DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0137	A. BUILDING: _____ B. WING _____	C 11/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF RED OAK	800 EAST RATLIFF ROAD RED OAK, IA 51566

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. General Population Program Number of tenants without cognitive disorder: 27 Number of tenants with cognitive disorder: 1 Memory Care Unit Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 5 TOTAL census of Assisted Living Program for People with Dementia: 33 The following regulatory insufficiencies were cited during the investigation of Incident #100471-I. No regulatory insufficiences were cited during the investigation of Complaint #95194-C, #97872-C, or the infection control survey.	A 000	POC attached 2/8/22	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow the policies and procedures for 1 of 1 tenants reviewed as a result of Incident #100471-I (Tenant #1). Findings follow:	A 150		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0137	A. BUILDING: _____ B. WING _____	C 11/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF RED OAK	800 EAST RATLIFF ROAD RED OAK, IA 51566

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 150	Continued From page 1 Record review on 11-2-21 of the Program's Elopement Policy revealed the following: a. Watch for signs of wandering and confusion that may put the resident at risk of elopement. b. If an exit door alarms, check the alarm promptly and thoroughly check the inside and outside areas triggered by the alarm. c. If a potential elopement occurred, a search of the entire building should be completed. Record review on 11-02-21 of Tenant #1's file revealed Global Deterioration Scale (GDS) dated 6-1-21, 7-1-21, and 10-27-21 that revealed a score of 4 which indicated moderate cognitive decline. Review of his Service Plan dated 6-1-21 revealed he required hourly safety checks. Further review revealed an Incident Report dated 10-27-21 that revealed Tenant #1 was missing and staff found him outside on the northwest side of the building at the bottom of a hill. Review of Progress Notes dated 10-27-21 revealed he returned from the hospital with a diagnosis of a left orbital fracture and 30 minute checks were added to his service plan. Observations revealed the Program was located approximately one half mile from Highway 34 in a sparsely populated area. The area included a gravel road and some wooded areas in close proximity of the building. According to the state climatologist the weather in Red Oak on 10-26-21 at 4:51 p.m. was 57 degrees with relative humidity of 62%, the sky had low clouds with a 10 mile visibility, and the wind was from the southeast at 18 mph with gusts up to 26 mph. There was no wind chill or precipitation reported at that time.	A 150		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0137	A. BUILDING: _____ B. WING _____	C 11/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF RED OAK	800 EAST RATLIFF ROAD RED OAK, IA 51566

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 150	Continued From page 2 On 11-2-21 at 3:27 p.m. Staff A stated at 3:00 p.m. the previous shift informed her Tenant #1 exhibited unusual behavior today and included wanting to leave and he packed his personal items. Around approximately 3:45 p.m. she observed Tenant #1 in the common area with his dog. She stated she left to attend to another tenant and when she returned she observed his dog out in the courtyard. She opened the door and looked around and did not see him. She stated she searched all of the rooms in the memory care unit then went outside and did a complete visual search of the courtyard and did not see him. She stated she radioed the other staff that Tenant #1 was missing and to start looking for him. Staff A stated she exited the memory care unit and heard an alarm from the door that goes from the assisted living hallway to the courtyard. She stated she opened the door but failed to do a complete visual search of the courtyard and assumed he was in the building. She stated she contained to search and a few minutes later another tenant informed her a man was outside the building and Staff B found him. She stated the door from the memory care unit to the courtyard had an alarm that did not work. She stated there was a storm about a month ago and thinks it stopped working then but was not sure. She stated management was aware of the issue and no increased safety checks were implemented. She stated Tenant #1 frequently went outside with his dog and enjoyed being out there. She stated all tenants were on 30 minute visual checks and she felt that was adequate. On 11-2-21 at 3:00 p.m. Staff B stated Staff A stated over the radio that Tenant #1 was missing and to start looking for him. She stated she had	A 150		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0137	A. BUILDING: _____ B. WING _____	C 11/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF RED OAK	800 EAST RATLIFF ROAD RED OAK, IA 51566

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 150	Continued From page 3	A 150		

medication to give to another person and because she was at the person's door, she decided to administer the medications then initiated the search for Tenant #1. She stated she walked down the hallway and a tenant approached her and said there was a man outside and he slipped and fell in the grass. She went out the northwest door and walked west behind the new addition and observed him down a sloped hill. She observed him face down and his glasses were next to him. She tried to assist him up but could not. She notified Staff A she found Tenant #1 and called the Registered Nurse (RN) for instructions. Staff B stated the RN instructed her to call 911 and stay with him until they arrived. Staff B stated Tenant #1 talked with her and said he needed to get his truck from the truckstop. He was transported to the hospital when emergency services arrived.

On 11-2-21 at 3:43 p.m. the Housing Manager confirmed the alarm for the door from the memory care unit into the courtyard failed to be in proper working order. She stated she did not know how long it had been out of order. She contacted the security company to fix it and stated they failed to come when scheduled and they are scheduled to arrive 11-3-21. She stated additional safety checks failed to be implemented in addition to the standard checks which varied for each tenant. She stated Staff A failed to follow procedure when she failed to do a complete a second visual search of the courtyard after the door alarmed. She stated Staff B failed to follow procedure when she failed to immediately start searching for Tenant #1.

On 11-3-21 at 3:04 p.m. Staff C approached this surveyor and stated she knew why the alarm was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0137	A. BUILDING: _____ B. WING _____	C 11/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF RED OAK	800 EAST RATLIFF ROAD RED OAK, IA 51566

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 150	Continued From page 4 not working. She stated some time in June there was a fire alarm and the fire department could not reset the alarm on the door to the courtyard. She stated she witnessed the Housing Manger disarm the alarm to stop it from beeping and to her knowledge never reset it. On 11-3--21 at 3:24 p.m. the Housing Manager confirmed she disarmed the door alarm to the courtyard. She stated it would not stop beeping even when she entered the reset code given to her by the alarm company. She stated she contacted a corporate staff member to explain the situation and stated since the weather was nice she was not going to get it fixed. She stated Tenant #1 liked to go out with his dog and wanted him to come and go as he preferred. She confirmed she failed to contact the security company to come out and fix the alarm until after Tenant #1 eloped.	A 150		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide an operating alarm system to an exit door in a dementia-specific program for 1 of 1 tenants reviewed as a result of Incident #100471-I (Tenant #1). Findings follow: Record review revealed an Incident Report, dated 10-27-21, documented on 10-26-21 Tenant #1 sat in the living room when staff went to assist	A 635		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0137	A. BUILDING: _____ B. WING _____	C 11/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF RED OAK	800 EAST RATLIFF ROAD RED OAK, IA 51566

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 635	Continued From page 5	A 635		

another tenant. Staff returned to the common area and the tenant was not there. Staff looked in apartments and in the courtyard. Tenant #1's dog was outside. Staff alerted additional staff and all began looking for him. Tenant #1 was found outside on the northwest side of the building at the bottom of a hill.

Review of Progress Notes revealed on 10-26-21 at 5:23 p.m. Staff notified the nurse Tenant #1 had fallen down the hill on the Northeast side of the building. Staff were instructed to call 911 and have resident sent to the emergency room for evaluation. Staff reported the tenant had been in the living room in the Garden. She went to assist another tenant and Tenant #1 was gone. She checked all apartments and the courtyard. Tenant #1's dog was in the courtyard but the tenant was not. Tenant #1 was located outside on the Northeast side of the building.
An additional Progress Note on 10-26-21 at 7:51 p.m. noted Tenant #1 sustained a left orbital fracture. On 10-27-21 it was noted the tenant returned to the Program on 30 minute checks.

Observations revealed the Program was located approximately one half mile from Highway 34 in a sparsely populated area. The area included a gravel road and some wooded areas in close proximity of the building.

According to the state climatologist the weather in Red Oak on 10-26-21 at 4:51 p.m. was 57 degrees with relative humidity of 62%, the sky had low clouds with a 10 mile visibility, and the wind was from the southeast at 18 mph with gusts up to 26 mph. There was no wind chill or precipitation reported at that time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0137	A. BUILDING: _____ B. WING _____	C 11/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF RED OAK	800 EAST RATLIFF ROAD RED OAK, IA 51566

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 635	Continued From page 6 Record review on 11-02-21 of Tenant #1's file revealed Global Deterioration Scale (GDS) dated 6-1-21, 7-1-21, and 10-27-21 revealed a score of 4, which indicated moderate cognitive decline. Tenant #1 had a diagnosis of unspecified dementia without behavioral disturbance. Review of Tenant #1's Service Plan, dated 6-1-21, revealed he required hourly safety checks in the memory care unit. The service plan noted Tenant #1 had mild to moderate disorientation or difficulty recalling/retaining information. Tenant #1 was independent with ambulation, but required 24 hour supervision and visual checks in memory care. On 11-2-21 at 3:27 p.m. Staff A stated at 3:00 p.m. the previous shift informed her Tenant #1 exhibited unusual behavior today and included wanting to leave and he packed his personal items. Around approximately 3:45 p.m. she observed Tenant #1 in the common area with his dog. She stated she left to attend to another tenant and when she returned she observed his dog out in the courtyard. She opened the door and looked around and did not see him. She stated she searched all of the rooms in the memory care unit then went outside and did a complete visual search of the courtyard and did not see him. She stated she radioed the other staff that Tenant #1 was missing and to start looking for him. Staff A stated she exited the memory care unit and heard an alarm from the door that goes from the assisted living hallway to the courtyard. She stated she opened the door but failed to do a complete visual search of the courtyard and assumed he was in the building. She stated she contained to search and a few minutes later another tenant informed her a man	A 635		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0137	A. BUILDING: _____ B. WING _____	C 11/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF RED OAK	800 EAST RATLIFF ROAD RED OAK, IA 51566

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 635	Continued From page 7 was outside the building and Staff B found him. She stated the door from the memory care unit to the courtyard had an alarm that did not work. She stated there was a storm about a month ago and thinks it stopped working then but was not sure. She stated management was aware of the issue and no increased safety checks were implemented. She stated Tenant #1 frequently went outside with his dog and enjoyed being out there. She stated all tenants were on 30 minute visual checks and she felt that was adequate. On 11-2-21 at 3:00 p.m. Staff B stated Staff A stated over the radio that Tenant #1 was missing and to start looking for him. She stated she had medication to give to another person and because she was at the person's door, she decided to administer the medications then initiated the search for Tenant #1. She stated she walked down the hallway and a tenant approached her and said there was a man outside and he slipped and fell in the grass. She went out the northwest door and walked west behind the new addition and observed him down a sloped hill. She observed him face down and his glasses were next to him. She tried to assist him up but could not. She notified Staff A she found Tenant #1 and called the Registered Nurse (RN) for instructions. Staff B stated the RN instructed her to call 911 and stay with him until they arrived. Staff B stated Tenant #1 talked with her and said he needed to get his truck from the truckstop. He was transported to the hospital when emergency services arrived. When interviewed on 11-2-21 at 3:43 p.m. the Housing Manager confirmed the alarm for the door from the memory care unit into the courtyard failed to be in proper working order.	A 635		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0137	A. BUILDING: _____ B. WING _____	C 11/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARLINGTON PLACE OF RED OAK	800 EAST RATLIFF ROAD RED OAK, IA 51566

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 635	Continued From page 8 She stated she did not know how long it had been out of order. She contacted the security company to fix it and stated they failed to come when scheduled. They were scheduled to arrive 11-3-21. She stated the Program failed to implement additional safety checks, in addition to the standard checks which varied for each tenant. On 11-3-21 at 3:04 p.m. Staff C approached this surveyor and stated she knew why the alarm did not work. She reported some time in June there was a fire alarm and the fire department could not reset the alarm on the door to the courtyard. She witnessed the Housing Manger disarm the alarm to stop it from beeping and to her knowledge the alarm had not been reset. When interviewed on 11-3-21 at 3:24 p.m. the Housing Manager confirmed she disarmed the door alarm to the courtyard. She stated it would not stop beeping even when she entered the reset code given to her by the alarm company. She stated she contacted a corporate staff member to explain the situation and stated since the weather was nice she was not going to get it fixed. She stated Tenant #1 liked to go out with his dog and wanted him to come and go as he preferred. She confirmed she failed to contact the security company to come out and fix the alarm until after Tenant #1 eloped.	A 635		

Arlington Place at Red Oak
800 E Ratliff Rd
Red Oak, IA 51566

Iowa Department of Inspection & Appeals
Catie Campbell
Program Coordinator
Adult Services Bureau
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083

To Whom It May Concern,

Please consider this our plan of correction for the regulatory insufficiency cited during November 1-3, 2021, investigation visit completed by the Department of Inspection and Appeals (DIA) in accordance with the Code of Iowa, section 231C and Iowa Administrative Code, chapter 481-69, pertaining to regulatory insufficiencies.

Date: November 3rd, 2021
Investigation Intake #: Investigations #100471-I, #95194-C, #97872-C and -Infection Control Survey.

Plan of Correction (POC) Submitted For:
- Investigation Date: November 1-3, 2021
- Monitors: Mary Hildreth

POC: 481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: A 150 Based on interview and record review the Program failed to follow the policies and procedures for 1 of 1 tenants reviewed as a result of Incident #100471-I (Tenant #1).

Program POC:

1. Elements detailing how this was corrected for residents:
   a. Community has completed training and new delegations for all staff regarding elopement policies and procedures. Mandatory staff meeting completed on 11/5/2021 with Elopement Policy/Procedure provided to staff.
   b. Elopement drill completed on 12/30/2021.

2. Actions program taking to protect tenants in similar situations:
    a. All residents with GDS score of 4 or higher evaluated by nurse and proper interventions put in place.
    b. Installed Ring cameras at all exit doors.
    c. Stanley Healthcare came to community on 11/3/2021 and fixed door in memory care alarm is in working order by installing egress mag lock with reset switch. As of 11/3/2021, all exit door alarms are functioning properly.

3. Measures taken to ensure problem does not recur:
    a. Weekly Life safety rounds completed by Maintenance Coordinator or designee which includes checking wander guard alarms and exit door alarms.
    b. Elopement procedures including Elopement drills to be completed at a minimum quarterly.

4. Program plans to monitor performance to ensure compliance:
    a. Director or Designee will complete weekly, monthly and as needed audits as determined by the Director or designee to ensure staff are following Elopement policies and procedures.

POC: 481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: A 635 Based on interview and record review the Program failed to provide an operating alarm system to an exit door in a dementia-specific program for 1 of 1 tenant reviewed as a result of Incident #100471-I (Tenant #1)

Program POC:

1. Elements detailing how this was corrected for residents:
    a. Stanley Healthcare completed an on-site visit on 11/3/2021 and corrected the exit door alarm leading to the memory care courtyard, also verified all other exit doors in dementia specific area are functioning properly.

2. Actions program taking to protect tenants in similar situations:
    a. All residents with GDS score of 4 or higher evaluated by nurse and proper interventions put in place.
    b. Ring cameras installed on all exit doors to alert staff when someone is near an exit door.
    c. Education provided to all staff on operating alarm system on exit doors, response times, ect.

3. Measures taken to ensure problem does not recur:

a. Weekly Life Safety Checks done by maintenance coordinator and or designee.
c. Staff training on alarm systems and exit doors upon hire and as needed will be completed.

4. Program plans to monitor performance to ensure compliance:
   a. Director or Designee will complete weekly, monthly, as needed audits as determined by the Director to ensure elopement/emergency policies are followed.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

Thank you for your time and consideration in correcting these important matters.

Sincerely,

Aubrey Burns, Community Director