

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2016
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE HIGH POINT

**201 WEST HARTLEY DRIVE
HIGH POINT, NC 27265**

(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 a Biennial Construction Survey by Ed Miller and Frank Strickland on September 7, 2016. Records indicate that this facility was first licensed on May 13, 1994, for 82 beds. Based on this information we are requiring the facility to meet the 1991 "Homes for the Aged and Disabled - Minimum Standards and Regulations," the 1991 Edition of the North Carolina State Building Code : Section 409 Institutional Occupancy - Group I, and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. Deficiencies were noted which require a Plan of Correction.	C 000	CONSTRUCTION SECTION OCT 11 2016 RECEIVED	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

**SIGN
HERE**

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5999

45VO21

If continuation sheet 1 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST HARTLEY DRIVE HIGH POINT, NC 27265		
(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 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the Building failed to meet NC State Building Code at the time of initial Licensing by not having all the required components of a properly operational delayed egress locking system. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on September 7, 2016: a. Front Exit Door - the door has delayed egress locking, which requires a readily visible sign on the door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS". b. Library Exit Door near Bedroom 55 - the door has delayed egress locking, which requires a readily visible sign on the door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS".	C 101	CONSTRUCTION SECTION OCT 11 2016 RECEIVED	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects residents, staff and visitors by not preventing any systems deficiency that may be discovered with	C 111		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST HARTLEY DRIVE HIGH POINT, NC 27265		
(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 111	Continued From page 2 annual inspections. Findings on September 7, 2016: a. There was no Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, available for review. b. There was no Annual Sprinkler System Inspection and Testing Report in accordance with NFPA 25, available for review. c. The current annual Building Sanitation Inspection Report was not available for review.	C 111		
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 keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on September 7, 2016: a. Pantry - there had been a leak that stained the fire-resistance-rated ceiling assembly and mold was beginning to grow. b. Women Public Restroom - the textured ceiling around the sprinkler head was falling off the ceiling. c. Bedroom 44 - the carpet was stained. d. Middle Attic Furnace Room - there was a large pile of trash with used filter and empty filter boxes laying on the floor.	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST HARTLEY DRIVE HIGH POINT, NC 27265		
(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 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, the facility failed to maintain the building in an uncluttered, clean and orderly manner. Findings on September 7, 2016: a. Beauty Shop - the HVAC grille with their radiation damper have an excessive accumulation of dust/lint. b. Laundry - the HVAC grille with their radiation damper have an excessive accumulation of dust/lint.	C 166		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to	C 183		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST HARTLEY DRIVE HIGH POINT, NC 27265		
(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 183	Continued From page 4 grow larger. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order. Findings on September 7, 2016: a. Kitchen - since the annual maintenance, there has been no documentation of the portable fire extinguisher's monthly inspections.	C 183		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Director/Manager the facility failed to rehearse and document the fire plan. This deficiency affects residents, staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building. Findings on September 7, 2016: a. There were no records available for review.	C 185		
C 188	Electrical Outlets in Wet Locations	C 188		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 09/07/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE HIGH POINT			STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST HARTLEY DRIVE HIGH POINT, NC 27265		
(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 188	Continued From page 5 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 provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff and visitors by not providing ground fault protection to these devices. Findings on September 7, 2016: a. Bedroom 55 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.	C 188			
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 building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not	C 189			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST HARTLEY DRIVE HIGH POINT, NC 27265		
(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 189	Continued From page 6 promptly find their way to an exit during an emergency. Findings on September 7, 2016: a. Cross-Corridor Doors near Bedroom 30 - the exit sign did not work on backup power when tested. Exit signs must work on backup power to provide directions during power outages. b. Library Exit Door near Bedroom 55 - the exit sign did not work on backup power when tested. Exit signs must work on backup power to provide directions during power outages. 2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin Findings on September 7, 2016: a. Business Office - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Sales Office - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. Information Technology Room near Nurse Station - there was two inch conduit with cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Med Room - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. e. Middle Attic Furnace Room - there was a hole through the fire-resistance-rated ceiling assembly near AHU #2. f. Middle Attic Furnace Room- there was a hole in the fire-resistance-rated wall assembly near the door. 3. Based on observation, the Building was not maintained in a safe and operating condition,	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST HARTLEY DRIVE HIGH POINT, NC 27265		
(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 189	Continued From page 7 because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on September 7, 2016: 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. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on September 7, 2016: a. Bedroom 32 - the corridor door was missing its latch bolt and could not latch into its frame. b. Beauty Shop - the corridor door did not latch into its frame when closed. c. Bedroom 35 - the corridor door did not latch into its frame when closed. 5. Based on observations and record review, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with debris. This could affect all residents, staff and visitors if the fire sprinkler heads' have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on September 7, 2016: a. Bedroom 32 - both fire sprinkler heads were debris-loaded with lint.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 09/07/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE HIGH POINT		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST HARTLEY DRIVE HIGH POINT, NC 27265		
(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 189	Continued From page 8 b. Bedroom 34 - both fire sprinkler heads were debris-loaded with lint. 6. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on September 7, 2016: a. Bedroom 30 - the corridor door's replacement hardware did not cover the two through holes created for the pervious hardware installation. 7. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on September 7, 2016: a. Bedroom 32 Bathroom - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling, allowing the spread of fire and smoke.	C 189		

The following is a summary of the Plan of Correction for Brookdale High Point. This Plan of Correction is in regards to the Corrective Action Report dated September 22, 2016. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors.

10A NCAC 13F .0301 Application of Physical Plant Requirements

The physical plant requirements for each adult care home shall be applied as follows:

(2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;

- Designated doors will have appropriate signs visible regarding emergency egress after pushing 15 seconds.

10A NCAC 13F .0302 Design and Construction

(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.

- Will have available completed reports for the following; Annual Fire Alarm, Sprinkler Systems, as well as the Building Sanitation Reports.

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;**

(c) This Rule shall apply to new and existing facilities.

- Indicated stained ceilings will be addressed.
- Indicated textured ceiling will be repaired.
- Indicated carpet will be cleaned.
- Indicated trash in furnace room will be removed.

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.

- Indicated HVAC grills will have excess dust/lint removed.

10A NCAC 13F .0308 Fire Extinguishers

(a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof.

(b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.

- Monthly fire inspections will be completed.

10A NCAC 13F .0309 Plan For Evacuation

(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.

(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.

- Will complete indicated rehearsals of fire plans and evacuation drills with documentation available.

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.

- Will replace/repair ground fault interrupters on designated outlets.

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 (c) which shall not apply to existing facilities.

- Indicated Exit signs will be repaired/replaced.
- Gaps around designated cables in fire stopped ceilings will be repaired.
- Holes in indicated areas will be repaired.
- Kitchen hood fire extinguishing systems inspections will be completed as indicated.
- Monthly fire extinguishers inspections will be completed as indicated.
- Indicated corridor doors will be repaired assuring proper latching into frame.
- Indicated missing latch bolts will be repaired.
- Indicated fire sprinkler heads will be free of lint.
- Indicated door hardware will be replaced covering holes.
- Indicated fire sprinkle escutcheon plates not covering holes through fire resistant rated ceilings will be repaired.

The Executive Director/Maintenance Technician will review items noted for necessary completion and/or repair, on or before 10/31/16.

The Executive Director/Maintenance Technician will do bimonthly building surveillances observing for any items that need attention/repair, assuring they are maintained in a safe operating condition for the next 3 months, and then randomly thereafter.

TRANSMISSION VERIFICATION REPORT

TIME : 03/11/2014 18:41
 NAME :
 FAX :
 TEL :
 SER. # : U63274H4J751294

DATE, TIME
 FAX NO./NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

03/11 18:41
 19197336592
 00:00:28
 01
 OK
 STANDARD
 ECM

14th Point Manor

