(X3) DATE SURVEY

COMPLETED

B. WING MHL055053 04/09/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1250 GEORGETOWN ROAD LAUREL LANE LINCOLNTON, NC 28092 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION). PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY V 000 **INITIAL COMMENTS** V 000 An annual survey was completed on April 9, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G .0303 LOCATION AND **EXTERIOR REQUIREMENTS** (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility was not maintained in a safe manner. The findings are: Observation on 4/7/25 at approximately 6:40pm-7:00pm and Interview with Staff #2 revealed: -Client #1 had one window in his bedroom. Staff #2 opened Client #1's only window and raised the lower sash. When Staff #2 let go of the lower sash once raised, it immediately slammed shut. Staff #2 stepped back away from the window and stated, "Ohl That was scary!" -Client #2 had one window in her bedroom. When the window was closed, the bottom sash and the top sash were not flush, and the sash lock could not be secured. Directly in front of the only window was a wooden nightstand Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE dministrat

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

STATE FORM

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 04/09/2025 MHL055053 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1250 GEORGETOWN ROAD LAUREL LANE LINCOLNTON, NC 28092 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY V 736 V 736 V 736 Continued From page 1 approximately 24 Inches wide by 30 Inches high Client #1-bedroom window which blocked the window. On top of the wooden nightstand was Client #1's Continuous Positive was repaired and in working Alrway Pressure (CPAP) machine, mask, and hose. The CPAP machine was plugged into the order on 4/18/25. wall outlet behind the nightstand. Alongside the nightstand was a cardboard box approximately 12 Window has been checked inches wide by 20 inches long filled with books, magazines, and notebooks. The cardboard box was on the right side of the nightstand between daily to ensure it is the nightstand and the bedroom door. The cardboard box also blocked the window. working properly. Review on 4/8/25 of the North Carolina Supervisors have been Residential Building Code Section 310.2.1 revealed: trained by QPs and/or -"Emergency Egress - Every sleeping room shall have at least one operable window or exterior Administrator on how to door approved for emergency egress. The units must be operable without the use of key or tool to a full clear opening. If a window is provided, the complete a monthly sill height may not be more than 44" above the floor. These must provide a clear opening of 4 Environmental Assessment square feet. The minimum height shall be 22 inches and minimum width is 20 inches (1996 completely and thoroughly. Building Code). (For buildings built under the previous Residential Building Code the Going forward, monthly requirements allowed for a sill height of 48" and an opening of 432 square inches in area with a **Enviornmental Assessment** minimum dimension of 16")." Review on 4/7/25 of the Division of Health will be completed by Service Regulation (DHSR) Construction Section's Statement of Deficiencies for the facility supervisors, QP or dated 9/17/24 revealed: -Client #1's bedroom window " ...dropped ..." Administrator and for any when opened " ... which is a potential safety hazard in the event of a fire or other emergency repairs needed a work-order -Client #2's window " ...was not able to be locked

Division of Health Service Regulation

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL055053 04/09/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1250 GEORGETOWN ROAD LAUREL LANE LINCOLNTON, NC 28092 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 736 V 736 Continued From page 2 will be completed and submitted timely. Attempted interview and observation on 4/7/25 at approximately 7:05pm with Client #1 revealed: -The attempted interview was unsuccessful. Client #1 did not verbally respond to questions. Client #2 Window repaired, He stared toward the ceiling of the room. CPAP machine box of books Interview on 4/7/25 with Client #2 revealed: -The cardboard box which contained books, and wooden nightstand magazines, and notebooks and the nightstand were "too heavy" for her to move. -Did not know that her window could not be have been moved, please see locked but Identified that was "not safe." Interview on 4/9/25 with the Direct Support Supervisor revealed: -Did not know Client #1's window slammed shut when opened or that Client #2's window did not lock. -Client #1 had a stroke approximately two years ago and suffered a significant loss of strength in both of his arms because of the stroke. Interview on 4/9/25 with the Qualified Professional (QP) revealed: -Did not know Client #1's window slammed shut when opened or that Client #2's window did not -Client #1 had a stroke approximately two years ago and suffered a significant loss of strength in both his arms because of the stroke. -Had not checked the windows when she visited the facility but will start doing so immediately. -Will be "more aware" of furniture and personal items that blocked the windows in the future and will make sure that all windows were accessible to clients. -Client #2 would not have the strength to move a

Division of Health Service Regulation

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING: 04/09/2025 MHL055053 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1250 GEORGETOWN ROAD **LAUREL LANE** LINCOLNTON, NC 28092 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY V 736 V 736 Continued From page 3 box of books or a wooden nightstand independently in case of an emergency. Interview on 4/9/25 with the Administrator revealed: -Was aware that the DHSR Construction Section cited the facility in September 2024 for Client #1's window which slammed shut when opened and Client #2's window which did not lock. -The maintenance man repaired the two windows after the DHSR Construction Section's survey in September 2024 but could not provide an exact date of when these repairs occurred. -Did not know there were additional needed repairs to the two windows. -The maintenance man went to the facility on 4/8/25 to assess the two windows but could not repair them. -A new window was ordered for Client #1's bedroom and a new window lock was ordered for Client #2's bedroom. Review on 4/8/25 of the Plan of Protection (POP) signed and dated 4/8/25 by the Administrator "What Immediate action will the facility take to ensure the safety of the consumers in your care? Maintenance Coordinator on his way to home (facility) to inspect window. Maintenance Coordinator ordered new window from [window supply company] in [local city]. (Please see attached). Window being built per measurements and could take up to 2.5 weeks. One window arrives Maint (Maintenance) Coordinator will replace. Window will be in no later than 4/25/25 (2.5 weeks). Once window is delivered RHA (Licensee) Maint Coordinator will replace window same day. Describe your plans to make sure the above happens.

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PRINTED: 04/17/2025 FORM APPROVED

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (SURVEY
			A. BUILDING:		COM	PLETED
		MHL055053	B. WING _,		0.4	/09/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE	1 04	108/2023
AUREL I	LANE		ORGETOWN ROA			
		LINCOLI	NTON, NC 28092			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE APPROPRIATE	COMPLETE
				DEFICIENCY)		
V 736	Continued From page	4	V 736			
	Administrator and QP	s will retrain Direct Support				
	Supervisors and Resid	dential Team Leaders on		v.		
	how to complete Moni					
	Assessment correctly	and thoroughly, ed video will be forwarded				
	(to DHSR)."	ad Aldeo Mill be lotMat0ed				
	Au					
	Attached to the POP was a copy of the window		1 1			
	specifications from the window supply company and a copy of the receipt for payment of the					
.	window. Both were da	ated 4/8/25.		F		
	Review on 4/9/25 of th	e addendum to the POP				
	signed and dated 4/9/2 revealed:	25 by the Administrator				
	"Laurel Lane (facility) i	s a 24-hour awake staffing				
	facility; as well as the I	icensed home (facility) next				
	2nd, 3rd shift staffing if	all. Both homes have 1st,				
	required. Secondary e	gress is front door				
	locations. Member (CI	ient #1) also has 2-hour				
	monitoring checks over	rnight. RHA will provide				
	extra staming overnight day from the hours of 8	on 3rd shift; during the	1			
	members attend the Da	ay Activity Center and/or				
- 1	community, arriving hor	me around 3pm.				×
	Maintenance Coordinal	tor inspected window on				- 1
	4/8/25 and was unable	to make repair as a				
1:	permanent nx, measure new window was order	ements were taken and ed on 4/8/25 from [widow			1	
	supply company in loca	city]. Could not place a			1	
1	rush order on window a	nd could take up to 2.5	1 1			1
1	weeks to be delivered.				i	
	Clients #1 and #2's diag	gnoses included, but were				
	not limited to, Mild Intell	ectual Developmental				- 1
	Disability, Adjustment D	isorder, Sleep Apnea,				- 1
1	Ataxia, Seizure Disorde History of Recurrent Fal	r, Intercranial Lesion,				
l i	deminaresis. Client #11	is, and Leπ Side is only bedroom window				ı

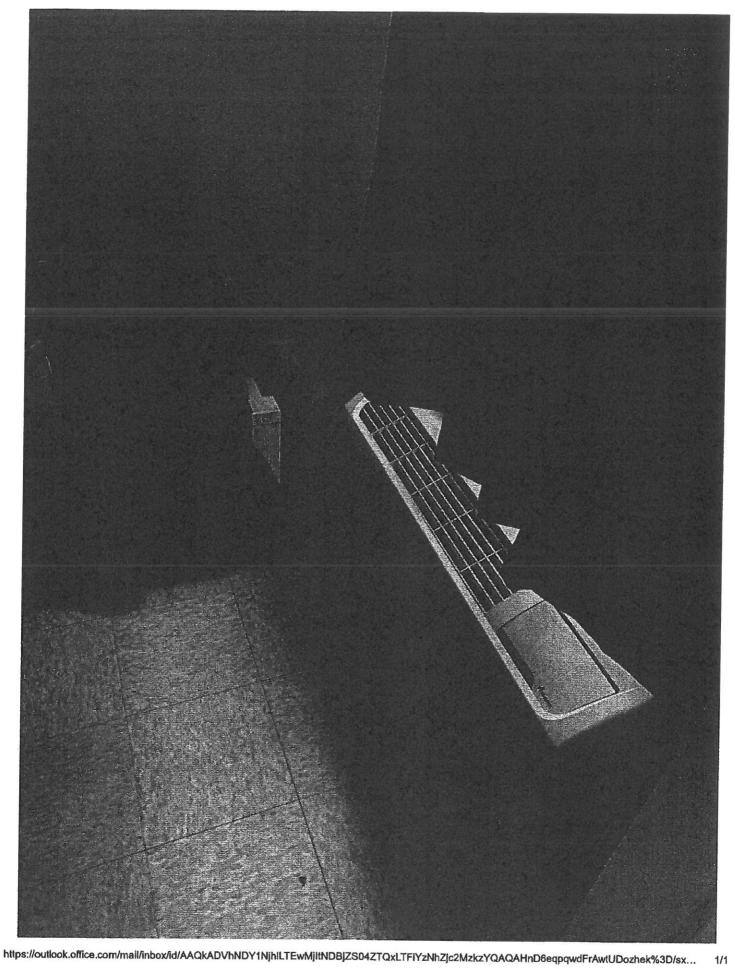
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If continuation sheet 6 of 6

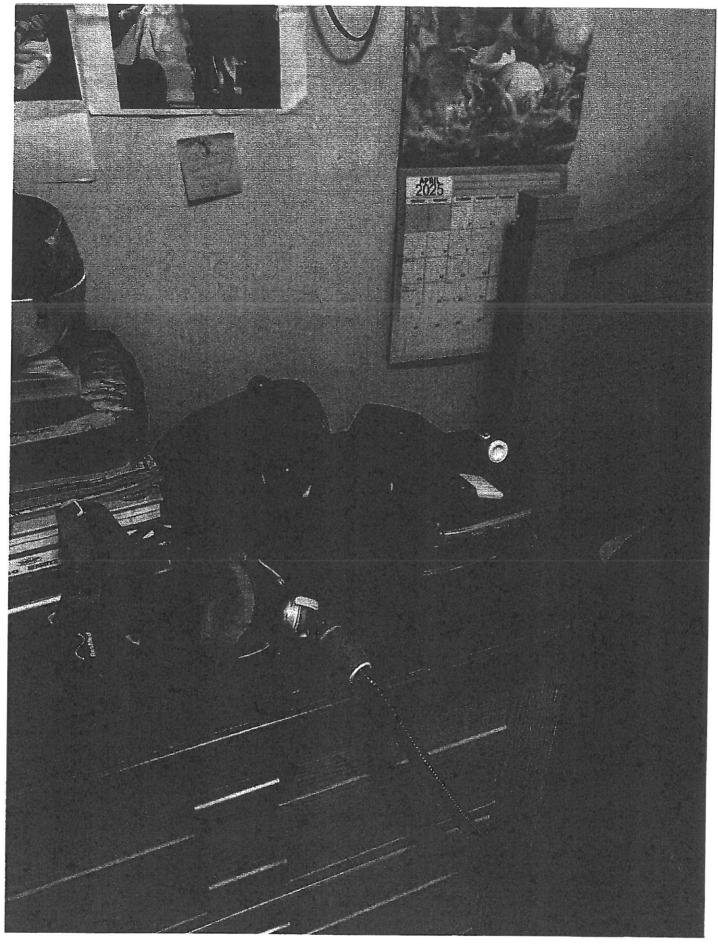
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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUI	
AND PLAN O	FCORRECTION	DENTIFICATION NOMBER	A, BUILDING:			
	· ·					
		MHL055053	B. WING		04/09	/2025
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
		1250 GEO	RGETOWN ROA	AD		
LAUREL L	ANE	LINCOLN	TON, NC 28092			
. 0/1/15	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
(X4) ID PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI	JLD BE OPRIATE	COMPLETE DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		
			+			
V 736	Continued From page	e 5	V 736			
	slammed shut immed	diately upon opening. Client			1	
	#2's only bedroom w	indow did not lock and was			-	
	blocked by a wooder	n nightstand and a box of				
	books which were to	o heavy for Client #2 to move				
	to gain access to the	window. The facility was				
	made aware of the n	eeded repairs to the two				
	windows during a Di	-ISR Construction Section r 2024. The windows				
	remained unrenaired	7 7 months after the initial			1	
	notification to the fac				ı	
		1 rule violation for serious			- 1	
	neglect and must be	corrected within 23 days.			1	
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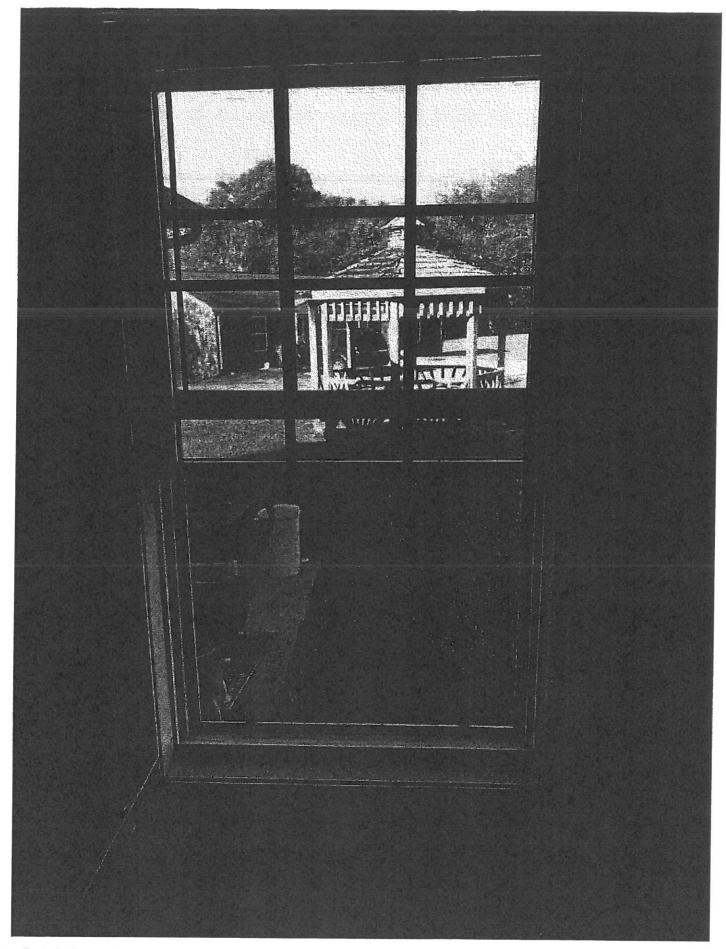






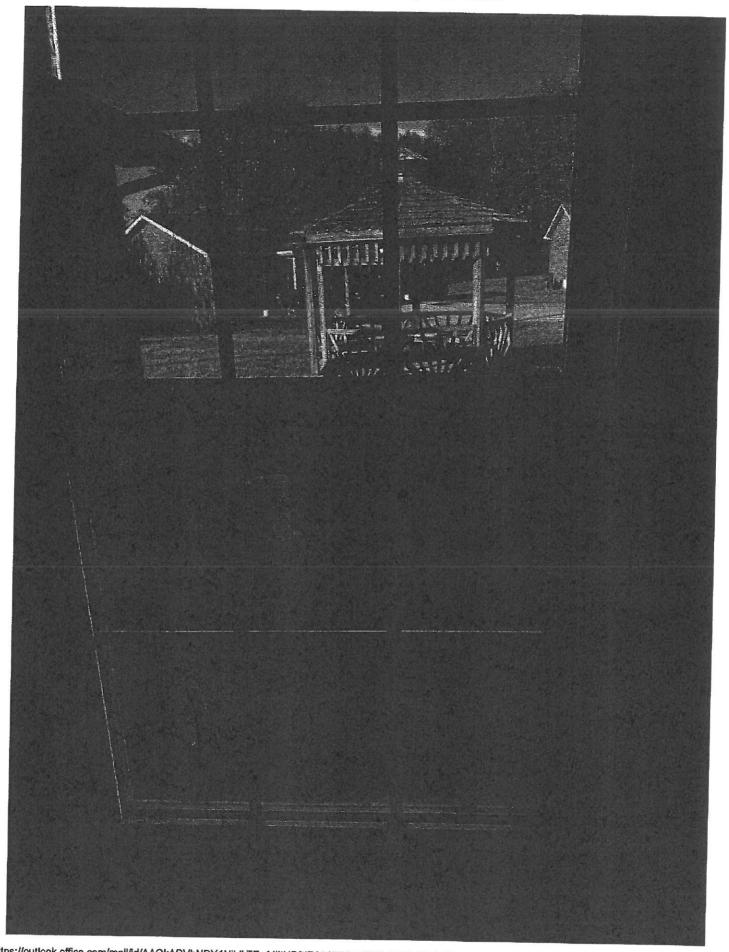
https://outlook.office.com/mail/inbox/id/AAQkADVhNDY1NJhlLTEwMJltNDBjZS04ZTQxLTFiYzNhZjc2MzkzYQAQAHnD6eqpqwdFrAwtUDozhek%3D/sx...





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		•
RHA HEALTH SERVICES, LLC	in sen	vice Training
Date:	Place Held:	Start Time:
4/11/25	Gastonia Unit	End Time:
Title of Training:		
Proper COMPletion	n of An Enviornmental	2 Assessment
Purpose/Outline of Training:		
En sure thoro	righ completion 6	ent repairs.
Assessment an	a follow up with cre	rating work orders
as reeded an	d reporting emerg	ent repairs.
	- Afterida de	
Patrice Name	Signature-	WankiLocalian
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Instructor's Name (printed)	Title/Credentials	Instructor's Signature	
Second Instructor's Name	Title/Credentials	Instructor's Signature	

Last Modified: 11/07/2012

Form#: 11005





Safety Committee Chair
Administrator
QP/PM
QA Notebook

House:	ENVIRONMENTAL ASSESSMENT - RESIDEN Date of Assessment:	ICE	Time: _	
Name of Inspector:	ame of Inspector: Signatu			
NOTE ANY	ISSUE AND THE LOCATION ON PAGE 6 IN THE COMM		CTION	
	- जुल्लाहरू विज्ञाल्यीतात	Sai	20071	188911
immeles masses	্রপ্রতালন্তর প্রকলিক্তান্তর প্রকলিক বিশ্বস্থান]	J	Teather.
1. Floors	Clean, in good repair (no stains, tears or trip hazards, etc)	DESCRIPTION OF THE PERSON NAMED IN COLUMN		
2. Baseboards	Clean; dust and dirt free	 		
3. Walls	Clean; no holes or scuff marks		+	-
4. Windows	Clean; easily opens; no cracks, breaks, etc.			
5. Curtain/Blinds	Clean and in good repair, appropriate size for windows		1	
6. Door Frames	Clean; in good repair; no cracks or damage			•
7. Ceilings	Clean; in good repair (no chipped or pealing paint; no signs of water damage, etc)			

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EUDPRENEZASSES	· 1 Similaries co Garminission of Arten			
8. Counters	Free from clutter and litter, clean			
9. Shelves	Like items grouped; Older items stored in front			
10. Oven	Inside free from spills and grease; no foil in oven			
11. Stove	Eyes, stove top, hood and filter clean; no foil covering stove top drip pans			
12. Sliverware	Clean, dry and well arranged			
13. Cabinets	Locked, if required; all food items stored separately from chemicals			
14. Dishwasher	Inside clean and free from food and spills			
15. Refrigerator				
	Leftovers within approved dates			
	Thermometer – between 38-44 degrees			
	Vegetable and meats separated			
	Free from spills			
	Milk within expiration date			
	Food stored in air tight containers and properly labeled (includes unused meat, open cheese or other dairy items not in a self-contained packages)			
16. Sinks	Clean and no food thawing out in the sink	-		
17. Faucet	Clean; no leaks; control knobs secure; hot and cold water working			
18. Storage area below sinks	Clean and dry; Cleaning supplies labeled and arranged for safety			
19. Dishes, Glasses, Cups	Clean, dry and well arranged; no chips or cracks	-+		
20. Pots and pans	No peeling of or damaged Teflon coating; handles secured; in good condition		1	

[&]quot;This report has been created by the Quality Assurance/Quality Improvement Committee for the purpose of monitoring and evaluating the quality of services at RHA Health Services. Findings of the duly appointed Quality Assurance/Quality Improvement Committee are privileged, confidential, and not public record (NCGS 122C-30). The records and materials produced by the committee, and the material it considers shall be confidential and not considered public records within the meaning of NCGS 132-1."

Last Modified: 7/11/2016

Reference to the reference of the refere	রেং'	Uner W
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Clean: carousal and/or rack present, it applicable	\rightarrow	
Clean; all light bulbs working; light bulb in all light sockets		
Clean and well arranged	-	
Waste not overflowing, container covered, clean (no foul odors)		
Available and on a paper towel holder/rack		
In place and dated less than 6 months		
	Clean; carousal and/or rack present, if applicable Clean; all light bulbs working; light bulb in all light sockets Clean and well arranged Waste not overflowing, container covered, clean (no foul odors) Available and on a paper towel holder/rack In place and dated less than 6 months	Clean; carousal and/or rack present, it applicable Clean; all light bulbs working; light bulb in all light sockets Clean and well arranged Waste not overflowing, container covered, clean (no foul odors) Available and on a paper towel holder/rack

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27. Shelves	Like items grouped together, older items in front
28, Freezer	Thermometer – temp below 0 degrees
	Foods properly stored and labeled
	Clean and free from spills; top of freezer clean
29. Vegetables	Fresh with no sprouts
30. Food storage (non- perishable Items)	Open bags or boxes of food are In air-tight plastic containers
31. Food storage (perishable items – potatoes, onlons)	Stored off the floor and in a container or bin

	Dania Room	-\$તા	Treat N
- Complete September	्रे प्राप्त है तारही केन्द्र है तो बोधाना तह बच्चे हैं जो होती.		V STATE OF STATE
32. Chairs	In good repair; no loose or blokell parts, clear		
33. Table	In good repair: no loose or broken parts; clean		
34. Fire Extinguisher	ABC type extinguisher; current inspection tag; monthly checks initialed on tag(none missing); location identified on posted evacuation plan; easily accessible		-
35. Waste Basket	Trash can liner; not over-flowing; no odor		

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्राह्मा अस्तर्भक्ति (का स्वास्त्र)	Chichimagin told wing and charles in the charles of		
36, Chairs	In good repair, no loose or broken parts, clear		
37. Sofa	Clean; in good repair		-
38, Tables	in good repair; no loose or broken parts; clean		
39. Light Fixtures/	Clean; all light buibs working; light buib in all light sockets		
Ceiling Fan 40. Fire Extinguisher	ABC type extinguisher; current inspection tag; monthly checks initialed on tag(none missing); location identified on posted evacuation plan; easily accessible		
41. Pictures	Displayed at eve-level: tasteful: frames in good repair; no oust		
42. Evacuation Plan	Displayed at the appropriate location; includes all required information		
43. Air Conditioner Return Vent		-	+
44. Leisure Materials Storage Area	Neat and organized; no broken or torn materials; accessible		
45. Closets free from clutter and sprinkler heads not blocked.	Clothes hanging neatly; shoes organized; any other stored items organized neatly		

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46. Pictures	Displayed at eye-level; tasteful; frames in good repair; no dust			
47. Evacuation Plan	Displayed in the appropriate location; includes all required information			
48. Air Conditioner Return Vent	Clean and lint/dirt free			
Area	Neat and organized; no broken or torn materials; accessible			

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50, Mirrors				<u></u>			
51. Toilet							
52. Sink .				建型			
53. Faucets		F		===			
54. Bath Tub							
55, Paper Towels		5.63					
56. Cabinets							
57. Counter		建體					
58, Drawer		9926					
59. Shower Curtains							
60. Soap Dispensers							
61. Toilet Paper							
62. Waste Basket							
63. Exhaust Fan							
64. Shower Heads		. 1					
65. Shower Chairs						 	
66. Non-skid bath mats, as						1	
appropriate		- Badaroc					
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50. Mirrors							
51. Toilet							
52. Sink							
53, Faucets							
54. Bath Tub							
55. Paper Towels							
56, Cabinets							
57. Counter						<u> </u>	
58. Drawer							
59. Shower Curtains							<u> </u>
60. Soap Dispensers				2.50			
61. Toilet Paper							
62. Waste Basket							
63. Exhaust Fan							
64. Shower Heads							
65. Shower Chairs							
66. Non-skid bath mats, as appropriate							

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lens o Arres	Nio	-5वर-	WmS2E	5215	310000			- Albert					
67. Bed				-	-								
68, Table				-	-	-		-					
69. Chair					!	-	-	-	1	1			
70. Linens					-	-	1	-					
71, Chest				<u> </u>		-		-	1				
72. Drawers				-		-		-	+	1			
73. Pictures				├	-	-	-	-	-				
74. Closets free from clutter and sprinkler heads not blocked.								-	-	_		-	-
75. Light Fixture/ Celling Fan				_		_	-	-	+	-	+-	-	
76. Toiletries			-	+-	-	+-	+	+		1			
77. Dirty Clothes Hamper		_	-	+-	-	-	+	+-	+-	1	1		
78. Waste Basket			-	-	+-	+	1-	+	_	1			
79. Bed Rails													

		- (5 5)	Threshell Mile
	िस्तानकोल क्रिक्ट		
Tananaka Asias	lengalises (elde and respect to the floor outside of		Control of the second
80. Washer	Detergent dispenser clean; washer level on the floor, outside of		
81. Dryer & Lint Filter	Lint filter clean; outside of dryer clean; vent to outside not blocked; nothing sitting on top of machine		
82. Dirty Laundry Covered	Covered clothes hamper		
83. Clean Laundry Covered	Clean laundry not yet put away is covered	 	
84. Laundry products (detergent, fabric softener, bleach, etc)	Stored properly and securely if appropriate		

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	इसार प्राप्त क्षा का	704		
Temples Castes	Stocked with appropriate items; location identified on the fire			
86. Fire Extinguisher	ABC type extinguisher; current inspection tag; monthly checks initialed on tag(none missing); location identified on posted exacutation plan; easily accessible			_
87. BBP/Clean Up Kit	Stocked and easily accessible; not expired			
88. Carbon Monoxide Monitor	Tested and operating properly			
89. Thermometer	the thermometer is available at the home			
90. CPR Breathing	Location clearly marked, easily accessible, location identified on	1		
Barrier/Mask	posted evacuation plan	Site	Unism	e Nije.
Ballia Mileck	-0.the Area -		Jack Pres	20.
- Remando Assiss :	1 - Crincing in language and continue and co			
	in good repair; no loose or broken parts; clean	-		
91. Desk	In good repair: no loose or broken parts; clean		-	_
92. Chairs	Shelves securely attached; no broken pieces; clean; organized	-	<u> </u>	-
93. Book Shelves	Trash bags/liners in place; not over-flowing; no odor			-
94. Waste Containers	Secure; organized; no PHI displayed			_
95. File Storage				
96. Required manuals present				
97. Required Postings (Citrix Form #3084)	All required postings current and present			-#: EO
15,117,12046	Page 4 of 7		Form	n#: 50

Last Modified: 7/11/2016

Page 4 of 7

	in cario	3.1	i Unsai	N/A
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98. Driveway	No cracked or broken concrete or pavement; no foliage growing			
99. Yard neat, grass cut	No tree branches, trash, etc; grass cut and trimmed; leaves raked			
100. Sidewalks, Walk areas	No broken concrete; level walking paths			
101. Ramp	In good repair: no nail protrusions; no loose or broken boards; ralling is secure			
102. Steps	Secure handrall; no loose or broken steps; no nail protrusions			
103. Patlo/Deck/Porch	In good repair, outside furnishing only; no trash, no old furniture or appliances that have been replaced, etc			
104. Shrubbery	Trimmed; no dead shrubs			
105, Trees	Healthy with foliage; no dead or dying trees			
106. Outside Light Fixtures	Working light bulbs in all sockets			
107, Garbage Cans	Lids tight and secure, Waste not over-flowing, Cans and lids clean			
108. Mops/Buckets	Stored properly after use; no standing water in bucket, mop in empty bucket			
109. Smoking Receptacles Cigarette Butts	Cigarette butts only in receptacles; None on the ground, driveway, patio, deck, etc. Receptacle not overflowing; no trash; filled with sand			
110. Paint / Siding / Roof / Gutters	Siding clean and no mildew; paint not cracked or peeling; no missing roof shingles or leaks; gutters securely fastened in place; free of debris			
111. Fire Dept. connection sign present	Located in the appropriate place in the home; easily accessible			
112. Condition of fence and gates	In good repair; no broken links or sections; gates operate appropriately with no loose or broken parts			
		Total Sat.		Total N/A
Total Items Listed: 112	. Totals:			•

Environmental Score:	
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To Obtain Environmental Score:

- 1. Record in the appropriate boxes the total number of items checked N/A and also the number of items checked Satisfactory.
- Subtract total N/A from 112 (Total Items Listed) to get the number of Items That Apply
 Divide the total number of Satisfactory items by the total number of Items That Apply
- 4. The result is the Environmental Score for this assessment

	-
Corrective Actions	
Work Orders completed for appropriate items? Yes No Date Work Orders Issued: (No work orders indicates all items checked were in satisfactory condition.)	_
Landlord (or other appropriate person) notified if RHA not responsible? Yes No Date of Notification:	
Correction Assignment Sheet (Next Page) posted to correct Unsatisfactory items? Yes No Date Correction Assignment Sheet posted:	_

Comment Section

Use this section to record comments about items scored on the previous pages.

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Number	Comments
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Last Modified: 7/11/2016

Page 6 of 7

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