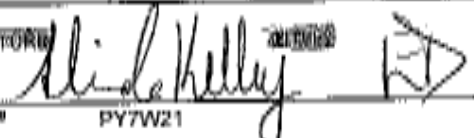


Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1041062 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/07/2015 |
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| NAME OF PROVIDER OR SUPPLIER ROOKDALE LAWDALE PARK | STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455 |
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| (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 |
|--------------------|---|---------------|---|--------------------|
| C 000 | Initial Comments Report of Biennial Construction Survey by Dennis Harrell and Bob Getchel on 10-7-2015. This facility was first licensed as a Home for the Aged on 8-2-1997. The facility is licensed for one hundred eighteen (118) residents, including twenty-five (25) Special Care Unit beds in a separate building. Based on this information, the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes, applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1 Group I- Institutional - Unrestrained. | C 000 | | |
| C 101 | Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: | C 101 | | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Mick Kelley*  DATE: 11-24-15

STATE FORM 8000 PY7W21 If continuation sheet 1 of 9

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 10/07/2015 |
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| NAME OF PROVIDER OR SUPPLIER ROOKDALE LAWDALE PARK | STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455 |
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| (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 |
|--------------------------|--|---------------------|--|--------------------------|
| C 101 | Continued From page 1 The following citation refers to the Special Care building. Based on observation the facility did not meet the requirements of the 1996 NC State Building Code as relates to Special (magnetic) Locking. Section 1012.6.1. 4. D. requires an emergency release switch to be located at the nurse station that is capable of interrupting power to all the magnetically or electronically locked doors in the facility. Failure to provide a central emergency release switch could delay or prevent an evacuation in an emergency. Finding includes: There was no central emergency release switch provided to unlock the several magnetically locked doors and the magnetically locked gate in the courtyard. | C 101 | | |
| C 189 | Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Citations 1 through 11 below relate to the Assisted Living building. 1. Based on observation the facility was not maintained in a safe condition because of | C 189 | | |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/07/2015 |
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NAME OF PROVIDER OR SUPPLIER: **ROOKDALE LAWDALE PARK**
STREET ADDRESS, CITY, STATE, ZIP CODE: **4400 LAWDALE DRIVE GREENSBORO, NC 27455**

| (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 |
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| C 189 | <p>Continued From page 2</p> <p>inadequate battery backed up emergency lighting. Based on interview with staff, the emergency lighting was repaired last winter following a sustained power outage. Failure to provide working emergency lighting would delay and could prevent an evacuation in an emergency. Findings include:</p> <p>a. The building is equipped with one large battery pack located in a mechanical room. When the output circuit breaker on the battery pack inverter was turned off, only 3 lights in the corridor of the entire facility lost power.</p> <p>b. When the output circuit breaker on the battery pack was turned off, all the exit lights lost power with the exception of one in the corridor between the kitchen and studio.</p> <p>2. Based on observation, some self-contained battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Findings include:</p> <p>a. The battery powered emergency light in the kitchen would not work when tested.</p> <p>b. The battery powered emergency light in physical therapy would not work when tested.</p> <p>3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <p>a. Unsealed penetrations in kitchen ceiling.</p> <p>b. Hole in ceiling in Resident Program Co-ordinator's office.</p> | C 189 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041082 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/07/2015 |
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| NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK | STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455 |
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| (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 |
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| C 189 | <p>Continued From page 3</p> <p>c. Unsealed sleeve in mechanical room near room 39.</p> <p>d. Holes in ceiling and walls of mop closet near room 49.</p> <p>e. Unsealed sleeve through ceiling in maintenance area.</p> <p>f. Water damaged wall in housekeeping near room 24.</p> <p>g. Hole, 8 inches by 10 inches in wall in mechanical room near room 12.</p> <p>h. Hole in ceiling in kitchen supply storage room.</p> <p>i. Radiation damper very dirty in HVAC return in kitchen. Radiation dampers that are not periodically inspected and cleaned may fail to close properly in a fire.</p> <p>4. Based on observation, a smoke detector had been removed in the corridor near room 45. Failure to provide complete smoke detection in the corridor could delay activation of the fire alarm system in an actual fire.</p> <p>5. Based on observation, the cross-corridor doors near the beauty salon are equipped with latching hardware. When the doors were closed by activation of the fire alarm system, both doors failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p> <p>6. Based on observation, corridor doors were prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p> <p>Findings include;</p> | C 189 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1041062 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 10/07/2015 |
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| NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK | STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455 |
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| (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 |
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| C 189 | <p>Continued From page 4</p> <p>a. The door to the Business was wedged open. b. A wedge was found at the door to the Resident Program Co-ordinator's office indicating it is sometimes wedged open.</p> <p>7. Based on observation, electrical fixtures and wiring were not maintained in a safe and operating condition. Unsafe wiring presents the possibility of serious shock or electrocution. Finding includes: There were many short yard lites installed adjacent to the sidewalk around the perimeter of the facility. Most of the lights were broken off exposing electrical wiring that is sometimes energized.</p> <p>8. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in unapproved beverage crates in room 40.</p> <p>9. Based on observation, the exterior soffit was damaged at the rear of the building. Damaged exterior trim can allow birds and other pests to enter the facility.</p> <p>10. Based on observation, 2 radiation dampers in the supply ducts in the living room were activated and closed preventing proper airflow through this room. Radiation dampers that are closed prevent the room from getting proper ventilation.</p> <p>11. Based on observation, the facility was not maintained in a safe condition because of</p> | C 189 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/07/2015 |
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| NAME OF PROVIDER OR SUPPLIER WROOKDALE LAWDALE PARK | STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455 |
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| (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 |
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| C 189 | <p>Continued From page 5</p> <p>improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Finding includes: There were items stored within 3 inches of the sprinkler head in the kitchen supply storage room.</p> <p>The following citations relate to the Special Care building.</p> <p>12. Based on observation, motorized smoke and fire dampers protecting the duct penetrations through the attic smoke barrier wall were not working properly. Smoke dampers that do not work as designed may prevent smoke generated from a fire on one side of the smoke barrier wall from traveling to the "safe zone" on the other side of the wall. Finding includes: The motors on at least 3 motorized smoke and fire dampers were energized but the damper vanes were disconnected and closed.</p> <p>13. Based on observation most of the sprinkler heads in the attic were covered in insulation. Sprinkler heads that are obscured with insulation may be delayed in reacting to a fire.</p> <p>14. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. The exit sign was loosely mounted to the ceiling in the corridor near room 2.</p> | C 189 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: hal041062 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/07/2015 |
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| NAME OF PROVIDER OR SUPPLIER BROOKDALE LAWDALE PARK | STREET ADDRESS, CITY, STATE, ZIP CODE 4400 LAWDALE DRIVE GREENSBORO, NC 27455 |
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| (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) | (X6) COMPLETE DATE |
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| C 189 | <p>Continued From page 6</p> <p>b. The exit sign was loosley mounted to the ceiling in the corridor near room 15.</p> <p>c. Unsealed sleeve in IT closet off the office.</p> <p>d. Radiation dampers were very dirty in HVAC returns throughout the building. Radiation dampers that are not periodically inspected and cleaned may fail to close properly in a fire.</p> <p>15. Based on observation, the alarm sounding device over an emergency magnetic lock release switch in the dining room did not sound when lifted. Alarm sounding devices that do not work could allow resident elopement.</p> <p>16. Based on observation, the ice machine drain line extends into the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.</p> | C 189 | | |
| C 199 | <p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ol style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)</p> | C 199 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ha1041062 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/07/2016 |
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NAME OF PROVIDER OR SUPPLIER
BROOKDALE LAWDALE PARK

STREET ADDRESS, CITY, STATE, ZIP CODE
**4400 LAWDALE DRIVE
GREENSBORO, NC 27455**

| (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 |
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| C 199 | <p>Continued From page 7</p> <p>which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: The following citation refers to the Special Care building.</p> <p>Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria.</p> <p>Findings include;</p> <p>a. The exhaust was not working in any of the bathrooms off the bedrooms.</p> <p>b. The exhaust was not working in the laundry.</p> <p>c. The clothes dryer exhaust had become disconnected in the laundry causing the dryer to exhaust inside the laundry. This deficiency had caused an unhealthy buildup of excessive heat and moisture in the laundry.</p> | C 199 | | |

TRANSMISSION VERIFICATION REPORT

TIME : 11/25/2015 06:11
NAME :
FAX : 3362863005
TEL : 3362863005
SER.# : U63274M4J849848

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| DATE, TIME | 11/25 06:09 |
| FAX NO./NAME | 19197336592 |
| DURATION | 00:02:14 |
| PAGE(S) | 13 |
| RESULT | OK |
| MODE | STANDARD ECM |

Brookdale Lawndale Park HA Biennial Construction Survey

The following is a summary of the Plan of Correction for Brookdale Lawndale Park. This Plan of Correction is in regards to the Construction Section Biennial Survey conducted on October 7, 2015 and received on November 18, 2015. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

Assisted Living Building

10A NCAC 13F .0301 Application of Physical Plant Requirements

The physical plant requirements for each adult care home shall be applied as follows:

(2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;

- Will have central emergency release switch installed by December 18, 2015.

10A NCAC 13F .0311 Other Requirements

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.

(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities.

- Will schedule time to kill all power to the community with technicians on site to determine what needs to be repaired/replaced, this will be completed by December 18, 2015.
- Back up batteries for Therapy Room and Kitchen areas noted will be replaced by November 30, 2015.
- Will schedule vendor to come test back up battery powered emergency lighting and ensure in proper working order by December 18, 2015.
- Radiation damper in HVAC return in kitchen has been cleaned as of November 18, 2015.
- Unsealed penetrations, unsealed sleeves and holes in the ceiling noted throughout the community, as well as the water damaged wall in the housekeeping closet will be repaired by December 18, 2015.
- Indicated smoke detector has been replaced as of October 30, 2015.
- Latching hardware on the doors near the beauty salon have been repaired and in working order as of October 13, 2015.
- Door wedges have been discarded as of October 8, 2015.
- Damaged and exposed wiring and yard lights will be repaired/removed by December 18, 2015.
- Oxygen cylinders are being stored in an approved and safe manner as of November 18, 2015.
- Exterior soffit has been repaired as of October 23, 2015.
- Radiation dampers in the supply ducts will be repaired/replaced by December 18, 2015.

- Supply items in storage rooms will be at least 18 inches below the sprinkler heads by December 18, 2015.

Clare Bridge Building

10A NCAC 13F .0311 Other Requirements

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.

(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

- Smoke and fire dampers will be in working order by December 18, 2015.
- Insulation was cleared from sprinkler heads in the attic as of November 12, 2015.
- Exit signs were secured on November 19, 2015.
- Unsealed sleeve and radiation dampers in HVAC returns throughout the building will be repaired/replaced by December 18, 2015.
- The alarm sounding device over an emergency magnetic lock release will be replaced/repaired by December 18, 2015.
- Ice machine drain line will be repaired/replaced by December 18, 2015.

10A NCAC 13F .0311 Other Requirements

(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:

- (1) soiled linen storage;**
- (2) soil utility room;**
- (3) bathrooms and toilet rooms;**
- (4) housekeeping closets; and**
- (5) laundry area.**

(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

- Will repair/replace noted exhaust systems in by December 18, 2015.

To assist with compliance, the Executive Director/Designee will review monthly preventative maintenance reports completed by the Maintenance Technician.

The Executive Director/Designee will do a monthly walk through of the building with the Maintenance Technician for the next two months, and then randomly there after observing for any issues or concerns.