

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2018
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NAME OF PROVIDER OR SUPPLIER ATRIA LAKE NORMAN	STREET ADDRESS, CITY, STATE, ZIP CODE 140 CARRIAGE CLUB DRIVE MOORESVILLE, NC 28117
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C 000	Initial Comments Construction Section Biennial Survey report by Frank Strickland and Ed Miller on 10/04/2018: This facility was first licensed as a Home for the Aged on 03/18/2002 and an Addition constructed on 02/29/2004. This facility is currently licensed for a total capacity of ONE HUNDRED TWENTY BEDS W/20 BED SCU.. Therefore, we are requiring that this facility meet the 1996 Minimum Standards and Regulations for Homes for the Aged; the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds; and the 1996 Edition of the North Carolina State Building Code, Section 409- Institutional Occupancy, Group I as well as the 2002 Edition of the North Carolina State Building Code, Section 409- Institutional Occupancy, Section 308.2- Group I. Deficiencies have been cited and a Plan of Correction is required.	C 000	Preparation, execution, and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria Lake Norman, nor agreement by Atria Lake Norman as to the truth of the facts alleged or conclusions drawn in the Summary Statement of Deficiency or any specific statement of non-compliance. Atria Lake Norman prepares and submits this Plan of Correction in order to comply with state laws and regulatory provisions. Corrective Action: We have contacted our locksmith vendor to obtain additional emergency release switch keys for all staff members. Identification of other affected areas: Currently the locks do not properly work; only locks by the mag lock are working properly, and those are being used in place of the locks that require emergency release switch keys. The vendor will repair the broken lock and at the time we will receive additional keys for the new locks. Measures to prevent recurrence: We will place an emergency release switch key on all the keyrings the staff uses daily after they gain entry to the key box to ensure they will always have access to one. Monitoring of the corrective action: The key box sign in and out sheet is monitored weekly, we will ensure the emergency release switch key are on the keyrings. Date of completion of corrective action: Vendor is coming on 11/28/18 to give facility a quote and will start work ASAP. Date of completion 12/14/18.	
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	C 101		

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

David Burows

TITLE

EO

(X8) DATE

11/20/18

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C 101	<p>Continued From page 1</p> <p>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: 1-Based on observations, this facility does not meet the Building Code for the Special Locking (magnetic locks) on the exit doors at the time of construction or alteration. The Code requires, "If any required emergency release switch is of the locking type, all staff must carry emergency release switch keys."</p> <p>Findings on 10/04/2018: The required emergency release switch located at each magnetically locked exit door was of the locking type with keyed switching. All staff in the SCU who are responsible for evacuation of residents were not carrying keys. The med tech was the only staff member carrying a release switch key and the other staff that were interviewed carried no release switch keys.</p>	C 101		
C 110	<p>Construction-Meet Sanitary Requirements</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the</p>	C 110	<p>Corrective Action: Facility does have a bed bug policy in place (Atria's Control of Bed Bugs Policy HK 001). On 10/5/18, Ecolab inspected and treated apartment WSW2. They noted in their service report they found bed bugs at wall behind bed. On 11/1/18, apartment WSW2 was inspected and treated despite no bed bug activity noted during the inspection. Identification of other affected areas: Apartment WSW4 and DD2 are adjacent apartments to WSW2 and those were inspected and treated despite no bed bug activity during inspection. Measures to prevent recurrence: Per Atria's Policy, we will ensure all employees that cleans resident apartments, makes beds, moves furniture, or provides care in a resident apartments are educated on the bed bug policy.</p>	

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C 110	<p>Continued From page 2</p> <p>Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost.</p> <p>This Rule is not met as evidenced by: 1-Based on interview and observation, this facility did not meet the "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", specifically 15A NCAC 18A .1317(a) which requires the facility to have an effective policy in place to prevent bed bugs from entering and how to mitigate future bed bug infestations.</p> <p>Findings on 10/04/2018:</p> <p>Based on interview with facility Executive Director [ED], bed bugs were first observed in 10/02/2018.</p> <p>Record review of Pest Management Company inspection and service records show that bed bugs were observed (and treated) in Room WSW2 on 10/02/2018.</p> <p>Interview with facility ED, room WSW2 is currently unoccupied and resident relocated after bug bites were observed and family members notified. Interview with facility ED revealed that only the bedroom had been treated by pest control.</p> <p>Direct observation at the time of survey, revealed signs that bed bugs were harboring behind a wall</p>	C 110	<p>Monitoring of the corrective action: Facility will have Ecolab inspect and potentially treat this apartment during their next visit the first week of December to ensure there is no bed bug activity.</p> <p>Date of completion of corrective action: 11/1/2018</p>	

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C 110	Continued From page 3 receptacle box at the party wall between rooms. The cover for the box was still removed. There was evidence on the surrounding wall that at one bed bug had been killed by hand after crawling out of the open junction box.	C 110		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to keep the ceilings clean and good repair. Findings on 10/04/2018: The following rooms have ceilings that are damaged due to condensation and staining: (a) Dining Room #1 (b) Resident Care Coordinator's Office (c) Main Kitchen (d) Room SL09 (e) HVAC Room #1 (f) HVAC Room #2 2-Based on observation, this facility has failed to keep the ceilings free of penetrations and good repair. Findings on 10/04/2018:	C 164	Corrective Action: Facility will work with its Maintenance Department to repair ceiling damage due to condensation and staining to the following areas, Dining Room #1, Resident Care Coordinator's office, Main Kitchen, Room SL09, HVAC room #1, HVAC room #2. Identification of other affected areas: Maintenance Director completed a walk through and did not identify other affected areas. Measures to prevent recurrence: Facility will contact HVAC vendor to inspect the ceilings to see what options they offer to prevent the duct work from becoming damage due to condensation and staining. Monitoring of the corrective action: It will be added to the Preventative Maintenance list quarterly. Date of completion of corrective action: 12/7/18 Corrective Action: Facility will work with its Maintenance Department to ensure the following rooms have fire-rated protection: HVAC #1, HVAC #2, Housekeeping/DD Hall, and Riser Room/DD Hall. Identification of other affected areas: Maintenance Director completed a walk through and did not identify other affected areas. Measures to prevent recurrence: Regular checks monthly of rooms to ensure they all have fire-rated protection, free of penetrations and in good repair. Monitoring of the corrective action: It will be added to the Preventative Maintenance list monthly. Date of completion of corrective action: 12/7/18 Corrective Action: Facility will work with its Maintenance Department to repair wall behind washer/dryers. Identification of other affected areas: Maintenance Director completed a walk through and did not identify other affected areas.	

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C 164	Continued From page 4 The following rooms have penetrations in the fire-rated ceiling construction that are not protected: (a) HVAC Room #1 (b) HVAC Room #2 (c) Housekeeping/DD HALL (d) Riser Room/DD HALL 3-Based on observation, this facility has failed to keep the interior walls clean and good repair. Findings on 10/04/2018: The wall behind the washer/dryers in the Main Laundry have openings that are not in good repair. 4-Based on observation, this facility has failed to maintain the HVAC components clean. Findings 10/04/2018: All of the return-air grilles have particulate build-up and require cleaning in all the Bathrooms, Dining Halls and Kitchens.	C 164	Measures to prevent recurrence: Regular checks monthly to ensure interior walls are clean and good repair. Monitoring of the corrective action: It will be added to the Preventative Maintenance list monthly Date of completion of corrective action: 12/7/18 Corrective Action: Facility will work with its Maintenance Department to clean build up in return air grilles in the following areas: Bathrooms, Dining Halls, and Kitchens. Identification of other affected areas: Maintenance Director completed a walk through and did not identify other affected areas. Measures to prevent recurrence: Facility to implement a cleaning schedule to have the return air-grilles cleaned regularly. Regular checks monthly to ensure HVAC components are clean. Monitoring of the corrective action: It will be added to the Preventative Maintenance list monthly. Date of completion of corrective action: 12/7/18	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility is not free of	C 166	Corrective Action: Facility cleaned and organized the storage closet and there is no longer a high pile that reaches to the ceiling. Identification of other affected areas: Maintenance Director completed a walk through and did not identify other affected areas. Measures to prevent recurrence: Educate the staff on how to properly store items in the storage closet. Regular checks monthly to ensure they are free of all obstructions and hazards. Monitoring of the corrective action: It will be added to the Preventative Maintenance list monthly Date of completion of corrective action: this was completed by 10/31/18.	

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C 166	Continued From page 5 all obstructions and hazards. Storage closer than 18 inches below sprinkler head could impair the operation of the sprinkler. Findings on 10/04/2018: There is high piled storage on the shelves in the Storage Room/PM3 that is at the ceiling.	C 166	Corrective Action: Facility contacted electrical vendor and work was completed on 11/23/18. Identification of other affected areas: Maintenance Director completed a walk through and did not identify other affected areas. Measures to prevent recurrence: Regular checks monthly to ensure correct distant between smoke detector and florescent light. Monitoring of the corrective action: It will be added to the Preventative Maintenance list monthly. Date of completion of corrective action: Completed on 11/23/18	
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, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings 10/04/2018: The FACP was in the trouble mode, however it operated as designed for detection when the fire alarm test was conducted. Technicians were contacted regarding the matter and are scheduled for the service. 2-Based on observation, this facility has failed to provide exits in a safe and operating condition. Findings 10/04/2018: The Elevator Lobby/Exit pathway adjacent to	C 189	Corrective Action: Outdoor furniture was placed back outside in the courtyard and is no longer blocking Room PL10. Identification of other affected areas: Maintenance Director completed a walk through and did not identify other affected areas. Measures to prevent recurrence: Going forward, in the event of a potential natural disaster, outdoor furniture will be securely tied down outside, or moved inside as long as we have proper storage place. Monitoring of the corrective action: It will be added to the Preventative Maintenance list weekly. Date of completion of corrective action: Completed 11/27/18 Corrective Action: The facility has contacted HVAC vendor to obtain a quote to have the HVAC flexible duct connectors installed correctly for the following rooms: HVAC Room across the hall from Activity room #2 and HVAC room #2. Vendor onsite 11/27/18. Work will begin once we receive quote by no later than 11/29/18. Identification of other affected areas: Maintenance Director completed a walk through and did not identify other affected areas. Measures to prevent recurrence: Regular checks monthly to ensure fire protection systems are in safe condition. Monitoring of the corrective action: It will be added to the Preventative Maintenance list monthly. Date of completion of corrective action: 12/14/18	

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C 189	Continued From page 6 Room PL10 is blocked by outdoor furniture that was brought in from the outside Courtyard due to hurricane Florence and never returned by staff. 3-Based on observation, this facility has failed to maintain all the building fire protection systems in a safe condition. Findings 10/04/2018: There are HVAC flexible duct connectors that penetrate the exit access corridor walls above the lay-in ceiling. The ducts do not have a suitable connector at the place they penetrate in order to resist the passage of smoke from the following rooms: (a) HVAC Room across the Hall from Activity Room #2. (b) HVAC Room #2 There are transfer grilles that penetrate the exit access corridor walls that do not prevent the passage of smoke from the following rooms: (c) HVAC room across the Hall from Activity room #2. (d) HVAC Room #2. 4-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings 10/04/2018: The following locations have sprinkler heads without escutcheons: (a) Front Port-cochere (b) ED Office (c) PM3/HALL (d) Storage Room/PM2 5-Based on observation, this facility has failed to	C 189	Corrective Action: Facility has contacted a plumbing vendor that will install a vacuum breaker in the hair washing sink in the salon. Identification of other affected areas: Maintenance Director completed a walk through and did not identify other affected areas. Facility will have plumbing vendor inspect area to identify if there are any other affected areas. Measures to prevent recurrence: Regular checks by facility maintenance department after installation to ensure it is working properly. Monitoring of the corrective action: It will be added to the Preventative Maintenance list quarterly. Date of completion of corrective action: 11/30/18 The facility failed to maintain the HVAC components in an operating condition. Corrective Action: Exhaust vents need new motors, motors will be ordered by 11/30/18. Exhaust fans will be installed as soon as motors are received in the following locations: Laundry Room/GSW02, Laundry Room/WW02, Bathroom/GSW 04, HVAC Room #2. Identification of other affected areas: Maintenance Director completed a walk through and did not identify other affected areas. Measures to prevent recurrence: Regular checks quarterly to ensure HVAC components are in operating condition. Monitoring of the corrective action: It will be added to the Preventative Maintenance list quarterly. Date of completion of corrective action: 12/21/18 Corrective Action: Facility will work with its Maintenance Department to ensure GFCI protection on the following locations: Laundry Room/WW02 and Kitchenette/PL5 Identification of other affected areas: Maintenance Director completed a walk through and did not identify other affected areas. Measures to prevent recurrence: Regular checks quarterly to ensure electrical components are safe and in operating condition. Monitoring of the corrective action: It will be added to the Preventative Maintenance list quarterly. Date of completion of corrective action: 12/7/18	

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C 189	<p>Continued From page 7</p> <p>maintain the HVAC components in a operating condition.</p> <p>Findings 10/04/2018: The mechanical ventilation system is not operational at the following locations: (a) Laundry Room/GSW02 (b) Laundry Room/WW02 (c) Bath Room/GSW 04 (d) HVAC Room #2</p> <p>6-Based on observation, this facility has failed to maintain the electrical components in a safe and operating condition.</p> <p>Findings 10/04/2018: The following locations have GFCI protection that has failed: (a) Laundry Room/WW02 (b) Kitchenette/PL5</p> <p>7-Based on observation, this facility has failed to maintain the plumbing equipment in a safe and operating condition.</p> <p>Findings 10/04/2018: The hair washing sink in the Salon does not have a vacuum breaker.</p>	C 189	<p>Corrective Action: Facility has contacted a plumbing vendor that will install a vacuum breaker in the hair washing sink in the salon.</p> <p>Identification of other affected areas: Maintenance Director completed a walk through and did not identify other affected areas. Facility will have plumbing vendor inspect area to identify if there are any other affected areas.</p> <p>Measures to prevent recurrence: Regular checks by facility maintenance department after installation to ensure it is working properly.</p> <p>Monitoring of the corrective action: It will be added to the Preventative Maintenance list quarterly.</p> <p>Date of completion of corrective action: 11/30/18</p>	