Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL034087	A. BUILDING: 01 B. WING _____	04/27/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HEIGHTS SENIOR LIVING COMMUNITY	2500 POLO RIDGE COURT WINSTON SALEM, NC 27106

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell and Frank Strickland on 4-27-2015. Records indicate this facility was first licensed or submitted as a Home for the Aged on 6-27-1997, for 125 licensed beds, with 24 of these beds in a Special Care Unit. Therefore, the facility must meet the 1996 North Carolina State Building Code 1997 revision; Section 409.1 Group I, Unrestrained Occupancy, and the 1996 and applicable portions of the 2005 Rules for Adult Care Homes.	C 000	CONSTRUCTION SECTION JUN 12 2015 RECEIVED	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, one of the gates to the secure courtyard for the Special Care Unit had been left hooked but unlocked. An unlocked gate presents a significant elopement risk for the residents in the Special Care Unit. 2. Based on observation, there was exposed energized wiring present in room 333. Exposed wiring presents a significant shock and/or electrocution risk to the residents and staff. 3. Based on observation, one wing on the 3rd floor was unoccupied. Interview with staff	C 166	See Attached.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Regional Director of Operations 6/11/15

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C 166	Continued From page 1 indicated the wing had been unoccupied for 8 or 9 months. All of the plumbing waste traps had become almost completely dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. 4. Based on observation there was excessive combustible storage in room 322. Excessive storage in a room that is not intended for or built to the 1 hour fire rated requirements for storage rooms presents a fire hazard. Findings include: There were at least 7 mattresses, 4 wood bed frames and 2 wood chest of drawers in the room.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, cross-corridor smoke barrier doors are not closing well and/or latching to resist the passage of fire and smoke. Smoke barrier doors that do not close completely and latch present the possibility that a fire that begins in one smoke compartment can quickly spread to the remainder of the facility. Findings include; a. One leaf of the smoke barrier doors near room	C 189	See Attached.	

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C 189	Continued From page 2 300 would not latch closed when activated by the fire alarm system. b. One leaf of the smoke barrier doors near the Bistro would not latch closed when activated by the fire alarm system. 2. Based on observation, several corridor doors are not latching properly and/or fitting the opening properly to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The ¾ hour fire rated door to the Activities Director on the 3rd floor does not latch when closed. b. The ¾ hour fire rated door to the Activities Director on the 3rd floor does not fit the opening well enough to resist the passage of smoke. c. The 1 hour fire rated door to the Resident Care office on the 2nd floor is equipped with unlisted residential latching hardware that does not fully cover the hole through the door. d. The panic hardware on the door to stairwell 3 on the 1st floor was broken and not properly secured to the door. e. The 2 hour fire rated door to the supply room on the 1st floor was held open with a steel hook. 3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Holes in the wall to the corridor in the closet in the Activity Room.	C 189	See Attached.	

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C 189	Continued From page 3 b. The sprinkler escutcheons were missing or not tightly fitted to the ceiling complete the one-hour protection in the following locations. i. Room 320, ii. Room 334 closet, iii. Room 330 closet off sitting room, iv. Room 229. 4. Based on observation, several battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Findings include: a. Emergency light 5-5 not working in the physical therapy room. b. Emergency light not working in the left stairwell between landings I and II. c. Emergency lights 32 and 33 not working in the middle stairwell. d. Emergency lights 5 and 10 not working in the first floor elevator lobby. e. Emergency light 10 not working in the entry foyer. f. Emergency light 4 not working in the center stairwell. g. Emergency light 18 not working in the left stairwell. 5. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: a. Several portable medical oxygen cylinders were stored in a unapproved beverage crate in room 211. b. Several portable medical oxygen cylinders	C 189	See Attached.	

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C 189	Continued From page 4 were stored in a unapproved crate in room 215. c. A portable medical oxygen cylinder was stored in a no rack or container in room 302. 6. Based on Observation, the building was not maintained in a safe manner because of malfunctioning GFCI type receptacles. GFCI type receptacles that do not work properly pose a significant shock or electrocution risk. Findings include: a. The GFCI type receptacle in the kitchenette area near the bar sink in room 310 would not trip when tested. b. The GFCI type receptacle in the bathroom in room 312 would not trip when tested. c. The GFCI type receptacle in the dining serving area in the Special Care Unit would not trip when tested. 7. Based on observation, elevator 1 was not maintained in a operating condition. 8. Based on observation, the ice machine drain line was almost touching the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 189	See Attached.	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in	C 199		

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C 199	Continued From page 5 these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; 1. There was no mechanical exhaust provided in the laundry. 2. The exhaust system was not working in the soiled linen room. 3. The exhaust system was not working in the men's bathroom in the locker room area. 4. The exhaust system was not working in the women's bathroom in the locker room area.	C 199	See Attached.	

Preparation and/or execution of this plan of corrections does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

Forest Heights – Biennial Construction Survey
Plan of Correction
Facility License # HAL-034-087

1) **10A NCAC 13F .0306 Housekeeping & Furnishings – Adult care homes shall be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards. One of the gates to the secure courtyard for the Special Care Unit (SCU) had been left hooked but unlocked. An unlocked gate presents a significant elopement risk for the residents in the SCU.**

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

The SCU courtyard gate was locked on 4/27/15.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

All residents residing in the SCU could potentially be affected.

C) The following systemic changes will be made to ensure compliance with this regulation:

The contracted landscaper no longer has a key to the identified gate. The landscaper must check-out the gate key from the Maintenance Director or designee prior to providing service in the identified courtyard.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will visually/physically check the SCU courtyard gate daily to ensure it is locked.

2) **10A NCAC 13F .0306 Housekeeping & Furnishings – Adult care homes shall be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards. There was an exposed energized wiring present in room 333. Exposed wiring presents a significant shock and/or electrocution risk to the residents and staff.**

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

The exposed wiring was repaired / replaced on 6/1/15 by the Maintenance Director.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

All residents residing in the community could potentially be affected. A facility wide visual inspection was completed on 6/1/15 to ensure no additional exposed wiring existed.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct random visual inspections to ensure the community has no exposed wiring.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct random visual inspections to ensure the community has no exposed wiring.

3) **10A NCAC 13F .0306 Housekeeping & Furnishings – Adult care homes shall be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards. One wing on the 3rd floor was unoccupied. Interview with staff indicated the wing had been unoccupied for 8 or 9 months. All of the plumbing waste traps had become almost completely dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility.**

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

Water was down each identified drain on 4/27/15.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

All residents residing in the community could potentially be affected.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will run water down any unoccupied room drain(s) weekly to prevent the waste traps from drying.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will run water down any unoccupied room drain(s) weekly to prevent the waste traps from drying.

4) **10A NCAC 13F .0306 Housekeeping & Furnishings – Adult care homes shall be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards. There was excessive combustible storage in room 322. Excessive storage in a room that is not intended for of built to the 1 hour fire rated requirements for storage rooms presents a fire hazard.**

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

The identified stored items were disbursed to other rooms within the community or disposed of on 6/3/15.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

All residents residing in the community could potentially be affected.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct visual inspections of vacant rooms to ensure compliance.

D) The facility will monitor the corrective actions as follows:

The Executive Director or designee will conduct visual inspections of vacant rooms to ensure compliance.

5) **10A NCAC 13F .0311 Other Requirements – The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintain in a safe and operating condition. Cross-corridor smoke barrier doors are not closing well and/or latching to resist the passage of fire and smoke.**

a. One leaf of the smoke barrier doors near room 300 would not latch closed when activated by the fire alarm system.
b. One leaf of the smoke barrier doors near the Bistro would not latch closed when activated by the fire alarm system.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action.

a. Door near room 300 – the doors were repaired on 6/20/15.
b. Door near the Bistro – the doors were repaired on 6/20/15.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

All residents residing in the community could potentially be affected. A facility wide physical inspection of all cross corridor doors was completed on 6/9/15.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct random physical inspections of all cross corridor doors to ensure compliance.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct random physical inspections of all cross corridor doors to ensure compliance.

6) **10A NCAC 13F .0311 Other Requirements – The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintain in a safe and operating condition. Several corridor doors are not latching properly and/or fitting the opening properly to resist the passage of fire and smoke.**

a. The ¾ hour fire rated door to the Activities Director on the 3rd floor does not latch when closed.
b. The ¾ hour fire rated door to the Activities Director on the 3rd floor does not fit the opening well enough to resist the passage of smoke.
c. The 1 hour fire rated door to the Resident Care office on the 2nd floor is equipped with unlisted residential latching hardware that does not fully cover the hole through the door.
d. The panic hardware on the door to stairwell 3 on the 1st floor was broken and not properly secured to the door.
e. The 2 hour fire rated door to the supply room on the 1st floor was held open with a steel hook.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

a. Activities Director door latch on the 3rd – the latch/door was repaired on 6/3/15.
b. Activities Director door fit on the 3rd – the door was repaired on 6/3/15.

c. Resident Care office door on the 2nd floor – new hardware was ordered and installed on 6/9/15.
d. Panic hardware on door to stairwell 3 on the 1st floor – the hardware was repaired on 6/3/15.
e. Supply room door on the 1st floor – the steel hook was removed on 6/3/15.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

A facility wide visual / physical inspection was completed on 6/3/15 to ensure all doors latch and fit properly.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct random visual / physical inspections to ensure all doors latch and fit properly.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct random visual / physical inspections to ensure all doors latch and fit properly.

7) **10A NCAC 13F .0311 Other Requirements – The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintain in a safe and operating condition. The required 1 hour fire rated walls and/or ceilings were compromised in several locations. Findings included:**

a. Holes in the wall to the corridor in the closet in the Activity Room.
b. The sprinkler escutcheons were missing or not tightly fitted to the ceiling to complete the 1 hour protection in Rooms 320, 334 closet, 330 closet off sitting room, and 229.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

a. Activity Room closet – the identified holes were repaired on 6/10/15.
b. Missing / loose sprinkler escutcheons – all missing or loose escutcheons plates were adjusted and/or installed on 6/8/15.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

A facility wide visual inspection of walls & sprinkler heads was completed on 6/10/15.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct random visual inspections of all walls & sprinkler heads to ensure compliance.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct random visual inspections of all walls & sprinkler heads to ensure compliance.

8) **10A NCAC 13F .0311 Other Requirements – The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintain in a safe and operating condition. Several battery powered emergency lights would not work when tested. Findings included:**

a. Emergency light 5-5 not working in the PT room.
b. Emergency light not working in the left stairwell between landings 1 & 2.
c. Emergency lights 32 & 33 not working in the middle stairwell.
d. Emergency lights 5 & 10 not working in the first floor elevator lobby.
e. Emergency light 10 not working in the entry foyer.
f. Emergency light 4 not working in the center stairwell.
g. Emergency light 18 not working in the left stairwell.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

a. Emergency light 5-5 in the PT room – replaced battery on 6/9/15.
b. Emergency light in the left stairwell between landings 1 & 2 – replaced battery on 6/9/15.
c. Emergency lights 32 & 33 in the middle stairwell – replaced battery on 6/9/15.
d. Emergency lights 5 & 10 in the 1st floor elevator lobby – replaced battery on 6/9/15.
e. Emergency light 10 in the entry foyer – replaced battery on 6/9/15.
f. Emergency light 4 in the center stairwell – replaced battery on 6/9/15.
g. Emergency light 18 in the left stairwell – replaced battery on 6/9/15.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

A facility wide test & inspection of all emergency lights was completed on 6/9/15 to ensure all emergency lights were operational.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct monthly inspections of all emergency lights to ensure compliance.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct monthly inspections of all emergency lights to ensure compliance.

9) **10A NCAC 13F .0311 Other Requirements – The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintain in a safe and operating condition. The building was not maintained in a safe manner by not properly handling portable medical oxygen (O2) cylinders. Findings include:**

a. Several portable medical O2 cylinders were stored in a unapproved beverage crate in room 211.
b. Several portable medical O2 cylinders were stored in an unapproved crate in room 215.
c. A portable medical O2 cylinder was stored in a no rack or container in room 302.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

a. Room 211 – an approved O2 cylinder rack was provided by an O2 vendor and the identified O2 cylinders were placed in this rack on 5/6/15.
b. Room 215 – an approved O2 cylinder rack was provided by an O2 vendor and the identified O2 cylinders were placed in this rack on 5/6/15.
c. Room 302 – an approved O2 cylinder rack was provided by an O2 vendor and the identified O2 cylinders were placed in this rack on 5/6/15.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

All residents residing in the community could potentially be affected. A facility wide visual inspection was completed on 5/1/15 to ensure all oxygen bottles were stored in racks or otherwise restrained so they cannot fall or be knocked over.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct random visual inspections to ensure oxygen bottles are stored in racks or otherwise restrained so they cannot fall or be knocked over.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct random visual inspections to ensure oxygen bottles are stored in racks or otherwise restrained so they cannot fall or be knocked over.

10) **10A NCAC 13F .0311 Other Requirements – The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintain in a safe and operating condition. The building was not maintained in a safe manner because of malfunctioning GFCI type receptacles. Findings include:**

a. The GFCI type receptacle in the kitchenette area near the bar sink in room 310 would not trip when tested.
b. The GFCI type receptacle in the bathroom in room 322 would not trip when tested.
c. The GFCI type receptacle in the dining serving are in the SCU would not trip when tested.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

a. Room 310 – the identified GFCI receptacle was replaced on 6/10/15.
b. Room 322 – the identified GFCI receptacle was replaced on 6/10/15.
c. SCU Dining Serving Area – the identified GFCI receptacle was replaced on 6/10/15.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

All residents residing in the community could potentially be affected. A facility wide visual inspection was completed on 5/1/15 to ensure all oxygen bottles were stored in racks or otherwise restrained so they cannot fall or be knocked over.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct semi-annual inspections of all GFCI receptacles to ensure compliance.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct semi-annual inspections of all GFCI receptacles to ensure compliance.

11) **10A NCAC 13F .0311 Other Requirements – The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintain in a safe and operating condition. Elevator 1 was not maintained in an operating condition.**

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

The elevator was diagnosed by a certified technician on 5/12/15. The necessary parts have been ordered and are expected to arrive for installation on or about 8/20/15. Additionally, the facility proactively ordered and installed an additional HVAC unit in the elevator room on 6/12/15.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

All residents residing in the community could potentially be affected.

C) The following systemic changes will be made to ensure compliance with this regulation:

The community will utilize a certified elevator inspector at least annually to identify and/or forecast potential maintenance concerns.

D) The facility will monitor the corrective actions as follows:

The community will utilize a certified elevator inspector at least annually to identify and/or forecast potential maintenance concerns.

12) **10A NCAC 13F .0311 Other Requirements – The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintain in a safe and operating condition. The ice machine drain line was touching in the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the color or floor drain, as required by code, could cause the ice to become contaminated.**

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

The ice machine drain line was adjusted to be at least 2 inches above the floor drain on 6/11/15.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

All residents residing in the community could potentially be affected. The Maintenance Director conducted a community wide visual inspection of all ice machine drain lines to ensure compliance.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct a visual / physical inspection of all ice machine drain lines annually to ensure compliance.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct a visual / physical inspection of all ice machine drain lines annually to ensure compliance.

13) **10A NCAC 13F .0311 Other Requirements – The spaces listed in this paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per square foot. The facility failed to maintain required exhaust in a working condition. Findings include:**

1. There was no mechanical exhaust provided in the laundry.
2. The exhaust system was not working in the soiled linen room.
3. The exhaust system was not working in the men's bathroom in the locker room area.
4. The exhaust system was not working in the women's bathroom in the locker room area.

A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:

a. Laundry Room – a mechanical exhaust system will be installed by 6/25/15.
b. Soiled Linen Room – the exhaust fan was repaired on 5/25/15.
c. Men's Bathroom – the exhaust fan was repaired on 5/25/15.
d. Women's Bathroom – the exhaust fan was repaired on 5/25/15.

B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:

A facility wide inspection of all exhaust fans was completed by the Maintenance Director on 5/25/15 to ensure all exhaust fans are operational.

C) The following systemic changes will be made to ensure compliance with this regulation:

The Maintenance Director or designee will conduct random physical inspections of exhaust fans to ensure compliance.

D) The facility will monitor the corrective actions as follows:

The Maintenance Director or designee will conduct random physical inspections of exhaust fans to ensure compliance.

Respectfully,

Shay Lingerfelt
Regional Director of Operations