

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2016
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NAME OF PROVIDER OR SUPPLIER WINDHAM HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 329 COOPER STREET KENANSVILLE, NC 28349
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller and Bob Getchell on June 29 2016. A Complaint Survey was performed at the same time.</p> <p>Records indicate this facility was first licensed as a Home for the Aged serving 80 residents on November 1, 1967. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes, and, the 1967 North Carolina State Building Code Section 407- for Group "D"-Institutional Occupancy.</p> <p>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 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>	C 101		

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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>This Rule is not met as evidenced by:</p> <p>1. Based on observation and interview with Maintenance Director, the Building did not meet licensure and code requirements in effect at the time of construction or renovation. This could slow or prevent exiting in an emergency. Findings on June 29, 2016:</p> <p>a. Middle Left Exit (vending machine room) - the door swings into the space instead of out, as required for exits serving 50 or more occupancy. The evacuation map directs you to discharge through this exit and there is an exit sign on the corridor directing you to exit through this room.</p> <p>b. Middle Left Exit (vending machine room) - the exterior door does not have an exit sign marking the exit and the door is not visible past the vending machine.</p> <p>c. Interview with facility staff indicated that the magnetic locking installed on the left cross corridor doors are turned off and not functioning. Observation revealed there was not an On/Off emergency release within 3 feet of the door from both directions and there was not a master On/Off release.</p> <p>2 Based on observation, the building did not meet code requirements at time of construction or renovation. This could expose residents to smoke and fire if the fire resistance rated construction does not contain a fire. Findings on July 12, 2016:</p> <p>a. Bulk Laundry - the HVAC return air at this location consists of an approximately 2 foot by 3 foot opening in the ceiling with a wood stud and gypsum chase to the floor. A 2 foot by 3 foot filter grill covers the opening into the chase, cut in at around 1 foot off the floor.</p> <p>b. Bedroom 39 - the HVAC return air at this location consists of an approximately 2 foot by 3 foot opening in the ceiling with a wood stud and</p>	C 101		

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C 101	Continued From page 2 gypsum chase to the floor. A 2 foot by 3 foot filter grill covers the opening into the chase, cut in at around 1 foot off the floor. This is not in accordance with the Code requirement to maintain the 1 hour fire resistance rated roof/ceiling assembly.	C 101		
C 111	Must Have Current San. & Fire Safety Reports 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. This Rule is not met as evidenced by: 1. Based on record review, and interview with Manager, 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 residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on June 29, 2016: a. The current annual Fire Marshal Inspection Report was not available for review. b. NFPA 72 "National Fire Alarm and Signaling Code" requires annual Inspection, Testing, and Maintenance of your Fire Alarm Systems. The last annual inspection was performed in February 2014.	C 111		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT	C 133		

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C 133	<p>Continued From page 3</p> <p>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(e) The requirements for bathrooms and toilet rooms are:</p> <p>(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to provide commodes, tubs and showers accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures.</p> <p>Findings on June 29, 2016:</p> <p>a. Women near Bedroom 43 - there was no hand grip (grab bar) for the tub.</p> <p>b. Women near Bedroom 48 - there was no hand grip (grab bar) for the tub.</p> <p>c. Bedroom 35 - there was no hand grip (grab bar) for the tub.</p> <p>d. Visitor Restroom - there was no hand grip (grab bar) for the commode.</p>	C 133		
C 148	<p>Corridors-Handrails</p> <p>SECTION .0300 - PHYSICAL PLANT</p> <p>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are:</p> <p>(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;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building was not</p>	C 148		

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C 148	Continued From page 4 providing handrails in the corridor that could support 250 pounds. This deficiency affects residents, staff and visitors who use unstable handrails by not providing increase safety, stability/balance, and maneuverability provide by these devices. Findings on June 29, 2016: a. Corridor near Bedrooms 40 - the handrail was loose and may not support a 250 pound concentrated load. b. Corridor between Bedrooms 37 and 38 - the handrail was loose and may not support a 250 pound concentrated load. c. Corridor near Bedrooms 20 - the handrail was loose and may not support a 250 pound concentrated load.	C 148		
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, corridors were not free of all equipment and other obstructions. This would affect all residents, staff and visitors by slowing or obstructing egress during an emergency. Findings on June 29, 2016: a. Right Corridor - there was a drawer, a clothing item and a drop cloth in this corridor.	C 150		
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT	C 155		

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C 155	Continued From page 5 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to maintain the floors smooth and in good repair. Findings on June 29, 2016: a. Resident Laundry - Floor drain was missing its cover grate, creating a tripping hazard.	C 155		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. Findings on June 29, 2016: a. Exterior Back Right - the soffit had melted due to localized fire (smokers caught the mulch on fire). b. Left Porch - the bottom of the ramp was about 1 ½ inch higher than the ground, making it very difficult to start up the ramp. c. Left Porch - the guard rail was missing	C 160		

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C 160	Continued From page 6 several pickets.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired 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. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on June 29, 2016: a. Throughout the Building - the corridor floors had a light coat of dust. 2. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on June 29, 2016: a. Bedroom 49 - the closet door was missing its doorknob. b. Bedroom 43 - the closet door was missing its doorknob. c. Kitchen - the connection of the commode to the floor was loose,	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 166		

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C 166	<p>Continued From page 7</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on June 29, 2016: a. Bedroom 35 - the tub had a hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. b. Bathroom next to Bedroom 10 - the shower with curb had a hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.</p>	C 166		
C 183	<p>Fire Extinguishers</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs</p>	C 183		

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C 183	Continued From page 8 ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order. Findings on June 29, 2016: a. Entire Building - since the last annual maintenance, performed in November 2015, there has been no documentation of the portable fire extinguisher's monthly inspections. 2. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order. Findings on June 29, 2016: a. Throughout the Building - The portable fire extinguisher were sitting on the floor, not mounted as required by NFPA 10.	C 183		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (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. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall 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.	C 185		

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C 185	Continued From page 9 This Rule is not met as evidenced by: 1. Based on Record review and interview with Manager the facility failed to completely document the fire plan. This deficiency affects 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 June 29, 2016: 1. The fire plan rehearsal records provided no description of what the rehearsal involved.	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's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on June 22, 2016: a. Front Entrance - the exit sign did not work on backup power when tested. Exit signs must work on backup power providing directions during power outages. b. Right Front Living Room - the exit sign did not	C 189		

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C 189	<p>Continued From page 10</p> <p>work on backup power when tested. Exit signs must work on backup power providing directions during power outages.</p> <p>2. Based on observations, the fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to smoke/fire if not contained in Room or compartment of origin Findings on June 29, 2016:</p> <p>a. Attic Left Firewall - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated firewall, allowing the spread of fire and smoke</p> <p>b. Attic Right Firewall - there was a 1 ½ inch hole not firestop as it penetrate the fire-resistance-rated firewall, allowing the spread of fire and smoke.</p> <p>c. Corridor near Left Firewall - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.</p> <p>d. Corridor near Right Firewall - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke</p> <p>e. Corridor near Left Firewall - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.</p> <p>f. Left Living Room - there were gaps around three cables not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.</p> <p>g. Laundry - there were gaps around the two copper pipes not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.</p> <p>h. Left Firewall - the cross-corridor door did not latch into its frame when the hold open device</p>	C 189		

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C 189	<p>Continued From page 11</p> <p>released on fire alarm system actuation.</p> <p>i. Right Firewall - the cross-corridor door did not latch into its frame when the hold open device released on fire alarm system actuation.</p> <p>j. Housekeeping near Bedroom 26 - without applying extra force, the corridor door hits its frame, preventing it from closing thus latching, which allows the passage of smoke.</p> <p>k. Med Cart Storages - the carts have severe gouged the gypsum wall board walls, that they may not be able to contain a fire.</p> <p>m. Bulk Laundry - a series of shelves have been removed leaving holes in the fire-resistance-rated wall construction, allowing the spread of fire and smoke.</p> <p>n. Bulk Laundry - there was an open ended 1 ½ inch metal conduit sleeve with cable not firestop as it penetrate the fire-resistance-rated ceiling, allowing the spread of fire and smoke.</p> <p>o. Bulk Laundry - the ceiling assembly has deteriorated, and cannot properly stop a fire (tape and joint compound coming apart).</p> <p>p. Bulk Laundry - the wall assembly behind the dryer has deteriorated, and cannot properly stop a fire (tape and joint compound coming apart).</p> <p>q. Front Lobby - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke</p> <p>r. RCC Office - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.</p> <p>s. Bedroom 23 - there was a 1 ½ inch hole not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.</p> <p>t. Bedroom 23 - without applying extra force, the corridor door hits its frame, preventing it from closing thus latching, which allows the passage of</p>	C 189		

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C 189	<p>Continued From page 12</p> <p>smoke.</p> <p>u. Buffer Closet - there were gaps around the two copper pipes not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.</p> <p>v. Bedroom 15 - the corridor door closes but does not latch, allowing the spread of fire and smoke.</p> <p>w. Kitchen - the top leaf of the Dutch door, did not automatically latch into the bottom leaf.</p> <p>x. Nurse Station - the wall behind the Nurse Station was not firestop with the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.</p> <p>y. Copy Room - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke</p> <p>z. Electrical Room - there were gaps around a cable and holes not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke</p> <p>3. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff and visitors by not providing early detection and activating the fire alarm system. Findings on June 29, 2016:</p> <p>a. All Attic HVAC Units - the HVAC duct mounted smoke detectors had no access doors to inspect and clean the duct detector's sample tubes. Dirty sampling tube may become obstructed and my not detect the existence of smoke in the air stream.</p> <p>b. Bedroom 35 - the smoke detector was covered with blue painters tape.</p> <p>4. Based on Observation, the Building was not maintained in a safe and operating condition. This</p>	C 189		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2016
NAME OF PROVIDER OR SUPPLIER WINDHAM HALL		STREET ADDRESS, CITY, STATE, ZIP CODE 329 COOPER STREET KENANSVILLE, NC 28349		
(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 13 could affect all residents, staff and visitors if insects, vermin or weather can enter the building or a component does not work Findings on June 29, 2016: a. Left Porch - the exterior door was delaminating/rotting. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on June 29, 2016: a. Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in November 2015, there has been no record keeping of the monthly inspections. 6. Based on observation, the Building was not maintain in a safe manner. This could expose residents, staff and visitors to fire if there was enough fuel for fire to grow beyond the ability of the Building to contain it. Findings on June 29, 2016: a. Bedroom 39 - the space was over packed with combustible items, making it difficult to egress/ingress and has added a substantial amount of fire load to this area.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 195		

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C 195	Continued From page 14 (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 Building failed to maintain the hot water temperature at a minimum of 100 degrees Fahrenheit and not to exceed 116 degrees Fahrenheit. Findings on June 29, 2016: a. Bedroom 49 - the sink had a hot water temperature of 138 degrees Fahrenheit.	C 195		
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; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing	C 199		

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C 199	<p>Continued From page 15</p> <p>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> <p>1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on June 29, 2016:</p> <p>a. Kitchen Restroom -the exhaust duct was missing it back draft damper and wall cap. This allows rain and insect to entry the building.</p> <p>b. Housekeeping near Bedroom 26 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors.</p> <p>c. Lady's Bathroom near Bedroom 22 - the local exhaust ventilation system was running, but did not remove the required air to dissipate the odors.</p> <p>2. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to odors. Findings on June 29, 2016:</p> <p>a. Housekeeping near Bedroom 26 - there was no window and no exhaust ventilation system and odor</p> <p>b. Bath/Shower near Bedroom 31 - there was no window and no exhaust ventilation system and odors are present.</p> <p>c. Bathroom near Bedroom 10 - there was no window and no exhaust ventilation system and odors are present.</p>	C 199		