Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-A. BUILDING: 01 COMPLETED HAL041052 B. WING 02/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET MORNINGVIEW AT IRVING PARK GREENSBORO, NC 27408 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (0.05)PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Ed Miller and Billy Bryant, conducted on February 9, 2017. Records indicate this facility was first licensed on about December 17, 1997 for One Hundred Five (105) Resident Beds including a standalone Thirty (30) Beds Special Care Unit. Based on the above information, the facility is required to meet the 1996 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirmed; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code (1997 Revision) Section 409. 1. Group I- Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction. C 101 Existing Licensed Fac- No less than '71 Rules C 101 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",

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

copies of which are available at the Division of

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Exec. Director

	of Health Service R					APPROV	
	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DAT	E SURVEY	
		The state of the s	A. BUILDIN	A. BUILDING: 01		COMPLETED	
		HAL041052	B. WING				
NAME OF	PROVIDER OR SUPPLIER				02/	09/2017	
			LM STREET	, STATE, ZIP CODE			
MORNIN	IGVIEW AT IRVING PA		BORO, NC				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		DDF071011		
PREFIX TAG	REGULATORY OR LE	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	LSHOULD BE	COMPLETE DATE	
C 000	Initial Comments		C 000				
	Report of a Constru by Ed Miller and Bill February 9, 2017.	ction Section Biennial Survey y Bryant, conducted on					
	about December 17, (105) Resident Beds (30) Beds Special Cabove information, to the 1996 Minimum a Regulations for Hom the applicable portion Care Homes of Seven 1996 North Carolina	s facility was first licensed on 1997 for One Hundred Five including a standalone Thirty are Unit. Based on the he facility is required to meet and Desired Standards and les for the Aged and Infirmed; ns of the 2005 Rules for Adult on More Beds; and the State Building Code (1997 9. 1, Group I- Unrestrained					
	Deficiencles were cit Correction.	ed that require a Plan of					
C 101	Existing Licensed Fa	c- No less than '71 Rules	C 101				
F C C C Ili ft c c c tt	PHYSICAL PLANT R The physical plant rectare home shall be as 2) Except where oth censed facilities or p acilities shall meet lice equirements in effect thange in service or be requirements for a condition or renovation and those requirements for an addition or renovation those requirements for an addition or renovation and those requirements.	APPLICATION OF EQUIREMENTS quirements for each adult oplied as follows: erwise specified, existing ortions of existing licensed ensure and code at the time of construction, on; however in no case shall any licensed facility where ion has been made, be less at found in the 1971 d Standards and					
. K	eaminous in Linii	es for the Aged and Infirm", railable at the Division of					

(X8) DATE

	Division	n of Health Service Re	gulation			FORM APPROVE	D
I		ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY	_
I	7.00	N OF CONNECTION	IDENTIFICATION NUMBER:	A BUILDIN	G: 01	COMPLETED	
ı							
ŀ			HAL041052	B. WING		02/09/2017	
l	NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	, STATE, ZIP CODE		7
l	MORNIN	NGVIEW AT IRVING PA		LM STREET			
ŀ				BORO, NC	27408		
	(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	JD PREFIX	PROVIDER'S PLAN OF CORRECTIO	ON (X5)	7
ı	TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	D BE COMPLETE PRIATE DATE	
-					DEFICIENCY)		
	C 101	Pag		C 101			
		Health Service Regu	lation at no cost;	1.a	Each SCU Staff	3/1/17	H
		This Rule is not me	as guideneed but		MEMBLE ASSIGNED	D	
		Based on observ	ation and interview with	1	TO RESIDENT CARE	<u>.</u>	
		Staff, the facility faile	d to meet the Code				
		requirements in effect	at the time of construction		will carry a ke to the emergence	٦	
		doors equipped with	ne required components for Special Locking		TO THE EMERGENCY	1	
		Arrangements.			RELEASE Switches	·	
		Findings on February	9, 2017:		During their sti	IFT.	
	- 1	a. SCU - the cross- SCII and Al units ha	corridor doors separating the ve metal keyed emergency		Importance and		
		release switches, but	not all SCU staff had keys		purpose of the	1	
		on themselves to ope	erate the emergency release		Par pose of the	Kay	
		switches. This is not	in accordance with the NC		will be part of	1	
	1	State Building Code is	equirement that if witches are of the keyed		There New Hire		
		type, all staff respons	ible for evacuation of the		Orientation. THE	,	
		locked unit must carr	y keys at all times.	- 1	5 cu Director wil	1	
		2. Based on observ	ation, the facility failed to		CONDUCT SDOT CO	recks	
		meet the Code requir	ements in effect at the time	- 1	TO ASSURE COM	alidace	
		of construction, Section 409 1.5 of the 1996 N	on 409.1.5 and Table IC State Building Code for	1	AT LEBST WEEK		
		"Protection From Haz	ardoug Areae! by not having		Waire Request	1 12/5/2	CID
		all of the required con	nponents for enclosures of	2.a w	Dogg a los	11 2 2 LO	Pra
	-	Hazardous areas. Thi	s could affect all residents,	· DO M	DOOR CLOSURE W	TH 312-111	F
		in the room of origin.	ot containing smoke and fire	PARICA NV	De installed. L	100 to 100	OCED
		Findings on February	9, 2017:	The M	CE+ has been org	BASE O SAN	2
		 a. SCU Laundry - the 	e 120 plus square feet 💃	YOU,	and Due to arrive	× 3/4 H	70.00
		storage room did not l	have a 1/4 hour	,	3/22/2017.	Fier Res	istant
	- 1	ille-resistance-rated c	orridor door or door closer.	-	Inspection of a		DOOR
	C 164	Housekeening and Eu	rnishings-Clean, Repaired		Doors will be		
	- 1					احماده ما	2017
		SECTION .0300 - PH			nclubed in Qu		ONL.
		10A NGAC 13F .0306	HOUSEKEEPING AND	[3	Building walk TR	ought/	
-		71.0			INSPICTION.	1 (

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Divisi	on of Health Service Re	egulation			FORM APPROVED
STATE:	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY
		A. BUILD	ING: 01	COMPLETED	
		HAL041052	8. WING		02/09/2017
NAME (F PROVIDER OR SUPPLIER	STREET A	ADDRESS, CIT	Y, STATE, ZIP CODE	52.00.2011
MORN	INGVIEW AT IRVING PA		ELM STREE BBORO, NO		
(X4) IC		TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO	
TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D.BE COMPLETE
C 16	4 Continued From pag	je 2	C 164		3/22/2017
	FURNISHINGS		1.a	Montessori CLO	
	(a) Adult care home: (1) have walls, ceilir	s shall: ngs, and floors or floor		SINK will be f	
	coverings kept clean	and in good repair:		WEEKLY. It wil	1 be
	(2) have no chronic(3) have furniture cli	unpleasant odors; ean and in good repair;		included in w	eerk
	(e) This Rule shall a	pply to new and existing		preventive main	unanco
	facilities.		1	1	
	This Rule is not met	as evidenced by:			
	Based on Observer prevent chronic unple	vation, the facility failed to easant odors. This would	2.a	Stained anodir	tu blosh
	affect residents, staff	and visitors by exposing		asilia dilas mas	40-07
	them to an unpleasar Findings on February	nt environment,		ceiling tiles men have been zepla	rionea
	 a. 2nd Floor the Mo 	ntessori Closet - the sink's		THE DECK REPIG	cos.
	to enter the Building.	ed-up, allowing sewer gases		Inspection of ceiling tiles will	200
				ceiling tiles with	\ .
	 Based on Observ keep walls, ceilings, f 	ration, the facility failed to loors or floor coverings and		be included in	naintenance
	furniture clean and in	good repair.		building walkthr	oudty/
	Findings on February a. 2nd Floor Corrido	9, 2017: r near SCU Large Dining -		inspection. a 6 ma	
	the acoustical ceiling	tiles were stained and dirty.		minimally.	
C 166	Housekeeping-Mainta	ined Free of Hazards	C 166		
	SECTION .0300 - PH	YSICAL PLANT			
	10A NCAC 13F .0306 FURNISHINGS	HOUSEKEEPING AND			
	(a) Adult care homes :	shall:			
	(5) be maintained in a	in uncluttered, clean and			
	orderly manner, free o hazards;	f all obstructions and			
	(e) This Rule shall app	ply to new and existing	- 1		
	facilities.				
	This Rule is not met a	s evidenced by:	1		

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: 01 COMPLETED HAL041052 B. WING 02/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET MORNINGVIEW AT IRVING PARK GREENSBORO, NC 27408 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY C 166 Continued From page 3 C 166 in Risidents are 212211 Based on observations, the facility has failed NOT IN THEIR BEDS, to provide a facility free of tripping hazards. fall modes are to be Findings on February 9, 2017: Bedroom 224 - with no residents in the bed. STED UNDER TAKER there was a "Landing Strip" pad on the floor creating a tripping hazard. Bedroom 223 - with no residents in the bed. IN- CHARGE IS RESPONSIBLE there was a "Landing Strip" pad on the floor or completing Room creating a tripping hazard. Bedroom 241 - with no residents in the bed, CHECK ROUNDS Dai there was a "Landing Strip" pad on the floor creating a tripping hazard. Based on Observation, the Building was not maintained free of hazards, 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 February 9, 2017: a. Bedroom 202 - two portable medical oxygen cylinders were stored standing up not secured to the structure. b. Oxygen Storage - two portable medical of ALL Room's oxygen cylinders were stored standing up not secured to the structure. Deficiency corrected Assult Compliance. before Construction Surveyors departed the site. C 189 Building Equipment Maintained Safe, Operating C 189 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

_Divisio	n of Health Service Re	egulation			FORM APPROVED
	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY
			A. BUILDI	NG: 01	COMPLETED
		HAL041052	8. WING		02/09/2017
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CIT	Y, STATE, ZIP CODE	V2/03/2017
MORNI	NGVIEW AT IRVING PA	RK 3200 N	ELM STREE	ĒΤ	
		GREEN	SBORO, NO	27408	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D.BE COMPLETE
C 189	Continued From pag	ge 4	C 189		a las la
	facilities with the exc	ception of Paragraph (e)			2/23/201
	which shall not apply	to existing facilities.	11 0	1 011 4 11 515	
			1. a	ALL Exit SIGN	.
	This Rule is not met 1. Based on observ	t as evidenced by:	P	batteirs how	د ا
	emergency equipme	nt was not maintained in a	1	been checkers	and
	safe and in operating residents, staff and w	condition. This would affect risitors if they could not		battelies REPlo	ice o
	promptly find their wa	ay to an exit during an	1	as needed.	
	emergency. Findings on February	_	1	This will be	
	 a. 2nd Floor Corrido 	or near SCU Nurse Station -	1		
ļ	the exit sign (36) did power when tested.	not illuminate on backup		included on	امدناجه
		or near Oxygen Room - the	ĺ	monthy as pre	
	exit sign (39) did not i	illuminate on backup power		Maintinance	CHECKS.
	when tested c. Rehab Gym - the	exit sign did not illuminate	22		
	on backup power who	en tested	2.3	Gaps around a and Pipe have been caulted	eblo2/23/203
	2. Based on observa	ations, the Building fire	Ь	and Dipe have	-
	safety was not mainta	sined in a safe and operating		heen aguelked	
- 1	condition. This could fire/smoke if not conta	expose residents, all to		with Fire Resis	tr. 51-
	compartment of origin	1		Bodiel Ochilkin	
	Findings on February	9, 2017: wer near Bedroom 224 -		Revised coulking	
	there were gaps arour	nd a cable not firestopped	C	Pantry Ceiling to	les 2/23/17
- 1	as it penetrates the fir	e-resistance-rated door		Tarne Comme	-16-
	frame and wall assem b. 2nd Floor Mainten	ance Office - there were		have been adju	STOD
- ! !	gaps around a pipe no	ot firestopped as it		for an appropi	240
	penetrates the fire-res assembly.	istance-rated wall	-	At in the ceilin	1081.2
	c. Pantry - many of ti	he fire-resistance-rated	~ I	Kitchen ceiling thank been Repl	2/23/17
18	acoustical ceiling tiles seated in the ceiling gr	were ajar, not properly	D	Kitchen de ling	acto
(Kitchen - several of 	of the fire-resistance-rated		The been ecp	
3	acoustical ceiling tiles	had been replaced with		with propertie	٤.

FORM APPROVED

Division	of Health Service Re	egulation			FORM APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G: 01	(X3) DATE SURVEY COMPLETED	
		HAL041052	B. WNG		02/09/2017
NAME OF	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY	STATE, ZIP CODE	
MORNIN	GVIEW AT IRVING PA	PC PC	ELM STREET BORO, NC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULL CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY)	D BE COMPLETE
C 189	none fire-resistance e. Kitchen - a fire- ceiling tile had a hol penetrated the fire- assembly. 3. Based on Obset hazardous areas we safe and operating of the fire and smoke r rooms the NC State "Hazardous Area" se Building. This could visitors if smoke/fire origin. Findings on Februar a. 2nd Floor Soiled door (45 min rated, s its frame, on its own	resistance-rated acoustical e not firestopped as it esistance-rated ceiling rvation, fire rated doors of are not being maintained in a condition. By not maintaining esistance of doors, keeping Building Code defines as aparated from the rest of the affect residents, staff and is not contained in Room of y 9, 2017: Linen near 224 - the corridor celf-closing) did not latch into power.	C189 Z.D. Cont 2.E.	RESISTANT - PENET acoustical continues. Hitchen ceiling has been cause with fire. Resisted the Caulting tiles the Caulting tiles the Caulting tiles the cution munited be visually in on Going and Bunchuded in preventive ma	iling stile with led tant oughte roughte r
	System was not mail operating condition." residents, staff and vicontained in the Roo Findings on February a. Loading Dock - to plate had moved award opening that allows to back into the building. 5. Based on observing maintained in a safe because the commer suppression system I maintenance and docensure a properly wo affect residents, staff	risitors if smoke/fire is not m or compartment of origin. y 9, 2017: he fire sprinkler escutcheon ay from the wall exposing an he spread of smoke and heat little and operating condition, rotal kitchen hood's fire acked the inspections, cumentation required to rking system. This could and visitors if the ood's suppression system	3.a 4.a	Corridor Door Door Frame p Has Been abs File Sprinkler & Dlak has been Caulked with Resistant. Rate Caulking Beth Plate and wo	Z-23.17 slak usted: scutcheon 3-22-17 Filet-

HRTY21

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL041052 02/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET MORNINGVIEW AT IRVING PARK GREENSBORO, NC 27408 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 189 Continued From page 6 C 189 31241 5a. Findings on February 9, 2017: a. Kitchen -since the semi-annual maintenance of the commercial kitchen hood's fire suppression system in October 2016, there has been no documentation of the monthly inspections. be documented on Based on observation, the interior doors were CHECK OFF not maintained in a safe and operating condition. Findings on February 9, 2017: 2nd Floor Clean Linen near 224 - the corridor door did not latch into its frame when closed. Bedroom 133 - the corridor door did not latch into its frame when closed. SCU Small Dining - the pair of corridor doors did not close and latch. d. 2nd Floor Activity Room - the pair of corridor doors did not close and latch. 6.C PERUEST SIVIES e. 1st Floor Game Room - the pair of corridor doors did not close and latch. scu small Dining 7. Based on observation, the Building was not Room Door will maintained in a safe and operating condition, be Repaired or because the corridor doors did not resist the passage of smoke due to door leafs not fitting REPLACED into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on February 9, 2017: Kitchen - the left leaf of the pair of corridor doors had a 1/4 inch gap between the top of the Wealther stripping HAS BEEN attached TO door and the bottom of the frame's stop. Based on Observation, the Building was not maintained in a safe condition. This could affect CLOSE GAP. all by not containing smoke and fire in the room of 317311 origin. Friction Close Findings on February 9, 2017: a. Kitchen - the left leaf of the pair of corridor

doors had a wedge holding the door open.

HRTY21

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL041052 B. WING 02/09/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3200 N ELM STREET MORNINGVIEW AT IRVING PARK GREENSBORO, NC 27408 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 | Continued From page 7 C 189 preventing the rapid release of the door with a push or pull of the door, to close and latch 9a. Receptacle Cover ReplaceD 9. Based on observation, the electrical system was not being maintained safe. Findings on February 9, 2017: a. 2nd Floor Oxygen Room - there was an electrical power receptacle missing its cover plate. C 199 Exhaust Ventilation C 199 SECTION .0300 - PHYSICAL PLANT 10ANCAC 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 1a Waiver Request

P Exhaust faits, on

i THE ROOF, MOTORS

TO BE REPAIRED. these specified spaces: soiled linen storage: (2) soil utility room; (3) bathrooms and toilet rooms: (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 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 February 9, 2017: Bedroom 242 Bathroom - the exhaust ventilation system was very weak, and was not

Division of Health Service Regulation STATE FORM

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If continuation sheet 8 of 9

