STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

IN RE: Corner House Residential Care Home LLC
d/b/a Corner House Residential Care LLC (RCH.1875)
1 Griswold Street
Meriden, CT 06450-2220

Intended Licensee: Corner House Care LLC d/b/a Corner House Care LLC

CHANGE OF OWNERSHIP PRE-LICENSURE CONSENT ORDER

WHEREAS, Corner House Care LLC ("Licensee"), is seeking to purchase an existing residential care home and is seeking an initial license to operate this residential care home at 1 Griswold Street, Meriden, CT (the "Facility"), as such term is defined in Connecticut General Statutes § 19a-490;

WHEREAS, upon the execution of this Pre-Licensure Consent Order ("Order") and after meeting all statutory and regulatory requirements, the Connecticut Department of Public Health ("Department") shall issue Corner House Care LLC a license to operate a residential care home;

WHEREAS, the Department and Corner House Care LLC ("Parties") have agreed that this Order shall become effective on the date the license is granted to Licensee; and

NOW THEREFORE, the Facility Licensing and Investigations Section ("FLIS") of the Department acting herein and through Lorraine Cullen, MS, RRT, RRT-ACCS and the Licensee, acting herein and through Erica Lesser, Member, hereby stipulate and agree as follows:

1. This Order shall remain in effect for one (1) year from the effective date of this Order. The effective date of the Order is the effective date of the Residential Care Home license. Based upon a determination made by the Department that the Plan of Correction, (Exhibit A attached), has been completed and compliance with the other provisions of this Order

has been maintained, the term of the Order may be reduced by the Department. In addition, in its discretion, the Department may extend the term of this Consent Order based upon inspections, reports from the Environmental Consulting Firm ("ECF") described below, or any other information it deems relevant. The Licensee shall notify the Department immediately of any intent to discontinue operations. In such event, the Licensee shall be responsible for the operations and fulfill all resident care obligations until an orderly transfer of all residents to other sources of care has been completed to the Department's satisfaction.

2. The Licensee shall be responsible for compliance with all state and federal statutes and regulations applicable to its licensure.
3. Any records maintained in accordance with any state law or regulation or as required by this Order shall be made available to the Department upon request.
4. The Plan of Correction (Exhibit A) is incorporated into this Order.
5. The Licensee shall comply with and fully implement its Plan of Correction, which was submitted on February 13, 2025 and approved by the Department on March 4, 2025. Failure to comply with this Plan of Correction, and any other Plan of Correction implemented during the tenure of this Order, shall constitute a violation of this Order and shall, at the discretion of the Department, subject the Licensee to per day penalties of one thousand dollars ($1,000.00) per day until corrections are made. The Department will provide the Licensee advanced written notice of any alleged noncompliance with this Order and permit the Licensee fourteen (14) days to cure the alleged noncompliance before issuing a penalty. The Licensee waives its right to challenge the imposition of penalties pursuant to this section.
6. The Licensee shall contract with an Environmental Consulting Firm ("ECF") within 14 days that has expertise in life safety code compliance and physical plant requirements in a residential care home setting. Said ECF shall be approved by the Department prior to execution of the contract between the Licensee and the ECF. The Licensee shall continue this contract or a contract with another ECF approved by the Department throughout the term of this Order.
7. The ECF shall, at a minimum, conduct onsite reviews as outlined in No. 9 and No. 13 below and as additionally determined by the Department and the ECF. The ECF team

shall consist of professionals necessary to address the issues identified in the physical plant inspection report and Plan of Correction (Exhibit A).

8. The ECF and the Licensee shall enter into a written contract within 2 weeks that includes the requirements to be performed by the ECF under this Order including but not limited to:
    a. Timeframes for the initial evaluation;
    b. The number of individuals with appropriate credentials for conducting the review; and
    c. The timeframes for the analysis and development of recommendations.
9. The initial onsite review shall occur within thirty (30) days of the execution of the contract with the ECF and shall include the following:
    a. Evaluation of the implementation of the Plan of Correction (Exhibit A) and the Facility's response to the implementation of such plan;
    b. Evaluation of the Facility's compliance with applicable state and federal laws and regulations that apply to the Facility's physical plant and environment of care; and
    c. Emergency preparedness procedures to include, but not be limited to, fire response procedures.
10. All reports and other documents required to be submitted to the Department as set forth in the Plan of Correction (Exhibit A) shall be simultaneously sent to the ECF. For each repair, inspection, task or other action to be completed by the Licensee or a contractor or subcontractor of the Licensee as set forth in the Plan of Correction (Exhibit A), a report on its status shall be submitted by the Licensee to the ECF on the date it is due to be completed or, if done in advance of said date, at the time of completion. The ECF shall confirm the information in said reports at its on-site visits. Said reports shall be provided to the Department upon request.
11. The ECF shall have thirty (30) days after the completion of the initial onsite review to develop a written report(s) which shall include, in addition to the responsibilities included in this Order, the Facility's progress with implementation of each requirement of the Plan of Correction (Exhibit A) and shall provide copies of the report to the Licensee and the Department. Neither party shall be provided with the opportunity to

review the report prior to release, but both parties shall receive copies of the report from the ECF simultaneously. The report shall identify methods utilized for the analysis, areas reviewed and process, findings and recommendations, if applicable. If there is disagreement with the report, the Licensee, the ECF and the Department shall meet to discuss the issues. The Licensee shall have the right to present information regarding areas of disagreement to the Department. The Department shall have the final determination to accept or reject any ECF recommendations should the parties not be able to reach a mutual agreement.

12. Upon approval by the Department of any recommendations by the ECF in its report, the Licensee shall provide the Department with a proposed timeframe for implementation of the ECF recommendations within fourteen (14) days of its receipt of the report(s). The timeframes shall be subject to approval by the Department and shall become operative upon the Department's approval. All recommendations shall be implemented in accordance with the Department's approved timeframe.
13. The ECF shall re-evaluate the Licensee's implementation of the Plan of Correction (Exhibit A) and the Facility's compliance with applicable state and federal laws and regulations that apply to the Facility's physical plant and environment of care at a minimum of every three (3) months throughout the tenure of this Order following the completion of the initial facility evaluation. The re-evaluation shall include an on-site visit and include a status report about the implementation of any recommendations and requirements included in the ECF's initial report and the Plan of Correction (Exhibit A). Upon the conclusion of each said re-evaluation, the ECF shall provide the Department with a comprehensive written report of its findings. The ECF shall have fourteen (14) days after the completion of the re-evaluation to develop the written report(s) and provide copies to the Licensee and the Department. Neither party shall be provided with the opportunity to review the report prior to release but both parties shall receive copies of the documents simultaneously.
14. The Licensee, within seven (7) days of the effective date of the Residential Care Home license, shall designate an individual to monitor the implementation of the requirements of this Order. The name and contact information of the designated individual shall be provided to the Department within said timeframe. The designated

individual shall respond to all requests made by the Department related to this Order and its performance by the Licensee.

15. Except when there is a bona fide good faith dispute as to an account payable, the Licensee shall ensure that all vendor invoices shall be paid in full within one hundred twenty (120) days of receipt of service or supplies or as otherwise arranged between the Licensee and the vendor. Any alternative payment arrangement between the Licensee and a vendor must be documented in writing and made available to the Department upon request. The Licensee shall maintain and make available to the Department upon request a list of accounts payable that were not paid in accordance with the foregoing requirements. Failure to comply with the requirements of this paragraph shall constitute a violation of this Order and shall, at the discretion of the Department, subject the Licensee to per day penalties of one thousand dollars per day ($1,000.00) until payments are made. The Department will provide the Licensee advanced written notice of any alleged noncompliance with this Order and permit a fourteen (14) day opportunity to cure the alleged noncompliance before issuing a penalty. The Licensee waives its right to a hearing to challenge the imposition of penalties pursuant to this section.
16. The Licensee shall complete all necessary paperwork, in consultation with the State Ombudsman, so that resident funds are properly transferred upon discharge, and the Licensee, if in possession of original eligibility documentation, shall return such documentation to the resident upon discharge.
17. Any reports required by this Order shall be directed to:

Anthony Bruno Supervisor
Building Construction & Fire Safety Unit Supervisor
Facility Licensing and Investigations Section
Department of Public Health
410 Capitol Avenue, P.O. Box 340308 MS #12HSR
Hartford, CT 06134-0308
anthony.bruno@ct.gov

AND

Joyce Berardis
Paralegal Specialist
Office of Legal Services
Department of Public Health

410 Capitol Avenue, P.O. Box 340308, MS#13PHO
Hartford, CT 06134-0308
Joyce.Berardis@ct.gov

18. All parties agree that this Pre-Licensure Consent Order is an Order of the Department with all of the rights and obligations pertaining thereto and attendant thereon. The Licensee agrees that compliance with all the terms and conditions of this Order is part of the responsibility of the Intended Licensee's governing authority as set forth in Public Health Code section 19-13-D6 (c) (l) and/or (5). The Licensee further agrees that failure to comply with any of the terms and conditions of this Order shall constitute grounds for disciplinary action pursuant to section 19a-494 of the Connecticut General Statutes. Nothing herein shall be construed as limiting the Department's available legal remedies against the Licensee for violations of the Pre-Licensure Consent Order or of any other statutory or regulatory requirements, which may be sought in lieu of or in addition to the methods of relief listed above, including all options for the issuance of citations, the imposition of civil penalties calculated and assessed in accordance with Section 19a-524 *et seq*. of the General Statutes, or any other administrative and judicial relief provided by law. This Order may be admitted by the Department as evidence in any proceeding between the Department and the Licensee in which compliance with its terms is at issue. The Licensee retains all of its rights under applicable law.
19. The execution of this Order has no bearing on any criminal liability without the written consent of the Director of the MFCU or the Bureau Chief of the Department of Criminal Justice's Statewide Prosecution Bureau.
20. The Licensee and Owner agree that this Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum including any right to review under the Uniform Administrative Procedure Act, Chapter 368a of the Statutes, Regulations that exist at the time the Order is executed or may become available in the future, provided that this stipulation shall not deprive the Intended Licensee and Owner of any other rights that it may have under the laws of the State of Connecticut or of the United States.
21. The Licensee and its Owner have consulted with their attorney prior to the execution of this Order.

IN WITNESS WHEREOF, the parties hereto have caused this Pre-Licensure Consent Order to be executed by their respective officers and officials. The undersigned signatories represent and warrant that they are authorized to execute this Pre-Licensure Consent Order on behalf of the party they represent.

BY: _____

Erica Lesser, Member
Corner House Care LLC
d/b/a Corner House Care LLC

On this 11th day of ~~May~~ July, 2025, before me, personally appeared, Erica Lesser, who acknowledged herself to be a Member of Licensee, and that ~~she~~, as such Member, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the Licensee by her self as Member.

My Commission Expires:_____

_____
Notary Public
~~Commissioner of the Superior Court~~
RACHAEL DEWSNUPS NO. 432798

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

BY: Lorraine Cullen Digitally signed by Lorraine Cullen Date: 2025.09.04 13:25:49 -04'00'

Lorraine Cullen, MS, RRT, RRT-ACCS
Branch Chief
Healthcare Quality and Safety Branch
Department of Public Health

May _____, 2025

EXHIBIT A

Chris Doyle Associates, LLC
Life Safety Code & Environment of Care Consultant
Shelton, Connecticut 06484
chrisdoyleassociates@outlook.com
203-650-2285

Mr. Anthony Bruno-Supervisor
State of Connecticut
Department of Public Health
Building and Fire Safety Unit
410 Capitol Avenue
Hartford, Connecticut 06106
Anthony.m.bruno@ct.gov

February 13, 2025

Mr. Bruno,

Listed below is the plan of correction in response to the change-in-ownership inspection conducted at Corner House on January 28, 2025.

A. American with Disabilities

A structural compliance assessment shall be undertaken of the facility to determine the degree of compliance with the American with Disabilities Act (ADA). A copy of the report shall be forwarded to this office for review. Any recommendations for compliance, as may be required, shall be incorporated as part of this report.

The facility will contract with a licensed architect who will complete a structural compliance assessment to determine the extent of compliance with ADA. All recommendations or repairs shall be reviewed by the facility management. The assessment report will be submitted within 90 days of the sale and repairs, if needed, will be completed within 12 months of the sale.

Electrical Systems

1. Electrical Distribution System

Normal service, switchgear, and distribution panels, etc., shall be evaluated and serviced by a Connecticut licensed electrical contractor to ensure compliance with the requirements of all applicable codes, standards, and regulations that regulate these types of systems within this use group application.

The facility will have an inspection by a Connecticut licensed electrical contractor to ensure all normal service, switchgear, and distribution panels to ensure compliance with the requirements of all applicable codes, standards, and regulations that regulate these types of systems within this use group application. The results of this inspection shall be reviewed by facility management. The report shall be completed within 60 days of the sale and a copy will be forwarded to DPH for review. All repairs shall be completed within 180 days of the sale, with any life safety repairs being corrected immediately.

A) A comprehensive "Operational and Maintenance Program" designed to maintain the building, equipment and grounds in a clean, safe, and operational condition shall be developed and implemented. A copy of the program shall be submitted to this office for review;

The facility will develop an operational and maintenance plan. The report shall be completed within 120 days of the sale.

B) A program shall be established as a component of the "Operational and Maintenance Program" where the main electrical panel is inspected annually by a Connecticut licensed electrician in accordance with the following:

CT Public Health Code", sections # 19-13-D6(N) &19-13-D6(O)

The facility will develop an annual inspection procedure and ensure it is included in the operational and maintenance plan. The report shall be completed within 120 days of the sale.

C) All utility shut offs shall be clearly labeled and located on a plan drawing that will be kept in a prominent location. Key personnel on all shifts shall be trained in the procedures to properly secure utility services in the event of an emergency if Maintenance staff is not available. A copy of the procedures and personnel identified shall be submitted to this office for review and shall be incorporated in the facility's emergency preparedness plan;

The facility will inspect all utility shut offs for access and function. All shut offs will be clearly labeled and a plan will be developed indicating the location of all shut offs. Key personnel will be trained in the location of the shut offs, operational procedures, and notification processes in the event of a utility shutdown. All shut off locations, operational procedures, and notification processes shall be incorporated into the facility emergency preparedness plan. This shall be completed within 180 days of the sale.

D) Electrical panels shall be inspected to ensure that all circuits are properly identified and that panels located in corridors are secured. A copy of the report shall be forwarded to this office for review and will become part of this report for implementation and correction.

The facility will contract with a Connecticut licensed electrical contractor to ensure all circuits are identified and electrical panels are secure. The results of this inspection shall be reviewed by facility management. The report shall be completed within 120 days of the sale.

e) An infra-red scan shall be conducted to verify electrical integrity. A copy of the report shall be forwarded to this office for review and will become part of this report for implementation and correction.

The facility will conduct an infra-red scan by a Connecticut licensed electrical contractor. The results of this inspection shall be reviewed by facility management. The report shall be completed within 120 days of the sale.

f) All exposed/observed plastic Sheathed wiring (Romex) shall be removed and replaced with MC/BX Cable.

The facility will contract with a Connecticut licensed electrical contractor to ensure that there is no plastic sheathed wiring in use within the facility. The results of this inspection shall be reviewed by facility management. The report shall be completed within 120 days of the sale.

2. Emergency Electrical Systems

A generator is required by Section 19-13-D6(b)(O)(2) as required by "CT Public Health Code" for residential care homes if the facility does not have such one shall be provided. A Connecticut licensed electrical engineer, or contractor shall evaluate the emergency electrical needs of the facility versus the capacity of the existing generator. The facility requests A Connecticut licensed electrical engineer or contractor to evaluate the following;

a) Determine if the ability to operate at a minimum of 80% capacity of emergency power when normal power is interrupted. A copy of the findings (load/demand calculations) and recommendations shall be forwarded to this office for review and implementation, as required by "CT Public Health Code", and will be incorporated as part of this report;

The facility will contract with a State licensed emergency generator contractor to conduct a complete evaluation of the existing emergency generator to determine the capabilities of the unit on the interruption of municipal power. This will be conducted within 120 days of the sale.

b) Determine if the facility will be able to operate for at least 72-hours (3 days) with the on-site diesel fuel storage when normal power is interrupted. A copy of the findings (fuel calculations) and recommendations shall be forwarded to this office for review and will be incorporated as part of this report;

The facility will contract with a State licensed emergency generator contractor to conduct a fuel consumption analysis of the unit to verify continuous operation for 72 hours. This will be conducted within 120 days of the sale.

c) The facility's generator is required to operate at least 30% of the rated, nameplate of the generator when conducting monthly load tests and when normal power is interrupted. Should it be determined that such a demand cannot be demonstrated when monthly load tests are preformed, an annual load bank of the generator shall be conducted. A copy of the findings (load calculations) and recommendations shall be forwarded to this office for review and implementation, as required by "CT Public Health Code", section # 19-13-D6(b) and will be incorporated as part of this report.

The facility will contract with a State licensed emergency generator contractor to conduct a complete evaluation of the existing emergency generator to determine the capabilities of the unit on the interruption of municipal power. This will be conducted within 120 days of the sale.

B. Heating System, Cooling System, and Ventilation Systems

1. The facility's heating system, e.g., boilers, circulating pumps, etc., hot water storage system and air conditioning system shall be evaluated and serviced (as applicable), by a Connecticut licensed mechanical HVAC contractor to ensure their dependability and ability to maintain required temperatures in all areas served throughout the facility. A copy of the report(s) shall be forwarded to this office for review and will become part of this report for implementation and correction.

The facility will conduct a complete inspection of all HVAC equipment by a Connecticut licensed mechanical contractor to ensure reliable equipment operation. This inspection shall be conducted within 180 days of the sale. Any critical repairs will be conducted immediately. All other repairs will be completed within 180 days of the sale.

2. An "air balancing study" shall be undertaken of the entire facility (if applicable) by a certified testing and air balancing technician (TAB). The report shall indicate the amount of supply air; return air and exhaust required by each area served by the HVAC systems. It shall indicate the amounts required by the code, identify any areas that are deficient and recommend corrective measures. It shall address the issues of air movement relative to adjacent areas and the identification of those rooms requiring separate exhaust systems. A copy of the report shall be forwarded to this office for review and will become part of this report for implementation and correction.

The facility will conduct an air balancing study by a Connecticut licensed mechanical contractor to ensure reliable equipment operation. This study shall be conducted within 180 days of the sale and the inspection report will be forwarded to DPH for review. Any critical repairs will be conducted immediately. All other repairs will be completed within 180 days of the sale.

3. An internal cleaning of all duct work (if applicable) within the facility shall be completed within the timeframe of the executed change of ownership.

Any existing ductwork in the facility will be identified by a Connecticut licensed contractor. All accessible ductwork shall be inspected and cleaned. This service shall be completed within 180 days of the sale.

4. Air conditioning, heating and ventilating systems: (a) A minimum temperature of seventy-five degrees Fahrenheit (75° F.) shall be provided for all occupied areas at winter design conditions. (b) All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at or near the point of discharge from the building in accordance with 19-13-D6(b)(M)(3) of the "CT Public Health Code".

The facility will conduct a complete inspection of all HVAC equipment by a Connecticut licensed mechanical contractor to ensure reliable equipment operation. This inspection shall be conducted within 180 days of the sale. Any critical repairs will be conducted immediately. All other repairs will be completed within 180 days of the sale.

5. Exhaust hoods in food preparation centers shall have a minimum exhaust rate of one-hundred (100) cubic feet per minute per square foot of hood face area. All hoods over cooking ranges shall be equipped with fire extinguishing systems and heat-activated fan controls. Cleanout openings shall be provided every twenty feet (20') in horizontal exhaust duct systems serving hoods in accordance with 19-13-D6(b)(M)(1)(7) of the "CT Public Health Code".

The facility will contract with a State licensed and/or certified contractor to service and inspect kitchen hood system and associated components to ensure compliance with the applicable life safety code standard. This shall be completed within 120 days of the sale. Any deficient components or operational deficiencies that are found to be a critical danger to occupants shall be immediately corrected. All other repairs will be conducted within 90 days of the inspection.

D. Preventive Maintenance Program

1. A comprehensive "Operational and Maintenance Program" designed to maintain the building, equipment and grounds in a clean, safe, and operational condition shall be developed and implemented. A copy of the program shall be submitted to this office for review;

The facility will develop and implement a functional operational and maintenance program for all aspects of facility operations. The program shall be developed within 120 days of the sale.

2. A program shall be established (if applicable) as a component of the "Operational and Maintenance Program" where preventative maintenance is provided for the facilities Heating, Ventilation & Air Conditioning System (HVAC). "CT Public Health Code", section # 19-13-D6(b) should be used as a guide.

The facility will develop and implement a functional operational and maintenance program for all aspects of facility operations. The program shall be developed within 120 days of the sale.

E. Asbestos Survey

An asbestos survey shall be undertaken of the entire facility by certified personnel authorized to conduct this type of survey to determine the location(s) of asbestos within the facility and to determine if it presents a potential hazard to residents, staff, and visitors. This survey will allow proper measures to be undertaken if and when renovation work or maintenance is conducted in the identified areas. A copy of this report shall be submitted to this office for review and implementation, as may be required, and will be incorporated as part of this report.

A State certified asbestos consultant will provide proper documentation within 180 days of the sale.

F. Inventory of Damaged and/or Missing Resident Furnishings

Furniture throughout the facility is older, dated, marred, scuffed, and stained. A list/report shall be compiled of all damaged, marred and/or missing required furnishings and submitted to this office for review and a schedule developed for replacement.

Facility staff will review and audit all furnishings to ensure that these items are compliant with the applicable standard(s). A list of all furnishings shall be compiled within 180 days of the sale. Any furnishings found to be broken, stained beyond repair, or missing parts shall be immediately discarded. New furniture will be supplied within 12 months of the sale.

G. Interior Decorations and Finishes: Observations

The facility's interior finishes and décor should be maintained at a reasonable level to provide its residents with a warm, comfortable, homelike atmosphere. Efforts shall be made to maintain and/or enhance this appearance by upgrading wall and floor finishes (carpeting and VCT), drapes and furnishings to diminish the institutional atmosphere of the facility. An evaluation of the interior's finishes shall be conducted and a phased-in program to upgrade identified areas shall be developed and submitted to this office for review and implementation and will be incorporated as part of this report.

The facility will ensure that a home-like environment is maintained to the standards set forth by the applicable code per DPH. Facility staff will monitor the maintenance and cleaning schedules of all interior finishes on a continuous basis. An audit of all interior finishes shall be conducted within 180 days of the sale.

H. Doors

An inventory shall be made of all doors (Fire, Smoke, Resident Room, Bathroom and Exterior) to identify any door with any damages or repairs needed; and a program formulated to replace the doors and/or make provisions to make them capable of resisting the passage of smoke. A copy of this inventory and corrective measures shall be submitted to this office for review and implementation as part of this report. All resident occupied rooms shall be provided with at least a one and three-quarter inch (1 3/4²), three-quarter (3/4) hour wood or metal door equal to "C" label construction with metal frame and positive latching.

The facility will conduct an inspection of all doors in the facility to ensure that they meet the standards set forth by the applicable NFPA standard. This inspection shall be completed within 180 days of the sale.

I. Exterior

1. A Connecticut licensed roofing contractor shall conduct an evaluation of the existing roofing systems. All roof penetrations, ductwork, and vent enclosures, etc. shall be evaluated for their integrity. A copy of this report shall be forwarded to this office for review. Any recommendations for corrective work, as maybe required, shall be incorporated as part of this report.

The facility will contract with a licensed contractor who will conduct a complete inspection of the roof and all associated components to determine the condition and life expectancy. This inspection will be conducted within 60 days of the sale. Any repairs, if required, will be completed within 12 months of the sale.

2. An inventory shall be made of all windows and screens for operability and broken window seals. All windows that open are required to have screens. This inventory shall be submitted to this office for review and corrective measures identified shall be implemented and incorporated as part of this report.

The facility will complete an audit of all windows and screens to ensure reliable operation and compliant hardware/accessories. This audit will be completed within 180 days of the sale.

3. All eroded and damaged concrete/asphalt sidewalks, curbing and stairs handrails around the building shall be repaired/ replaced. Cracks, potholes, and depressions in the pavement shall be sealed, repaired, and/or replaced; and missing/broken pieces of curbing replaced, and parking spaces shall be lined.

All exterior walkways, curbing, stairs, shall be evaluated for integrity and compliance with applicable standards. This audit will be completed by a State licensed contractor within 180 days of the sale. Repairs shall be completed within 12 months of the sale.

4. The landscape around the facility including any courtyard space shall be maintained. A Connecticut licensed contractor shall determine the integrity of the surfaces for adequate drainage and repair all uneven surfaces in this area and a copy of this report shall be submitted to this office for review and/or comments.

The facility will ensure that exterior landscaping is properly maintained. The facility will evaluate exterior drainage of the facility, and any deficient conditions found during this evaluation within 180 days of the sale. Repairs shall be completed within 12 months of the sale.

5. All damaged exterior surfaces of the building shall be repaired/replaced.

The facility will conduct an audit of all exterior building surfaces. This audit shall be completed within 90 days of the sale. A report shall be submitted to DPH by the facility for review. Repairs shall be completed within 12 months of the sale.

6. The lighting levels for the walking surfaces throughout the exterior of the building (exit discharge) shall be checked and adjusted as necessary. Consideration shall be given to security that lighting provides when it is dark;

The facility will conduct an audit of all exterior lighting levels to ensure compliance with all applicable codes, standards, and regulations. This audit shall be completed within 120 days of the sale. Repairs shall be completed within 12 months of the sale.

7. All water and moisture from gutters, downspouts, leaders, and roof drains shall be routed & diverted away from the building. Suitable pitch and drainage shall be provided;

The facility will conduct an audit of all gutters, downspouts, and roof drains to ensure proper pitch and drainage is provided. This audit will be completed within 90 days of the sale. Repairs shall be completed within 12 months of the sale.

J. <u>Interior</u>

1. Resident rooms. Each resident room shall meet the following minimum requirements: (1) Net minimum room clear floor area exclusive of closets, toilet rooms, lockers or wardrobes and vestibule shall be one-hundred and fifty (150) square feet in single rooms and one-hundred and twenty-five (125) square feet per bed in multi-bed rooms. Minimum dimensions of rooms shall not be less than eleven feet (11') in accordance with 19-13-D6(b)(B)(1) of the "CT Public Health Code".

A waiver request for this requirement has been submitted with this application (see attachment #1)

2. No resident room shall be designed to permit more than two (2) beds in accordance with 19-13-D6(b)(B)(2) of the "CT Public Health Code".

Not applicable. There are no rooms in the facility that have more than 2 residents.

3. Windows. Sills shall not be higher than three feet (3¢) above the finished floor. Insulated window glass or approved storm windows shall be provided in accordance with 19-13-D6(b)(B)(3) of the "CT Public Health Code".

The facility will conduct an audit of all resident rooms to ensure compliance with the requirements. This audit will be completed within 90 days of the sale.

4. The room furnishing for each resident room shall include a bed with a firm water-proof mattress, bedside stand, reading light, dresser or bureau with mirror and one (1) comfortable chair in accordance with 19-13-D6(b)(B)(4) of the "CT Public Health Code".

The facility will conduct an audit of all resident rooms to ensure compliance with the requirements. This audit will be completed within 90 days of the sale.

5. Each resident's wardrobe or closet shall have a minimum clear dimension of one foot-ten inches deep by one foot-eight inches wide with full length hanging space, clothes rod and shelf in accordance with 19-13-D6(b)(B)(5) of the "CT Public Health Code".

The facility shall review this requirement for compliance within 120 days of the sale.

6. All resident rooms shall open to a common corridor (sheltered path of egress) which leads directly to the outside. in accordance with 19-13-D6(b)(B)(6) of the "CT Public Health Code".

The facility will conduct an audit of all resident rooms to ensure compliance with the requirements. This audit will be completed within 90 days of the sale.

7. Doors shall be three feet (3') wide and swing into the room in accordance with 19-13-D6(b)(B)(7) of the "CT Public Health Code".

The facility will conduct an audit of all resident rooms to ensure compliance with the requirements. This audit will be completed within 90 days of the sale.

8. Ceiling height shall not be less than eight feet (8') above the finished floor in accordance with 19-13-D6(b)(B)(8) of the "CT Public Health Code".

The facility will conduct an audit of all resident rooms to ensure compliance with the requirements. This audit will be completed within 90 days of the sale.

9. A resident unit shall be twenty-five (25) beds or fraction thereof in accordance with 19-13-D6(b)(B)(9) of the "CT Public Health Code".

The facility will conduct an audit of all resident units to ensure compliance with the requirements. This audit will be completed within 90 days of the sale.

10. Resident baths shall have one (1) separate shower or one (1)separate bathtub for each eight (8) beds not individually served. There shall be at least one (1) separate bathtub and one (1) separate

shower in each resident unit. Grab bars shall be provided at all bathing fixtures. Each bathtub or shower enclosure in a central bathing area shall provide space for the private use of the bathing fixture and for dressing. Showers in central bathing areas shall not be less than four (4) square feet without curbs. Soap dishes in showers and bathrooms shall be recessed in accordance with 19-13-D6(b)(C) of the "CT Public Health Code".

The facility will conduct an audit of all resident rooms to ensure compliance with the requirements. This audit will be completed within 90 days of the sale.

11. Resident toilet rooms. (1) A toilet room with lavatory shall be directly accessible from each resident room and from each central bathing area without going through the general corridor. One (1) toilet room may serve two (2) resident rooms but not more than four (4) beds in accordance with 19-13-D6(b)(D) of the "CT Public Health Code".

A waiver request for this requirement has been submitted with this application (see attachment #2)

12. Grab bars shall be provided at all waterclosets in accordance with 19-13-D6(b)(D)(2) of the "CT Public Health Code".

The facility will conduct an audit of all resident rooms to ensure compliance with the requirements. This audit will be completed within 90 days of the sale.

13. Doors to toilet rooms shall have a minimum clear width of three feet (3¢) in accordance with 19-13-D6(b)(D)(3) of the "CT Public Health Code".

A waiver request for this requirement has been submitted with this application (see attachment #3)

14. Resident lounge or sitting room. Each resident wing and/or floor shall contain at least one (1) lounge area of two-hundred and twenty-five (225) square feet or nine (9) square feet per resident, whichever is greater in accordance with 19-13-D6(b)(E) of the "CT Public Health Code".

The facility will conduct an audit of all resident lounges or sitting rooms to ensure compliance with the requirements. This audit will be completed within 90 days of the sale.

15. Resident dining and recreation rooms. (1) The total area designed for combined residents' dining and recreation purposes shall not be less than thirty (30) square feet per resident bed. Additional space shall be provided for non-residents if they participate in day care programs in accordance with 19-13-D6(b)(F) of the "CT Public Health Code".

The facility will conduct an audit of all resident dining and recreation rooms to ensure compliance with the requirements. This audit will be completed within 90 days of the sale.

16. Areas appropriate for an activities program shall be provided which shall; (a) be readily accessible to wheelchair visitors. (b) be of sufficient size to accommodate equipment and permit unobstructed movement of residents and personnel responsible for instructing and supervising residents. (c) have storage space to store equipment and supplies convenient or adjacent to the area or areas.(d) have toilet and handwashing facilities readily accessible in accordance with 19-13-D6(b)(F)(2) of the "CT Public Health Code".

The facility will contract with a licensed architect who will complete a structural compliance assessment to determine the extent of compliance with ADA. All recommendations or repairs shall be reviewed by the facility management. The assessment report will be submitted within 90 days of the sale and repairs, if needed, will be completed within 12 months of the sale.

17. Resident recreation area. (1) Recreation areas are required. (1) Recreation areas are required. (2) Space for recreation, if separated from dining area, shall contain fifteen (15) square feet per resident. This space shall be provided in one area. Lobby area shall not be included in recreation space. (3) Ten (10) square feet per resident shall be provided for outdoor porches or paved patio areas. in accordance with 19-13-D6(b)(G) of the "CT Public Health Code".

The facility will conduct an audit of all resident recreation areas to ensure compliance with the requirements. This audit will be completed within 90 days of the sale.

18. Each resident bedroom shall have duplex receptacles at least eighteen inches (18^2) above the floor as follows: One on each side of the head of each bed, for parallel beds. Only one duplex receptacle is required between beds, and one on at least one other wall. Single receptacles for equipment, such as floor cleaning machines, shall be installed approximately fifty feet (50') apart in all corridors. Duplex receptacles for general use shall be installed approximately fifty feet (50') apart in all corridors and within twenty-five feet (25') of ends of corridors in accordance with19-13-D6(b)(N)(4) of the "CT Public Health Code".

The facility shall review this requirement for compliance within 12 months of the sale.

19. A calling station shall be installed in each resident room to meet the following requirements: Each resident room shall be equipped with at least an audible call bell system connected to an annunciator panel in the manager's office and employees' sleeping area where there is staff twenty-four (24) hours a day. If the office is not staffed twenty-four (24) hours a day, the call system shall indicate the source of the call, both audibly and visually. In addition to activating the annunciator panel, the call bell shall turn on a light located directly over the door of the resident room. In lieu of this requirement, a telephone system may be used if the same functions are accomplished when the receiver is lifted in accordance with 19-13-D6(b)(N)(5) of the "CT Public Health Code".

The facility will contract with a State licensed and/or certified contractor to service and inspect the entire nurse-call for aide system and associated components to ensure compliance with the applicable standard. The inspection will be conducted within 180 days of the sale.

20. Central storage room. (1) A central storage room of not less than ten (10) square feet per resident bed concentrated in one area shall be provided, including shelving. (2) Storage should be located according to use and demand, but not in residents' rooms in accordance with 19-13-D6(b)(I) of the "CT Public Health Code".

The facility shall review this requirement for compliance within 120 days of the sale.

21. An audit of all Wall marring caused by facility equipment on corridor walls, resident lounge walls, and walls in resident rooms shall be identified. This damage shall be assessed, and the report shall be submitted to this office for review and corrective measures identified shall be implemented and incorporated as part of this report.

The facility shall review this requirement for compliance within 120 days of the sale. Corrective action will be conducted within 12 months of the sale.

22. The plumbing lines under the hand-washing sinks in resident toilet rooms and in any residence use areas; i.e., physical therapy, bathing suites, etc. shall be protected for use by residents using wheelchairs.

The facility shall review this requirement for compliance within 180 days of the sale.

23. An audit shall be performed for all wallpaper within the facility; any that is found damaged, ripped, torn, peeling, or stained shall be removed and/or repaired/replaced.

The facility shall review this requirement for compliance within 180 days of the sale and complete all repairs within 12 months of the sale.

K. Fire Safety

1. A manually-operated, electrically-supervised fire alarm system shall be installed in each facility. In multistory buildings, the signal shall be coded or otherwise arranged to indicate the location of the station operated. The fire alarm system should be connected to a municipal system, if possible. Pre-signal systems will not be permitted. In multi-story buildings, with more than twenty-five (25) residents, an annunciator panel shall be provided in accordance with 19-13-D6(b)(N)(6) of the "CT Public Health Code".

The facility will hire a State licensed and/or certified contractor to service and inspect the entire fire alarm system and associated components to ensure compliance with the applicable life safety code standard within 60 days of the sale.

2. An evaluation shall be conducted of the facility's entire Fire Alarm and Smoke Detection system by an independent consultant to ascertain its compliance with present Life Safety Code requirements. A copy of the report shall be submitted to this office with the findings and will become part of this inspection.

The facility will hire a State licensed and/or certified contractor to service and inspect the entire fire alarm system and associated components to ensure compliance with the applicable life safety code standard within 60 days of the sale.

3. The facility has central HVAC return and smoke control/evacuation system. An evaluation of the system shall be conducted by an independent consultant to ascertain its compliance with present Life Safety Code requirements. A copy of the report shall be submitted to this office with the findings and will become part of this inspection.

The facility does not have smoke evacuation components in the HVAC system.

4. An evaluation shall be conducted on the facility's entire sprinkler system by a licensed contractor or engineer to ascertain its compliance with present Life Safety Code requirements. This report will identify any areas that need additional sprinkler coverage in relation to current codes. A sprinkler head description list shall be provided with corresponding years of manufacture. A copy of the report shall be submitted to this office with the findings and will become part of this inspection for implementation.

The facility will hire a State licensed and/or certified contractor to service and inspect the entire fire sprinkler system and associated components to ensure compliance with the applicable life safety code standard within 60 days of the sale.

5. A licensed and/or certified fire-stopping contractor shall conduct an evaluation on the smoke/fire walls; all penetrations and voids shall be inspected for their integrity. All smoke/fire compartment barriers shall extend from exterior wall to exterior wall and shall be tight to the structure above. All voids around penetrations and in these walls shall be sealed with the proper fire stopping materials. A report of findings and recommendations shall be forwarded to this office for implementation and will become part of this report.

The facility will hire a State licensed and/or certified contractor to service and inspect the entire facility to identify any fire and/or smoke barriers within 90 days of the sale.

L. Systems

1. The calling station system(s) shall be inspected and evaluated to ensure that the system(s) conforms to the requirements of the "CT Public Health Code", section # 19-13-D6(b)(N)(5). A copy of the report shall be submitted to this office with the findings and will become part of this inspection for implementation.

The facility will contract with a State licensed and/or certified contractor to service and inspect the entire nurse-call for aide system and associated components to ensure compliance with the applicable life safety code standard. The inspection will be conducted within 180 days of the sale.

2. The facility phone system shall be inspected for function and the system shall be evaluated to determine if parts are readily available. A copy of the report shall be submitted to this office with the findings and will become part of this inspection for implementation.

The facility will contract with a State licensed and/or certified contractor to service and inspect the entire phone system and associated components to ensure reliable operation and replacement parts availability. A copy of this report will be submitted to DPH for review. Any deficient components or operational deficiencies that are found to be an immediate danger to occupants shall be immediately corrected. All other repairs will be conducted within 180 days of the inspection.

3. The hot water storage tanks (if applicable) for the facility shall be serviced and evaluated for function and a copy of this report shall be submitted to this office with the findings and will become part of this inspection for implementation for serviceability.

The facility will contract with a State licensed and/or certified contractor to service and inspect the hot water storage tanks and associated components to ensure reliable operation and replacement parts availability. The inspection will be conducted within 180 days of the sale.

M. Service Areas

1. An evaluation shall be conducted of the Laundry Department by an independent consultant to assess if the "flow" and condition of existing equipment meets the needs of the facility i.e., nonfunctional washing machine and dryer equipment. A copy of the report shall be submitted to this office with the findings and will become part of this inspection for implementation.

The facility will contract with an independent consultant to evaluate the Laundry Department to determine if applicable codes and accepted industry standards are met. This shall be completed within 180 days of the sale.

2. An evaluation shall be conducted of the Dietary Department by an independent consultant to assess if the "flow", space requirements, and condition of existing equipment are adequate to meet the needs of the facility. A copy of the report shall be submitted to this office with the findings and will become part of this inspection.

The facility will contract with an independent consultant to evaluate the Dietary Department to determine if applicable codes and accepted industry standards are met. This shall be completed within 180 days of the sale.

3. An evaluation shall be conducted of the Housekeeping Department by an independent consultant to assess if the "flow", space requirements, and condition of existing equipment are adequate to meet the needs of the facility. A copy of the report shall be submitted to this office with the findings and will become part of this inspection for implementation.

The facility will contract with an independent consultant to evaluate the Housekeeping Department to determine if applicable codes and accepted industry standards are met. This shall be completed within 180 days of the sale.

4. An evaluation shall be conducted of the Maintenance Department by an independent consultant to assess if the "flow", space requirements, and condition of existing equipment are adequate to meet the needs of the facility. A copy of the report shall be submitted to this office with the findings and will become part of this inspection for implementation.

The facility will contract with an independent consultant to evaluate the Maintenance Department to determine if applicable codes and accepted industry standards are met. This shall be completed within 180 days of the sale.

5 An evaluation shall be conducted of all cabinetry and counter tops in service and nourishment areas throughout the facility and the condition of existing cabinetry and counter tops shall be developed and submitted to this office for review and implementation and will be incorporated as part of this report.

The facility shall review this requirement for compliance within 120 days of the sale.

N. Kitchen /Dietary Facilities

- The food service shall include space and equipment for receiving, storage, preparation, assembling and serving food; cleaning or disposal of dishes and garbage and space for a food service office in a facility of fifty (50) beds or more in accordance with 19-13-D6(b)(H) of the "CT Public Health Code".
- In addition, the following shall apply:

(1) Kitchens shall be centrally located, segregated from other areas and large enough to allow for adequate equipment to prepare and care for food properly.

The facility will contract with an independent consultant to evaluate the Dietary Department to determine if applicable codes and accepted industry standards are met. This shall be completed within 180 days of the sale.

3. Floors shall be waterproof, greaseproof, smooth and resistant to heavy wear, with covered corners and wall junctions. There shall be floor drains located where the most cleaning is required as in the dishwashing machine room, near the cooking area, etc.

The facility will contract with an independent consultant to evaluate the Dietary Department to determine if applicable codes and accepted industry standards are met. This shall be completed within 180 days of the sale.

4. All equipment and appliances shall be installed to permit thorough cleaning of the equipment, the floor and the walls around them.

The facility will contract with an independent consultant to evaluate the Dietary Department to determine if applicable codes and accepted industry standards are met. This shall be completed within 180 days of the sale.

5. A commercial dishwashing machine shall be provided in any facility with twenty-five (25) or more beds. A commercial dishwashing machine shall be in a separate room or in an area separated from the main kitchen by a partition of five feet (5¢) minimum height. There shall be adequate openings for entrance and exit of carts. There shall be space for trucks with dirty dishes at the beginning of the counter. For facilities of less than twenty-five (25) beds, a dishwasher is still required.

The facility will contract with an independent consultant to evaluate the Dietary Department to determine if applicable codes and accepted industry standards are met. This shall be completed within 180 days of the sale.

6. Outside ventilation openings shall be screened and provide at least ten (10) air changes per hour. A working ventilating fan is required. A strong exhaust fan in the hood over the range and steam equipment is required. The hood shall be a box type with straight sides and provided with a fire extinguishing system.

The facility will contract with a State licensed and/or certified contractor to service and inspect kitchen hood system and associated components to ensure compliance with the applicable life safety code standard. This shall be completed within 60 days of the sale.

6. Service pipes and lines in food cooking and preparation areas must be enclosed and insulated.

The facility will contract with an independent consultant to evaluate the Dietary Department to determine if applicable codes and accepted industry standards are met. This shall be completed within 180 days of the sale.

7. A dining section within the kitchen area is prohibited.

The facility will contract with an independent consultant to evaluate the Dietary Department to determine if applicable codes and accepted industry standards are met. This shall be completed within 180 days of the sale.

8. A hand washing sink with a soap dispenser shall be provided. Single service towels and a covered waste receptacle shall be provided in the kitchen area for the exclusive use of kitchen personnel.

The facility will contract with an independent consultant to evaluate the Dietary Department to determine if applicable codes and accepted industry standards are met. This shall be completed within 180 days of the sale.

9. A janitor's closet shall be provided with a floor receptor or service sink, storage space for housekeeping equipment and supplies, and shall be located within the dietary department.

The facility will contract with an independent consultant to evaluate the Dietary Department to determine if applicable codes and accepted industry standards are met. This shall be completed within 180 days of the sale.

10. Food service equipment shall be arranged for efficient, safe work flow, a separation of clean and contaminated functions and shall provide: (a) Potwashing facilities Refrigerated storage for at least a three-day supply of food. (c) Dry storage for at least a three-day supply of food. (d) Enclosed waste disposal facilities. (e) A toilet room with lavatory conveniently accessible for dietary staff.

- An evaluation of the Kitchen Suppression System shall be performed to ensure code compliance in accordance with the "CT Public Health Code", section # 19-13-D6(b).

The facility will contract with a State licensed and/or certified contractor to service and inspect kitchen suppression system and associated components to ensure compliance with the applicable life safety code standard. This shall be completed within 60 days of the sale.

11. An evaluation of the Hood Ventilation System shall be performed to ensure code compliance in accordance with the "CT Public Health Code", section # 19-13-D6(b).

The facility will contract with a State licensed and/or certified contractor to service and inspect kitchen hood system and associated components to ensure compliance with the applicable life safety code standard. This shall be completed within 60 days of the sale.

- The Dietary grease trap/traps shall be evaluated to determine compliance with CT D.E.E.P (Department of Energy and Environmental Protection) Standards.

The facility will contract with a State licensed and/or certified contractor to evaluate the entire Dietary grease trap system. This shall be completed within 120 days of the sale.

- A deep cleaning of all refrigerators, freezers, coolers and walk in coolers/freezers, and floors and behind the cooking shall be completed within the timeframe of the executed change of ownership.

The facility shall review this requirement for compliance within 60 days of the sale.

- An audit of all portable natural gas equipment (if applicable) shall be verified with the proper restraints in accordance with the "CT Public Health Code", section # 19-13-D6(b).

The facility will conduct an audit to ensure compliance with the referenced life safety code standard within 60 days of the sale.

O. Elevators/Dumbwaiters

1. The existing elevators shall be evaluated by a licensed elevator contractor for operational dependability and ability to provide the vertical needs of the facility. A copy of this report shall be forwarded to this office for review and recommendations for corrective work will become part of this report for implementation and correction.

The facility does not have an elevator

2. Dumbwaiters, conveyors, and material handling systems shall not open into any corridor or exitway but shall open into a room enclosed by not less than two (2) hour fire-resistive construction. The entrance door to such room shall be a Class 'B," one and one-half (1 1/2) hour fire rated door.

The facility does not have a dumbwaiter.

3. An elevator vestibule shall be provided on each floor meeting the requirements of two (2) hour fire-resistant construction with self-closing one and one-half (11/2) hour fire rated doors held open by electro-magnetic hold open devices connected to an automatic alarm system.

The facility does not have an elevator vestibule

P. Employees Facilities

1. A separate Toilet Room for employees of each sex shall be provided for employees' use only. One (1) watercloset and one (1) lavatory shall be provided for each twenty (20) employees of each sex up to one hundred (100). Additional space shall be provided as required by 19-13-D6(b)(K)(1).

The facility shall review this requirement for compliance within 120 days of the sale.

2. Provide one (1) urinal for nine (9) or more males up to forty (40) employees as required by Section 19-13-D6(b)(K)(1).

The facility shall review this requirement for compliance within 120 days of the sale.

3. Separate locker rooms for employees of each sex shall be provided, with adequate segregated space for employees' clothing and personal effects. These lockers shall be installed in a completely divided area from the waterclosets and lavatories. Additional space shall be provided as required by Section 19-13-D6(b)(K)(2).

The facility shall review this requirement for compliance within 120 days of the sale.

4. A separate dining room shall be provided for employee use in the amount of fifteen (15) square feet per employee dining at one time. This dining room shall not be included in the space requirement for any other area nor shall serve any other purpose as required by Section 19-13-D6(b)(K).

The facility shall review this requirement for compliance within 120 days of the sale.

Deficient Practices/ Observations

The following are observations based on the tour of the facility plant that must be addressed by the facility before the change of ownership can be finalized. Any audits requested shall be provided to this office to review to determine compliance.

1. Based on interviews with facility ownership resident room 211 is smoking inside the facility within the room, this resident shall be informed of the facility policy along with the CT fire code prohibiting smoking within a heath care occupancy, an audit shall be conducted twice per week to determine compliance with current fire code regulations throughout the timeframe of this change in ownership.

   The facility shall review this requirement for compliance within 30 days of the sale.

2. There are vertical penetrations throughout the facility within the lower level and resident rooms along with supply/ service areas.

   The facility will hire a State licensed and/or certified contractor to service and inspect the entire facility to identify any fire and/or smoke barriers within 90 days of the sale.

3. There are rated doors throughout the facility that are propped by devices that do not allow the full and instant closure of the door in the event of an emergency.

   The facility will conduct an inspection of all doors in the facility to ensure that they meet the standards set forth by the applicable NFPA standard. This inspection shall be completed within 180 days of the sale.

4. There are doors throughout the facility that protect hazardous areas and fire rated assemblies not equipped with the appropriate door and frame for specific use in accordance with NFPA 101 and NFPA 80.

   The facility will conduct an inspection of all doors in the facility to ensure that they meet the standards set forth by the applicable NFPA standard. This inspection shall be completed within 180 days of the sale.

5. There are pull stations throughout the facility that are above the maximum threshold for NFPA 72 Installation and shall be moved to proper mounting heights.

The facility will hire a State licensed and/or certified contractor to service and inspect the entire fire alarm system and associated components to ensure compliance with the applicable life safety code standard within 60 days of the sale.

6. The rooms throughout the facility appear to be undersized for listed occupancies throughout the facility , rooms throughout the facility shall be measured and square footage calculated per room to determine compliance with the Public health code.

The facility shall review this requirement for compliance within 30 days of the sale.

7. There are power strips & multi-port adapters within resident rooms throughout the facility and used in place of permeant wiring and shall be removed.

The facility shall review this requirement for compliance within 30 days of the sale.

8. There are blinds throughout the facility that are damaged and shall be replaced.

Facility staff will review and audit all furnishings to ensure that these items are compliant with the applicable standards within 180 days of the sale.

9. The smoking area for the facility is not compliant with current CT smoking regulations for distance from the facility and doorways and air intake ducts.

The facility shall review this requirement for compliance within 30 days of the sale.

10. There is no elevator within the facility with residents on the 2nd floor of the facility not in compliance with the public heath code.

The facility shall review this requirement for compliance within 120 days of the sale.

11. The walkways throughout the facility do not provide a smooth and level walking surface for residents and staff.

All walkways shall be evaluated for integrity and compliance with applicable standards. This audit will be completed within 180 days of the sale. Repairs shall be completed within 12 months of the sale.

12. There are extinguishers throughout the facility that did not receive monthly inspections as required by NFPA 10.

The facility shall review this requirement for compliance within 30 days of the sale.

13. There are windows throughout the facility that lack screens and shall be installed per the public health code.

The facility will complete an audit of all windows and screens to ensure reliable operation and compliant hardware/accessories. This audit will be completed within 180 days of the sale.

14. There are electrical panels throughout the facility open to resident areas that are unsecured.

The facility will develop an annual inspection procedure and ensure it is included in the operational and maintenance plan. The report shall be completed within 120 days of the sale.

15. The furniture in resident rooms and common areas is cracked, ripped and damaged and shall be replaced as needed.

Facility staff will review and audit all furnishings to ensure that these items are compliant with the applicable standard(s). A list of all furnishings shall be compiled within 180 days of the sale. Any furnishings found to be broken, stained beyond repair, or missing parts shall be immediately discarded. New furniture will be supplied within 12 months of the sale.

16. The exhaust vents within the bathrooms of this facility were filled with dust and debris and shall be cleaned.

The facility will conduct a complete inspection of all HVAC equipment by a Connecticut licensed mechanical contractor to ensure reliable equipment operation. This inspection shall be conducted within 180 days of the sale. Any critical repairs will be conducted immediately. All other repairs will be completed within 180 days of the sale.

17. The radiators throughout the facility were found to be damaged and broke and lacked coverings repairs or replacements shall be made as needed throughout.

The facility will conduct a complete inspection of all HVAC equipment by a Connecticut licensed mechanical contractor to ensure reliable equipment operation. This inspection shall be conducted within 180 days of the sale. Any critical repairs will be conducted immediately. All other repairs will be completed within 180 days of the sale.

18. The sprinkler heads within the bathrooms of the facility were found to be corroded and damaged and shall be replaced.

The facility will hire a State licensed and/or certified contractor to service and inspect the entire fire sprinkler system and associated components to ensure compliance with the applicable life safety code standard within 60 days of the sale.

19. The flooring throughout the dining rooms and other common areas within the facility were found to be worn and damaged and shall be replaced.

All walkways shall be evaluated for integrity and compliance with applicable standards. This audit will be completed within 180 days of the sale. Repairs shall be completed within 12 months of the sale.

20. Resident room 202 has an excessive volume of combustible materials within the room and poses a fire hazard to himself and the residents within the facility.

The facility shall review this requirement for compliance within 30 days of the sale.

This POC has been prepared by Chris Doyle Associates LLC (Consultant of Record) for the proposed buyer and approved for submission to DPH for review and acceptance by:

Corner House Representative: _____

Title: Erica Lesser, Owner

Date: 2/17/2025