

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HA036006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/15/2015
NAME OF PROVIDER OR SUPPLIER WOODLAWN HAVEN		STREET ADDRESS, CITY, STATE, ZIP CODE 301 CRAIG STREET MOUNT HOLLY, NC 28120		
(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 a Biennial Construction Survey by Ed Miller and Greg Cates on October 15, 2015. Records indicate that this facility was first licensed on or about November 30, 1989 for Eighty (80) Beds. Based on the above information, the facility is required to meet the 1987 Homes for the Aged and Infirm Minimum Desired Standards and Regulations; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code, Revision 8, Section 409- Institutional Occupancy- Group I2. Physical plant deficiencies were noted which require a plan of correction.	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;	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER

REPRESENTATIVE'S SIGNATURE

Beverly Wooten

DATE

12/3/15

EXAMINER'S SIGNATURE

12/3/15

STATE FORM

CCDD21

If continuation sheet 1 of 15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/15/2015
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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the facility did not meet the NC State Building Code at the time of Initial Licensing by not have adequate fire detection. This would affect all residents, staff and visitors by not providing early detection and alarming. Findings on October 15, 2015: a. There was no fire alarm detection in the two large storage rooms on the A Hall.	C 101	Fire alarm system brought up to date last year. When told needed alarm in those storage rooms. Have to wait on this for facility.	11/31/15
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on October 15, 2015: a. There was a loose vertical hand grips (grab bar) at the commodes in A Hall Bath. The bottom connection was rusted out.	C 133	Having handbars either replaced or tightened up by our repairman. We'll have cleaning staff check these monthly to make sure not coming loose.	11/31/15
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT	C 148		

Division of Health Service Regulation

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C 148	Continued From page 2 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails in the corridor. This deficiency affects all residents, staff and visitors who use this unstable handrail by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on October 15, 2015: a. The corridor handrail was loose between Bedrooms B-16 and B-18.	C 148	<i>Having Kepaiman tighten all loose handrails. will have Housekeeping Check these monthly</i>		<i>12/31/15</i>
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair.	C 164			

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

WOODLAWN HAVEN

STREET ADDRESS, CITY, STATE, ZIP CODE

**301 CRAIG STREET
MOUNT HOLLY, NC 28120**

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C 164	Continued From page 3 Findings on October 15, 2015: a. The connection of the commode to the floor was loose in shared Bathroom between Bedroom B-18 and B-20. b. The ice machine drain in the Kitchen was piped directly on to the floor receptor, resulting in the potential for the drain line to clog and contaminate the ice. c. The faucet to the hand wash sink in the Kitchen was very loosely attached to the sink. 2. Based on Observation, the facility failed to have furniture kept clean and in good repair. Findings on October 15, 2015: a. Many of the cabinets in the resident's rooms were scarred and or chipped. b. In Bedroom B-13 the cabinet's base was tape over with duct tape. 3. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on October 15, 2015: a. The gypsum wall repairs in Bedroom B-17 needs to be completed and finished. b. The ceiling was stained in the B Hall Men room. c. Throughout out the building, the intersection of the vinyl tiles under the doors to the corridor and exterior has deteriorated to a point that the tile edges are breaking up. d. In the corridor near Bedroom A-14, a previously repaired crack in the ceiling had loose chunks of joint compound about to fall out. e. Under the faucet to the tub in A Hall Bathroom, the wall was stained with rust. f. In A Hall Bathroom there was a pile of feces on the floor behind the commode.	C 164	Having plumber come to correct connection of commode to floor B/18 B/20 Plumber also to correct wash sink in kitchen Maintenance / Repair person to fix all cabinets that need repaired in building. All wall repairs ceiling repairs and vinyl tiles to be corrected by repair man. Plumber to repair all faucet problems. Shower rooms to be cleaned after showers each shift. 3rd shift to do deep clean on shower room daily. Housekeeping to clean / deep clean twice a week including tub	11/15/15 11/15/15 11/15/15 already started

Pg 4 B.

Having pipe raised so will not
touch receptor.

12/31/15

Division of Health Service Regulation

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C 166	Continued From page 4	C 166		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Findings on October 15, 2015: a. The HVAC return and or ventilation grilles with their radiation dampers have an excessive accumulation of dust/lint. Locations of specific examples include but are not limited to: i. Activities B Hall ii. Med Room, iii. Kitchen, iv. Laundry, v. Short Corridor outside Laundry.	C 166		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each	C 175		

12/31/15

Housekeeping Scheduled monthly cleaning of all vents/grilles throughout whole building. will have monthly check list that this has been done

Division of Health Service Regulation

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C 175	Continued From page 5 resident: (7) Individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents access with the required individual towels and/or towel bars for each resident. Findings on October 15, 2015: a. The towel bar in Bedroom A-15 was broken.	C 175			
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on October 15, 2015: a. Throughout the building, there was no documentation of the portable fire extinguisher's monthly inspections on the annual maintenance tags. b. The portable fire extinguisher in the Boiler Room last annual maintenance, was performed	C 183	Housekeeping to replace broken Bar in A-15 Monthly checks on 1st of each month are being done by facility. With logs of each one checked Boiler Room Extinguisher has been replaced	12/31/15 12/01/15 12/2/15	

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C 183	Continued From page 6 on June 2014 and the gauge indicated that recharging is required.	C 183			
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: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the Firewall did not close completely and latch to restrict the spread of fire and smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin. Findings on October 15, 2015: a. The front leaf, of the double-egress cross-corridor doors in the B Hall Firewall, did not latch when the fire alarm system released the doors. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin.	C 189			

Kleare (company that installed new fire system) scheduled to come out look at release doors and correct any problems 12/31/15

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C 189	<p>Continued From page 7</p> <p>Findings on October 15, 2015:</p> <p>a. The both leafs, of the cross-corridor double-egress pair of doors on the B Hall hits its doorframe and did not completely close, producing gaps that exceed acceptable clearances, when the fire alarm system released the doors.</p> <p>3. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.</p> <p>Findings on October 15, 2015:</p> <p>a. The fire resistance rated ceiling assembly has holes in the following location. Locations of specific examples include but are not limited to:</p> <p>i. Lobby,</p> <p>b. The corridor wall near A Hall Activities doorway was damaged and was not able to resist smoke.</p> <p>c. One ¾ inch EMT conduit had gaps around it as them penetrated the fire-resistance-rated ceiling in Bedroom A-21.</p> <p>d. The ceiling in the Boiler Room has lots on openings and gaps round penetrations had must be sealed.</p> <p>e. There were holes through the one-hour fire-resistance-rated ceiling were light fixtures were removed in the Kitchen.</p> <p>f. The ceilings had unprotected gaps around cable penetrations in Kitchen and Nurse Station around the time clock.</p> <p>g.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which</p>	C 189	<p>Repair to check B Hall doors and repair any problems</p> <p>All Repairs listed on #3 a-f to be corrected by our Repair / maintenance person</p>	<p>11/15/15</p> <p>11/15/15</p>	

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C 189	Continued From page 8 illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on October 15, 2015: a. The wall mounted self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed. Locations of specific examples include but are not limited to: i. Lobby, ii. B Hall exit, iii. Living Room, iv. Nurse Station. 5. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on October 15, 2015: a. The panic hardware on the front leaf of the Cross Corridor doors for B Hall Smoke Barrier was missing its end cover 6. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on October 15, 2015: b. The fire alarm system's heat detector and associated box was dangling from the ceiling by its power/operational wire at the following locations to include but not limited to: i. Reception, ii. Offices.	C 189	<p>exit sign / Emergency lights all repaired 12/3/15 batteries / bulbs replaced by uniform fire + safety. will schedule yearly check of these at same time as fire extinguishers inspected yearly 5a - will have end caps replaced on doors 12/31/15 Please fire to come out and put cover on. Please to correct all dangling fire alarm detectors 1/15/15</p>		

Division of Health Service Regulation

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C 189	Continued From page 9 7. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on October 15, 2015: a. There was an unapproved multiple plug adapter in Bedroom B-5. 8. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. 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 on October 15, 2015: a. One portable medical oxygen cylinder was stored standing up in a beverage crate not secured to the structure in the Oxygen Storage Room. b. Several (2 large and 3 Small) medical oxygen cylinders were stored standing up not secured to the structure in the Oxygen Storage Room. c. One portable medical oxygen cylinder was stored lying on its side in the Oxygen Storage Room. 9. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on October 15, 2015: a. The sink was coming loose from the wall in the A Hall Bathing room.	C 189	multiple Plug has been removed from B-5. Housekeeping to keep check on all extra plugs in building that they Portable Oxygen Room has been cleaned all O2 tanks are in storage Crates. O2 Room to be cleaned each week by assigned employee. DOPC to check monthly to make sure Room is being kept neat. will have sign off sheet on inside of door		12/31/15 12/31/15

Division of Health Service Regulation

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C 189	Continued From page 10 10. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on October 15, 2015: a. In the A Hall Bathroom, two light fixtures were missing their lens. b. In the Nurse Station the scale was being stored directly in front of the electric panels, encroaching upon the required clear working space. c. 11. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on October 15, 2015: a. In the A Hall Soil Utility, the hand wash sink's drain line connection to the sink had rusted away. 12. Based on observation, the building was not maintained in a safe manner by failing to ensure that clothes dryer duct can exhaust to and open free area. This could affect all residents, staff and visitors by allowing lint to accumulate (fuel for a fire) Findings on October 15, 2015: a. The commercial clothes dryer duct terminates into a wire cage outside. The openings in the cage, traps the lint as time passes. 13. Based on observation, the Building was not maintained in proper operating condition, because the exterior door did not close	C 189	<p>9a. Repairman to correct Sink leaning loose in Attall Shower Room</p> <p>10a. Light fixture lens to be replaced by housekeeping 12/31/15</p> <p>Scale has been pulled away from wall. Board to be placed to won't be moved back against wall 12/31/15</p> <p>11a. Plumber to replace drainline where rusted away 1/31/15</p> <p>Exterior door cage catches excess lint to keep away from air conditioner vents. Will have cage washed out at least 3 times a year. 1/31/15</p>		

(See next page)

Pg 11.

12a. Cage that catches small amount of lint. Most lint is suctioned out by vent. will have washed out daily. This cage keeps lint from getting into air conditioner.

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C 189	Continued From page 11 completely, latching in order to keep out the elements, insect, vermin and secure the door. This could affect all residents, staff and visitors by not keep out the elements, insect, vermin and unwanted guess. Findings on October 15, 2015: a. The short corridor exit door did not close and latch. 14. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on October 15, 2015: a. The Laundry Room door was delaminating and could not effectively resist smoke. b. The corridor door did not fit the doorframe and would not latch without extra closing force at the following locations to include but not limited to: i. Bath 1, c. The corridor door assembly to the Sale Office had a 1/4 inch to zero gap between the top edge of the door and the bottom of the doorframe's stop. d. The pair of corridor doors had a 1/2 inch gap between their meeting stiles at the Dining Room. e. The front leaf of the 100 hall cross-corridor door had a broken glass pane. f. The chain bolt on the inactive leaf of the following room's hits the receptor hardware and does not allow the door to close and latch in to its frame. When the inactive leaf does not latch then the active has nothing to latch into, thus the doors cannot be smoke tight. Locations of specific examples include but are not limited to: i. Near Bedroom 303,	C 189	a. Door to be replaced if not latching properly 14a Laundry Room to be replaced if not able to be fixed by repairman b. will have bath door corrected. * We do not have * glass on a 100 Hall at our facility. 14d will have push astrical put on doors	1/31/15 1/31/15 1/15/15 1/15/15	

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER WOODLAWN HAVEN		STREET ADDRESS, CITY, STATE, ZIP CODE 301 CRAIG STREET MOUNT HOLLY, NC 28120			
(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 189	Continued From page 12 15. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on October 15, 2015: a. The following Corridor doors did not latch into their doorframe. Locations of specific examples include but are not limited to: i. Bedroom B-9 ii. Bedroom B-22 iii. Bedroom B-23 iv. b. The Nurse Station/Copy Room corridor doorframe was missing its strike plate, allowing the door to latch but have a large gap between the door and frame. c. 16. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on October 15, 2015: a. Corridor door to the Kitchen was blocked open with a tray stand. b. Living Room exterior exit was blocked open with a chair,	C 189	15a. Doors that do not latch into doorframe will be fixed by repairman b. Strike plate/door lock on door to be replaced 16a. Door only blocked open during serving meals b. Has been unblocked by chair and housekeeping keeping check on this daily	12/31/15 12/31/15	
C 195	Hot Water System	C 195			

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C 195	Continued From page 13 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to water temperature outside of the limits set in the Rule. Findings on October 15, 2015: a. Bedroom B-20 Bathroom sink hot water was 90 degrees Fahrenheit.	C 195	Facility to have monthly water temp checks to insure water is in correct range. Will keep log of this being done.	12/31/15	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 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;	C 199	Currently have person coming out to check on the exhaust ventilation in areas noted. →		

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C 199	<p>Continued From page 14</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation and testing the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by subjecting them to odors. Findings on October 15, 2015: a. The exhaust ventilation was running but did not remove the required amount of air. Locations of specific examples include but are not limited to: i. Soiled Utility on B Hall, ii. In shared Bathroom in Bedroom B-8, iii. Kitchen Toilet Room</p>	C 199	<p>Will have them repaired or replaced</p>	<p>1/31/15 12/31</p>	