



Currituck House
141 Moyock Landing Drive
Moyock, NC
P | 252-435-1024
F | 252-435-1045

Dear Suzanna Fay,

Please accept this as my plan of correction for the deficiencies for your construction survey which was completed on November 16, 2018. If you have any questions or concerns, please feel free to give me a call.

Antoinette King, Executive Director

A handwritten signature in cursive script that reads "Antoinette King".

December 19, 2018

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL027003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/16/2018
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NAME OF PROVIDER OR SUPPLIER CURRITUCK HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 141 MOYOCK LANDING DRIVE MOYOCK, NC 27958
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay and Frank Strickland conducted on November 16, 2018.</p> <p>Records indicate this facility was first licensed as a Home for the Aged on November 2, 2010. The facility is currently licensed for a total capacity of ninety beds, which includes a forty-eight bed Special Care Unit. Therefore, the facility must meet the 2009 N.C. State Building Code Group I-2 Occupancy and, the 2005 Rules for the Licensing of Adult Care Homes</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000	<p>Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of facts alleged or conclusions set forth in the state of deficiencies, the plan of correction is prepared solely as a matter of compliance with the state law.</p>	
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;</p> <p>This Rule is not met as evidenced by:</p>	C 101		

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

TITLE

(X6) DATE

[Handwritten Signature]

Executive Director

12/19/18

Division of Health Service Regulation

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C 101	Continued From page 1 1. Observations revealed that the facility did not meet the life safety requirements for magnetic locking systems at the time of construction. Findings on November 16, 2018: a. The magnetic locking system requires master override switch(es) at a central location. Keyed switches require all staff responsible for evacuation to carry a key with them at all times. The facility had a master override switch in the med room of the SCU and at the Nurses' station on the AL side. Both of the switches were enclosed in keyed boxes. There was not a key available for the box on the AL side and the box was not labeled. A key was located on the SCU side and placed in the keyhole during the survey.	C 101	The covers for the magnetic locks have been removed. The override switch is now accessible to all staff. The ED/designee will monitor to ensure the override switch is accessible to all.	11/21/18
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. Observations revealed that the floors were not kept clean and in good repair. Findings on November 16, 2018: a. Observations revealed that the carpet was heavily stained in Room 307, 309, 408 and other areas throughout the building.	C 164	The floor of the SCU rooms and living areas throughout have been appraised and the facility is awaiting to be approved through the capitol funds. The issues have been addressed and the ED will continue to email questions for approval for floors being replaced.	11/21/18

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C 164	Continued From page 2 b. Kitchen - observations revealed that the floors behind the equipment were dirty. c. Resident bathrooms - there was a pattern of loose and buckling vinyl floors in the bathrooms which pose a tripping hazard. Many of the floors had holes and gaps in the vinyl at the seams, the walls and at the plumbing fixtures. d. SCU Med Room - the floor is heavily damaged. The vinyl is pock marked and scratched. The door to the Med Room drags on the floor and has gouged out a deep groove in the vinyl. e. SCU Room 607 - the vinyl floor at the door threshold is cracked and curling creating a trip hazard. f. SCU Room 606 - the seam at the door threshold is separating and beginning to curl creating a trip hazard. 2. Observations revealed that the facility is not maintained free of chronic unpleasant odors. Findings on November 16, 2018: a. Room 402 - there is a strong unpleasant odor in the room. b. Room 405 - there is a strong unpleasant odor in the room. 3. Observations revealed that the walls and furnishings were not kept clean and in good repair. Findings on November 16, 2018: a. Med Room - there are black, spotty mildew stains around two of the electrical panels. b. SCU Med Room - the door trim is damaged and is pulling away from the frame. c. Room 508 - the nurse call cover is missing and several of the bulbs were removed. d. Room 508 - one of the drawer fronts is	C 164	The dietary manager has been counseled on the floor cleanliness and staff has been instructed to move equipment and clean behind it. The ED/ designee will monitor for cleanliness in the kitchen The door in the med room has been repaired not to drag on the floor and the floor is in the estimate to be replaced with the rest of the floors in the SCU. The floor at the SCU room 607 has been repaired. The seam at door 606 has been repaired the chronic odors have been addressed and HK is aware, once the floors have been replaced, the chronic odor will dissipate. Housekeeping has been counseled on proper cleaning of the walls. the trim on the med room door has been repaired. the cover for the nurse call system has been ordered wardrobes (25) have been ordered and will be replaced upon arrival	11/21/19 11/21/19 11/21/19

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C 164	Continued From page 3 missing at the wardrobe unit on the right.	C 164		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Review of records revealed that fire rehearsals were not conducted quarterly on each shift.</p> <p>Findings on November 16, 2018: a. Fire rehearsal records showed only two fire drills were conducted prior to September 2018 when the new administrator came on board. The current administrator is aware of the issue and is conducting drills each month, each shift per quarter.</p>	C 185	<p>Fire rehearsals have been conducted. See attached #1 the ED/designee will monitor monthly to ensure fire rehearsals are done appropriately.</p>	<p>11/21/18</p>
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult</p>	C 189		

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C 189	Continued From page 5 allow fire and smoke to spread beyond the area of origin. Findings on November 16, 2018: a. Riser Room - one of the ceiling patches is deteriorating and the tape is coming loose at the joint leaving a hole in the ceiling. b. Exterior Electrical Room - the door hardware is missing at the door separating the electrical room from the dryer access room leaving a 3" diameter hole in the rated wall. c. Soiled linen Room - the sprinkler head has dropped leaving a gap in the ceiling. 4. Observations revealed that the mechanical equipment is not maintained in operating condition. Findings on November 16, 2018: a. The mechanical vent outside of Soiled Linen has a heavy accumulation of dust on the radiation damper.	C 189	The ceiling patches have been repaired, the door hardware has been replaced, the sprinkler head has been repaired. the ED/designee will monitor to ensure needed repairs are completed	1/21/19
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.	C 195		

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C 195	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the hot water temperature at all fixtures used by residents was not maintained between 100 and 116 degrees Farenheit.</p> <p>Findings on November 16, 2018:</p> <p>a. Beauty Shop - the water temperature at the hair washing sink was 118 degrees.</p>	C 195	<p>The hot water heater has been adjusted and the water temp is retaining a temp of 100 -116 degrees this room will be monitored weekly x 4 weeks to ensure the temp is stable. The maintenance F360 will check this and notify the ED/designee as needed</p>	11/21/18

FIRE DRILL Report

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

Facility: <u>Currituck House</u>	Date: <u>9/19/18</u>
Shift: <u>2nd</u>	Administrator: <u>A. King</u>
Drill Start Time: <u>4:51 pm</u>	
Drill End Time: <u>4:58 pm</u>	
Time for Evacuation: <u>7 mins</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?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Was phone line kept open?	<input checked="" type="radio"/> YES <input type="radio"/> NO N/A
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?	<input checked="" type="radio"/> 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?	<input checked="" type="radio"/> YES <input type="radio"/> NO

NOTES: Alarm was set off. All residents & staff member was evacuated from the building on A.C. & S.C.U.

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

FIRE DRILL Report

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

Facility: <u>Chimney House</u>	Date: <u>10/11/18</u>	
Shift: <u>3rd</u>	Administrator: <u>A. King</u>	
Drill Start Time: <u>5:00 AM</u>		
Drill End Time: <u>5:04 AM</u>		
Time for Evacuation: <u>9 mins</u>		
Drill initiated by use of the fire alarm or detection system?	<input checked="" type="radio"/> YES	NO
Drill was unannounced?	<input checked="" type="radio"/> YES	NO
Was Fire Alarm heard throughout the building?	<input checked="" type="radio"/> YES	NO
Was intercom announcement of "Code RED" heard in all areas of the building?	<input checked="" type="radio"/> YES	NO
Was phone line kept open?	<input checked="" type="radio"/> YES	NO <u>N/A</u>
Was an ALL CLEAR sounded after the event?	<input checked="" type="radio"/> YES	NO
Staff reported to their respective areas and carried out their preassigned duties?	<input checked="" type="radio"/> YES	NO
Someone was stationed at a telephone to receive calls and pass information?	<input checked="" type="radio"/> YES	NO
Was Fire Department met and given a status report on the situation?	<input checked="" type="radio"/> YES	NO
R.A.C.E. procedures were followed?	<input checked="" type="radio"/> YES	NO
All doors and windows were closed? (including fire doors and smoke barriers)	<input checked="" type="radio"/> YES	NO
P.A.S.S. fire extinguisher procedure followed?	<input checked="" type="radio"/> YES	NO
Extra extinguishers from other areas of the building were taken to the fire scene?	<input checked="" type="radio"/> YES	NO
Oxygen and other medical gasses in the area of the fire were secured?	<input checked="" type="radio"/> YES	NO
Air supply and exhaust systems turned off?	<input checked="" type="radio"/> YES	NO
Electricity (NOT LIGHTING) and Natural Gas secured?	<input checked="" type="radio"/> YES	NO
Drill was conducted in an orderly and safe manner?	<input checked="" type="radio"/> YES	NO
All evacuation routes, passageways and exits unlocked, unobstructed and clear?	<input checked="" type="radio"/> YES	NO
Visitors in the building followed orders issued by staff?	<input checked="" type="radio"/> YES	NO
A complete head count of ALL residents, staff and visitors was conducted?	<input checked="" type="radio"/> YES	NO
Restrooms and other occupied areas were checked by sight and voice?	<input checked="" type="radio"/> YES	NO
Staff remained with evacuated residents at designated evacuation site?	<input checked="" type="radio"/> YES	NO
All medical charts and business records prepared for removal?	<input checked="" type="radio"/> YES	NO
Narcotic and medication carts/cabinets/rooms locked?	<input checked="" type="radio"/> YES	NO
Did ALL staff participate?	<input checked="" type="radio"/> YES	NO
Any equipment found faulty or inoperable during drill reported and corrected?	<input checked="" type="radio"/> YES	NO
Were established procedures followed?	<input checked="" type="radio"/> YES	NO
A "Lessons Learned" debrief was conducted upon completion of the drill?	<input checked="" type="radio"/> YES	NO

NOTES: All of the residents on A1 & S1 & S2 staff all evacuated the building

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

Fire Drill Participation

10/1/18

1. Termaine Harris
2. Bryan White
3. Drew Spence
4. Regina ~~highland~~
5. ~~Michelle~~ Melissa
6. Cody Belangia
7. Carter Greese

FIRE DRILL Report

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

Facility: <u>Currituck House</u>	Date: <u>11/12/18</u>
Shift: <u>1st</u>	Administrator: <u>A. King</u>
Drill Start Time: <u>7:00 AM</u>	
Drill End Time: <u>7:07 AM</u>	
Time for Evacuation: <u>8 mins</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?	<input checked="" type="radio"/> YES <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 N/A
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?	<input checked="" type="radio"/> 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?	<input checked="" type="radio"/> YES <input type="radio"/> NO

NOTES: All of the resident on AC + sea & staff all evacuated the building

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

