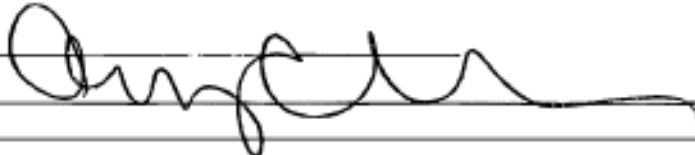


Sunrise Senior Living, Inc. Plan of Correction

Name of Community: Sunrise on Providence
Address: 5114 Providence Rd Charlotte, 28226
License number: HAL 060057
Inspection date(s): October 16, 2015
Name and Title of Sunrise Representative Signing the Plan of Correction:
Amy Cope Warren
Signature of Sunrise Representative: 
Date of Submission: 12/18/2015

Regulation	Target Date by Which Correction will be completed	Plan of Correction
Section 0300.00 10A NCAC 13F. 0301 Physical Plant Requirements C 101 Existing Licensed Fac- No less than '71 Rules	 01/08/2016 10/17/2015	A. With respect to the specific resident/situation cited: Residents, team members, and visitors did not experience any negative outcomes. Maintenance Coordinator (MC), is working with outside contractor to add sprinklers to mechanical closets near room 108, and on the terrace level. This work will be completed by 01/08/2016. Maintenance Coordinator labeled all emergency release switches to ensure easy identification if doors need to be released during an emergency.
CONSTRUCTION SECTION DEC 22 2015 RECEIVED	1/08/2015	B. With respect to how the facility will identify residents/situations with the potential for the identified concerns: Maintenance Coordinator (MC), is working with outside contractor to add sprinklers to mechanical closets near room 108, and on the terrace level. This work will be completed by 1/8/2016.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	<p>10/21/2015</p> <p>10/21/2015 thru 12/23/2015</p>	<p>Maintenance Coordinator checked the community via walking rounds to ensure sprinkler protection in all required areas. No issues were identified.</p> <p>Maintenance Coordinator conducted refresher training with staff from Housekeeping, Dietary, Care Managers, Concierge's, Nursing, and Department Coordinators, 10/21 - 10/26, regarding the master release switch function. MC will continue to conduct refresher with staff members through 12/23/2015 to ensure knowledge of the master release switch function.</p>
	<p>12/18/15 and Ongoing</p> <p>10/21/2015 thru 12/23/2015</p> <p>11/01/2015</p> <p>12/18/2015 & Ongoing</p>	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>Maintenance Coordinator has added sprinkler checks in the mechanical rooms to the monthly preventative maintenance checklist to ensure sprinklers are working properly.</p> <p>Maintenance Coordinator conducted refresher training with staff from Dietary, Housekeeping, Nursing, Concierge's, Care Managers, and Department Coordinators on 10/21 - 10/26, regarding the master release switch function. MC will continue to conduct refresher with staff members through 12/23/2015 to ensure knowledge of the master release switch function.</p> <p>Maintenance Coordinator/ ED/Designee will complete monthly visual checks of sprinklers and switches, which will include ensuring switches are appropriately labeled.</p> <p>Maintenance Coordinator/Designee will conduct training for new hires as a part of the onboard process to ensure team members have knowledge of the function and location of the master release switch.</p>
	<p>Ongoing</p>	<p>D. With respect to how the plan of correction will be monitored:</p> <p>The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur.</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	01/6/2016 & Ongoing	The Executive Director or Designee is responsible for ensuring the status of this Plan of Correction is reviewed and discussed at the monthly Quality Assurance/Performance Improvement meetings and action initiated if required.
10A NCAC 13F.0302 Design and Construction (f) C 111 Must have current Sanitation and Fire Safety Reports	12/18/2015	<p>A. With respect to the specific resident/situation cited:</p> <p>Maintenance Coordinator/ED contacted Charlotte Fire Marshall to get documentation of the Annual Fire Marshall Inspection for 2015. Annual Fire Inspection has been obtained, and copies are in Maintenance Coordinator and Executive Director offices for review. A copy is attached to the POC.</p>
	10/21/2015	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>Maintenance Coordinator (MC)/ED organized the document filing system in the MC office to ensure documentation of community inspections are available for review.</p> <p>In addition, the MC audited the inspection report files to ensure that other required reports are available. No issues were identified.</p>
		<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	01/01/2016 & Ongoing	Maintenance Coordinator (MC)/ED will file all Inspections in a binder to ensure documentation is available when needed. The binder will be located in the MC office, and a copy will be in the ED office.
	01/01/2016 & Ongoing	During monthly safety rounds, the ED or designee will check binder for inspection inclusion. Any issues identified will be documented and resolved.
10a NCAC 13F .0305 Physical Environment(g)(4) C150 Corridors-Free of equipment and Obstructions	Ongoing 01/06/2016 & Ongoing	<p>D. With respect to how the plan of correction will be monitored:</p> <p>The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur.</p> <p>The Executive Director or Designee is responsible for ensuring the status of this Plan of Correction is reviewed and discussed at the monthly Quality Assurance/Performance Improvement Meetings and action initiated if required.</p>
	10/16/2015 10/16/2015	<p>A. With respect to the specific resident/situation cited:</p> <p>Residents, team members, and visitors did not experience any negative outcomes. The items were removed from stairways and central areas while Surveyor was still in the community.</p> <p>Maintenance Coordinator cleared central areas and stairways of furniture and equipment, and addressed door mat usage to ensure an unobstructed exit path.</p>
	10/21/2015	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>The MC and the ED conducted walking rounds of the building to ensure central living areas, corridors, resident room entries,</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	10/21/2015 & thru 10/26/2015 1	and stairways are free of obstructions. No issues were observed. The MC conducted refresher training 10/21 – 10/26 with TMs regarding obstruction regulations, use of door mats, and appropriate storage options.
	10/21/2015 thru 10/26/2015 Ongoing	C. With respect to what systemic measures have been put into place to address the stated concern: The MC conducted refresher training 10/21 -10/26 with TMs regarding obstruction regulations, use of door mats, and appropriate storage options. Maintenance Coordinator/ ED/Designee will complete monthly visual checks via rounding to ensure no items are stored/ placed in stairways, central living areas, corridors, or resident room entries. Any issues identified during the rounds will be documented and resolved,
	Ongoing 1/06/2016 & Ongoing	D. With respect to how the plan of correction will be monitored: The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur. The Executive Director or Designee is responsible for ensuring the status of this Plan of Correction is reviewed and discussed at the monthly Quality Assurance/Performance Improvement Meetings and action initiated if required.

Regulation	Target Date by Which Correction will be completed	Plan of Correction
10A NCAC 13F .0306 Housekeeping and Furnishings C 164 Housekeeping and Furnishings-Clean , Repaired	11/25/2015 10/23/2015 12/23/2015 10/17/2015 10/25/2015 10/28/2015	<p>A. With respect to the specific resident/situation cited:</p> <p>Residents, team members, and visitors did not experience any negative outcomes.</p> <p>Maintenance Coordinator painting ceilings referenced in the deficiency statement.</p> <p>MC replaced window sash in windows in rooms 110, and 116.</p> <p>Outside contractor is scheduled to clean carpet in Stairway A first floor.</p> <p>Maintenance Coordinator raised and secured ice machine drain off ground.</p> <p>Maintenance Coordinator repaired second floor laundry and light wells; and repaired covered porch wallboard and peeling paint.</p> <p>Maintenance Coordinator cleaned HVAC dampers, returns, and ventilation grilles.</p>
	11/6/2015	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>The Executive Director and Maintenance Coordinator completed walking rounds of the community to identify needed repairs or cleaning. No repairs or cleaning issues were identified.</p>
	12/18/2015& Ongoing	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>The Executive Director and Maintenance Coordinator/ Designee will conduct monthly walking rounds of community as a component of the preventative maintenance program to check for cleanliness, and repair status.</p> <p>Any issues identified during rounds will be documented and</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		resolved.
	Ongoing	<p>D. With respect to how the plan of correction will be monitored: The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur.</p>
<p>10A NCAC 13F.0309 Plan for Evacuation</p> <p>C 185 Fire Safety-Rehearsals on each Shift</p>	<p>1/06/2015 & Ongoing</p>	<p>The Executive Director or Designee is responsible for ensuring the status of this Plan of Correction is reviewed and discussed at the monthly Quality Assurance/Performance Improvement Meetings and action initiated if required.</p>
	<p>12/18/2015</p> <p>12/18/2015</p>	<p>A. With respect to the specific resident/situation cited:</p> <p>Maintenance Coordinator provided Surveyor documentation of all completed drills on each shift. Community was in-compliance with Fire Safety – Rehearsals on each shift.</p> <p>In addition, ED spoke with Ed Miller, State Surveyor on 12/18/2015, regarding the availability of the documentation and to request that the deficiency be reviewed and removed from the statement of deficiencies. Surveyor asked the ED attach the 2015 Fire Drills to the POC.</p>
	Ongoing	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>Maintenance Coordinator Designee will continue to conduct a drill on each shift each quarter to ensure team members have the opportunity to rehearse response protocols, and that residents are familiar with the procedure for evacuating the building, should that be necessary during an emergency.</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	Ongoing	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>A confidential schedule and calendar has been established by the ED and the MC for 2016 to ensure drills are conducted per regulation.</p> <p>The ED and the MC will review the schedule during their departmental meetings to confirm compliance.</p>
	Ongoing	<p>D. With respect to how the plan of correction will be monitored:</p> <p>The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur.</p>
<p>10A NCAC 13F.0311 Physical Plant /Other Requirements</p> <p>C 189 Building Equipment Maintained Safe, Operating</p>	<p>01/06/2015 & Ongoing</p> <p>10/16/2015</p> <p>10/21/2015</p> <p>11/12/2015</p> <p>10/23/2010</p>	<p>A. With respect to the specific resident/situation cited:</p> <p>Maintenance Coordinator replaced kitchen pull station and it is in working condition.</p> <p>MC repaired the latches on Second Floor Stairway B and First Floor Stairway A's fire doors to ensure they shut completely without delay.</p> <p>The fire escutcheon plates were replaced to cover the holes in the ceilings in all rooms/areas, and tape and painting were removed as referenced in the statement of deficiencies.</p> <p>Outside contractor completed an assessment of smoke</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	<p>10/28/2015</p> <p>11/01/2015</p> <p>10/16/2015</p> <p>10/16/2015</p> <p>10/17/2015</p> <p>1/15/2015</p> <p>10/16/2015</p> <p>10/17/2015</p>	<p>detectors and verified smoke detectors were located in correct locations from a safety perspective.</p> <p>HVAC duct mounted smoke detector in the Mechanical room on Terrace Level was cleaned on 10/28/2015.</p> <p>Maintenance Coordinator replaced stairway lighting globes.</p> <p>MC removed portable medical oxygen cylinder from second floor Nurse station.</p> <p>All corridor devices that held the doors open that were preventing release with a push or pull of the door have been removed by MC.</p> <p>Maintenance Coordinator cleared items from the electrical room in front of the electrical panels, and the working spaces as identified during survey.</p> <p>MC assessed electrical panel for circuit labeling. Labeling is needed on the electrical panel for circuit labeling to determine what circuit is connected to areas in the community. Contacted outside contractor for quote and date of work to be completed.</p> <p>Smoke detector was replaced in bedroom 9 by Maintenance Coordinator.</p> <p>Exit sign was repaired in the corridor near the Housekeeping storage on Terrace Level by Maintenance Coordinator.</p>
	11/06/2015	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>The Executive Director and Maintenance Coordinator completed walking rounds to identify any needed safety repairs or issues requiring internal maintenance or vendor</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
		involvement. No issues were identified.
	12/18/2015 & Ongoing	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>The Executive Director and Maintenance Coordinator/ Designee will conduct monthly walking rounds of community as a component of the preventative maintenance program to check for safe operating conditions. Any issues identified during the rounds will be documented and resolved.</p>
	Ongoing	<p>D. With respect to how the plan of correction will be monitored:</p> <p>The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur.</p>
10A NCAC 13F .0311 Other Requirements C 199 Exhaust Ventilation	11/20/2015 12/3/2015 & 12/4/2015	<p>A. With respect to the specific resident/situation cited:</p> <p>Maintenance Coordinator assessed exhaust ventilation in Janitor closet on the Terrace Level. MC cleaned the exhaust vent and it is in working condition and removing the required amount of air.</p> <p>Soiled Linen Storage and Janitor Closet near Bedroom 124 were assessed by an outside vendor and new exhaust fans have been installed in both locations.</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	<p>11/06/2015</p> <p>11/09/2015</p>	<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concerns:</p> <p>The Executive Director and Maintenance Coordinator completed walking rounds to identify any needed safety repairs or issues requiring internal maintenance or vendor involvement. No issues were identified.</p> <p>All exhaust vents in community were cleaned by MC and House Keeping on 11/09/2015 .</p>
	<p>12/18/2015 & 12/18/2015</p>	<p>C. With respect to what systemic measures have been put into place to address the stated concern:</p> <p>. The Executive Director and Maintenance Coordinator/ Designee will conduct monthly walking rounds of community as a component of the preventative maintenance program to check for safe operating conditions. Any issues identified during the rounds will be documented and resolved.</p>
	<p>Ongoing</p>	<p>D. With respect to how the plan of correction will be monitored:</p> <p>The Executive Director or Designee is responsible for ensuring implementation and ongoing compliance with all components of this Plan of Correction and addressing and resolving any variance that may occur.</p>

Regulation	Target Date by Which Correction will be completed	Plan of Correction
	1/06/2016 & Ongoing	The Executive Director or Designee is responsible for ensuring the status of this Plan of Correction is reviewed and discussed at the monthly Quality Assurance/Performance Improvement Meetings and action initiated if required.



Fire Drill Policy

Fire Drills

Evaluation Checklist

COMMUNITY:	Providence	START TIME:	11:02	DRILL CONDUCTED BY:	
DATE:	1/28/15	END TIME:	11:09	ALARM PULLED BY:	
LOCATION:	63155	TOTAL TIME:	7:28	SHIFT:	1 st 2 nd 3 rd

ACTIVITY	POINTS	COMMENTS
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R	Did team members rescue endangered residents?	15	15	Staff responded to wrong alarm. Area alerted by fire panel.
	Did team members check doors for heat?	10	10	

A	Was the manual pull station activated properly?	10	10	fire panel gave incorrect location of fire. Called Dispatch Unknowable, so have technician fix fire panel.
	Was the Fire Department notified appropriately?	10	10	
	Was the main fire panel* in alarm condition?	5	5	
	Were the visual alarms (strobes) operational?	5	5	
	Were the audible alarms (horns) operational?	5	5	

C	Did the fire/smoke doors release & close properly?	5	5
	Were all the corridors & exits unobstructed?	5	5
	Did team members manually close resident doors?	10	10

E	Did team members bring fire extinguishers?	10	10
	Do team members know how to use extinguishers?	10	10

EXTINGUISH:

Scoring System: 75 points or less Red - does not meet standard
 80 - 90 points Yellow - needs improvement
 95 points or more Green - meets standard

Follow-Up Training Requirements:
 Red Retrain all participating Team Members using the SRZ Fire & Life Safety DVD before the next drill
 Yellow Retrain select team members who did not properly perform their responsibilities using the SRZ Fire & Life Safety DVD before the next drill
 Green No retraining required

TOTAL 100 / 100

SIGNATURE OF EVALUATOR:

Score 100



Fire Drill Policy

Fire Drills

ATTENDANCE RECORD

COMMUNITY: Rosdane

DATE OF DRILL: Jan 28, 2015

TEAM MEMBER		DEPARTMENT
1.	Lisa Dassin	REM/AL
2.	Annette Wall	Wellness
3.	Bonnie Kinnon Battle	Food Service
4.	Janice [unclear]	AL
5.	Michelle [unclear]	Therapy
6.	Nick Bond	Food Service
7.	Dalynna Justice	AL
8.	Marika Freshman	AL
9.	Sandra B. Martinez	AL
10.	Kaymah Johnson	AL
11.	Kashia [unclear]	AL
12.	Amber [unclear]	AL

#	RESIDENT'S NAME	RESIDENT'S SUITE
1.	Mary Egeley	Drill
2.	Mr. & Mrs. [unclear]	Drill
3.	Mandy Buehler	
4.	Mr. Gore	
5.	Nancy Nichol	
6.	Lila Baalig	
7.	Jane Keider	
8.	Denise Wozniak	
9.	Patricia Madon	
10.		
11.		
12.		

SCORING INFORMATION FOR THE FIRE DRILL EVALUATOR: Angelica Pagan HL - Sus [unclear] MC

SECTION	QUESTION	SCORING INFORMATION
General	All	Questions are scored all or nothing. A 10 point question will be scored either a 10 or a 0.
General	All	This evaluator must exercise judgment in scoring this evaluation. The intent is to understand if team member know what to do if the location of the 'fire' is a non-resident area like the kitchen, ask team members what would you do if residents were here?
Rescue	Did Team Members rescue endangered residents?	If you are not able to observe team members entering rooms, quiz them after the drill.
Rescue	Did team Members check doors for heat?	Always have a team member pull the alarm
Alarm	Was the manual pull station activated properly?	Contact the fire department if necessary to validate that someone from the community called in the fire
Alarm	Was the Fire Department notified appropriately?	Always have a team member check and report the status of the fire alarm panel.
Alarm	Was the fire panel in alarm condition?	
Alarm	Were visible alarms (strobes) operational?	
Alarm	Were audible alarms (horns) operational?	
Contain	Did the fire/smoke doors release & close properly?	Zero points if the doors were obstructed and unable to close
Contain	Were all the corridors & exits unobstructed?	
Extinguish	Did team members manually close resident doors?	For I occupancy communities this is only required in the fire zone.
Extinguish	Did team members bring fire extinguishers?	
Extinguish	Do team members know how to use extinguishers?	Quiz team members to determine whether they understand P.A.S.S. (pull, aim, squeeze & sweep)

Fire Drills

Evaluation Checklist

COMMUNITY:	Providence	START TIME:	12:50 A.M.	DRILL CONDUCTED BY:	David Featherstone
DATE:	2/17/15	END TIME:	1:08 A.M.	ALARM PULLED BY:	
LOCATION:	65155	TOTAL TIME:	18 min.	SHIFT:	1st

ACTIVITY	POINTS	COMMENTS
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R Did team members rescue endangered residents? 15 *15*

Did team members check doors for heat? 10 *10*

A **ALARM:**

Was the manual pull station activated properly? 10 *10*

Was the Fire Department notified appropriately? 10 *10*

Was the main fire panel* in alarm condition? 5 *5*

Were the visual alarms (strobes) operational? 5 *5*

Were the audible alarms (horns) operational? 5 *5*

C **CONTAIN:**

Did the fire/smoke doors release & close properly? 5 *5*

Were all the corridors & exits unobstructed? 5 *5*

Did team members manually close resident doors? 10 *10*

E **EXTINGUISH:**

Did team members bring fire extinguishers? 10 *10*

Do team members know how to use extinguishers? 10 *10*

TOTAL	100	100	SIGNATURE OF EVALUATOR:	<i>[Signature]</i>	Score	<i>100</i>
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Scoring System:
 75 points or less Red - does not meet standard
 80 - 90 points Yellow - needs improvement
 95 points or more Green - meets standard

Follow-Up Training Requirements:
 Red Retrain all participating Team Members using the SRZ Fire & Life Safety DVD before the next drill
 Yellow Retrain select team members who did not properly perform their responsibilities using the SRZ Fire & Life Safety DVD before the next drill
 Green No retraining required



Fire Drill Policy

Fire Drills

ATTENDANCE RECORD

COMMUNITY: Sunrise @ Portland

12:50 am - 1:08 am

DATE OF DRILL: 2-17-15

#	TEAM MEMBER	DEPARTMENT
1.	<u>Thilomeing Mungro</u>	<u>REM</u>
2.	<u>Kristine Nash</u>	<u>REM</u>
3.	<u>Stephonia Hill</u>	<u>Room / AL</u>
4.	<u>Wesley</u>	<u>AT</u>
5.	<u>Asia Vernear</u>	<u>AT</u>
6.	<u>AMY Warren</u>	<u>AL/REM</u>
7.	<u>Deid Featherstone</u>	<u>Maintenance</u>
8.		
9.		
10.		
11.		
12.		

#	RESIDENT'S NAME	RESIDENT'S SUITE
1.		
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12.		

SCORING INFORMATION FOR THE FIRE DRILL EVALUATOR:

SECTION	QUESTION	SCORING INFORMATION
General	All	Questions are scored all or nothing. A 10 point question will be scored either a 10 or a 0.
General	All	The evaluator must exercise judgment in scoring this evaluation. The intent is to understand if team member know what to do
Rescue	Did Team Members rescue endangered residents?	If the location of the 'fire' is a non-resident area like the kitchen, ask team members what would you do if residents were here?
	Did team Members check doors for heat?	If you are not able to observe team members entering rooms, quiz them after the drill.
Alarm	Was the manual pull station activated properly?	Always have a team member pull the alarm.
	Was the Fire Department notified appropriately?	Contact the fire department if necessary to validate that someone from the community called in the fire
	Was the fire panel in alarm condition?	Always have a team member check and report the status of the fire alarm panel.
	Were visible alarms (strobes) operational?	
	Were audible alarms (horns) operational?	
Contain	Did the fire/smoke doors release & close properly?	Zero points if the doors were obstructed and unable to close
	Were all the corridors & exits unobstructed?	
	Did team members manually close resident doors?	For 1 occupancy communities this is only required in the fire zone.
Extinguish	Did team members bring fire extinguishers?	
	Do team members know how to use extinguishers?	Quiz team members to determine whether they understand P.A.S.S. (pull, aim, squeeze & sweep)

Fire Drill Policy

Fire Drills

Evaluation Checklist

COMMUNITY:	PROVIDENCE	START TIME:	6:17P	DRILL CONDUCTED BY:	Ben Jas.
DATE:	3/18/15	END TIME:	6:30P	ALARM PULLED BY:	Ben Jas.
LOCATION:	Reminiscense	TOTAL TIME:		SHIFT:	1 st : 2 nd Co-1p, 3 rd :

RESCUE:	ACTIVITY	POINTS	POINTS		COMMENTS
			MAX	ACTION	
R	Did team members rescue endangered residents?	15	✓	10	
	Did team members check doors for heat?	10	✓	5	In Reminiscense
A	ALARM:				
	Was the manual pull station activated properly?	10	✓	10	
	Was the Fire Department notified appropriately?	10	✓	10	
	Was the main fire panel* in alarm condition?	5	✓	10	
C	CONTAIN:				
	Were the visual alarms (strobes) operational?	5	✓	10	
	Were the audible alarms (horns) operational?	5	✓	10	

E	EXTINGUISH:				
	Did the fire/smoke doors release & close properly?	5	✓	5	
	Were all the corridors & exits unobstructed?	5	✓	5	
	Did team members manually close resident doors?	10	✓	10	Beds in back hallway blocking exit door

E	Did team members bring fire extinguishers?	10	✓	10	
	Do team members know how to use extinguishers?	10	✓	10	
		TOTAL	100	85	

SIGNATURE OF EVALUATOR: *[Signature]*

SCORING SYSTEM:

- 75 points or less Red - does not meet standard
- 80 - 90 points Yellow - needs improvement
- 95 points or more Green - meets standard

Score 85



Fire Drill Policy

Fire Drills Evaluation Checklist

COMMUNITY:	Sunrise	START TIME:	4:30	DRILL CONDUCTED BY:	Dend Featherstone
DATE:	3/31/15	END TIME:	4:41	ALARM PULLED BY:	Asapha Pagan
LOCATION:	63155	TOTAL TIME:	11:38 sec	SHIFT:	1 st : 2 nd : 3 rd : ✓

ACTIVITY	POINTS	COMMENTS
	MAX	ACTUAL

R Did team members rescue endangered residents?	15	15
Did team members check doors for heat?	10	0

ALARM:		
Was the manual pull station activated properly?	10	10
Was the Fire Department notified appropriately?	10	10
Was the main fire panel* in alarm condition?	5	5
Were the visual alarms (strobes) operational?	5	5
Were the audible alarms (horns) operational?	5	5

CONTAIN:		
Did the fire/smoke doors release & close properly?	5	5
Were all the corridors & exits unobstructed?	5	5
Did team members manually close resident doors?	10	10

EXTINGUISH:		
Did team members bring fire extinguishers?	10	10
Do team members know how to use extinguishers?	10	10

Scoring System: 75 points or less Red - does not meet standard
 80 - 90 points Yellow - needs improvement
 95 points or more Green - meets standard

Follow-Up Training Requirements:
 Red Retrain all participating Team Members using the SRZ Fire & Life Safety DVD before the next drill
 Yellow Retrain select team members who did not properly perform their responsibilities using the SRZ Fire & Life Safety DVD before the next drill
 Green No retraining required

SIGNATURE OF EVALUATOR: Score **90**



Fire Drills

ATTENDANCE RECORD

COMMUNITY: Sunrise @ Providence

DATE OF DRILL: 3/31/15

TEAM MEMBER PARTICIPATION		RESIDENT PARTICIPATION
1. <u>Kevin M. Josten</u>	<u>AL</u>	<u>Patricia Lee</u>
2. <u>Angelica Ray</u>	<u>Housekeepers</u>	<u>Ken</u>
3. <u>Joseph Cahang</u>	<u>Kitchen</u>	
4. <u>Wendy Nelson</u>	<u>Kitchen</u>	
5. <u>Seetha Calder</u>	<u>Kitchen</u>	
6. <u>Victoria Cleveland</u>	<u>A/C</u>	
7. <u>Emily Benz</u>	<u>AL</u>	
8. <u>Joseph G. Michael</u>	<u>AL</u>	
9. <u>Walter</u>	<u>AL</u>	
10. <u>Margaret Wright</u>	<u>AL</u>	
11. <u>Robert Clark</u>	<u>AL</u>	
12. <u>Monty</u>		<u>Monty</u>

SCORING INFORMATION FOR THE FIRE DRILL EVALUATOR:

SECTION	QUESTION	SCORING INFORMATION
General	All	Questions are scored all or nothing. A 10 point question will be scored either a 10 or a 0.
General	Did Team Members rescue endangered residents?	The evaluator must exercise judgment in scoring this evaluation. The intent is to understand if team member know what to do
Rescue	Did Team Members check doors for heat?	If the location of the 'fire' is a non-resident area like the kitchen, ask team members what would you do if residents were here?
Alarm	Was the manual pull station activated properly?	If you are not able to observe team members entering rooms, quiz them after the drill.
	Was the Fire Department notified appropriately?	Always have a team member pull the alarm
	Was the fire panel in alarm condition?	Contact the fire department if necessary to validate that someone from the community called in the fire
Contain	Were visible alarms (strobes) operational?	Always have a team member check and report the status of the fire alarm panel.
	Were audible alarms (horns) operational?	Zero points if the doors were obstructed and unable to close
Extinguish	Did the fire/smoke doors release & close properly?	For occupancy communities this is only required in the fire zone.
	Did team members manually close resident doors?	Quiz team members to determine whether they understand P.A.S.S. (pull, aim, squeeze & sweep)
	Did team members bring fire extinguishers?	
	Do team members know how to use extinguishers?	



Fire Drill Policy

Fire Drills

Evaluation Checklist

COMMUNITY:	Princeton			DRILL CONDUCTED BY:	Amy Warren
DATE:	4/29/15	START TIME:	6:30 am	ALARM FULLY BY:	N/A
LOCATION:	Activity Room	END TIME:	6:45 am	SHIFT:	1 st , 2 nd , 3 rd :
		TOTAL TIME:	15		

ACTIVITY	POINTS	COMMENTS
R Did team members rescue endangered residents?	15	N/A
Did team members check doors for heat?	10	10

ALARM:	POINTS	COMMENTS
Was the manual pull station activated properly?	10	10
Was the Fire Department notified appropriately?	10	10
Was the main fire panel* in alarm condition?	5	5
Were the visual alarms (strobes) operational?	5	5
Were the audible alarms (horns) operational?	5	5

CONTAIN:	POINTS	COMMENTS
Did the fire/smoke doors release & close properly?	5	5
Were all the corridors & exits unobstructed?	5	5
Did team members manually close resident doors?	10	N/A

EXTINGUISH:	POINTS	COMMENTS
Did team members bring fire extinguishers?	10	10
Do team members know how to use extinguishers?	10	10

TOTAL 100 75

SIGNATURE OF EVALUATOR:

SCORING SYSTEM:
 75 points or less Red - does not meet standard
 80 - 90 points Yellow - needs improvement
 95 points or more Green - meets standard

Score **75**



Fire Drill Policy

Fire Drills Evaluation Checklist

COMMUNITY: Pondrace START TIME: 4:46 DRILL CONDUCTED BY: [Signature]
 DATE: 1/29/15 END TIME: 4:55 ALARM PULLED BY: [Signature]
 LOCATION: Stepcwell D TOTAL TIME: 9:38 SHIFT: 1st: _____ 2nd: 3rd: _____

RESOLVE:	ACTIVITY	POINTS		COMMENTS
		MAX	ACTUAL	
R	Did team members rescue endangered residents?	15	15	
	Did team members check doors for heat?	10	10	
A	ALARM:			
	Was the manual pull station activated properly?	10	10	
	Was the Fire Department notified appropriately?	10	10	
	Was the main fire panel* in alarm condition?	5	5	
C	CONTAIN:			
	Were the visual alarms (strobes) operational?	5	5	
	Were the audible alarms (horns) operational?	5	5	
E	EXTINGUISH:			
	Did the fire/smoke doors release & close properly?	5	5	
	Were all the corridors & exits unobstructed?	5	5	
	Did team members manually close resident doors?	10	10	Team members didn't check all rooms
	Did team members bring fire extinguishers?	10	10	need to work on speed.
	Do team members know how to use extinguishers?	10	10	
		TOTAL	100	100

SIGNATURE OF EVALUATOR: _____
 Score: 100

Scoring System:
 75 points or less Red - does not meet standard
 80 - 90 points Yellow - needs improvement
 95 points or more Green - meets standard
Follow-Up Training Requirements:
 Red Retrain all participating Team Members using the SRZ Fire & Life Safety DVD before the next drill
 Yellow Retrain select team members who did not properly perform their responsibilities using the SRZ Fire & Life Safety DVD before the next drill
 Green No-retraining required



Fire Drills Attendance Record

COMMUNITY: Providence

DATE OF DRILL: 5/29/15

TEAM MEMBER PARTICIPATION		RESIDENT PARTICIPATION	
1.	2.	3.	4.
1. Nick Collette	Edith	1. John Doe	Ken
2. Paul Johnson	Bob		
3. Richard G.	PCWM		
4. Mary Nelson	COOK		
5. Peter Russell	med-tech		
6. Anthony Bony	CM		
7. Joe Reagan	gibson		
8. Donna Stepanen	atkins		
9. Anne Carlow	Harold V. Harlow		
10. Paul Maguire	Remorse		
11. [Signature]	Ken		
12. [Signature]	Ron		

SCORING INFORMATION FOR THE FIRE DRILL EVALUATOR:

SECTION	QUESTIONS	SCORING INFORMATION
General	AI	Questions are scored all or nothing. A 10 point question will be scored either a 10 or a 0.
General	AI	The evaluator must exercise judgment in scoring this evaluation. The intent is to understand if team member know what to do
Rescue	Did Team Members rescue endangered residents?	If the location of the 'fire' is a non-resident area like the kitchen, ask team members what would you do if residents were here?
Alarm	Did team members check doors for heat?	If you are not able to observe team members entering rooms, quiz them after the drill.
	Was the manual pull station activated properly?	Always have a team member pull the alarm
	Was the Fire Department notified appropriately?	Contact the fire department if necessary to validate that someone from the community called in the fire
	Was the fire panel in alarm condition?	Always have a team member check and report the status of the fire alarm panel
	Were visible alarms (strobes) operational?	
	Were audible alarms (bells) operational?	
Contain	Did the fire/smoke doors release & close properly?	Zero points if the doors were obstructed and unable to close
	Were all the corridors & exits unobstructed?	
	Did team members manually close resident doors?	For occupancy communities this is only required in the fire zone.
Extinguish	Did team members bring fire extinguishers?	
	Do team members know how to use extinguishers?	Quiz team members to determine whether they understand P.A.S.S. (pull, aim, squeeze & sweep)



Fire Drill Policy

Fire Drills
Evaluation Checklist

COMMUNITY	PROVIDENCE	START TIME	9:40	DRILL CONDUCTED BY	DAVID F.
DATE	6/24/15	END TIME	9:46	ALARM PULLED BY	N/A
LOCATION	218	TOTAL TIME	6:40	SHIFT	1st 2nd 3rd

ACTIVITY	POINTS	COMMENTS
----------	--------	----------

R	Did team members rescue endangered residents?	15	15
	Did team members check doors for heat?	10	10

A	Was the manual pull station activated properly?	10	10
	Was the Fire Department notified appropriately?	10	10
	Was the main fire panel* in alarm condition?	5	5
	Were the visual alarms (strobes) operational?	5	5
	Were the audible alarms (horns) operational?	5	5

C	Did the fire/smoke doors release & close properly?	5	5
	Were all the corridors & exits unobstructed?	5	5
	Did team members manually close resident doors?	10	10

E	Did team members bring fire extinguishers?	10	10
	Do team members know how to use extinguishers?	10	10

EXTINGUISH:

Did team members bring fire extinguishers? 10

Do team members know how to use extinguishers? 10

TOTAL 100 198

SIGNATURE OF EVALUATOR: *[Signature]* Score 90

Scoring System:
 75 points or less Red - does not meet standard
 80 - 90 points Yellow - needs improvement
 95 points or more Green - meets standard

Follow-Up Training Requirements:
 Red Retrain all participating Team Members using the SRZ Fire & Life Safety DVD before the next drill
 Yellow Retrain select team members who did not properly perform their responsibilities using the SRZ Fire & Life Safety DVD before the next drill
 Green No retraining required



Fire Drills Attendance Record

Fire Drill Polity

ATTENDANCE RECORD

COMMUNITY: PROVIDENCE

DATE OF DRILL: 6/24/15

TEAM MEMBER	TEAM MEMBER PARTICIPATION
1. <u>Marysean Williams</u>	<u>ALL</u>
2. <u>Tawana Brown</u>	<u>AL</u>
3. <u>Tasha Brown</u>	<u>AL</u>
4. <u>Linda Kiser</u>	<u>AL</u>
5. <u>Yardona G. Michael</u>	<u>AL</u>
6. <u>Lataya Howell</u>	<u>not-keep</u>
7. <u>L.A. King</u>	<u>AL CM</u>
8. <u>Sharon King</u>	<u>AL UPN</u>
9. <u>Debra King</u>	<u>RIM</u>
10. <u>[Signature]</u>	
11. <u>[Signature]</u>	<u>Meat</u>
12.	

RESIDENTS NAME	RESIDENT PARTICIPATION
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

SCORING INFORMATION FOR THE FIRE DRILL EVALUATOR:

SECTION	QUESTION	SCORING INFORMATION
General	All	Questions are scored all or nothing. A 10 point question will be scored either a 10 or a 0.
General	All	The evaluator must exercise judgment in scoring this evaluation. The intent is to understand if team member know what to do
Rescue	Did Team Members rescue endangered residents?	If the location of the 'fire' is a non-resident area like the kitchen, ask team members what would you do if residents were here?
	Did team members check doors for heat?	Always have a team member pull the alarm
Alarm	Was the manual pull station activated properly?	Contact the fire department if necessary to validate that someone from the community called in the fire
	Was the fire panel notified appropriately?	Always have a team member check and report the status of the fire alarm panel.
	Was the fire panel in alarm condition?	
	Were visible alarms (strobes) operational?	
	Were audible alarms (horns) operational?	
Contain	Did the fire/smoke doors release & close properly?	Zero points if the doors were obstructed and unable to close
	Were all the corridors & exits unobstructed?	
	Did team members manually close resident doors?	For occupancy communities this is only required in the fire
Extinguish	Did team members bring fire extinguishers?	
	Do team members know how to use extinguishers?	Quiz team members to determine whether they understand: P (pull), A (aim), S (squeeze) & S (sweep)



Fire Drill Policy

Fire Drills

Evaluation Checklist

COMMUNITY:	START TIME:	DRILL CONDUCTED BY:	
DATE:	END TIME:	ALARM PULLED BY:	
LOCATION:	TOTAL TIME:	SHIFT:	1 st : 2 nd : 3 rd :

ACTIVITY	POINTS	COMMENTS
----------	--------	----------

R Did team members rescue endangered residents?	15	
Did team members check doors for heat?	10	

A ALARM:		
Was the manual pull station activated properly?	10	
Was the Fire Department notified appropriately?	10	
Was the main fire panel* in alarm condition?	5	
Were the visual alarms (strobes) operational?	5	
Were the audible alarms (horns) operational?	5	

C CONTAIN:		
Did the fire/smoke doors release & close properly?	5	
Were all the corridors & exits unobstructed?	5	
Did team members manually close resident doors?	10	

E EXTINGUISH:		
Did team members bring fire extinguishers?	10	
Do team members know how to use extinguishers?	10	

Scoring System:

75 points or less	Red - does not meet standard	
80 - 90 points	Yellow - needs improvement	
95 points or more	Green - meets standard	

Follow-Up Training Requirements:

Red	Retrain all participating Team Members using the SRZ Fire & Life Safety DVD before the next drill
Yellow	Retrain select team members who did not properly perform their responsibilities using the SRZ Fire & Life Safety DVD before the next drill
Green	No retraining required

SIGNATURE OF EVALUATOR:

TOTAL 100 Score

Fire Drills

ATTENDANCE RECORD

COMMUNITY: Providence

DATE OF DRILL: 7-26-15

TEAM MEMBER	TEAM MEMBER PARTICIPATION
1. Georgia Anderson	HSK
2. Nicole Jones	HCC
3. Lisa Dabson	Med-Teeth
4. Susannah Kofi	AL
5. Keshia Herd	AL
6. Cheryl Thomas	AL
7. Mary Nelson	Dieter
8. Shirley	Dieter
9. Shirley	AL
10. Michelle	AL
11. Barbara R. Price	emccoms
12. Dimplekaran	BOC

#	RESIDENT'S NAME	RESIDENT PARTICIPATION
1.	Catherine A Odloom	Rem
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

SCORING INFORMATION FOR THE FIRE DRILL EVALUATOR:

SECTION	QUESTION	SCORING INFORMATION
General	All	Questions are scored all or nothing. A 10 point question will be scored either a 10 or a 0.
General	All	The evaluator must exercise judgment in scoring this evaluation. The intent is to understand if team member know what to do
Rescue	Did Team Members rescue endangered residents?	If the location of the 'fire' is a non-resident area like the kitchen, ask team members what would you do if residents were here?
	Did Team Members check doors for heat?	If you are not able to observe team members entering rooms, quiz them after the drill.
Alarm	Was the manual pull station activated properly?	Always have a team member pull the alarm
	Was the Fire Department notified appropriately?	Contact the fire department if necessary to validate that someone from the community called in the fire
	Was the fire panel in alarm condition?	Always have a team member check and report the status of the fire alarm panel.
	Were visible alarms (strobes) operational?	
	Were audible alarms (bells) operational?	
Contain	Did the fire/smoke doors release & close properly?	Zero points if the doors were obstructed and unable to close
	Were all the corridors & exits unobstructed?	
	Did team members manually close resident doors?	For 1 occupancy communities this is only required in the fire zone.
Extinguish	Did team members bring fire extinguishers?	
	Do team members know how to use extinguishers?	Quiz team members to determine whether they understand P.A.S.S. (pull, aim, squeeze & sweep)



Fire Drill Policy

Fire Drills

Evaluation Checklist

COMMUNITY:	PAVOENGE	START TIME:	8:06 pm	DRILL CONDUCTED BY:	
DATE:	8-19-15	END TIME:	8:11 pm	ALARM PULLED BY:	
LOCATION:	DIXIE LODGE	TOTAL TIME:	4:22	SHIFT:	1st
					2nd
					3rd

RESCUE:	ACTIVITY	POINTS		COMMENTS
		MAX	ACTUAL	
R	Did team members rescue endangered residents?	15	15	
	Did team members check doors for heat?	10	10	

A	ALARM:	Was the manual pull station activated properly?	10	10
		Was the Fire Department notified appropriately?	10	10
		Was the main fire panel* in alarm condition?	5	5
		Were the visual alarms (strobes) operational?	5	5
		Were the audible alarms (horns) operational?	5	5

C	CONTAIN:	Did the fire/smoke doors release & close properly?	5	5
		Were all the corridors & exits unobstructed?	5	5
		Did team members manually close resident doors?	10	10

fire drill was so strong them.

E	EXTINGUISH:	Did team members bring fire extinguishers?	10	10
		Do team members know how to use extinguishers?	10	10

Scoring System:
 75 points or less Red - does not meet standard
 80 - 89 points Yellow - needs improvement
 95 points or more Green - meets standard

Follow-Up Training Requirements:
 Red Retrain all participating Team Members using the SRZ Fire & Life Safety DVD before the next drill
 Yellow Retrain select team members who did not properly perform their responsibilities using the SRZ Fire & Life Safety DVD before the next drill
 Green No retraining required

TOTAL 100 100

SIGNATURE OF EVALUATOR:

Score 100



Fire Drills

ATTENDANCE RECORD

COMMUNITY: PREVAILANCE

DATE OF DRILL: 8/19/15

	TEAM MEMBER PARTICIPATION	RESIDENT PARTICIPATION
1.	<u>Deiko Eustay ALC</u>	
2.	<u>Jared Smith AL</u>	
3.	<u>Junda Kiser</u>	
4.	<u>Alan Knight CONC</u>	
5.	<u>Kevin Bennett ALC</u>	
6.	<u>WELLERS</u>	
7.	<u>BEAM</u>	
8.	<u>REM</u>	
9.	<u>Demetri</u>	
10.		
11.		
12.		

SCORING INFORMATION FOR THE FIRE DRILL EVALUATOR:

SECTION	QUESTION	SCORING INFORMATION
General	All	Questions are scored all or nothing. A 10 point question will be scored either a 10 or a 0.
General	All	The evaluator must exercise judgment in scoring this evaluation. The intent is to understand if team member know what to do
Rescue	Did Team Members rescue endangered residents?	If the location of the 'fire' is a non-resident area like the kitchen, ask team members what would you do if residents were here?
Rescue	Did Team Members check doors for heat?	If you are not able to observe team members entering rooms, quiz them after the drill.
Alarm	Was the manual pull station activated properly?	Always have a team member pull the alarm
Alarm	Was the Fire Department notified appropriately?	Contact the fire department if necessary to validate that someone from the community called in the fire
Alarm	Was the fire panel in alarm condition?	Always have a team member check and report the status of the fire alarm panel.
Alarm	Were visible alarms (strobes) operational?	
Alarm	Were audible alarms (horns) operational?	
Contain	Did the fire/smoke doors release & close properly?	Zero points if the doors were obstructed and unable to close
Contain	Were all the corridors & exits unobstructed?	
Extinguish	Did team members manually close resident doors?	For 1 occupancy communities this is only required in the fire zone.
Extinguish	Did team members bring fire extinguishers?	Quiz team members to determine whether they understand R.A.S.S. (pull, aim, squeeze & sweep)
Extinguish	Do team members know how to use extinguishers?	
		F. 202B, Fire Drill Attendance Record



Fire Drill Policy

Fire Drills
ATTENDANCE RECORD

COMMUNITY: Providence DATE OF DRILL: 9/25/15

TEAM MEMBER PARTICIPATION		RESIDENT PARTICIPATION
1. Teresa Maine	Nursing (AU)	
2. Kim Jenkins	Prn	
3. Pamelle Turner	Rem	
4. Savannah	Prn Nursing (Gen)	
5. Loni Jorde	ASA	
6. Jacada Carothers	Rem Nursing	
7. Alexis Ferret	Rem	
8. Lashene Howard	Nursing (AU)	
9. Brenda Johnson	Nursing (AU)	
10. Loner Sims	dietary	
11. [Signature]		
12. [Signature]	maint	

SCORING INFORMATION FOR THE FIRE DRILL EVALUATOR:

QUESTION	SCORING INFORMATION
General AF	Questions are scored all or nothing. A 10 point question will be scored either a 10 or a 0.
General AI	The evaluator must exercise judgment in scoring this evaluation. The intent is to understand if team member know what to do
Rescue	Did Team Members rescue endangered residents? Did Team Members check doors for heat? Was the manual pull station activated properly? Was the Fire Department notified appropriately? Was the fire panel in alarm condition? Were visible alarms (strobes) operational? Were audible alarms (horns) operational?
Contain	Did the fire/smoke doors release & close properly? Were all the corridors & exits unobstructed?
Extinguish	Did team members manually close resident doors? Did team members bring fire extinguishers? Do team members know how to use extinguishers?
	Zero points if the doors were obstructed and unable to close For I occupancy communities this is only required in the fire zone. Quiz team members to determine whether they understand P.A.S.S. (pull, aim, squeeze & sweep)



Fire Drill Policy

Fire Drills

Evaluation Checklist

Nov-7.20
6:36-7.20

COMMUNITY: **PROVIDENCE** START TIME: **6:36** DRILL CONDUCTED BY: **AKULD**

DATE: **9/25/15** END TIME: **7:00** ALARM PULLED BY: **VAHED AMR PONSHE**

LOCATION: **Room #9** TOTAL TIME: **24 minutes** SHIFT: **1st** 2nd: **3rd: ✓**

COMMENTS

POINTS

ACTIVITY	MAX	ACTUAL
R Did team members rescue endangered residents?	15	15
Did team members check doors for heat?	10	10

ALARM:

Was the manual pull station activated properly?	10	10
Was the Fire Department notified appropriately?	10	10
Was the main fire panel* in alarm condition?	5	5
Were the visual alarms (strobes) operational?	5	5
Were the audible alarms (horns) operational?	5	5

CONTAIN:

Did the fire/smoke doors release & close properly?	5	5
Were all the corridors & exits unobstructed?	5	5
Did team members manually close resident doors?	10	10

EXTINGUISH:

Did team members bring fire extinguishers?	10	10
Do team members know how to use extinguishers?	10	10

TOTAL 100 100

SIGNATURE OF EVALUATOR: *[Signature]*

Scoring System:

- 75 points or less Red - does not meet standard
- 80 - 90 points Yellow - needs improvement
- 95 points or more Green - meets standard

Score **100**

Follow-Up Training Requirements:

- Red Retrain all participating Team Members using the SRZ Fire & Life Safety DVD before the next drill
- Yellow Retrain select team members who did not properly perform their responsibilities using the SRZ Fire & Life Safety DVD before the next drill
- Green No retraining required

F_202A_Test & Inspect Log - Fire Drill Evaluation Checklist


Fire Drills
Evaluation Checklist

COMMUNITY:	PROVIDENCE	START TIME:	2:54 p.m.	DRILL CONDUCTED BY:	DAVID FEATHERSTONE
DATE:	10/23/15	END TIME:	3:06 p.m.	ALARM PULLED BY:	ANGELICA PAGON
LOCATION:	201	TOTAL TIME:	12:33	SHIFT:	1 st : <input checked="" type="checkbox"/> 2 nd : <input type="checkbox"/> 3 rd : <input type="checkbox"/>

ACTIVITY	POINTS		COMMENTS
	MAX.	ACTUAL	
R Did team members rescue endangered residents?	15	0	Staff member played as resident, staff acted like they opened door and smoke
Did team members check doors for heat?	10	10	come out so they shut it. Staff
A Was the manual pull station activated properly?	10	10	Member that stayed in room wasn't removed. Need to train staff to check rooms for residents
Was the Fire Department notified appropriately?	10	10	
Was the main fire panel in alarm condition?	5	5	
Were the visual alarms (strobes) operational?	5	5	
Were the audible alarms (horns) operational?	5	5	
C Did the fire/smoke doors release & close properly?	5	5	
Were all the corridors & exits unobstructed?	5	5	
Did team members manually close resident doors?	10	10	
E Did team members bring fire extinguishers?	10	10	
Do team members know how to use extinguishers?	10	10	
TOTAL	100	90	

Scoring System:
 75 points or less Red - does not meet standard
 80 - 90 points Yellow - needs improvement
 95 points or more Green - meets standard

Follow-Up Training Requirements:
 Red Retrain all participating Team Members using the SRZ Fire & Life Safety DVD before the next drill
 Yellow Retrain select team members who did not properly perform their responsibilities using the SRZ Fire & Life Safety DVD before the next drill
 Green No retraining required

SIGNATURE OF EVALUATOR:  Score **90**



Fire Drill Policy

Fire Drills

ATTENDANCE RECORD

COMMUNITY: PROVIDENCE

DATE OF DRILL: 10/23/15

TEAM MEMBER PARTICIPATION		RESIDENT PARTICIPATION	
TEAM MEMBER NAME	DEPARTMENT	RESIDENT NAME	DEPARTMENT
1. <u>Leighfield</u>			
2. <u>Joe Ghans</u>			
3. <u>Mich Ard O</u>	<u>Therapy</u>		
4. <u>Frank Sherr</u>			
5. <u>Wilson Hines</u>	<u>A.L</u>		
6. <u>Riley Barrom</u>	<u>A.L</u>		
7. <u>Emily Bery</u>	<u>AL</u>		
8. <u>Sandra Martinez</u>	<u>A.L</u>		
9. <u>Whitby Bryan</u>	<u>AL</u>		
10. <u>Georgia Anderson</u>	<u>HSK</u>		
11. <u>[Signature]</u>	<u>HSK</u>		
12.			

SCORING INFORMATION FOR THE FIRE DRILL EVALUATOR:

SECTION	QUESTION	SCORING INFORMATION
General	All	Questions are scored all or nothing. A 10 point question will be scored either a 10 or a 0.
General	All	The evaluator must exercise judgment in scoring this evaluation. The intent is to understand if team members know what to do
Rescue	Did Team Members rescue endangered residents? Did Team Members check doors for heat?	If the location of the 'fire' is a non-resident area like the kitchen, ask team members what would you do if residents were here? If you are not able to observe team members entering rooms, quiz them after the drill.
Alarm	Was the manual pull station activated properly? Was the Fire Department notified appropriately? Was the fire panel in alarm condition? Were visible alarms (strobes) operational?	Always have a team member pull the alarm Contact the fire department if necessary to validate that someone from the community called in the fire Always have a team member check and report the status of the fire alarm panel.
Contain	Were audible alarms (horns) operational? Did the fire/smoke doors release & close properly? Were all the corridors & exits unobstructed?	Zero points if the doors were obstructed and unable to close
Extinguish	Did team members manually close resident doors? Did team members bring fire extinguishers? Do team members know how to use extinguishers?	For 1 occupancy communities this is only required in the fire zone. Quiz team members to determine whether they understand P.A.S.S. (pull, aim, squeeze & swing).

Saturday - Weekend drill.

Fire Drill Policy

Fire Drills

Evaluation Checklist

COMMUNITY: PHOENIX START TIME: 3:36 DRILL CONDUCTED BY: David Featherstone
 DATE: 11/28/15 END TIME: 3:51 ALARM PULLED BY: David
 LOCATION: Room 113 TOTAL TIME: 15:24 SHIFT: 1st 2nd 3rd

ACTIVITY **POINTS** **COMMENTS**

ACTIVITY	MAX	ACTUAL	COMMENTS
R Did team members rescue endangered residents?	15	15	Weekend staff needs more training
Did team members check doors for heat?	10	10	even tho more to 100. Staff

ALARM:

Was the manual pull station activated properly?	10	10	didn't signal fast enough. Lower
Was the Fire Department notified appropriately?	10	10	from kitchen was first on scene
Was the main fire panel* in alarm condition?	5	5	with extinguisher then Emily came
Were the visual alarms (strobes) operational?	5	5	after. No one else responded.
Were the audible alarms (horns) operational?	5	5	They said they had residents

CONTAIN:

Did the fire/smoke doors release & close properly?	5	5	in shower or toilet. That's understandable
Were all the corridors & exits unobstructed?	5	5	but No communication. Also
Did team members manually close resident doors?	10	10	only one extinguisher was brought.

EXTINGUISH:

Did team members bring fire extinguishers?	10	10	Staff should cut into way drill
Do team members know how to use extinguishers?	10	10	All the real things

Scoring System:
 75 points or less Red - does not meet standard
 80 - 90 points Yellow - needs improvement
 95 points or more Green - meets standard

Follow-Up Training Requirements:
 Red Retrain all participating Team Members using the SRZ Fire & Life Safety DVD before the next drill
 Yellow Retrain select team members who did not properly perform their responsibilities using the SRZ Fire & Life Safety DVD before the next drill
 Green No retraining required

TOTAL 100 100

SIGNATURE OF EVALUATOR: [Signature] Score 100

Saturday



Fire Drill Policy

Fire Drills

ATTENDANCE RECORD

DATE OF DRILL: 11/28/15

COMMUNITY: Residence

TEAM MEMBER	DEPARTMENT	TEAM MEMBER PARTICIPATION
1. Chapman wya		med tech
2. Lamar Sims		Dietary
3. Emily Berry		lead care manager
4. Riky Bancum		AL
5. Lisa Sasser		REM
6. Ashlee Fricker		care manager
7. Shannon Davis		wellness nurse
8. Steve Norton		activities / A.L
9. Lois Aiello		Volunteer
10. NICKOL ALLEGA		CARE MANAGER
11. Brittany Lea		Care Manager
12.		

RESIDENT NAME	RESIDENT PARTICIPATION
1. Diana Munro	REM
2.	
3.	
4.	
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8.	
9.	
10.	
11.	
12.	

SCORING INFORMATION FOR THE FIRE DRILL EVALUATOR:

SECTION	QUESTION	SCORING INFORMATION
General	All	Questions are scored all or nothing. A 10 point question will be scored either a 10 or a 0.
General	All	The evaluator must exercise judgment in scoring this evaluation. The intent is to understand if team member know what to do
Rescue	Did Team Members rescue endangered residents?	If the location of the 'fire' is a non-resident area like the kitchen, ask team members what would you do if residents were here?
	Did team members check doors for heat?	If you are not able to observe team members entering rooms, quiz them after the drill.
Alarm	Was the manual pull station activated properly?	Always have a team member pull the alarm
	Was the Fire Department notified appropriately?	Contact the fire department if necessary to validate that someone from the community called in the fire
	Was the fire panel in alarm condition?	Always have a team member check and report the status of the fire alarm panel.
	Were visible alarms (strobes) operational?	
	Were audible alarms (bells) operational?	
Contain	Did the fire/smoke doors release & close properly?	Zero points if the doors were obstructed and unable to close
	Were all the corridors & exits unobstructed?	
	Did team members manually close resident doors?	For I occupancy communities this is only required in the fire zone.
Extinguish	Did team members bring fire extinguishers?	
	Do team members know how to use extinguishers?	Quiz team members to determine whether they understand P.A.S.S. (pull, aim, squeeze & sweep)

CFD Fire Inspection Report

Date 12/18/2015

Full Address: **5114**

PROVIDENCE

RD

Inspected Date:

Occupant: SUNRISE ASSISTED LIVING

Re-insp? Yes

Building Phone: (704) 365-5252 Property/Land Use 24-hour care Nursing homes, 4 or more persons

Status PENDING

Occupancy Use: I-1, Nursing/Group homes > 16, amb.

Frequency (Days): 0

Inspector: Horton

Inspector Office Phone: () -

Emp #: 88439

Time Spent: 0 Hrs 0 Mins 0 Secs

Inspection Class: Complaint Inspection

Inspection Type: Complaint Inspection

Referral Blkg: Elec: FPB: Health: Mech:

Inspection Items

Violations/Recommendations

Status

205 Fire protection, suppression and/or life-safety ~~systems~~/not properly maintained/not complying to code

205 Fire protection, suppression and/or life-safety system(s) not properly maintained/net complying to code, NFCC Section 801.5 \$50.00 fine if violation not corrected.

Called out by Eng 19 re fire alarm not working correctly and mag lock on front doors not releasing correctly sec's after the alarm goes off. Per Manager they have tech coming out tomorrow. Inspector Horton will follow up on this.

Notes:

Occupant's Signature: _____

Address: **5114**

PROVIDENCE

RD

Emergency Contacts:

Name: <u>FEATHERSTONE</u>	, <u>DAVID</u>	Phone: <u>(704) 201-1561</u>
Name: <u>Harris</u>	, <u>Jane</u>	Phone: <u>(704) 548-6131</u>
Name: <u>Murray</u>	, <u>Mercedes</u>	Phone: <u>(704) 343-1937</u>
Name: <u>Teachy</u>	, <u>Doris</u>	Phone: <u>(704) 699-2458</u>

CFD Fire Inspection Report

Date 12/18/2015
 Inspected Date: 08/20/2015
 Re-Insps? No
 Status Satisfactory
 Frequency (Days): 0
 Inspector Office Phone: () -

PROVIDENCE RD
 Emp #: 88439

Full Address: 5114
 Occupant: SUNRISE ASSISTED LIVING
 Building Phone: (704) 365-5252 Property/Land Use 24-hour care Nursing homes, 4 or more persons
 Occupancy Use: I-1, Nursing/Group homes > 16, amb.
 Inspector: Horton

Time Spent: 0 Hrs 45 Mins 0 Secs
 Inspection Class: Complaint Inspection
 Referral Bldg: Elec: FPB: Health: Mech:
 Inspection Type: Complaint Inspection

Notes:

Occupant's Signature: _____
 Address: 5114 PROVIDENCE RD

Emergency Contacts:
 Name: FEATHERSTONE , DAVID Phone: (704) 201-1561
 Name: Harris , Jane Phone: (704) 548-6131
 Name: Murray , Mercedes Phone: (704) 343-1937
 Name: Teachy , Doris Phone: (704) 699-2458

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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	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller and Greg Cates on October 16, 2015.</p> <p>Records indicate that this facility was first licensed on February 27, 1996. The facility is currently Licensed for ninety-five residents including twenty-five Special Care residents. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1991 North Carolina State Building Code, Section 514.1- Institutional (I) Occupancy- Unrestrained.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>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 at no cost;</p> <p>This Rule is not met as evidenced by:</p>	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 101	<p>Continued From page 1</p> <p>1. Based on observation, the Building does not meet Code requirements in effect at time of construction. Findings on October 16, 2015: a. Mech Closet, near Bedroom 108 did not have any fire sprinkler protection. b. Mech Closet, near smoke doors on terrace level.</p> <p>2. Based on observation the required emergency release switches for the special locking were not labeled. Unlabeled emergency release switches could cause an unnecessary delay in releasing the doors during an emergency. Findings on October 16, 2015: a. The emergency release switches on all floors were not labeled and staff did not have knowledge on the switches on the first and second floors.</p>	C 101		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Based on record review, and interview with Maintenance Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be</p>	C 111		

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C 111	Continued From page 2 discovered with annual inspections. Findings on October 16, 2015: a. The current annual Fire Marshal Inspection Report was not available for review,	C 111		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the residents' rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on September 16, 2015: a. The following Stairways are being used as storage. Locations of specific examples include but are not limited to: i. Stairway A, Second Floor, Deficiency corrected before Construction Surveyors departed Site, ii. Stairway D2 Second Floor, iii. On the second floor in the large corridors/sitting area, the furniture had been arranged in a way that the furniture encroached on the six foot wide path of travel to an exit. Deficiency corrected before Construction Surveyors departed Site, b. There was a door mat in the corridor outside of Bedroom 117.	C 150		

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C 164	Continued From page 3	C 164		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 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.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on October 16, 2015: a. The ceiling was stained in the Lobby from a past leak. b. The ceiling was stained in the Bistro from a past leak. c. The ceiling was stained in the Main Dining room from a past leak. d. Covered porch right of entrance had three ceiling patches not finished. e. In Bedrooms 110 and 116 there was no window sash in one of the windows. f. Carpet in Stairway A First Floor was very dirty.</p> <p>2. 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. Findings on October 16, 2015: a. 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</p>	C 164		

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C 164	<p>Continued From page 4</p> <p>contaminate the ice.</p> <p>3. 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 16, 2015: a. Many of the HVAC returns and ventilation grilles including their radiation dampers have an excessive accumulation of dust/lint thought-out the Facility.</p> <p>4. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on October 16, 2015: a. In the Second Floor Laundry and the light wells, the gypsum wallboard showed sign of fasteners backing out of the materials beneath. b. Covered porch, left of entrance, had gypsum wallboard showed sign of fasteners backing out of the materials beneath and paint peeling.</p>	C 164		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall</p>	C 185		

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C 185	Continued From page 5 include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Maintenance Director the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building. Findings on October 16, 2015: 1. There were no records available for review.	C 185		
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 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 16, 2015:	C 189		

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C 189	<p>Continued From page 6</p> <p>a. The fire alarm panel was showing a trouble signal. The trouble code corresponded to the manual pull in the Kitchen. Panel indicated this trouble signal has been showing for about two weeks.</p> <p>i. Note: Testing of another manual pull station and a corridor smoke detector revealed that the trouble with the manual pull in the Kitchen was not inhibiting the system from alarming after additional initiating devices are activated.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of Fire Doors. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on October 16, 2015: a. Second Floor Stairway B and First Floor Stairway A's Fire Doors did not latch into their frames.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the fire-resistance-rated construction. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on October 16, 2015: a. The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling. Locations of specific examples include but are not limited to: i. Mech Room next to Bedroom 125, ii. Bio Hazards near Bedroom 124, b. The fire sprinkler escutcheon plate was missing. Locations of specific examples include but are not limited to:</p>	C 189		

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C 189	<p>Continued From page 7</p> <ul style="list-style-type: none"> i. Kitchen. ii. Maintenance Office c. The concealed fire sprinkler had been painted. Locations of specific examples include but are not limited to: <ul style="list-style-type: none"> i. Restroom across for Bedroom107 ii. Director of Sales, iii. SCU Nurse Station iv. Common Lounge d. The concealed fire sprinkler had been covered with tape. Locations of specific examples include but are not limited to: <ul style="list-style-type: none"> i. Bedroom 110 <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained in a safe manner. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on October 16, 2015:</p> <ul style="list-style-type: none"> a. The access door for the HVAC duct mounted smoke detector, in Mech Room near Bedroom 215, was located to far apart to inspect and clean the duct detector's sample tubes. b. The sample tubes for the HVAC duct mounted smoke detector in the Mech Room Terrace Level were dirty. <p>5. Based on Observation, the Building was not maintained in a safe and operating condition, because the lighting equipment was not maintained in a safe manner. This would affect all residents, staff and visitors by exposing them to, dark and unlighted area.. Findings on October 16, 2015:</p> <ul style="list-style-type: none"> a. There was a pattern exhibited where most of the Stairway lighting had broken plastic globes. <p>6. Based on Observation, the Building was not</p>	C 189		

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C 189	<p>Continued From page 8</p> <p>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 16, 2015:</p> <p>a. A portable medical oxygen cylinder was stored standing up not secured to the structure in the Second Floor Nurse Station.</p> <p>7 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 16, 2015:</p> <p>a. Corridor door to the Kitchen was blocked open with a door mat,</p> <p>b. Corridor door to the Main Electrical Room was blocked open with a electrical motor,</p> <p>c. Corridor door to the Common Lounge was blocked open with a door wedge</p> <p>a. Corridor door to the Mech Room was blocked open with a fan and painter/maintenance cart.</p> <p>d. Corridor door to the Therapy Service was blocked open with a hand weigh.</p> <p>e. Corridor door to the Terrace Level Nurse Station was blocked open with a with a door wedge</p> <p>f. Corridor door to the main Dining room was blocked open with a with a kick down hardware and tables and chairs.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not</p>	C 189		

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C 189	<p>Continued From page 9</p> <p>being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist.</p> <p>Findings on October 16, 2015:</p> <p>a. In the Electrical Room, many items are being stored directly in front of the electric panels, encroaching upon the required clear working space at the following locations to include but not limited to:</p> <p>i. Generator Room,</p> <p>ii. Maintenance Office.</p> <p>b. Electrical Panel RPT-1 in Mech Room Terrace Level did not have its circuits labeled.</p> <p>c. Electrical Panel Light in Electrical Room in the Time Clock Room did not have its circuits labeled</p> <p>9. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was in disrepair. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm</p> <p>Findings on October 16, 2015:</p> <p>a. The fire alarm system's Smoke detector and associated box was dangling from the ceiling by its power/operational wire in the corridor near Bedroom 9.</p> <p>10. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign was in disrepair. This would affect all residents, staff and visitors if the signs did not work during an emergency.</p> <p>Findings on October 16, 2015:</p> <p>a. The Exit Sign was dangling from the ceiling by its power/operational wire in the corridor near Housekeeping on Terrace Level.</p>	C 189		

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C 199	Continued From page 10	C 199		
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) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 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 16, 2015: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> i. Janitor Closet Terrace Level. 2. Based on Observation, the facility failed to provide ventilation in areas where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on October 16, 2015: <ol style="list-style-type: none"> a. There was no ventilation to the following areas. Locations of specific examples include but are not limited to: 	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2015
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NAME OF PROVIDER OR SUPPLIER SUNRISE ON PROVIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 5114 PROVIDENCE ROAD CHARLOTTE, NC 28226
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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 199	Continued From page 11 i. Bio Hazards (Soiled Line Storage) near Bedroom 124. ii. Janitor Closet near Bedroom 124	C 199		