

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092182	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2017
NAME OF PROVIDER OR SUPPLIER OLIVER HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4230 WENDELL BOULEVARD WENDELL, NC 27591	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller and Billy Bryant, conducted on February 16, 2017. Records indicate that the Facility was first licensed or submitted on February 12, 1987, as a Home for the Aged. The facility is currently licensed for a 100 beds including a 31-bed special care unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1978 (Revision 8) North Carolina State Building Code(s), Section 409.1 - Minimum Standards and Regulations for Homes for the Aged (1984) in effect at time of initial licensure. Deficiencies were cited that require a Plan of Correction.	C 000	Responses to the cited deficiency does not constitute an admission or agreement by the facility of the truth of facts alleged or conclusions set forth in the Statement of Deficiency or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm".	C 101	

Division of Health Service Regulation

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

TITLE

(X6) DATE

DATE FORM

6899

7ZJ121

If continuation sheet 1 of 14

Kimberly Rued

Executive Director

3/17/17

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C 101	<p>Continued From page 1</p> <p>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> <p>1. Based on observation, the facility failed to meet NC State Building Code at the time of renovating the building to have special locking by not providing a fully sprinkled building. This deficiency affects all residents, staff and visitors by not providing the protection fire sprinklers provide.</p> <p>Findings on February 16, 2017:</p> <p>a. Kitchen - the walk-in refrigerator and freezer were not protected by the automatic fire sprinkler system and the units are inside the building.</p>	C 101	<p>C154 Entrance/Exits - Wanderer Alarms:</p> <p>A plastic cover was installed over the emergency release toggle switch on 3-14-17. BMS, maintenance company, will monitor to ensure these switches are covered and in working condition.</p> <p>C164 Housekeeping and Furnishings - Clean and Repaired</p> <p>Sprinklers will be installed over both freezers and refrigerators by First Fire by 4-16-17. First Fire will monitor and ensure that sprinklers work properly.</p>	
C 133	<p>Bathrooms-Hand Grips</p>	C 133		
	<p>SECTION .0300 - PHYSICAL PLANT 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 February 16, 2017:</p> <p>a. Bedroom 300A Bathroom - there were no hand grip (grab bar) for the commodes.</p>		<p>Grab Bar has been ordered for 300A bathroom. Will install as soon as it arrives.</p>	

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C 148	<p>Corridors-Handrails</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building was not 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 February 16, 2017: a. Corridor near SCU Staff Station - the handrail was missing.</p>	C 148	Handrail was installed on 3-13-17 by BMS.	
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>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 February 16, 2017: a. Right Front Exit - there were two unattended</p>	C 150		

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C 150	Continued From page 3 wheel chairs parked in the corridor decreasing the required six feet width to forty-two inches. b. Exit near SCU Activity Room - the exit door was blocked with wooden fence panels on the exterior. Deficiency corrected before Construction Surveyors departed the site.	C 150	C The ED, RCC, and SCC have ensured that no equipment is parked near any exit. This will be monitored on a daily basis by the ED, RCC, and SCC. Staff will also be trained to ensure that all equipment is parked in the appropriate room. This training will be done by ED and RCC.	
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents equipped with sounding devices that activated when the door opens. Findings on February 16, 2017: a. Patio Exit - this "Special Locking System" exit had no protective cover over the emergency release toggle switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.	C 154	A plastic cover was installed over emergency release toggle switch on 3-14-17 by BMS.	

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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 February 16, 2017: a. Living Room - the texture ceiling was flaking off. b. Living Room - the door to the Patio was damaged. c. Bedroom 115 - the corridor door was marred up. d. Corridors - the painted was wearing/chipping off handrails. e. Corridors - the walls below the handrails, were damaged, needing patching and refinishing. f. Corridors - several areas of the handrails had there thin bottom edge damaged and were splintering. g. Shower near Bedroom 211 - the texture ceiling was flaking off. h. Shower Room near Bedroom 107 - the tile walls were damage and missing tiles. i. Shower Room across Bedroom 107 -the commode had an incorrectly fitting tank top that was about to fall off. j. Shower Room near Bedroom 203 - the toilet was out-of-order. k. Hot Water Heater Room near Bedroom 213-	C 164	Painters will repair ceiling by 4-16-17. Door will be replaced by 4-16-17. Door will be repaired and painted by 4-16-17. Corridors are being painted and will be done by 4-16-17. Walls below handrail are being painted and repaired by 4-16-17. Handrails will be repaired by 4-16-17. Painters will fix by 4-16-17. Tiles will be fixed by 4-16-17. Tank top fixed. When you lift seat it taps tank top. Toilet fixed 3-9-17. Heater replaced 3-9-17 by Roto Rooter.	
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C 164	<p>Continued From page 5</p> <p>the water heater is leaking.</p> <p>l. Kitchen - the floor had an accumulation of dirt, stains and grease deposits along the perimeter of the room and around equipment supports.</p> <p>m. Shower Room across Bedroom 300B -the commode had an incorrectly fitting tank top that was about to fall off.</p> <p>2. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff and visitors by exposing them to an unpleasant environment. Findings on February 16, 2017:</p> <p>a. Bedroom 406 Bathroom - the floor drain's plumbing trap had dried-up, allowing sewer gases to enter the Building.</p>	C 164	<p>The kitchen floor was cleaned on 3-16-17 BMS environmental will come in 3-27-17 to clean floor with equipment. Dietary Manager will train staff on how to properly clean floors.</p> <p>There is no shower room across from 300B.</p> <p>This drain was fixed by BMS on 3-16-17.</p>	
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. 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 16, 2017:</p>	C 166		

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C 166	Continued From page 6 a. Bedroom 213 - four portable medical oxygen cylinders were stored standing up not secured to the structure. 2. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff and visitors if items are broken or partially removed and left where they could injure all. Findings on February 16, 2017: a. Brick Gate Post - on the abandoned brick gatepost, there are metal angles hinge supports that extend into the walking area that are sharp and could injure all. b. SCU Courtyard - the metal smoker outpost cigarette receptor's neck had been broken off, exposing rusty jagged edges that could injure all. Deficiency corrected before Construction Surveyors departed the site.	C 166	The oxygen tanks were removed from 213 and secured in the closet with the other oxygen tanks. The staff will be trained on oxygen tanks and how they are to be secured. The RCC and ED will monitor and ensure tanks are stored properly. The RCC will provide this training on 3-22-17. The metal angle hinges were removed from the brick gate post on 3-13-17. The metal smoker outpost was removed from the smoking area and a pot with sand was put out there for cigarette butts on 3-9-17.	
	3. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on February 16, 2017: a. SCU General Storage - the sink had a hose long enough to reach gray water and it was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. 4. Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner. Findings on February 16, 2017: a. SCU Soiled Linen/Holding - the exhaust Ventilation grille was falling out of the ceiling.		A vacuum breaker was installed by BMS on 3-16-17. This exhaust grille was fixed by BMS on 3-16-17.	

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C 175	Continued From page 7	C 175		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar	C 175		
	<p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on February 16, 2017:</p>			

	<p>a. Bedrooms 301 and 303 - the shared Bathroom and Bedrooms for these double occupant bedrooms only had one towel bar for the four residents.</p>		4 towel bars were installed in the bathroom between rooms 301 and 303.	
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C 188	Electrical Outlets in Wet Locations	C 188		
	<p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff and visitors by not providing ground fault</p>			

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C 188	Continued From page 8 protection to these devices. Findings on February 16, 2017: a. Shower Room near Bedroom 107 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not reset after the test button was pushed. b. Shower Room across from Bedroom 106 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not reset after the test button was pushed.	C 188	Receptacle in shower room near room 107 ws fixed 3-16-17 by BMS. Receptacle in shower room was fixed by BMS on 3-16-17.
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 observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on February 16, 2017: a. Med Room across from Main Dining- there were two one inch holes with cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly. b. 100 Hall Med Room - the gypsum tape and joint compound were deteriorating allow an opening in the fire-resistance-rated ceiling	C 189	Two one inch holes were fixed on 3-16-17 by BMS. Opening in 100 Hall Med Room was fixed by BMS on 3-16-17.

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C 189	Continued From page 9 assembly. c. Mech Room - a firestopped pipe penetration had its sealant pulled out of the penetration of fire-resistance-rated ceiling, leaving an unprotected opening. d. Sprinkler Riser Room - there were gaps where the crown mold was removed not firestopped exposing penetrates of the fire-resistance-rated ceiling assembly. e. Corridor between Bedroom 212 and General Storage - the gypsum tape and joint compound were deteriorating allow an opening in the fire-resistance-rated ceiling assembly. f. Bedroom 406 Bathroom - there was a hole in the corridor wall not firestopped as it penetrate the smoke tight wall. 2. 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.	C 189	This unprotected opening was fixed on 3-16-17 by BMS. Gaps where the crown mold was removed were fixed 3-16-17 by BMS. This opening in corridor between room 212 and General Storage was fixed on 3-16-17 by BMS. The hole in room 406 bathroom was fixed on 3-16-17.	
	Findings on February 16, 2017: a. Corridor near SCU Dining - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. b. Exit near SCU Activity Room - the exit sign did not illuminate on backup power when tested. 3. Based on Observation, the Building was not maintained in a safe condition. This could affect all by not containing smoke and fire in the room of origin. Findings on February 16, 2017: a. Bedroom 118 - the corridor door was blocked open with a bed and will not close with normal force. Deficiency corrected before Construction Surveyors departed the site. b. Bedroom 118 - the corridor door was blocked		Emergency light was replaced 3-14-17 by BMS. Exit sign by Activity Room is now fixed as of 3-14-17.	

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C 189 Continued From page 10

open with a bed and will not close with normal force. Deficiency corrected before Construction Surveyors departed the site.
c. Bedroom 203 - the corridor door was blocked open with a bed and will not close with normal force.

4. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on February 16, 2017:
a. Bedroom 107 - the corridor door did not latch into its frame when closed due to the bottom hinge being unattached.
b. General Storage- the corridor door could not be closed and latched as boxes of supplies were stationed in front of the door.
c. Bedroom 212 - the corridor door did not latch into its frame when closed due to the bottom hinge being unattached.

C 189

Bed was removed 3-16-17. Door now closes.

Latch in room 107 was repaired on 3-15-17.

The closet is clean and boxes are secure so door now closes 3-10-17.

The door latch in room 212 will be fixed by 3-24-17.

5. Based on observation, the electrical system was not being maintained safe. Findings on February 16, 2017:
a. 100 Hall Med Room - The duplex quad electrical power receptacle was falling out of the wall.
b. Corridor near Server Room - the lens to the light fixture as falling off.

6. Based on Observation, the Building was not maintained in a safe and operating, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if the component or assembly does not function properly and cannot contain smoke/fire in the room or fire compartment of origin. Findings on February 16, 2017:
a. SCU Med Room - the lock side rail in the corridor door had split making operating the door

The duplex quad receptacle was fixed on 3-15-17 by BMS.

The light fixture lens was replaced on 3-15-17 by BMS.

The lock side rail in the corridor door at the SCU med room will be repaired by 3-24-17.

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C 189	Continued From page 11 difficult. 7. Based on Observation, the Building was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if insects, vermin or weather can enter the building or a component does not work Findings on February 16, 2017: a. Exit near Bedroom 118 - the door closer could not close and latch the door allowing insects and vermin to enter the building	C 189	7a. The door closer at the exit by room 118 was repaired on 3-10-17 by BMS.	
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building failed to maintain the hot water temperature at a minimum of 100 degrees Fahrenheit and not to exceed 116 degrees Fahrenheit. Findings on February 16, 2017: a. Bedroom 406 Bathroom - the sink had a hot water temperature of 95 degrees Fahrenheit.	C 195	BMS is checking water temperatures. The ED will continue to monitor the water temperatures to ensure that the temperatures are within state guidelines.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092182	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2017
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NAME OF PROVIDER OR SUPPLIER OLIVER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 4230 WENDELL BOULEVARD WENDELL, NC 27591
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C 199 Continued From page 12
C 199 Exhaust Ventilation

C 199
C 199

BMS will have all all the exhaust ventilation systems in rooms 107, 211, bulk laundry, 406, and 402 repaired and running properly by 3-24-17.

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 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 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 16, 2017:

- a. Shower near Bedroom 107 - the exhaust ventilation system was running, but did not remove the required amount of air to dissipate the odors.
- b. Bedroom 211 Bathroom - the exhaust ventilation system was running, but did not remove the required amount of air to dissipate the odors.
- c. Bulk Laundry - the exhaust ventilation system did not work, allowing a build-up of odors.
- d. Bedroom 406 Bathroom - the exhaust ventilation system did not work, allowing a build-up of odors.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092182	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2017
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NAME OF PROVIDER OR SUPPLIER OLIVER HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 4230 WENDELL BOULEVARD WENDELL, NC 27591
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C 199	Continued From page 13 e. Bedroom 402 Bathroom - the exhaust ventilation system appeared to be running backwards.	C 199		