

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL031018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/21/2017
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 NORTH NC 41 BEULAVILLE, NC 28518		
(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 Construction Section Biennial Survey by Dennis Harrell on 3-21-2017. Records indicate this facility was first licensed on or about 5-26-1989. Subsequent additions occurred in 1990, 1993, 1995, and 1999, bringing the total capacity of the facility to 88 beds. Based on this information, we are requiring the facility to meet the 1987 (Original Construction and 1st and 2nd additions), 1994 (3rd addition), and 1996 (4th addition) Rules for the Licensing of Adult Care Homes; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; the 1978 (Original Construction and 1st addition), 1991 (2nd and 3rd additions), and 1996 (4th addition) Editions of the North Carolina State Building Code for Institutional Occupancy, Section 409.1(c) Institutional, Unrestrained. The entire facility was sprinkled during under the 1996 North Carolina State Building Code.	C 000	Responses to the cited deficiency does not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set-forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.	
C 136	Drug Storage-Locked IV. The Building C. Physical Environment (10 NCAC 42D .1503) 6. Storage Rooms/Closets e. Drug Storage (2) All drugs (prescription and non-prescription drugs, including topical preparations) must be stored in a well lighted and well ventilated locked cabinet or closet except when under the direct supervision of employees approved to administer drugs. (3) This locked cabinet or closet must be large enough to store all drugs in an orderly manner. Dividers are to be installed or containers provided in the cabinet or closet drug cart, when used, to separate each resident 's drugs with proper labeling for each resident.	C 136		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE.

STATE FORM

Tamara Herrington
0250

TITLE
Executive Director
025021

DATE
4-25-17
If continuation sheet 1 of 9
(Revision)
pg. 2

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

AUTUMN VILLAGE

**235 NORTH NC 41
BEULAVILLE, NC 28518**

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C 136	Continued From page 1 This Rule is not met as evidenced by: Based on observation, the medroom was found unlocked and unattended. The cabinets in the medroom that stored medications were also unlocked.	C 136	Med rooms are locked and a latching door knob has been installed on door to med room on the front hall. All non- narcotic medications are secured in the locked med rooms. All medications are organized alphabetically per resident name. Executive Director and Resident Care Manager will monitor med rooms daily to ensure they remain locked at all times. Med Techs conduct cart audits daily and will ensure that extra medications are stored properly and securely.	3/27/17 3/27/17
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, modifications have been recently made that fail to comply with Section 407.4 of the 2012 NC State Building Code. The smoke barrier doors that were between rooms 37 and 38 have been moved down the corridor to be the entry doors into a proposed Special Care Unit. The new location does not meet the requirements for a smoke barrier wall because there is no smoke barrier	C 101	Construction to be completed in approx. 45 days Smoke barrier doors that were moved and installed at the end of Hall 4 will either be moved back to original location where the fire wall is present or a new fire wall will be installed at the end of Hall 4.	05/10/17

8829

Division of Health Service Regulation

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C 166	Continued From page 3 laying on the floor in the medroom. 2. Based on observation, there was no key onsite to allow entry into spaces to survey for hazards. Findings include: a. No key to the bathroom off corridor near door to exit 13, b. No key to the bathroom off corridor next to the Chapel. 3. Based on observation, exits 13 and 14 lead to a fenced in courtyard that is too small to provide a safe refuge in a fire. The gates immediately outside the exits are padlocked. There is a Magnetically Locked gate about 160 feet away to the right but the path to that gate is not immediately obvious. Confusion in an emergency as to the proper exit path could delay or prevent an evacuation. 4. Based on observation some toilets were loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards. Findings include: a. Loose toilet in bathroom across from room 47, b. Loose toilet in bathroom near middle Hall laundry.	C 166	Door knobs without keys have been removed and replaced with non-locking door knobs. Emergency exit signs will be placed on locked gates in the Hall 5 courtyard. These signs will say "Emergency Exit" pointing to the Mag Locked gate in case of a needed evacuation. Further re-evaluation by corporate will determine the safest evacuation route once the MCU is in place due to fencing being replaced by regulation height fence for MCU. Toilet bases are secured to the floor. Staff will immediately notify administration in the event any toilet seems loose or unsteady.	4/10/17 4/28/17 10/13/17 3/27/17
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	C 185		

Division of Health Service Regulation

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C 185	Continued From page 4 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. This Rule is not met as evidenced by: Based on a review of documents, records were not available onsite for the rehearsals of the fire plan. Records must be maintained and available for review.	C 185	Quarterly fire drills were conducted and will be conducted on each shift per state and corporate guidelines. Fire Drill reports are onsite and will be submitted with this POC. All reports will be maintained in Executive Director's office.	3/22/17
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 observation, the fire alarm system was showing a Trouble "Telco Line 2" condition. Fire alarms in Trouble may fail to operate properly when needed. 2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and	C 189	Trouble in fire alarm system has been corrected and never interfered with the fire alarm system notifying all agencies of fire emergency. First Fire Protection has repaired and will monitor the system remotely and during routine inspections.	4/4/17

Division of Health Service Regulation

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C 189	Continued From page 5 the remainder of the facility. Findings include: a. One of the smoke barrier doors near the nurse station failed to latch when closed. b. One of the smoke barrier doors near the kitchen failed to latch when closed. c. One of the smoke barrier doors near the room 8 failed to latch when closed. d. The door to the medroom was equipped with only a dead-bolt latch. Dead-bolts cannot automatically latch to contain a fire and smoke. e. The door to living room was wedged open. 3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed penetrations in the ceiling of the riser room, b. Heat detector not properly mounted to the ceiling in the bathroom across from room 47, c. Ceiling radiation dampers and grills very dirty in middle Hall laundry, front Hall laundry and bath across from room 3. 4. Based on observation the sprinkler escutheons were loose or missing in locations. Sprinkler escutheons that are not tightly fitted to the ceiling present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include the following locations: a. Kitchen storage near middle Hall laundry, b. Employee bath on front Hall, c. Corridor near front Hall laundry, d. Corridor near room 5,	C 189	Fire doors are repaired and latching properly when closed. Doors will routinely be assessed to ensure proper closing and latching during fire drills and fire alarm activation. Any issues will immediately be reported to Building Maintenance Services. All holes and penetrations have been filled in with fire caulk. Heat detector has been properly secured. This will be monitored regularly by daily walk-thrus and by BMS monthly to ensure the ceilings and fire walls are properly sealed. Radiation dampers in laundry rooms and bathroom across from Room 3 will be thoroughly cleaned and maintained by BMS monthly and as needed. All escutheons have been properly secured to the ceiling and will be monitored monthly by BMS and during routine sprinkler inspections by Odyssey Fire Protection to ensure all escutheons are tightly fitted to ceilings.	4/3/17 3/27/17 5/15/17 4/7/17

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C 189	Continued From page 6 e. Corridor near room 32. 5. Based on observation, the battery powered emergency light in the dining room would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.	C 189	The emergency light in the front dining room has been replaced with a new fixture. All emergency lights will be checked on a weekly basis by BMS	3/27/17
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could effect all occupants of the facility. Finding includes: A portable electric heater was found in bedroom 8.	C 191		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 195	Portable heater was immediately removed by Executive Director and removed from the premises. No portable heaters will be permitted in the facility at anytime. Routine monitoring by staff during the colder months.	3/21/17

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C 195	Continued From page 7 (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: Based on observation, the hot water was 122 degrees F. in the bathroom off room 49.	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 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 the facility failed to	C 199	The mixing valve for the water heater was out of calibration. The water temperature is currently at 112 degrees F. Water temperatures are monitored weekly by BMS.	4/12/17

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C 199	Continued From page 8 maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; The exhaust system provided was not working in the bathroom off room 49.	C 199	Exhaust systems will be repaired or replaced by BMS. Routine maintenance by BMS to ensure proper operation.	5/15/17

Autumn Village FIRE DRILL REPORT

DATE: 3-20-16		TIME: 11:30		AM/PM (circle one)		SHIFT 1 st 2 nd 3 rd	
What type of device was activated? (ck one) <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Pull Station <input type="checkbox"/> Heat Detector				What type of fire drill? (ck one) <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Other (explain)			
What Hallway or Zone? Hall 3 Rm 17				Person Conducting Drill:			
Weather conditions: Sunny Rain Sleet Snowing (Check all that apply) Storm Hurricane Windy Cloudy							
Season: (Ck one) Winter Spring Summer Fall							
Duration of Fire Drill: 17 Min 22 Sec.				Approximate climate:			
Participation: 3 # of staff participating 60 # of resident participating				<input type="checkbox"/> Warm <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Mild <input checked="" type="checkbox"/> Humid <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Cold			
Reaction from staff: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Neg.							
Names of staff participating:				Names of staff participating:			
1- Gloria Farrior PCA				12-			
2- Debra Thigpen PCA				13-			
3- Kevan Spolar MT				14-			
4- Tamara Herring ED				15-			
5-				16-			
6-				17-			
7-				18-			
8-				19-			
9-				20-			
10-				21-			
11-				22-			
Problems or concerns: (Describe in detail to include resolution) Smoke detector activated in Rm 17. All doors were promptly closed. A zone was identified by staff by observing fire alarm box &							
Report Completed By: Tammy Herring						Date: 3/21/16	

Confirmed by
going into Rm 17

Note: Drills required for each shift in a quarter shall not be conducted in the same month.

Autumn Village FIRE DRILL REPORT

DATE: 4-16-16		TIME: 6:49		(AM/PM (circle one))		SHIFT <input checked="" type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	
What type of device was activated? (ck one)				What type of fire drill? (ck one)			
<input type="checkbox"/> Smoke Detector <input type="checkbox"/> Pull Station <input checked="" type="checkbox"/> Heat Detector				<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Other (explain)			
What Hallway or Zone? Hall 2				Person Conducting Drill: T. Herring			
Weather conditions: <input checked="" type="checkbox"/> Sunny <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing				(Check all the apply) <input type="checkbox"/> Storm <input type="checkbox"/> Hurricane <input type="checkbox"/> Windy <input type="checkbox"/> Cloudy			
Season: (Ck one) <input type="checkbox"/> Winter <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall							
Duration of Fire Drill: 8 Min 0 Sec.				Approximate climate:			
Participation:				<input checked="" type="checkbox"/> Warm <input type="checkbox"/> Hot <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Humid <input type="checkbox"/> Cool <input type="checkbox"/> Cold			
# of staff participating: 10							
# of resident participating: 61							
Reaction from staff: <input type="checkbox"/> Positive <input type="checkbox"/> Neg.							
Names of staff participating:				Names of staff participating:			
1- Cedrina Foye				12- Patsy Whaley			
2- Riera Kennedy				13-			
3- Nancy Waters				14-			
4- Lynetta Whitfield				15-			
5- Gina Willis				16-			
6- Crystal Hobbs				17-			
7- Veronica Velazquez				18-			
8- Don. Ross				19-			
9- Nancy Woodman				20-			
10- Tanisha Walker				21-			
11- Debbie Thiapen				22-			
Problems or concerns: (Describe in detail to include resolution)							
None - announced due to shift change Detector activated, was quickly located in C.H.							
Report Completed By: [Signature]				Date: 4/16/16			

Note: Drills required for each shift in a quarter shall not be conducted in the same month.

Autumn Village FIRE DRILL REPORT

DATE: 5-5-16		TIME: 9:40		AM/PM (circle one)		SHIFT (1 st 2 nd 3 rd)	
What type of device was activated? (ck one) <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Pull Station <input type="checkbox"/> Heat Detector				What type of fire drill? (ck one) <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced <input type="checkbox"/> Other (explain)			
What Hallway or Zone? Hall 5 Rm 40				Person Conducting Drill: T. Herring, ED			
Weather conditions: <input checked="" type="checkbox"/> Sunny <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing (Check all that apply) <input type="checkbox"/> Storm <input type="checkbox"/> Hurricane <input type="checkbox"/> Windy <input type="checkbox"/> Cloudy							
Season: (Ck one) <input type="checkbox"/> Winter <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall							
Duration of Fire Drill: 16 Min 7 Sec.				Approximate climate:			
Participation: 19 # of staff participating 58 # of resident participating				<input checked="" type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Mild <input type="checkbox"/> Humid <input type="checkbox"/> Cool <input type="checkbox"/> Cold			
Reaction from staff: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Neg.							
Names of staff participating:				Names of staff participating:			
1- Heather Edwards				12- Melissa Powell			
2- Cedrina Foye				13- Donna Ross			
3- Sylvia Francis				14- Sabrina Tarrt			
4- Verette Gresham				15- Nancy Woodman			
5- Melissa Hatcher				16- Frank Henrion			
6- Crystal Hobbs				17-			
7- Rebbie Hollingsworth				18- 3- HH empl.			
8- Carol Kennedy				19-			
9- Keira Kennedy				20-			
10- Alex Miller				21-			
11- Aerial Peale				22-			
Problems or concerns: (Describe in detail to include resolution)							
Smoke det. activated in Rm 40, staff quickly located smoke alarm. Full evac. in 12 min.							
Report Completed By: Tamera Herring						Date: 5/5/16	

Note: Drills required for each shift in a quarter shall not be conducted in the same month.

Autumn Village FIRE DRILL REPORT

DATE: 6-16-16		TIME: 3:20		AM/PM (circle one)		SHIFT 1 st (2 nd) 3 rd	
What type of device was activated? (ck one) <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Pull Station <input type="checkbox"/> Heat Detector				What type of fire drill? (ck one) <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced <input type="checkbox"/> Other (explain)			
What Hallway or Zone? Hall 4 Rm 32				Person Conducting Drill:			
Weather conditions: <input checked="" type="checkbox"/> Sunny <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing (Check all the apply) <input type="checkbox"/> Storm <input type="checkbox"/> Hurricane <input checked="" type="checkbox"/> Windy <input type="checkbox"/> Cloudy							
Season: (Ck one) Winter Spring <u>Summer</u> Fall							
Duration of Fire Drill: 23 Min 31 Sec.				Approximate climate:			
Participation: 19 # of staff participating 54 # of resident participating 1-HOSP				<input type="checkbox"/> Warm <input checked="" type="checkbox"/> Hot <input type="checkbox"/> Mild <input type="checkbox"/> Humid <input type="checkbox"/> Cool <input type="checkbox"/> Cold			
Reaction from staff: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neg.							
Names of staff participating:				Names of staff participating:			
1- Kristen Howard				12-			
2- Tanya Pearsall				13-			
3- Tamiya Thompson				14-			
4- Alex Miller				15-			
5- Ron Woodman				16-			
6- Aerial Peele				17-			
7- Josh Miller				18-			
8- Sylvia Francis				19-			
9- Frank Henrion				20-			
10-				21-			
11- 1 HH empl. for PT				22-			
Problems or concerns: (Describe in detail to include resolution) a little slow locating activated alarm, ED had to direct staff about locating site							
Report Completed By: Tamiya Henrion				Date: 6/16/16			

Note: Drills required for each shift in a quarter shall not be conducted in the same month.

Autumn Village FIRE DRILL REPORT

DATE: 7/20/16		TIME: 11:20		(AM/PM (circle one))		SHIFT 1 st 2 nd 3 rd	
What type of device was activated? (ck one)				What type of fire drill? (ck one)			
<input type="checkbox"/> Smoke Detector <input checked="" type="checkbox"/> Pull Station <input type="checkbox"/> Heat Detector				<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced <input type="checkbox"/> Other (explain)			
What Hallway or Zone? Hall 1				Person Conducting Drill: Tamarra Herring			
Weather conditions: <input checked="" type="checkbox"/> Sunny <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing				(Check all the apply) <input type="checkbox"/> Storm <input type="checkbox"/> Hurricane <input type="checkbox"/> Windy <input type="checkbox"/> Cloudy			
Season: (Ck one) <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input checked="" type="checkbox"/> Summer <input type="checkbox"/> Fall							
Duration of Fire Drill: 18 Min Sec.				Approximate climate:			
Participation:				<input type="checkbox"/> Warm <input checked="" type="checkbox"/> Hot <input type="checkbox"/> Mild <input type="checkbox"/> Humid <input type="checkbox"/> Cool <input type="checkbox"/> Cold			
15 # of staff participating + 5 ^{outside} agency 45 # of resident participating							
Reaction from staff: <input type="checkbox"/> Positive <input type="checkbox"/> Neg.							
Names of staff participating:				Names of staff participating:			
1- Heather Edwards				12- Lynetta Whitfield			
2- Cedrina Foye				13- Nancy Woodman Waters			
3- Carol Kennedy				14- Ron Woodman			
4- Kiera Kennedy				15- Alex Meller			
5- LaToya Lamb				16-			
6- Jennifer Mills				17- 3- PT empl.			
7- Aerial Peele				18- 2- AC Repair			
8- Sabrina Tarrt				19-			
9- Brende Taylor				20-			
10- Debra Tyler				21-			
11- Veronica Velazquez				22-			
Problems or concerns: (Describe in detail to include resolution)							
Full vac, meeting place in front of bldg. Very pleased							
Report Completed By: Tamarra Herring				Date: 07/20/16			

Note: Drills required for each shift in a quarter shall not be conducted in the same month.

FIRE DRILL Report

PURPOSE: To practice and record the safe and timely evacuation of all residents, visitors and staff from the facility.

Facility: <u>Autumn Village</u>	Date: <u>8-17-16</u>
Shift: <u>3rd</u>	Administrator: <u>Tamara Herring</u>
Drill Start Time: <u>1:00 am</u>	
Drill End Time: <u>1:17 am</u>	
Time for Evacuation: <u>N/A</u>	
Drill initiated by use of the fire alarm or detection system?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Drill was unannounced?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was Fire Alarm heard throughout the building?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was intercom announcement of "Code RED" heard in all areas of the building?	YES <u>N/A</u> <input type="radio"/> NO
Was phone line kept open?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was an ALL CLEAR sounded after the event? <u>only 3 staff anbrs</u>	YES <u>N/A</u> <input type="radio"/> NO
Staff reported to their respective areas and carried out their preassigned duties?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Someone was stationed at a telephone to receive calls and pass information?	<input checked="" type="radio"/> YES <u>portable phone</u> <input type="radio"/> NO
Was Fire Department met and given a status report on the situation? <u>Called & made aware of drill</u>	YES <input type="radio"/> NO
R.A.C.E. procedures were followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All doors and windows were closed? (including fire doors and smoke barriers)	<input checked="" type="radio"/> YES <input type="radio"/> NO
P.A.S.S. fire extinguisher procedure followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Extra extinguishers from other areas of the building were taken to the fire scene?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Oxygen and other medical gasses in the area of the fire were secured?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Air supply and exhaust systems turned off?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Electricity (NOT LIGHTING) and Natural Gas secured?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Drill was conducted in an orderly and safe manner?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All evacuation routes, passageways and exits unlocked, unobstructed and clear?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Visitors in the building followed orders issued by staff?	YES <u>N/A</u> <input type="radio"/> NO
A complete head count of ALL residents, staff and visitors was conducted?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Restrooms and other occupied areas were checked by sight and voice?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Staff remained with evacuated residents at designated evacuation site? <u>NO evac</u>	YES <u>N/A</u> <input type="radio"/> NO
All medical charts and business records prepared for removal?	YES <input type="radio"/> NO
Narcotic and medication carts/cabinets/rooms locked?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Did ALL staff participate?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Any equipment found faulty or inoperable during drill reported and corrected?	YES <input type="radio"/> NO
Were established procedures followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
A "Lessons Learned" debrief was conducted upon completion of the drill?	YES <u>N/A</u> <input type="radio"/> NO

NOTES:

Staff followed all procedures (1) Med Tech & (2) PCA's on staff were present.
No visitors.

No evacuation due to the time of night. Staff located alarm within 3 min.

(Discuss potential fire hazards to look for in the facility)

Staff partic: Jessica Byrd CNA Tanisa Walker MT
Shertist Miller, PCA Tamara Herring, ED

FIRE DRILL Report

PURPOSE: To practice and record the safe and timely evacuation of all residents, visitors and staff from the facility.

Facility: <u>Autumn Village</u>	Date: <u>9-6-16</u>
Shift: <u>1st</u>	Administrator: <u>Tamara Herring</u>
Drill Start Time: <u>12:10 pm 11:50 AM</u>	
Drill End Time: <u>12:05</u>	
Time for Evacuation: <u>12:02 pm</u>	
Drill initiated by use of the fire alarm or detection system?	<u>YES</u> NO
Drill was unannounced?	<u>YES</u> NO
Was Fire Alarm heard throughout the building?	<u>YES</u> NO
Was intercom announcement of "Code RED" heard in all areas of the building?	YES <u>N/A</u> NO
Was phone line kept open?	<u>YES</u> NO
Was an ALL CLEAR sounded after the event?	YES <u>N/A</u> NO
Staff reported to their respective areas and carried out their preassigned duties?	<u>YES</u> NO
Someone was stationed at a telephone to receive calls and pass information?	<u>YES</u> NO
Was Fire Department met and given a status report on the situation?	<u>YES</u> NO
R.A.C.E. procedures were followed?	<u>YES</u> NO
All doors and windows were closed? (including fire doors and smoke barriers)	<u>YES</u> NO
P.A.S.S. fire extinguisher procedure followed?	<u>YES</u> NO
Extra extinguishers from other areas of the building were taken to the fire scene?	<u>YES</u> NO
Oxygen and other medical gasses in the area of the fire were secured?	<u>YES</u> NO
Air supply and exhaust systems turned off?	<u>YES</u> NO
Electricity (NOT LIGHTING) and Natural Gas secured?	<u>YES</u> NO
Drill was conducted in an orderly and safe manner?	<u>YES</u> NO
All evacuation routes, passageways and exits unlocked, unobstructed and clear?	<u>YES</u> NO
Visitors in the building followed orders issued by staff?	<u>YES</u> NO
A complete head count of ALL residents, staff and visitors was conducted?	<u>YES</u> NO
Restrooms and other occupied areas were checked by sight and voice?	<u>YES</u> NO
Staff remained with evacuated residents at designated evacuation site?	<u>YES</u> NO
All medical charts and business records prepared for removal?	YES <u>NO</u>
Narcotic and medication carts/cabinets/rooms locked?	<u>YES</u> NO
Did ALL staff participate?	<u>YES</u> NO
Any equipment found faulty or inoperable during drill reported and corrected?	YES <u>NO</u>
Were established procedures followed?	<u>YES</u> NO
A "Lessons Learned" debrief was conducted upon completion of the drill?	<u>YES</u> NO

NOTES: Staff responded appropriately & safely evacuated all residents & visitors in 12 min.

2 - Home health aides were present
1 - " " PT was present

(Discuss potential fire hazards to look for in the facility)

Employee Punches
Autumn Village

Tamara Herring

9-6-16 1st Shift

Emp Name	Position	Badge	IN	OUT	Work Time	Paid Time	Absence	Start Sch	End Sch	Sch Time	Unit	Organization	Department	Comment
Brown, Veronica	Cook	1020747	6:25 AM	7:30 PM	10.06	10.00		6:30 AM	7:30 PM	12.00	DA	Autumn Village	Dietary	
Edwards, Heather B	CNA	1675921	8:52 AM	2:48 PM	6.90	7.00		6:45 AM	3:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Gresham, Vernetta D	Housekeeper	1045840	7:55 AM	3:55 PM	7.50	7.50		12:00 AM	12:00 AM	0.00		Autumn Village	Housekeeping	
Harker, Francois	Med Tech	1703740	2:45 PM	10:54 PM	7.15	7.25		2:45 PM	11:00 PM	7.25	MT	Autumn Village	PCS ALF	
Howard, Kristen	PCA	1812167	2:45 PM	11:00 PM	7.22	7.22		2:45 PM	11:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Kennedy, Esther	Business Office Manager	1880638	8:01 AM	5:58 PM	6.53	6.50		12:00 AM	12:00 AM	0.00		Autumn Village	Business Office	
Kennedy, Kiana	PCA	1049404	8:52 AM	2:48 PM	6.90	7.00		6:45 AM	3:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Lamo, Laloya	Med Tech	1473409	6:45 AM	3:16 PM	7.52	7.50		6:45 AM	3:00 PM	7.25	MT	Autumn Village	PCS ALF	
Larner, Susan	Housekeeper	1273812	7:55 AM	3:55 PM	7.50	7.50		8:30 AM	4:00 PM	7.00	HK	Autumn Village	Housekeeping	
McCrimmon, Janaya	Med Tech	1758989	3:03 PM	7:03 AM	14.00	14.00		2:45 PM	7:00 AM	14.25	MT	Autumn Village	PCS ALF	
Meeks, Michaels	PCA	1877790	2:45 PM	11:00 PM	7.25	7.25		2:45 PM	11:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Miler, Alexandria N	Resident Care Manager Assistant	1872273	9:15 AM	12:54 PM	3.85	3.75		12:00 AM	12:00 AM	0.00		Autumn Village	RCM	
Miller, Julia D	Driver	1670933			0.00	0.00		8:30 AM	11:30 AM	3.00	Trans	Autumn Village	Transportation	
Parker Grainger, Annalee	Med Tech	1710529	10:45 PM	8:00 AM	0.00	0.00	CAO	10:45 PM	7:00 AM	7.25	CAO	Autumn Village	PCS ALF	
Pearson, Tanya	CNA	1667619	2:51 PM	11:00 PM	7.12	7.22		2:45 PM	11:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Peafe, Aerial	Lead Housekeeper	1577344			0.00	0.00		8:30 AM	4:00 PM	7.00	HK	Autumn Village	Housekeeping	
Ross, Donna	Med Tech	0	4:45 AM	3:15 PM	10.00	10.00		4:45 AM	3:15 PM	10.50	SMT	Autumn Village	PCS ALF	
Tant, Sabrina	Life Enrichment Coordinator	1598083	7:59 AM	3:03 PM	5.90	5.83		9:00 AM	4:00 PM	6.50	Act	Autumn Village	Activities	
Taylor, Brenda K	Laundry Aide	1025048	8:01 AM	4:01 PM	5.00	5.00		7:30 AM	12:30 PM	5.00	L	Autumn Village	Laundry	
Thigpen, Debra	PCA	1528840	10:45 PM	8:57 AM	7.20	7.25		10:45 PM	7:00 AM	7.25	PCA	Autumn Village	PCS ALF	
Tyler, Debra	Dietary Manager	1116877	5:57 AM	7:01 PM	10.63	10.47		3:00 PM	7:00 PM	3.00	C	Autumn Village	Dietary	
Waters, Nancy R	PCA	1635797	6:45 AM	2:53 PM	7.20	7.32		6:45 AM	3:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Whaley, Patsy	PCA	1787521	10:45 PM	8:57 AM	7.20	7.25		10:45 PM	7:00 AM	7.25	PCA	Autumn Village	PCS ALF	
Whitefield, Lynette T	PCA	1588749	8:45 AM	2:53 PM	7.20	7.32		6:45 AM	3:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Williams, Ida Y	PCA	1583683	2:45 PM	11:00 PM	7.25	7.25		2:45 PM	11:00 PM	7.25	PCA	Autumn Village	PCS ALF	

Emp Name	Position	Badge	IN	OUT	Work Time	Paid Time	Absence	Start Sch	End Sch	Sch Time	Unit	Organization	Department	Comment
Willis, Gina	Med Tech	1575216	6:50 AM	3:07 PM	7.62	7.58		6:45 AM	3:00 PM	7.25	MT	Autumn Village	PCS ALF	

FIRE DRILL Report

PURPOSE: To practice and record the safe and timely evacuation of all residents, visitors and staff from the facility.

Facility: <u>Autumn Village</u>	Date: <u>Oct 11 - 2016</u>
Shift: <u>Third / First Shift Chg</u>	Administrator: <u>T. Herring</u>
Drill Start Time: <u>6:57 am</u>	
Drill End Time: <u>7:13 am</u>	
Time for Evacuation: <u>8 min</u>	
Drill initiated by use of the fire alarm or detection system?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Drill was unannounced?	<input type="radio"/> YES <input checked="" type="radio"/> NO
Was Fire Alarm heard throughout the building?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was intercom announcement of "Code RED" heard in all areas of the building?	<input type="radio"/> YES <input checked="" type="radio"/> No intercom
Was phone line kept open?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was an ALL CLEAR sounded after the event?	<input type="radio"/> YES <input checked="" type="radio"/> No intercom
Staff reported to their respective areas and carried out their preassigned duties?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Someone was stationed at a telephone to receive calls and pass information?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was Fire Department met and given a status report on the situation?	<input checked="" type="radio"/> Called about drill <input type="radio"/> NO
R.A.C.E. procedures were followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All doors and windows were closed? (including fire doors and smoke barriers)	<input checked="" type="radio"/> YES <input type="radio"/> NO
P.A.S.S. fire extinguisher procedure followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Extra extinguishers from other areas of the building were taken to the fire scene?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Oxygen and other medical gasses in the area of the fire were secured?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Air supply and exhaust systems turned off?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Electricity (NOT LIGHTING) and Natural Gas secured?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Drill was conducted in an orderly and safe manner?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All evacuation routes, passageways and exits unlocked, unobstructed and clear?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Visitors in the building followed orders issued by staff?	<input type="radio"/> YES <input checked="" type="radio"/> N/A <input type="radio"/> NO
A complete head count of ALL residents, staff and visitors was conducted?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Restrooms and other occupied areas were checked by sight and voice?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Staff remained with evacuated residents at designated evacuation site?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All medical charts and business records prepared for removal?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Narcotic and medication carts/cabinets/rooms locked?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Did ALL staff participate?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Any equipment found faulty or inoperable during drill reported and corrected?	<input type="radio"/> YES <input checked="" type="radio"/> NO
Were established procedures followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
A "Lessons Learned" debrief was conducted upon completion of the drill?	<input type="radio"/> YES <input checked="" type="radio"/> NO

NOTES: Very good considering the alarm was activated at shift chg.
No visitors at the time.
1 Resident in hospital.

(Discuss potential fire hazards to look for in the facility)

Employee Punches
Autumn Village

Tamara Herring

10-11-16 1st & 3rd

Emp Name	Position	Badge	IN	OUT	Work Time	Paid Time	Absence	Start Sch	End Sch	Sch Time	Unit	Organization	Department	Comment
Brown, Shamika B	PCA	1052884	8:30 AM	11:00 PM	14.05	14.07		8:45 AM	11:00 PM	14.75	PCA	Autumn Village	PCS ALF	
Edwards, Heather B	CNA	1875821	12:00 AM	12:00 AM	0.00	8.00	VAC	8:45 AM	3:00 PM	8.00	VAC	Autumn Village	PCS ALF	
Foye, Cederina D	PCA	1742737	8:45 AM	11:02 PM	14.73	14.70		8:45 AM	11:00 PM	14.75	PCA	Autumn Village	PCS ALF	
Gresham, Verette D	Housekeeper	1045840	7:55 AM	3:55 PM	7.50	7.50		8:00 AM	4:00 PM	7.50	HK	Autumn Village	Housekeeping	
Hill, Harley	PCA	1870461	8:47 AM	11:09 PM	14.72	14.85		8:45 AM	11:00 PM	14.75	PCA	Autumn Village	PCS ALF	
Kennedy, Esther	Business Office Manager	1980634	7:59 AM	12:30 PM	4.52	4.50		8:00 AM	12:30 PM	4.50	BOM	Autumn Village	Business Office	
Kennedy, Kiera	PCA	1049404	8:42 AM	2:47 PM	6.95	6.98		8:45 AM	3:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Lanier, Susan	Housekeeper	1273912	7:55 AM	3:35 PM	7.50	7.50		8:00 AM	4:00 PM	7.50	HK	Autumn Village	Housekeeping	
Meeks, Michaela	PCA	1877790	2:45 PM	10:30 PM	0.00	0.00	CAO	2:45 PM	11:00 PM	7.75	CAO	Autumn Village	PCS ALF	
Miller, Alexandra N	Resident Care Manager Assistant	1872273	8:55 AM	3:13 PM	5.82	5.57		2:45 PM	11:00 PM	7.75	MT	Autumn Village	RCM	
Mills, Jennifer	Med Tech	1494140	7:14 AM	3:55 PM	7.88	7.95		8:45 AM	3:00 PM	7.25	MT	Autumn Village	PCS ALF	
Parker, Joshua	Med Tech	1496239	3:08 PM	11:13 PM	7.08	7.00		2:45 PM	11:00 PM	7.75	MT	Autumn Village	PCS ALF	
Pearson, Tanya	CNA	1887819	2:45 PM	10:30 PM	0.00	0.00	CAO	2:45 PM	11:00 PM	7.75	CAO	Autumn Village	PCS ALF	
Taylor, Brenda K	Laundry Aide	1025048	7:58 AM	12:58 PM	5.00	5.00		8:00 AM	1:00 PM	5.00	L	Autumn Village	Laundry	
Thigpen, Debra	PCA	1528840	10:45 PM	7:00 AM	7.25	7.25		10:45 PM	7:00 AM	7.25	PCA	Autumn Village	PCS ALF	
Tyler, Debra	Dietary Manager	1316877	5:55 AM	2:00 PM	10.45	10.23		8:00 AM	7:00 PM	11.00	C	Autumn Village	Dietary	
Walker, Tanika	Med Tech	1581280	2:54 PM	7:08 AM	14.22	14.23		10:45 PM	7:00 AM	7.25	MT	Autumn Village	PCS ALF	
Whaley, Patsy	PCA	1787521	10:45 PM	7:00 AM	7.13	7.13		10:45 PM	7:00 AM	7.25	PCA	Autumn Village	PCS ALF	
Whitfield, Lynetta T	PCA	1098749	12:00 AM	12:00 AM	0.00	8.00	DOP	7:00 AM	3:00 PM	8.00	DOP	Autumn Village	PCS ALF	Award days are 8.00 hours/jk
Willis, Gita	Med Tech	1575219	8:50 AM	3:13 PM	7.55	7.70		8:45 AM	3:00 PM	7.25	MT	Autumn Village	PCS ALF	
Woodman, Ronald	Cook	1302800	8:30 AM	7:32 PM	10.57	10.50		8:30 AM	7:30 PM	11.00	DA	Autumn Village	Dietary	

FIRE DRILL Report

PURPOSE: To practice and record the safe and timely evacuation of all residents, visitors and staff from the facility.

Facility: <u>Autumn Village</u>	Date: <u>11-3-16</u>
Shift: <u>2nd</u>	Administrator: <u>Tammy Herring</u>
Drill Start Time: <u>8:10 pm</u>	
Drill End Time: <u>8:30 pm</u>	
Time for Evacuation: <u>6 min</u>	
Drill initiated by use of the fire alarm or detection system?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Drill was unannounced?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was Fire Alarm heard throughout the building?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was intercom announcement of "Code RED" heard in all areas of the building?	YES <u>N/A</u> <input type="radio"/> NO
Was phone line kept open?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was an ALL CLEAR sounded after the event?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Staff reported to their respective areas and carried out their preassigned duties?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Someone was stationed at a telephone to receive calls and pass information?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was Fire Department met and given a status report on the situation? <u>Notified of</u>	YES <input type="radio"/> NO <input checked="" type="radio"/>
R.A.C.E. procedures were followed?	<u>drill</u> YES <input type="radio"/> NO <input type="radio"/>
All doors and windows were closed? (including fire doors and smoke barriers)	<input checked="" type="radio"/> YES <input type="radio"/> NO
P.A.S.S. fire extinguisher procedure followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Extra extinguishers from other areas of the building were taken to the fire scene?	YES <input type="radio"/> NO <input checked="" type="radio"/>
Oxygen and other medical gasses in the area of the fire were secured? <u>aware of</u>	YES <u>N/A</u> <input type="radio"/> NO
Air supply and exhaust systems turned off? <u>aware of</u>	YES <u>N/A</u> <input type="radio"/> NO
Electricity (NOT LIGHTING) and Natural Gas secured? <u>aware of</u>	YES <u>N/A</u> <input type="radio"/> NO
Drill was conducted in an orderly and safe manner?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All evacuation routes, passageways and exits unlocked, unobstructed and clear?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Visitors in the building followed orders issued by staff?	<input checked="" type="radio"/> YES <input type="radio"/> NO
A complete head count of ALL residents, staff and visitors was conducted?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Restrooms and other occupied areas were checked by sight and voice?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Staff remained with evacuated residents at designated evacuation site?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All medical charts and business records prepared for removal? <u>Drill</u>	YES <u>N/A</u> <input type="radio"/> NO
Narcotic and medication carts/cabinets/rooms locked?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Did ALL staff participate? <u>Dietary HK gone</u>	<input checked="" type="radio"/> YES <input type="radio"/> NO
Any equipment found faulty or inoperable during drill reported and corrected?	YES <input type="radio"/> NO <input checked="" type="radio"/>
Were established procedures followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
A "Lessons Learned" debrief was conducted upon completion of the drill?	<input checked="" type="radio"/> YES <input type="radio"/> NO

NOTES:

The following day

Good, not great due to a few new staff members but all went smooth. Had new hires review fire policy again

(Discuss potential fire hazards to look for in the facility)

Employee Punches
Autumn Village

Tamara Herring

11-3-16 2nd Shift

Emp Name	Position	Badge	IN	OUT	Work Time	Paid Time	Absence	Start Sch	End Sch	Sch Time	Unit	Organization	Department	Comment
Brown, Shantika S	PCA	1062064	2:40 PM	11:02 PM	7.17	7.20		2:45 PM	11:00 PM	7.75	PCA	Autumn Village	PCS ALF	
Brown, Veronica	Cook	1029747	5:55 AM	7:00 PM	10.02	10.50		8:30 AM	7:30 PM	11.00	C	Autumn Village	Dietary	
Darden, Tiffany	PCA	1392343	8:50 AM	2:48 PM	7.47	7.50		8:45 AM	3:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Edwards, Heather B	CNA	1075021	8:50 AM	2:48 PM	7.47	7.50		8:45 AM	3:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Gresham, Angela M	Med Tech	1050424	2:45 PM	11:16 PM	7.57	7.55		2:45 PM	11:00 PM	7.75	MT	Autumn Village	PCS ALF	
Howard, Kristian	PCA	1012107	2:45 PM	9:55 AM	12.03	12.12		2:45 PM	11:00 PM	7.75	PCA	Autumn Village	PCS ALF	
Jackson, Sharita D	PCA	1091428	10:40 PM	6:00 AM	0.00	0.00	CAO	10:45 PM	7:00 AM	7.25	CAO	Autumn Village	PCS ALF	
Kennedy, Esther	Business Office Manager	1980634	7:55 AM	3:29 PM	6.68	6.63		8:00 AM	12:30 PM	4.50	BOM	Autumn Village	Business Office	
Kennedy, Kiera	PCA	1049404	6:45 AM	2:48 PM	7.53	7.50		6:45 AM	3:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Kirk, April	PCA	1027500	2:45 PM	7:42 PM	4.95	5.00		2:45 PM	11:00 PM	7.75	PCA	Autumn Village	PCS ALF	
Lanier, Susan	Housekeeper	1273912	7:55 AM	4:00 PM	7.58	7.50		8:00 AM	4:00 PM	7.50	HK	Autumn Village	Housekeeping	
Miller, Alexandria N	Resident Care Manager Assistant	1072273	10:13 AM	11:37 PM	12.05	11.90		10:00 AM	11:00 PM	12.50	MT	Autumn Village	RCM	
Mills, Jennifer	Med Tech	1494140	8:08 AM	3:18 PM	6.08	5.92		8:45 AM	3:00 PM	7.25	MT	Autumn Village	PCS ALF	
Parker, Joshua	Med Tech	1496239	2:30 PM	7:27 PM	26.02	26.75		2:45 PM	11:00 PM	7.75	MT	Autumn Village	PCS ALF	
Pearson, Tanya	CNA	1087619	3:00 PM	11:06 PM	6.97	6.87		2:45 PM	11:00 PM	7.75	PCA	Autumn Village	PCS ALF	
Pease, Aerial	Lead Housekeeper	1577344	8:40 AM	4:43 PM	7.40	7.50		8:00 AM	4:00 PM	7.50	HK	Autumn Village	Housekeeping	
Tarr, Sabrina	Life Enrichment Coordinator	1559005	8:23 AM	1:28 PM	5.08	5.00		9:00 AM	4:00 PM	6.50	Act	Autumn Village	Activities	
Taylor, Brenda K	Laundry Aide	1025048	7:55 AM	12:58 PM	5.02	5.00		8:00 AM	1:00 PM	4.50	L	Autumn Village	Laundry	
Walker, Tanisa	Med Tech	1581280			0.00	0.00		10:45 PM	7:00 AM	7.25	MT	Autumn Village	PCS ALF	
Whaley, Patsy	PCA	1787321	9:17 PM	7:03 AM	8.77	8.75		10:45 PM	7:00 AM	7.25	PCA	Autumn Village	PCS ALF	
Willis, Gina	Med Tech	1575216	6:51 AM	3:27 PM	7.67	7.82		6:45 AM	3:00 PM	7.25	MT	Autumn Village	PCS ALF	
Woodman, Ronald	Cook	1352800	6:30 AM	7:18 PM	9.63	10.00		6:30 AM	7:30 PM	11.00	DA	Autumn Village	Dietary	

Frank Henrion, RCM
Tamara Herring, ED

FIRE DRILL Report

PURPOSE: To practice and record the safe and timely evacuation of all residents, visitors and staff from the facility.

Facility: <u>Autumn Village</u>	Date: <u>12-9-16</u>
Shift: <u>1st</u>	Administrator: <u>Tamar Herring</u>
Drill Start Time: <u>12:00 Noon</u>	
Drill End Time: <u>12:17 pm</u>	
Time for Evacuation: <u>11 9 min</u>	

Drill Initiated by use of the fire alarm or detection system?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Drill was unannounced?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Was Fire Alarm heard throughout the building?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Was intercom announcement of "Code RED" heard in all areas of the building?	YES <u>N/A</u>	<input type="radio"/> NO
Was phone line kept open?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Was an ALL CLEAR sounded after the event?	<u>Verbally</u> YES	<input type="radio"/> NO
Staff reported to their respective areas and carried out their preassigned duties?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Someone was stationed at a telephone to receive calls and pass information?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Was Fire Department met and given a status report on the situation?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
R.A.C.E. procedures were followed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
All doors and windows were closed? (including fire doors and smoke barriers)	<input checked="" type="radio"/> YES	<input type="radio"/> NO
P.A.S.S. fire extinguisher procedure followed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Extra extinguishers from other areas of the building were taken to the fire scene?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Oxygen and other medical gasses in the area of the fire were secured?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Air supply and exhaust systems turned off?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Electricity (NOT LIGHTING) and Natural Gas secured?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Drill was conducted in an orderly and safe manner?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
All evacuation routes, passageways and exits unlocked, unobstructed and clear?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Visitors in the building followed orders issued by staff?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
A complete head count of ALL residents, staff and visitors was conducted?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Restrooms and other occupied areas were checked by sight and voice?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Staff remained with evacuated residents at designated evacuation site?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
All medical charts and business records prepared for removal?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Narcotic and medication carts/cabinets/rooms locked?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Did ALL staff participate?	<u>Except for diet.</u> YES	<input checked="" type="radio"/> NO
Any equipment found faulty or inoperable during drill reported and corrected?	YES <u>N/A</u>	<input checked="" type="radio"/> NO
Were established procedures followed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
A "Lessons Learned" debrief was conducted upon completion of the drill?	<input checked="" type="radio"/> YES	<input type="radio"/> NO

NOTES: Lunchtime took longer to evacuate because residents were in the lunchroom & preparing to go to lunch.
Otherwise it went well

(Discuss potential fire hazards to look for in the facility)

Employee Punches
Autumn Village

Tamara Herring

12-09-16 1st Shift

Emp Name	Position	Badge	IN	OUT	Work Time	Paid Time	Absence	Start Sch	End Sch	Sch Time	Unit	Organization	Department	Comment
Albert, Billa	PCA	1454040	2:47 PM	10:59 PM	7.26	7.33		2:45 PM	11:00 PM	7.75	PCA	Autumn Village	PCS ALF	
Blount, Melville	Driver	1436025	9:00 AM	12:58 PM	3.97	4.00		8:30 AM	4:30 PM	7.00	Trans	Autumn Village	Transportation	
Brown, Shamika S	PCA	1052054	2:48 PM	11:00 PM	7.13	7.18		2:45 PM	11:00 PM	7.75	PCA	Autumn Village	PCS ALF	
Darden, Tiffany	PCA	1382343	8:02 AM	3:03 PM	7.15	7.22		8:45 AM	3:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Foye, Ciedra D	PCA	1742737	8:48 AM	3:03 PM	7.32	7.28		8:45 AM	3:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Graham, Vernette D	Housekeeper	1045840	7:55 AM	3:55 PM	7.50	7.50		8:00 AM	4:00 PM	7.50	HK	Autumn Village	Housekeeping	
Hall, Alexis	PCA	1816100	11:00 PM	7:00 AM	8.98	8.98		10:45 PM	6:45 AM	7.00	PCA	Autumn Village	PCS ALF	
Howard, Kristen	PCA	1812107	12:00 AM	12:00 AM	0.00	8.00	VAC	3:00 PM	11:00 PM	8.00	VAC	Autumn Village	PCS ALF	
Jackson, Sharita D	PCA	1891428	11:01 PM	6:58 AM	8.95	8.98		2:45 PM	11:00 PM	7.75	PCA	Autumn Village	PCS ALF	
Johnson-Butler, Sarah	PCA	1875681	3:00 PM	11:00 PM	7.02	7.02		2:45 PM	11:00 PM	7.75	PCA	Autumn Village	PCS ALF	
Kennedy, Esther	Business Office Manager	1080684	7:57 AM	12:01 PM	4.07	4.00		8:00 AM	6:00 PM	8.00	BOM	Autumn Village	Business Office	
Kennedy, Kiera	PCA	1849404	6:55 AM	3:03 PM	7.08	7.00		8:45 AM	3:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Lamar, Susan	Housekeeper	1273912	7:55 AM	3:55 PM	7.50	7.50		8:00 AM	4:00 PM	7.50	HK	Autumn Village	Housekeeping	
McCrinmon, Janaya	Med Tech	1756860	2:58 PM	11:02 PM	7.03	6.97		2:45 PM	11:00 PM	7.75	MT	Autumn Village	PCS ALF	
Miller, Alexandra N	Resident Care Manager Assistant	1072273	10:15 AM	6:52 PM	7.02	7.50		10:00 AM	7:00 PM	8.00	RCM	Autumn Village	RCM	
Mills, Jennifer	Med Tech	1494140	8:45 AM	3:08 PM	7.43	7.55		8:45 AM	3:00 PM	7.25	MT	Autumn Village	PCS ALF	
Parker, Joshua	Med Tech	1400230	2:48 PM	11:00 PM	7.10	7.15		2:45 PM	11:00 PM	7.75	PCA	Autumn Village	PCS ALF	
Reels, Arena	Lead Housekeeper	1077344	9:32 AM	12:02 PM	2.50	2.50		8:45 AM	4:30 PM	6.75	HK	Autumn Village	Housekeeping	
Smith, Alaska	PCA	1291184	8:53 AM	3:04 PM	7.23	7.05		8:45 AM	3:00 PM	7.25	PCA	Autumn Village	PCS ALF	
Tart, Sabrina	Life Enrichment Coordinator	1550065	8:28 AM	12:06 PM	3.83	3.50		9:00 AM	4:00 PM	5.50	Act	Autumn Village	Activities	
Tyler, Doris	Dietary Manager	1110877	5:39 AM	7:00 PM	10.08	10.00		6:00 AM	7:00 PM	11.00	C	Autumn Village	Dietary	
Velazquez, Veronica R	Med Tech	1078528	7:09 AM	3:10 PM	14.18	14.07		8:45 AM	11:00 PM	14.75	MT	Autumn Village	PCS ALF	
Walker, Tanisa	Med Tech	1581289	10:45 PM	7:58 AM	8.25	8.25		10:45 PM	7:00 AM	7.25	MT	Autumn Village	PCS ALF	
Whaley, Patsy	PCA	1787521	10:45 PM	7:01 AM	7.27	7.25		10:45 PM	7:00 AM	7.25	PCA	Autumn Village	PCS ALF	
Woodman, Ronald	Cook	1352800	8:30 AM	7:24 PM	10.52	10.50		8:30 AM	7:30 PM	11.00	DA	Autumn Village	Dietary	

Frank Henrion, RCM
Tamara Herring, ED

FIRE DRILL Report

PURPOSE: To practice and record the safe and timely evacuation of all residents, visitors and staff from the facility.

Facility: <u>Autumn Village</u>	Date: <u>1-27-17</u>
Shift: <u>2nd</u>	Administrator: <u>Tamara Herring</u>
Drill Start Time: <u>3:10 pm</u>	
Drill End Time: <u>3:21 pm</u>	
Time for Evacuation: <u>3 minutes</u>	
Drill initiated by use of the fire alarm or detection system?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Drill was unannounced?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was Fire Alarm heard throughout the building?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was intercom announcement of "Code RED" heard in all areas of the building?	YES <u>N/A</u> <input type="radio"/> NO
Was phone line kept open?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was an ALL CLEAR sounded after the event?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Staff reported to their respective areas and carried out their preassigned duties?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Someone was stationed at a telephone to receive calls and pass information?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was Fire Department met and given a status report on the situation?	<input checked="" type="radio"/> YES <input type="radio"/> NO
R.A.C.E. procedures were followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All doors and windows were closed? (including fire doors and smoke barriers)	<input checked="" type="radio"/> YES <input type="radio"/> NO
P.A.S.S. fire extinguisher procedure followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Extra extinguishers from other areas of the building were taken to the fire scene?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Oxygen and other medical gasses in the area of the fire were secured?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Air supply and exhaust systems turned off?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Electricity (NOT LIGHTING) and Natural Gas secured?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Drill was conducted in an orderly and safe manner?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All evacuation routes, passageways and exits unlocked, unobstructed and clear?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Visitors in the building followed orders issued by staff?	<input checked="" type="radio"/> YES <input type="radio"/> NO
A complete head count of ALL residents, staff and visitors was conducted?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Restrooms and other occupied areas were checked by sight and voice?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Staff remained with evacuated residents at designated evacuation site?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All medical charts and business records prepared for removal?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Narcotic and medication carts/cabinets/rooms locked?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Did ALL staff participate?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Any equipment found faulty or inoperable during drill reported and corrected?	YES <u>N/A</u> <input type="radio"/> NO
Were established procedures followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
A "Lessons Learned" debrief was conducted upon completion of the drill?	<input checked="" type="radio"/> YES <u>1-27-17</u> <input type="radio"/> NO

NOTES: A very smooth drill, staff very responsive & communicate w/ visitors about procedures. Evac. very quickly & orderly.

(Discuss potential fire hazards to look for in the facility)

Employee Punches
Autumn Village

Tamara Herring

1-27-17 2nd Shift

Emp Name	Position	Badge	IN	OUT	Work Time	Paid Time	Absence	Start Sch	End Sch	Sch Time	Unit	Organization	Department	Comment
Blount, Melville	Driver	1436065	6:53 AM	12:12 PM	5.32	5.25		6:30 AM	4:30 PM	7.00	Trans	Autumn Village	Transportation	
Brown, Shamika S.	PCA	1652684	2:59 PM	11:00 PM	6.96	6.97		3:00 PM	11:00 PM	7.50	PCA	Autumn Village	PCS ALF	
Darden, Tiffany	PCA	1302343	6:58 AM	3:08 PM	7.28	7.37		7:00 AM	3:00 PM	7.00	PCA	Autumn Village	PCS ALF	
Foye, Coderina D.	PCA	1742737	7:00 AM	3:14 PM	7.22	7.23		7:00 AM	3:00 PM	7.00	PCA	Autumn Village	PCS ALF	
Gresham, Angela M.	Med Tech	1556424	6:36 AM	11:16 PM	15.32	15.20		7:00 AM	11:00 PM	14.50	MT	Autumn Village	PCS ALF	
Gresham, Vernetta O.	Housekeeper	1045040	7:55 AM	3:55 PM	7.50	7.50		8:00 AM	12:30 PM	4.50	L	Autumn Village	Housekeeping	
Halligsworth, Robbie	Housekeeper	1864593	7:55 AM	3:55 PM	7.48	7.48		8:00 AM	4:00 PM	7.50	HK	Autumn Village	Housekeeping	
Howard, Kristian	PCA	1812167	3:03 PM	10:59 PM	6.96	7.05		3:00 PM	11:00 PM	7.50	PCA	Autumn Village	PCS ALF	
Jackson, Sharita D.	PCA	1691428	11:15 PM	7:01 AM	6.82	6.80		11:00 PM	7:00 AM	7.00	PCA	Autumn Village	PCS ALF	
Kennedy, Esther	Business Office Manager	1680634	8:02 AM	4:05 PM	7.00	6.95		8:00 AM	6:00 PM	9.00	BOM	Autumn Village	Business Office	
Komegay, Mary	Med Tech	1507037	3:07 PM	10:33 PM	6.28	6.35		3:00 PM	11:00 PM	7.50	PCA	Autumn Village	PCS ALF	
Miller, Alexandra N.	Resident Care Manager Assistant	1672273	9:37 AM	11:21 PM	12.80	12.82		9:00 AM	5:00 PM	7.00	RCM	Autumn Village	RCM	
Reasat, Tahya	GNA	1657619	3:00 PM	11:06 PM	7.02	6.92		3:00 PM	11:00 PM	7.50	PCA	Autumn Village	PCS ALF	
Reese, Aerial	Lead Housekeeper	1677344	8:05 AM	4:06 PM	6.52	6.50		8:45 AM	4:30 PM	6.75	HK	Autumn Village	Housekeeping	
Tant, Sabrina	Life Enrichment Coordinator	1559065	8:06 AM	3:13 PM	6.06	6.25		9:00 AM	4:00 PM	6.50	Act	Autumn Village	Activities	
Taylor, Brenda K.	Laundry Aide	1025048	7:55 AM	12:55 PM	5.00	5.00		8:00 AM	12:30 PM	4.50	L	Autumn Village	Laundry	
Thigpen, Debra	PCA	1528840	10:55 PM	7:01 AM	7.10	7.00		11:00 PM	7:00 AM	7.00	PCA	Autumn Village	PCS ALF	
Tyler, Debra	Dietary Manager	1116877	5:58 AM	1:01 PM	10.00	10.50		6:00 AM	7:00 PM	11.00	C	Autumn Village	Dietary	
Walker, Tanisa	Med Tech	1561289	10:50 PM	7:13 AM	7.42	7.53		11:00 PM	7:00 AM	7.00	MT	Autumn Village	PCS ALF	
Waters, Nancy R.	PCA	1635797	7:00 AM	3:02 PM	7.03	7.00		7:00 AM	3:00 PM	7.00	PCA	Autumn Village	PCS ALF	
Whitfield, Lynetta T.	PCA	1598749	7:00 AM	3:01 PM	6.87	6.85		7:00 AM	3:00 PM	7.00	PCA	Autumn Village	PCS ALF	
Wise, Gna	Med Tech	1673246	6:56 AM	2:29 PM	7.75	7.70		7:00 AM	3:00 PM	7.00	MT	Autumn Village	PCS ALF	
Woodman, Nancy	Cook	1600000	6:27 AM	7:34 PM	10.72	10.50		6:30 AM	7:30 PM	11.00	DA	Autumn Village	Dietary	

Frank Herrion, RCM
Tamara Herring, ED

FIRE DRILL Report

PURPOSE: To practice and record the safe and timely evacuation of all residents, visitors and staff from the facility.

Facility: <u>Autumn Village</u>	Date: <u>2-8-17</u>
Shift: <u>1st</u>	Administrator: <u>Tamara Herring</u>
Drill Start Time: <u>11:45 am</u>	
Drill End Time: <u>12:15 pm</u>	
Time for Evacuation: <u>N/A</u>	
Drill initiated by use of the fire alarm or detection system?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Drill was unannounced?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was Fire Alarm heard throughout the building?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was intercom announcement of "Code RED" heard in all areas of the building?	YES <u>N/A</u> <input type="radio"/> NO
Was phone line kept open?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was an ALL CLEAR sounded after the event?	YES <u>N/A</u> <input type="radio"/> NO
Staff reported to their respective areas and carried out their preassigned duties?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Someone was stationed at a telephone to receive calls and pass information?	YES <input checked="" type="radio"/> NO
Was Fire Department met and given a status report on the situation?	YES <input checked="" type="radio"/> NO
R.A.C.E. procedures were followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All doors and windows were closed? (including fire doors and smoke barriers)	<input checked="" type="radio"/> YES <input type="radio"/> NO
P.A.S.S. fire extinguisher procedure followed?	YES <input checked="" type="radio"/> NO
Extra extinguishers from other areas of the building were taken to the fire scene?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Oxygen and other medical gasses in the area of the fire were secured?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Air supply and exhaust systems turned off?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Electricity (NOT LIGHTING) and Natural Gas secured?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Drill was conducted in an orderly and safe manner?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All evacuation routes, passageways and exits unlocked, unobstructed and clear?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Visitors in the building followed orders issued by staff?	<input checked="" type="radio"/> YES <input type="radio"/> NO
A complete head count of ALL residents, staff and visitors was conducted?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Restrooms and other occupied areas were checked by sight and voice?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Staff remained with evacuated residents at designated evacuation site?	YES <u>N/A</u> <input type="radio"/> NO
All medical charts and business records prepared for removal?	YES <input checked="" type="radio"/> NO
Narcotic and medication carts/cabinets/rooms locked?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Did ALL staff participate?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Any equipment found faulty or inoperable during drill reported and corrected?	YES <u>N/A</u> <input type="radio"/> NO
Were established procedures followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
A "Lessons Learned" debrief was conducted upon completion of the drill?	YES <u>N/A</u> <input type="radio"/> NO

NOTES: Fire alarm activated by ED & a sign w/ a picture of a fire was placed on Rm 29 door. All staff were very quick to respond. No evacuation due to cold temps outside.

(Discuss potential fire hazards to look for in the facility)

2-8-17 11:45 am

Fire Drill

T/L

NAME	ROOM #	NAME	ROOM #
ANDRE, TINA	49-B	KENNEDY, ANNIE RAE	12-A
ANDREWS, LOIS	13-B	KING, CHARLES	41-B
ANDREWS, SUE	24-A	KOONCE, GEORGE	38-A
ARMSTRONG, JUDY	23-A	LANIER, BETTY LOU	31-B
BAKER, KEITH	42	MILES, JANICE	24-B
BARNETTE, DORISS	22-A	MOBLEY, JOAN	20-A
BASDEN, RUDOLPH	41-A	MOORE, ZILPHIA	4-A
BROCK, LOIS R.	37-A	MURPHY, MALCOLM	17-B
BRYAN, BERNICE	26	NEILSON, FRANCIS	6-B
CANNADY, WILEY	30	NETHERCUTT, SHIRLEY	35-A
COLEY, BETTY	13-A	PIERCE, WILLIAM	16-B
COVINGTON, JOHNNIE	18-A	QUINN, BOBBY	5-B
CURTIS, PATRICIA	49-A	QUINN, HALITON	16-A
DAVIS, ANNE	21-A	QUINN, LULA	5-A
DAVIS, JAMES	21-B	RHODES, MARY	28
EDWARDS, JUANITA	25	ROBY, LEEOTIS	18-B
FARLAND, LEE	1-B	SANDLIN, ELMORE	1-A
FILES, JUDY ANN	31-A	SANDLIN, JERRY	6-A
FUTRELL, SARA	12-B	SARVIS, HELEN	14-B
GATLING, DEBORAH	46-B	SESSOMS, DONALD	19-A
HALL, W. COY	40-B	SESSOMS, JEAN	19-B
HALL, LOUENE	45-A	SHEPARD, DALLAS	17-A
HARDISON, HENRY	2-A	SHOLAR, YVONNE	32-A
HARDISON, NELSON	2-B	STEPHENS, CLARA	46-A
HOUSTON, RUTH	20-B	THOMPSON, LETTUCE	11-A
HORNE, LOIS	37-B	TURNER, LOUISE	29
HORNE, ROVEAN	7	USSERY, PATRICIA	39-B
HOWARD, CATHERINE	23-B	WADE, JUDY	43
HOWARD, KENNETH	41-B	WEBB, BILLY	15-A
HUGHES, DON	15-B	WESTON, MELBA	22-B
HUDSON, ADDIE	45-B	WHALEY, LUCINDA	14-A
HUNTER, ALMINA	3-A	WHITFIELD, MARK	37-B
JAMES, JOSEPHINE	4-B	WILLIAMS, LILLIAN	11-B
JONES, CATHERINE	39-A		
JONES, CLARENCE	38-B		
JONES, MILDRED	3-B		

69 Res. 2-6-17



Date:

02/08/2017



Supervisor View

Daily Timecard Approvals
for any day prior to Today

- Y	Approved	Y	Employee	Y	Position
<input type="checkbox"/>	No		Blount, Melville <i>on transport</i>		Driver
<input type="checkbox"/>	No		Edwards, Heather B		CNA
<input type="checkbox"/>	No		Gresham, Vernetta D		Housekeeper
<input type="checkbox"/>	No		Kennedy, Esther		Business
<input type="checkbox"/>	No		Miller, Alexandra N		Resident
<input type="checkbox"/>	No		Peele, Aerial		Lead Ho
<input type="checkbox"/>	No		Sweeney, Taylor		CNA
<input type="checkbox"/>	No		Tartt, Sabrina		Life Enri
<input type="checkbox"/>	No		Taylor, Brenda K		Laundry
<input type="checkbox"/>	No		Tyler, Debra		Dietary
<input type="checkbox"/>	No		Velazquez, Veronica R		Med Tec
<input type="checkbox"/>	No		Waters, Nancy R		PCA
<input type="checkbox"/>	No		Whaley, Patsy		PCA
<input type="checkbox"/>	No		Whitfield, Lynetta T		PCA
<input type="checkbox"/>	No		Willis, Gina		Med Tec
<input type="checkbox"/>	No		Woodman, Nancy		Cook
<input type="checkbox"/>	No		Wooten, Shakisha		PCA
<i>Eastpointe x 2</i>					<i>Henrion, Frank</i>
<i>Vidant HH x 1</i>					<i>Tamara Herring</i>
<i>3HC x 1</i>					<i>REM</i>
					<i>ED</i>

FIRE DRILL Report

PURPOSE: To practice and record the safe and timely evacuation of all residents, visitors and staff from the facility.

Facility: <u>Autumn Village</u>	Date: <u>3-31-17</u>
Shift: <u>3rd</u>	Administrator: <u>Tammy Herry</u>
Drill Start Time: <u>1:00 am</u>	
Drill End Time: <u>1:12 am</u>	
Time for Evacuation: <u>N/A due to time of night</u>	
Drill initiated by use of the fire alarm or detection system?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Drill was unannounced?	<input type="radio"/> YES <input checked="" type="radio"/> NO
Was Fire Alarm heard throughout the building?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was intercom announcement of "Code RED" heard in all areas of the building?	<input type="radio"/> YES <input checked="" type="radio"/> N/A <input type="radio"/> NO
Was phone line kept open?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was an ALL CLEAR sounded after the event? <u>Verbally</u>	<input checked="" type="radio"/> YES <input type="radio"/> NO
Staff reported to their respective areas and carried out their preassigned duties?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Someone was stationed at a telephone to receive calls and pass information? <u>portable phone</u>	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was Fire Department met and given a status report on the situation?	<input checked="" type="radio"/> YES <input type="radio"/> NO
R.A.C.E. procedures were followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All doors and windows were closed? (including fire doors and smoke barriers)	<input checked="" type="radio"/> YES <input type="radio"/> NO
P.A.S.S. fire extinguisher procedure followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Extra extinguishers from other areas of the building were taken to the fire scene?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Oxygen and other medical gasses in the area of the fire were secured?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Air supply and exhaust systems turned off?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Electricity (NOT LIGHTING) and Natural Gas secured?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Drill was conducted in an orderly and safe manner?	<input checked="" type="radio"/> YES <input type="radio"/> NO
All evacuation routes, passageways and exits unlocked, unobstructed and clear?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Visitors in the building followed orders issued by staff?	<input type="radio"/> YES <input checked="" type="radio"/> N/A <input type="radio"/> NO
A complete head count of ALL residents, staff and visitors was conducted?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Restrooms and other occupied areas were checked by sight and voice?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Staff remained with evacuated residents at designated evacuation site?	<input type="radio"/> YES <input checked="" type="radio"/> N/A <input type="radio"/> NO
All medical charts and business records prepared for removal?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Narcotic and medication carts/cabinets/rooms locked?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Did ALL staff participate?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Any equipment found faulty or inoperable during drill reported and corrected?	<input type="radio"/> YES <input checked="" type="radio"/> N/A <input type="radio"/> NO
Were established procedures followed?	<input checked="" type="radio"/> YES <input type="radio"/> NO
A "Lessons Learned" debrief was conducted upon completion of the drill?	<input checked="" type="radio"/> YES <input type="radio"/> NO

NOTES: Did not evacuate, activated smoke detect.
in Rm 13. Staff quickly located.
No visitors present

(Discuss potential fire hazards to look for in the facility)

Staff present: Tanisa Walker, MT Kristen Howard, PCA
Patsy Whaley, PCA

FIRE DRILL Report

PURPOSE: To practice and record the safe and timely evacuation of all residents, visitors and staff from the facility.		
Facility: <u>Autumn Village</u>	Date: <u>4-8-17</u>	
Shift: <u>2nd</u>	Administrator: <u>Tammy Herring</u>	
Drill Start Time: <u>6:47 pm</u>		
Drill End Time: <u>7:00 pm</u>		
Time for Evacuation: <u>6 min</u>		
Drill initiated by use of the fire alarm or detection system?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Drill was unannounced?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Was Fire Alarm heard throughout the building?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Was intercom announcement of "Code RED" heard in all areas of the building?	YES <u>N/A</u>	<input type="radio"/> NO
Was phone line kept open?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Was an ALL CLEAR sounded after the event? <u>Verbally</u>	YES <u>N/A</u>	<input type="radio"/> NO
Staff reported to their respective areas and carried out their preassigned duties?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Someone was stationed at a telephone to receive calls and pass information?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Was Fire Department met and given a status report on the situation?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
R.A.C.E. procedures were followed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
All doors and windows were closed? (including fire doors and smoke barriers)	<input checked="" type="radio"/> YES	<input type="radio"/> NO
P.A.S.S. fire extinguisher procedure followed?	YES <u>N/A</u>	<input type="radio"/> NO
Extra extinguishers from other areas of the building were taken to the fire scene?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Oxygen and other medical gasses in the area of the fire were secured?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Air supply and exhaust systems turned off?	YES <u>N/A</u>	<input type="radio"/> NO
Electricity (NOT LIGHTING) and Natural Gas secured?	YES <u>N/A</u>	<input type="radio"/> NO
Drill was conducted in an orderly and safe manner?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
All evacuation routes, passageways and exits unlocked, unobstructed and clear?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Visitors in the building followed orders issued by staff?	YES <u>None</u>	<input type="radio"/> NO
A complete head count of ALL residents, staff and visitors was conducted?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Restrooms and other occupied areas were checked by sight and voice?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Staff remained with evacuated residents at designated evacuation site?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
All medical charts and business records prepared for removal?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Narcotic and medication carts/cabinets/rooms locked?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Did ALL staff participate?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Any equipment found faulty or inoperable during drill reported and corrected?	YES <u>N/A</u>	<input checked="" type="radio"/> NO
Were established procedures followed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
A "Lessons Learned" debrief was conducted upon completion of the drill?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
NOTES: <u>Very clear & concise instructions were given to staff by SIC on duty. Alarm activated via smoke detector.</u> <u>Smooth Evacuation</u> <u>Staff remained calm & communicated w/ residents & visitors singing group here with approx 25 visitors.</u>		
(Discuss potential fire hazards to look for in the facility)		

Employee Punches
Autumn Village

Tamara Herring

T 4/8/17 22nd Shift

Emp Name	Position	Badge	IN	OUT	Work Time	Paid Time	Absence	Start Sch.	End Sch.	Sch Time	Unit	Organization	Department	Comment
Brown, Veronica	Cook	1029717	5:56 AM	7:44 PM	11.48	11.50		6:00 AM	7:00 PM	11.00	C	Autumn Village	Dietary	
Edwards, Heather B	CNA	1675921	7:00 AM	3:01 PM	7.48	7.47		7:00 AM	3:00 PM	7.00	PCA	Autumn Village	PCS ALF	
Gresham, Angela M	Med Tech	1550424	12:00 AM	12:00 AM	0.00	8.00	VAC	7:00 AM	3:00 PM	8.00	VAC	Autumn Village	PCS ALF	
Gresham, Vernetta D	Housekeeper	1040940	7:55 AM	3:55 PM	7.50	7.50		8:00 AM	4:00 PM	7.50	HK	Autumn Village	Housekeeping	
Hollingsworth, Rebekah	Housekeeper	1884593	7:55 AM	3:55 PM	7.50	7.50		8:00 AM	4:00 PM	7.50	HK	Autumn Village	Housekeeping	In punch did not register
Hewans, Kristen	PCA	1812187	2:57 PM	11:00 PM	7.55	7.50		3:00 PM	11:00 PM	7.50	PCA	Autumn Village	PCS ALF	no lunch punches
Lupton, Danielle	PCA	1499421	2:58 PM	11:17 PM	7.82	7.75		3:00 PM	11:00 PM	7.50	PCA	Autumn Village	PCS ALF	no lunch punches
McCrinmon, Janaya	Med Tech	1756869	7:03 AM	3:19 PM	7.87	7.65		7:00 AM	3:00 PM	7.00	MT	Autumn Village	PCS ALF	
Parker, Joshua	Med Tech	1406230	3:11 PM	11:09 PM	7.97	8.00		3:00 PM	11:00 PM	7.50	MT	Autumn Village	PCS ALF	
Pearson, Tanya	CNA	1087019	3:11 PM	11:01 PM	7.27	7.18		3:00 PM	11:00 PM	7.50	PCA	Autumn Village	PCS ALF	
Peels, Aerial	Lead Housekeeper	1577344	9:53 AM	2:08 PM	4.20	4.25		10:45 AM	2:30 PM	3.75	FL	Autumn Village	Housekeeping	manager on duty
Thigpen, Debra	PCA	1528840	10:59 PM	7:03 AM	7.82	7.50		11:00 PM	7:00 AM	7.00	PCA	Autumn Village	PCS ALF	
Velazquez, Veronica R	Med Tech	1779526	7:00 AM	2:00 PM	0.00	0.00	UTO	7:00 AM	3:00 PM	7.00	UTO	Autumn Village	PCS ALF	
Walker, Tanisa	Med Tech	1581288	10:49 PM	7:25 AM	8.10	8.25		11:00 PM	7:00 AM	7.00	MT	Autumn Village	PCS ALF	
Waters, Nancy R	PCA	1635797	7:00 AM	3:10 PM	7.57	7.65		7:00 AM	3:00 PM	7.00	PCA	Autumn Village	PCS ALF	
Whealey, Patsy	PCA	1787521	8:08 PM	7:03 AM	10.42	10.25		11:00 PM	7:00 AM	7.00	PCA	Autumn Village	PCS ALF	
Whitfield, Lynetta T	PCA	1508740	7:00 AM	3:11 PM	7.87	7.73		7:00 AM	3:00 PM	7.00	PCA	Autumn Village	PCS ALF	clocked in button at 3:11 pm, instead of OUT
Wills, Gina	Med Tech	1575218	8:53 AM	11:08 PM	15.25	15.25		7:00 AM	11:00 PM	14.50	MT	Autumn Village	PCS ALF	
Woodman, Ronald	Cook	1362800	8:30 AM	8:47 PM	12.03	12.00		6:30 AM	7:30 PM	11.00	CA	Autumn Village	Dietary	facility emergency, late departure

Frank Henrion, RCM
Tamara Herring, ED

Emp Name	Position	Badge	IN	OUT	Work Time	Paid Time	Absence	Start Sch	End Sch	Sch Time	Unit	Organization	Department	Comment
Wills, Gina	Med Tech	1575215	6:58 AM	3:25 PM	7.90	7.85		7:00 AM	3:00 PM	7.00	MT	Autumn Village	PCS ALF	
Woodman, Nancy	Cook	1506060	6:27 AM	7:41 PM	10.80	10.75		6:30 AM	7:30 PM	11.00	DA	Autumn Village	Dietary	clocked Out button twice at lunch, instead of IN from lunch.
Wooten, Shakisha	PCA	1681615	7:03 AM	3:02 PM	6.98	7.00		7:00 AM	3:00 PM	7.00	PCA	Autumn Village	PCS ALF	