regulations

2600. 64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the home's administrator, completed only 4 hours of Department-approved training in the 1/1/ 2018 to 12/31/2018 training year.

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

~~\_\_\_\_\_~~ has completed the 160 hr course for Personal Care home admin, she will continue to complete 24 hrs of annual training every ~~year~~ <sup>year</sup>.

Staff person A

~~\_\_\_\_\_~~ will also complete 24 hrs of training for Personal care home Admin annual training every year -

\*See Below

Legal Entity Representative

Linda Howard  
Signature

Linda Howard Admin 9/23/19  
Printed Name and Title Date

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\*Staff person B, who is a qualified administrator, shall be present in the home an average of 20 hours or more per week, in each calendar year performing administrator duties in accordance with 2600.56. Staff person B shall complete 24 hours of Department-approved administrator training during the current training year and keep documentation of this training in accordance with 2600.64f.

*JWH* 1/2/20

100a - Exterior - Free of Hazards

**Regulations**

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

**Description of Violation**

There is a 3 foot by 6 inch section of the sidewalk by the front door that was missing creating a trip and fall hazard.

**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.)

Perry South has fixed the sidewalk concrete.

The Administrator will do a monthly Review of the side walk to make sure it does not need any repairs, staff will also report to administrator if they see that any repairs are needed.

The Administrator will also use a sign off sheet to ensure a monthly walk through has been completed.

This has also been added to calendar.

**Legal Entity Representative**

Linda Howard  
Signature

Linda Howard 11/15/19  
Printed Name and Title Date

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101J7 - Lighting/Operable Lamp

Regulations

2600. Each resident shall have the following in the bedroom:  
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 does not have a source of lighting that can be turned on/off from bedside. The resident has no bedside lamp and the flashlight kept at the bedside has dead batteries in it.

Repeat Violation 6/12/2018 et.al

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.)

POC: All staff will do a monthly walk through For all residents rooms to ensure that there is a bedside lighting available. The Administrator will train staff every 6 months on Regulations for 101 J7

A sign off sheet will be signed to ensure that any staff member who did the walk through has documented their walk through

Nothing was needed for residents Room

Resident #2 was provided a source of bedside lighting *JW* 1/2/20

Legal Entity Representative

*Linda Howard*  
Signature

*Linda Howard* 11/15/19  
Printed Name and Title Date

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130h - Inoperable Smoke Detector

Regulations

2600.

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

Description of Violation

The home's emergency procedures did not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

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.)

Perry South will immediately implement a change to the inoperative smoke detector or fire alarm within 48 hours of it being found inoperative

Perrysouth staff will do a 15 min walk through to ensure that all fire alarm and smoke detectors are properly operative

Legal Entity Representative

*Linda Howard*  
Signature

*Linda Howard Admin 9/23/19*  
Printed Name and Title Date

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132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record does not include the day of the month for all drills conducted since July 2018.

Repeat violation 6/12/2018 et.al.

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.)

Perry South Staff and administrator will hold a monthly fire drill  
This will be documented on adult Residential Licensing PCH form  
The Administrator will check all forms and be present for every fire drill  
The administrator has educated staff on proper fire drill notification  
Staff training will be held every 6 months. This has been placed on  
the staff training calendar \*See Below

Legal Entity Representative

*Linda Howard*  
Signature

*Linda Howard Admin 11/15/19*  
Printed Name and Title Date

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		<input type="checkbox"/> Not Implemented	

*JW* 1/2/20

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

None of the last 12 monthly fire drills have been conducted during sleeping hours.

Repeat violation 6/12/0218 et.al

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.)

Perry South will hold at least every 6 months a unexpected fire Drill during sleeping hours between the hours of 12 midnight-6am all staff is being trained and educated about unexpected fire Drills. The Administrator will be there for every unexpected fire drills, all unexpected fire Drills has been placed on administrator's training calendar. Staff training will be held every 6 months this is also listed on the training calendar. The Administrator will notate all unexpected fire drills on the Adult Residential Licensing PCH form.

A sleeping hour fire drill was conducted on 9/14/19 at 6:00 am. JW 1/2/20

Legal Entity Representative

*Linda Howard*  
Signature

Linda Howard Admin 1/15/19  
Printed Name and Title Date

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141a - Medical Evaluation.

Regulations

2600.

141.a. 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.

Description of Violation

Resident #3 was admitted to the home on 11/21/2018; however, his initial medical evaluation was not completed until 5/29/2019.

Resident #4 was admitted to the home on 1/31/2019; however, his initial medical evaluation was not completed until 3/6/2019.

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 Administrator will schedule all medical evaluation Appts during Pre screening Process for new Residents, for current residents the Administrator will schedule all Appts 6 months prior to a medical evaluation update.

This will also be placed on a calendar to ensure that Appts have been made there will also be a sign off sheet that Appts were scheduled. This will be reviewed by Administrator every 6 months.

Legal Entity Representative

*Linda Howard*  
Signature

*Linda Howard Admin 11/15/19*  
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187a - Medication Record

Regulations

2600. 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The diagnosis or purpose of the following medications is not indicated on resident #3's June medication administration record (MAR):

- \* Sertraline 50 mg, take 1 tablet by mouth each morning.
- \* Levothyroxine 25 mcg, take 1 tablet by mouth daily.
- \* Omeprazole 20 mg, take one capsule by mouth daily.
- \* Aspirin 81 mg, take 1 tablet by mouth once daily.
- \* Fluticasone 50 mcg, instill 1 spray into each nostril once daily.
- \* Benzotropine 0.5 mg, take 1 tablet by mouth two times daily.
- \* Ibuprofen 600 mg, take 1 tablet by mouth three times daily.
- \* Invega Sustenna 234 mg, inject intramuscularly every four weeks.
- \* Ibuprofen 600 mg, take 1 tablet by mouth three times daily as needed.

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 staff that has been trained to pass medication will make sure that the purpose of the medication is listed on every residents (MAR) every month. The Administrator will double check behind all staff to make sure that the purpose of all medication is listed this will be done every month by Administrator. The Administrator will sign off on a Sign OFF Sheet every month

Legal Entity Representative Resident #3's MAR was updated to include diagnosis or purpose for each medication JW 1/2/20

Linda Howard  
Signature

Linda Howard Admin 1/15/19  
Printed Name and Title Date

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- Not Implemented

187b - Date/Time of Medication Admin.

Regulations

2600.

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

Description of Violation

Resident #3 is prescribed Invega Sustenna 234 mg, inject intramuscularly every four weeks. The nurse at Mercy Behavioral Health gave him the injection on 6/6/2019; however, staff person B initial the resident's June MAR for this administration.

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 Administrator will hold a staff training every 6 months Regarding (MAR) All staff will be trained NOT to initial anything on (Mar) if it has not been giving by the person passing medication. The Administrator will double check all residents (MAR) every month a sign off ~~with~~ sheet will be signed by administrator monthly to ensure that these steps and regulations are being followed on (MAR). This has also been placed on training calendar and administrator calendar.

Legal Entity Representative

*Linda Howard*  
Signature

*Linda Howard Admin 11/15/19*  
Printed Name and Title Date

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191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #4 admitted 1/31/2019 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 Administrator will check all current residents Documentation to make sure that all residents has been educated of their rights to refuse medication if the residents believes there may be a medication error. The Administrator will educate the residents of their Rights to Refuse medication every 6 months. The administrator has checked all residents files to make sure that all residents has signed the residents rights to refuse Medication error.

All residents education on Rights to Refuse medication has been added to calendar

Legal Entity Representative

Linda Howard  
Signature

Linda Howard  
Printed Name and Title

11/15/19  
Date

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224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on 6/8/2018; however, a preadmission screen was not completed.

The first page of resident #3's preadmission screen was missing. Resident #3 was admitted to the home on 11/21/2018.

There was no designation of the resident's ability to use and avoid poisonous materials on residents #4 and #5's preadmission screens. This area of the form was blank.

Repeated violation 6/12/2018 et.al

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.)

*Perry South has corrected resident #1 1st page that was ~~missing~~ misplaced*

*Per [Signature]* Addendum (See page 14a of 16)

Legal Entity Representative

Signature \_\_\_\_\_ Printed Name and Title \_\_\_\_\_ Date \_\_\_\_\_

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**Addendum  
224a**

**The administrator will complete all preadmission forms, the administrator will make sure that all pages of the form has been completed. The administrator will do a check to make sure that all new Residents has completed a preadmission form. Preadmission form will be completed anytime a potential resident does a walk through to view the home for residency. This is only done by the administrator, the administrator will sign and date stating that the preadmission form has been completed.**

Within 5 days of receipt of the plan of correction: All staff persons will be educated that a completed preadmission screening shall be completed 30 days prior to admission and documented on the Department's preadmission screening form.

*JW* 1/2/20

*Linda Howard Admin  
11/15/19*

225a - Assessment 15 Days

**Regulations**

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.

**Description of Violation**

Resident 5's assessment, dated 6/14/2019, does not include an assessment of the following:

- \* Supervision
- \* Mobility
- \* Medications
- \* Medical Diagnoses - Physical
- \* Medical Diagnoses - Psychological
- \* Dental Need
- \* Dietary Need
- \* Sensory Needs
- \* Behavioral and Cognitive Needs and Degree
- \* Social and Recreational Needs
- \* Resident's Hobbies and Interest

These sections of the form are blank.

Repeat violation 6/12/2018 et.al.

**Plan of Correction (POC)**

(See page 15a of 16)

(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.)

**Legal Entity Representative**

Signature

Printed Name and Title

Date

**Addendum  
225a**

**Staff will complete all assessments in 15 days. The Administrator will check all assessments to make sure it has been completed in 15 days and all information has been added.**

**Staff training will be held every 6 months, this training has been placed on training calendar.**

**The administrator will also check all assessments every 6 months to make sure there is no information or pages missing from assessments.**

**The administrator will also sign and date that the assessments has been checked and completed in 15 days upon review.**

*Linda Hubbard  
Admin 11/15/19*

Resident #5's assessment was updated. *JW* 1/2/20

225a - Assessment 15 Days (continued)

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