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	HAL026062	A. BUILDING: **01** B. WING _____	**11/17/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERLAND VILLAGE ASSISTED LIVING	**1124 CEDAR CREEK ROAD FAYETTEVILLE, NC 28301**

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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Bob Getchell on November 17, 2015. Records indicate this facility was Licensed on November 11, 1984. The facility is currently licensed for 163 beds. Therefore, this facility is required to meet the 1984 Homes for the Aged and Disabled Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and the 1978 (Revision 5) North Carolina State Building Code, Group I, Institutional Occupancy. Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that all Bathrooms and Toilet Rooms are designed to provide privacy when there is more than one commode, and at each tub or shower. Findings on November 17, 2015: a. Group Bath near Bedroom 20 - there was no curtain between the shower and tub.	C 132		

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C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that all resident commodes, tubs and showers are equipped with hand grips. This deficiency affects all residents who use theses fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on November 17, 2015: a. F Hall Group Shower Room - there was no hand grips (grab bar) for the commode. 2. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on November 17, 2015: a. E Hall Group Shower Room - the shower had a loose hand grips (grab bar). b. Group Shower Room next to Bedroom 38 - had a loose hand grips (grab bar).	C 133		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	C 148		

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C 148	Continued From page 2 ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails in the corridor. This deficiency affects all residents, staff and visitors who use this unstable handrail by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on November 17, 2015: a. Corridor between Bedrooms 3 & 5 - the handrail was loose,	C 148		
C 152	Entrances-Steps, Porches with Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails/guardrails or handrails/guardrails at steps, porches, stoops and ramps. This would affect all residents, staff and visitors who use these unstable handrail/guardrails by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on November 17, 2015:	C 152		

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C 152	Continued From page 3 a. Left Rear Patio - there was a gap in the wooden guardrail for a tree to grow. The gap is large on both sides of the tree for a person to step off the patio. In addition, slippery pine needles have piled up along the edge making visualizing the edge of the patio difficult. b. Left Rear Patio - portions of the wooden handrail and guardrail are rotting. c. Left Rear Patio - the back set of step bow when weight is applied and are non-uniformed dimension.	C 152		
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not proving single hand motion door hardware at exits. This would affect all residents, staff and visitors by requiring more time to exit the building during an emergency. Findings on November 17, 2015: a. Front Door - the replacement door knob took multiple hand motions to operate the door.(one has to turn the knob/push the button then turn the handle retracting the latch)	C 153		

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C 155	Continued From page 4	C 155		
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to maintain the floors in good repair. Findings on November 17, 2015: a. Exit 6 - the walk-off mat had not flattened out, leaving large curved sections of mat to trip over.	C 155		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. This could affect all residents, staff and visitors if the grounds are not free of obstructions, tripping hazards or have equipment in disrepair. Findings on November 17, 2015: a. Outside of Exit 19 - the wooden lattice fence is in despair and parts have fallen down.	C 160		

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C 160	Continued From page 5 b. Driveways - there were multiple holes in the asphalt driveways. c. Left Rear Patio - the right exit off the patio has large root bumps in the path of travel. d. Outside of Kitchen - the condensate drain for HVAC was draining to a flat area between a unit and the building producing many puddles of water where insects could breed. e. Patio at Exit 10 - there was a clean-out recessed in the patio slab creating a tripping hazard. f. Exterior near Bedroom 49 - the soffit was loose and may not stop vermin from entering. g. Exterior near Bulk Laundry - the soffit was loose and may not stop vermin from entering.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on November 17, 2015: a. Bedroom 5 - there were marred up walls in this room. b. Corridor near Bedroom 18 - there were marred up walls near this room. c. Bedroom 6 - the outside corner in this room	C 164		

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C 164	Continued From page 6 had been damaged. d. Bedroom 11 - the floors in this area dirty. e. Bedroom 12 - the floors in this area dirty. f. Nurse Station - the corridor window was missing a glass pane g. Nurse Station - the corridor window had a broken glass pane h. Kitchen - the ice machine drain was piped directly onto the floor receptor, resulting in the potential for the drain line to clog and contaminate the ice i. Shared Bathroom between Bedrooms 53 & 51 - there were broken floor tile in this room. j. Shared Bathroom between Bedrooms 49 & 47 - there were broken floor tile in this room k. Bedroom 31 - had a broken glass pane in an exterior window. 2. Based on Observation, the Building was not kept clean and in good repair, because some building components failed to function as originally intended or are missing. This could affect all residents, staff and visitors if a component does not work properly or is missing limiting use of equipment/spaces. Findings on November 17, 2015: a. Bedroom 22 - the corridor door handle was loose, and may not function properly when used, b. Bedroom 22 - there were no door handle to the front closet door. c. Bedroom 64 - the corridor door handle was very loose, and may not function properly when used.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	C 166		

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C 166	Continued From page 7 (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, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on November 17, 2015: a. Bathroom in Bedroom 7 - the connection of the commode to the floor was loose. b. Group Bath next to Bedroom 9 - the connection of the commode to the floor was loose. c. Group Bath next to Bedroom 23 - the connection of the commode to the floor was loose d. Shared Bathroom between Bedroom 26 & 28 - the connection of the commode to the floor was loose. e. Bathroom in Bedroom 68 - the connection of the commode to the floor was loose. f. Bathroom in Bedroom 66 - the connection of the commode to the floor was loose. g. h. Exterior Can Wash - the cool water line was not equipped with vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. i. Exterior hose bib - the cool water line was not equipped with vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. j. Bathroom in Bedroom 68 - the shower was missing it control handle.	C 166		

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C 166	Continued From page 8 2. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. 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 on November 17, 2015: a. Nurse Station - sixteen portable medical oxygen cylinders were stored standing up in beverage crates not secured to the structure.	C 166		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on November 17, 2015: a. Group Bath near Bedroom 20 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. b. Group Bath near Bedroom 20 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle was missing its test and reset button.	C 188		

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C 189	Continued From page 9	C 189		
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 the facility failed to maintain an unobstructed exterior exit path to a public way. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on November 17, 2015: a. Exit 19 - the door was obstructed with a large potted plant (100 plus pounds) limiting the ability to open the door a full 90 degrees. Deficiency corrected before Construction Surveyors departed Site. b. Exit 4 (in SCU project area) - the door could only open about 75 degrees instead of the full 90 degrees required. 2. Based on Observation, the facility was not maintain in a safe manner, by having some doors that do not latch into their frame automatically. This could affect all residents, staff and visitors by not automatically lathing to contain smoke and fire in the room or smoke compartment of origin. Findings on November 17, 2015: a. Administration Corridor - there was a corridor door equipped with a double cylinder deadbolt that does not automatically latch into its frame,	C 189		

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C 189	Continued From page 10 and when the double cylinder dead bolt is locked, a key would be required to exit the corridor. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was in disrepair. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on November 17, 2015: a. Transportation Right Closet - the fire alarm system's heat detector was dangling from the ceiling by its power/operational wires. b. Nurse Station - the fire alarm system's heat detector was dangling from the ceiling by its power/operational wires. c. Bath near Bedroom 62 - the fire alarm system's heat detector was dangling from the ceiling by its power/operational wires. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safe. This would affect all residents, staff and visitors by allowing unsafe conditions to persist. Findings on November 17, 2015: a. Time Clock Room - an extension cord ran from the Med Room to power the time clock. Extension cords cannot substitute for permanent wiring. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on November 17, 2015:	C 189		

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C 189	Continued From page 11 a. Front side of Firewall near Bedroom 16 - the exit sign did not work on backup power when tested. 6. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on November 17, 2015: a. Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system, there has been no record keeping of the monthly inspections. 7. Based on observation, the Building was not maintained in a safe and operating condition, because the doors protecting the opening in the Firewall had excessive gaps between leafs that could not restrict fire and smoke. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on November 17, 2015: a. Firewall near Bedroom 16 - the cross-corridor double-egress pair of doors when closed had excessive gap between leafs. 8. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors in a Firewall did not close completely and latch in order to contain fire and smoke. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on November 17, 2015:	C 189		

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C 189	Continued From page 12 a. Firewall near Bedroom 16 - the double-egress cross-corridor doors did not latch when the fire alarm system released the doors. b. Firewall near Bedroom 32 - the front leaf of the double-egress cross-corridor doors did not latch when the fire alarm system released the doors. 9. Based on observations, the Building was not maintained in a safe and operating condition, because holes and gaps through the fire-resistance-rated ceiling and wall construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or Compartment of origin. Findings on November 17, 2015: a. Med Room Closet - There was an open joint between the ceiling and the wall gypsum construction where a fire-resistance-rated ceiling assembly must occur. b. Main Electrical Room - the joints for the fire-resistance-rated gypsum construction was had begun detaching from the wall/ceiling. 10. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all residents, staff and visitors by allowing unsafe conditions to persist. Findings on November 17, 2015: a. Main Electrical Room - a large ground wire was grounding to a plastic water line. b. Bedroom 68 - over the sink, a three bulb incandescent light fixture had no bulbs. By not having, bulbs in the sockets this allows access to energized components that were not guarded against accidental contact. c. Attic (access in Dining) - there was an electrical panel that had open slots where	C 189		

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C 189	Continued From page 13 breakers had been removed or blanks fell out. d. Attic (access in Dining) - there were three junction box with energized components without cover plates. e. Attic (access in Kitchen) - there was a metal junction box that sparked when the attic access panel was slid over for entry. f. Kitchen - the conduit for the refrigerator was missing a cover plate for the 'L' shaped fitting. g. Kitchen - the commercial kitchen hood had a junction box with energized components without cover plates. h. F Hall Lobby - an electrical power receptacle had a broke cover plate. i. Bedroom 49 - there was an unapproved multiple plug surge protector without overcurrent protection being used in this room. Deficiency corrected before Construction Surveyors departed Site j. Left courtyard - the area light was wired with the connection not in a junction box and secured to the structure. k. Attic (entire building) - many cables to junction boxes, disconnect switch and panel were not secured to those enclosures. 11. Based on observation and testing, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on November 17, 2015: a. Firewall across Corridor near Bedroom 3 - the wall-mounted self-contained emergency light did not work on backup power when the test button was pushed.	C 189		

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	HAL026062	A. BUILDING: **01** B. WING _____	**11/17/2015**

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C 189	Continued From page 14 b. Corridor, near the Bedroom 26 - the wall mounted self-contained emergency light, was not aimed to illuminate the egress pathway. 12. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign did not relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on November 17, 2015: a. Exit sign at the intersection of D & E Halls - the exit sign no chevrons graphics removed that misrepresent the way to egress from the building during an emergency. 13. Based on observation, the Building was not maintain in a safe manner, because the integrity of the fire-resistance-rated corridor ceiling/tunnel construction had holes and gaps in the attic side's gypsum construction. This could affect all residents, staff and visitors by not providing a safe, fire-resistance-rated exit corridor. Findings on November 17, 2015: a. Attic (access in Dining near HVAC unit) the tunnel style fire-resistance-rated ceiling construction had 24 inch x 24 inch damaged area. 14. Based on observations, the Building was not maintained in a safe and operating condition, because holes and gaps through the fire-resistance-rated ceiling construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on November 17, 2015: a. Attic (entire building) - the one-hour fire-resistance-rated enclosures for the exhaust	C 189		

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C 189	Continued From page 15 fans (in the attic) have been damaged so they cannot resist the spread of fire. b. Near Exit 17 - a gap was around a metal rod that penetrated through the fire-resistance-rated ceiling assembly. c. Resident Laundry - a gap was around a cable that penetrated through the fire-resistance-rated ceiling assembly d. Resident Laundry - the exhaust fan was installed without closing up the hole between the fan and the hole through the fire-resistance-rated ceiling assembly. e. Break room - the ceiling had a ten inch x 10 inch hole in the ceiling covered with a grille but had not duct or radiation damper. f. Water Heater Room - a leak had deteriorated the ceiling assembly, (tape and joint compound coming apart), g. Water Heater Room - a 2 inch PVC sleeve with cable bundle penetrated through the fire-resistance-rated ceiling assembly had no firestopping sealant inside. h. Water Heater Room - a 2 hole cables penetrated through the fire-resistance-rated ceiling assembly had no firestopping sealant protecting it. i. Shared Bathroom between Bedroom - 51 & 53 - there was a hole through the fire-resistance-rated ceiling assembly. 15. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through the fire-resistance-rated wall construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or Compartment of origin. Findings on November 17, 2015: a. Attic (access in Dining) Smoke Barrier - there were several penetrations not firestopped,	C 189		

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C 189	Continued From page 16 b. Attic Firewall near Bedroom 3 - there were 2-two inch PVC sleeves through the firewall that contained cables that had no firestopping sealant inside, c. Attic Firewall near Bedroom 60 - there were 2-four inch PVC sleeves through the firewall that contained cables that had no firestopping sealant inside, d. Attic Firewall near Bedroom 60 - there were 1-two inch PVC sleeves through the firewall that contained cables that had no firestopping sealant inside, e. Shared Bathroom between Bedroom - 51 & 53 - there was a hole in the fire-resistance-rated corridor wall construction near the commode. f. Attic Firewall near Bedroom 32 - there were cables through the firewall that had no firestopping sealant around them. 16. Based on Observation, the Building was not maintained in a safe and operating condition, because some doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on November 17, 2015: a. Kitchen/Dining - the left door was blocked open with a chair, b. Group Shower Room next to Bedroom 38 - the corridor door was blocked open with a trash can, 17. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps through draftstop increases the spread of fire. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or Compartment of origin.	C 189		

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C 189	Continued From page 17 Findings on November 17, 2015: a. Draftstop near Bedroom 21 - there were holes with cables in this draftstop. b. Draftstop near Kitchen - there were many holes in this draftstop. 18. Based on observation, the facility fire resistance rated components have not been maintained safe and operating condition because the corridor doors are not smoke resisting. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on November 17, 2015: a. E Hall Group Shower Room - The corridor door did not latch when closed.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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, the facility failed to prevent the use of portable electrical heaters in the facility. This could affect all residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or	C 191		

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C 191	Continued From page 18 combustible material were near. Findings on November 17, 2015: a. Executive Director Office - a prohibited portable electric heater was found in this room, b. Resident Care Coordinator - a prohibited portable electric heater was found in this room. c. Break room - a prohibited portable electric heater was found in this room.	C 191		
C 197	General Lighting SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting, minimum lighting shall be as follows: (1) 30 foot-candle power for reading; (2) 10 foot-candle power for general lighting; and (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, the facility failed to maintain in a properly operating manner the general illumination of the building. This would affect all residents, staff and visitors if light levels were lower than required, as traversing the space become more difficult and tripping/falling could increase. Findings on November 17, 2015: a. Bedroom 68 - over the sink, a three bulb incandescent light fixture had no bulbs to provide lighting for this room.	C 197		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 199		

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C 199	Continued From page 19 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 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: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by subjecting them to odors. Findings on November 17, 2015: a. Attic (entire building) - many of the exhaust fans appear to be in some state of being repaired and are not functioning. b. Attic (entire building) - many of the exhaust fan ducts have been disconnected from the fan and/or roof cap, thus venting into the attic. c. D Hall Housekeeping - the local exhaust ventilation system did not work, allowing a build-up of odors.	C 199		