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## Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>HAL060082                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____                                             | (X3) DATE SURVEY COMPLETED<br><br>10/13/2016 |
| NAME OF PROVIDER OR SUPPLIER<br><br>ELMCROFT OF LITTLE AVENUE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br>7745 LITTLE AVENUE<br>CHARLOTTE, NC 28226 |                                                                                                                 |                                              |
| (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) | (X6) COMPLETE DATE                           |
| C 000                                                         | Initial Comments<br><br>Report of a Biennial Construction Survey by Ed Miller on October 13, 2016.<br><br>Records indicate this facility was first licensed on October 28, 1997. Based on this information, we are requiring the facility to meet the 1998 "Homes for the Aged and Disabled - Minimum Standards and Regulations", the applicable portions of the 2005 Rules for Adult Care Homes, and the 1998 w/99 rev Edition of the North Carolina State Building Code; Section 409 Institutional Occupancy - Group I. FACILITY IS LICENSED FOR 62 BEDS W/(28 BED SCU).<br><br>Deficiencies were cited during the Survey and further action is required.                                                                                                                                                                                                             | C 000                                                                              |                                                                                                                 |                                              |
| C 101                                                         | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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                                                                              |                                                                                                                 |                                              |

Division of Health Service Regulation

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

TITLE

(X6) DATE

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| C 101                                                         | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the <u>time of construction</u> by not having all of the required components to properly operate doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s).</p> <p>Findings on October 13, 2016:</p> <ul style="list-style-type: none"> <li>— a. Courtyard Gate - the "special Locking" gate was not equipped with an emergency release switch. This switch must be installed within three feet of the door.</li> <li>— b. 1st Floor Fire Alarm Control Panel - the special locking system does not have a wiring diagram and a system components location map posted at the FACP.</li> <li>— c. 1st Floor SCU Nurse Station - the special locking system emergency release switch was not labeled.</li> <li>— d. 1st Floor Fire Alarm Control Panel - there was an emergency release switch for the exit doors inside the locked FACP. The switch <u>did not</u> release any exit doors. The FACP was labeled noting switch location and Staff did not carry keys to the FACP. If this switch is obsolete then remove the switch and labeling. If switch is active and releases exit door then provide all staff responsible for evacuation keys to the FACP and Office where panel is located. Staff responsible for evacuation must carry those keys at all times.</li> </ul> <p>2. 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</p> | C 101                                                                              |                                                                                                                          |                                                 |

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| C 101                                                         | Continued From page 2<br><br>acceptable time.<br>Findings on October 13, 2016:<br>a. <u>Front Door</u> - the door has delayed egress<br>locking, which requires a readily visible sign on<br>the door near the release device that reads<br>"PUSH UNTIL ALARM SOUNDS. DOOR CAN BE<br>OPENED IN 15 SECONDS",<br>b. 1st Floor Front <u>Left Exit</u> from 1st Floor - the<br>door has delayed egress locking, which requires<br>a readily visible sign on the door near the release<br>device that reads "PUSH UNTIL ALARM<br>SOUNDS. DOOR CAN BE OPENED IN 15<br>SECONDS",<br>c. <u>Front Door</u> - the delayed egress door did not<br>release when the fire alarm system was<br>activated.                                                            | C 101                                                                              |                                                                                                                          |                                                 |
| C 153                                                         | Exit Door Locks-Single Hand Motion<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL<br>ENVIRONMENT<br>(h) The requirements for outside entrances and<br>exits are:<br>(3) All exit door locks shall be easily operable, by<br>a single hand motion, from the inside at all times<br>without keys; and<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building did not<br>meet the requirements for outside entrance and<br>exits. This would affect residents, staff and<br>visitors by requiring more time to exit the building<br>during an emergency.<br>Findings on October 13, 2016:<br>a. 1st Floor near Main Electrical Breaker Room<br>- the <u>replacement door</u> handle for the exterior | C 153                                                                              |                                                                                                                          |                                                 |

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| C 153                                                         | Continued From page 3<br><br>door exit had a thumb button that had to be<br>turned before the door handle would open the<br>door.<br>b. 1st Floor Front Door - the replacement door<br>handle for the exterior exit had a thumb button<br>that had to be turned before the door handle<br>would open the door.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C 153                                                                              |                                                                                                                          |                                                 |
| C 188                                                         | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0308 HOUSEKEEPING AND<br>FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and<br>orderly manner, free of all obstructions and<br>hazards;<br>(c) This Rule shall apply to new and existing<br>facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation, the Building was not<br>maintained free of hazards, because general<br>maintenance was not being done or had not been<br>completed. This could affect all residents, staff<br>and visitors if items are broken or partially<br>removed and left where they could injure all.<br>Findings on October 13, 2016:<br>a. 2nd Floor Left Corridor - where the<br>continuous handrails are joined together, the<br>bottom side have fasteners exposed that can<br>injure occupants. | C 188                                                                              |                                                                                                                          |                                                 |
| C 189                                                         | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C 189                                                                              |                                                                                                                          |                                                 |

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| C 189                                                         | <p>Continued From page 4</p> <p>mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>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 promptly find their way to an exit during an emergency.</p> <p>Findings on October 13, 2016:</p> <p>a. 2nd Floor Corridor near Back Right Exit - the wall-mounted self-contained emergency light did not illuminate on backup power when tested.</p> <p>b. 2nd Floor Corridor across from Bedroom 220 - the wall-mounted self-contained emergency light had a dim light output and made a buzzing sound when the test button was pushed.</p> <p>c. 2nd Floor Corridor near Resident Service Director Office - the wall-mounted self-contained emergency light did not illuminate on backup power when tested.</p> <p>d. 2nd Floor Corridor near Maintenance Office - the wall-mounted self-contained emergency light did not illuminate on backup power when tested.</p> <p>e. 2nd Floor Corridor across from Bedroom 202 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested.</p> <p>f. 2nd Floor Corridor across from Janitor - the wall-mounted self-contained emergency light did not illuminate on backup power when tested.</p> <p>g. 1st Floor Corridor near Bedroom 116 - the wall-mounted self-contained emergency light did not illuminate on backup power when tested.</p> <p>h. 1st Floor Corridor near Bedroom 110 - the</p> | C 189                                                                              |                                                                                                                          |                                                 |

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| C 189                                                         | <p>Continued From page 5</p> <p>well-mounted self-contained emergency light had a dim light output and made a buzzing sound when the test button was pushed.</p> <p>i. 2nd Floor Corridor across from Nurse Station - the exit sign did not illuminate on backup power when tested.</p> <p>j. 1st Floor Front Left Exit from upstairs - the exit sign did not illuminate on backup power when tested.</p> <p>k. 1st Floor Front Left Exit from 1st Floor - the exit sign had its left chevrons graphics removed indicating that you should turn left exit but the way out is straight.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke of the fire in the compartment of origin.</p> <p>Findings on October 13, 2016:</p> <p>a. 2nd Floor Smoke Barrier near Bedroom Health Life Style Office - the single leaf cross-corridor door, did not close when the fire alarm system released the door because it rubbed against the floor.</p> <p>3. Based on Observation, fire rated doors were not being maintained in a safe and operating condition</p> <p>Findings on October 13, 2016:</p> <p>a. 2nd Floor Front Right Exit - the door has a 0 to 1/4-inch gap between the face of the door and the doorframe.</p> <p>4. Based on observation, the interior doors were not maintained in a safe and operating condition.</p> <p>Findings on October 13, 2016:</p> <p>a. 1st Floor Dish Room - the corridor door did</p> | C 189                                                                              |                                                                                                                          |                                                 |

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| C 189                                                         | <p>Continued From page 6</p> <p>not latch into its frame when closed.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on October 13, 2016:</p> <p>a. 1st Floor Kitchen - the walk-in refrigerator/freezer was equipped with hasp hardware and padlock without an override device.</p> <p>6. 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</p> <p>Findings on October 13, 2016:</p> <p>a. 2nd Floor Electrical Room in Kitchen Storage Room - there were gaps around a cable and conduit not firestopped as they penetrated the fire-resistance-rated ceiling assembly.</p> <p>b. 2nd Floor Healthy Life Styles Director Office - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>c. 2nd Floor Nurse Station - there was a 3/4 inch hole not firestopped in the fire-resistance-rated ceiling assembly.</p> <p>d. 2nd Floor Housekeeping - there was a 2 inch hole with cable not firestopped in the fire-resistance-rated ceiling assembly.</p> <p>e. 1st Floor Back Left Exit from Upstairs - there was a hole not firestopped in the fire-resistance-rated ceiling assembly above the exterior door.</p> <p>f. 1st Floor Riser Room in Bulk Laundry - the one-hour fire-resistance-rated ceiling assembly had a patch that was deteriorating, allowing dried pieces of joint compound to fall out of the ceiling.</p> | C 189                                                                              |                                                                                                                          |                                                 |

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| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X6)<br>COMPLETE<br>DATE                        |
| C 189                                                         | <p>Continued From page 7</p> <p>g. 1st Floor Business Manager Office - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>h. 1st Floor Mech Room in Lobby - there were 6 holes in the walls that are not smoke tight.</p> <p>i. 1st Floor Kitchen - at the intersection of the hood, ceiling and wall where was a hole not firestopped as it penetrates these assemblies.</p> <p>j. 1st Floor SCU Housekeeping - there was a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>k. 1st Floor SCU Laundry - there was a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>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 October 13, 2016:</p> <p>a. 2nd Floor Nurse Station - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.</p> <p>b. 2nd Floor Break Room - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.</p> <p>c. 2nd Floor Model Room Front Closet - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.</p> <p>d. 2nd Floor Model Room Bathroom - the fire sprinkler escutcheon plate was missing, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat.</p> <p>e. 1st Floor Kitchen Map Room - the fire</p> | C 189                                                                              |                                                                                                                          |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL060082             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____                                                      | (X3) DATE SURVEY<br>COMPLETED<br><br>10/13/2016 |
| NAME OF PROVIDER OR SUPPLIER<br><br>ELMCROFT OF LITTLE AVENUE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br>7745 LITTLE AVENUE<br>CHARLOTTE, NC 28226 |                                                                                                                          |                                                 |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                                | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                        |
| C 189                                                         | Continued From page 5<br><br>sprinkler escutcheon plate was missing, exposing<br>an opening through the fire-resistance-rated<br>ceiling that allows the spread of smoke and heat.<br><br>6. Based on observation, the electrical system<br>was not being maintained safe.<br>Findings on October 13, 2016:<br>a. 1st Floor Main Electrical Breaker Room -<br>many items are being stored directly in front of<br>the electric panel, preventing quick access in any<br>emergency.<br>b. 1st Floor SCU Housekeeping - many items<br>are being stored directly in front of the electric<br>panel, preventing quick access in any<br>emergency.                                                                                                                                                                                                             | C 189                                                                              |                                                                                                                          |                                                 |
| C 199                                                         | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(g) The spaces listed in this Paragraph shall be<br>provided with exhaust ventilation at the rate of<br>two cubic feet per minute per square foot. This<br>requirement does not apply to facilities licensed<br>before April 1, 1984, with natural ventilation in<br>these specified spaces:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation, the facility failed to<br>provide ventilation in areas where odors are | C 199                                                                              |                                                                                                                          |                                                 |

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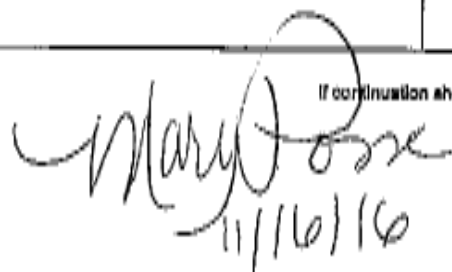
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                                                                                                                          |                                                 |
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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>HAL080082             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01<br><br>B. WING: _____                                                      | (X3) DATE SURVEY<br>COMPLETED<br><br>10/13/2016 |
| NAME OF PROVIDER OR SUPPLIER<br><br>ELMCROFT OF LITTLE AVENUE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br>7745 LITTLE AVENUE<br>CHARLOTTE, NC 28226 |                                                                                                                          |                                                 |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                        |
| C 199                                                         | Continued From page 9<br><br>generated or required. This could affect all residents, staff and visitors by subjecting them to odors.<br>Findings on October 13, 2016:<br>a. 2nd Floor Bio-Hazard Room near Kitchen Storage - there was no exhaust system provided in this room that is now being used for bio-hazard/trash storage." There was a musty, unpleasant odor in the room.<br>b. 1st Floor Bulk Laundry - there was no exhaust system provided in this large room. The anteroom (Housekeeping) had ventilation.<br>c. 1st Floor Kitchen Mop Room - there was no exhaust system provided in this room. There was an unpleasant odor in the room.<br>d. 1st Floor SCU Housekeeping - there was no exhaust system provided in this room. There was an unpleasant odor in the room.<br>e. 1st Floor SCU Laundry - there was no exhaust system provided in this room. There was an adjoining Mop Sink Room had ventilation.<br><br>2. 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 preventing the exhausting of odors.<br>Findings on October 13, 2016:<br>a. 2nd Floor Restroom near Nurse Station - the exhaust ventilation system did not work, allowing a build-up of odors. | C 199                                                                              |                                                                                                                          |                                                 |

Division of Health Service Regulation  
STATE FORM

8090

08MH21

If continuation sheet 10 of 10


  
11/16/16

| Regulation cited                                                                                                                                                                                                                                                         | Plan of Correction                                                                                                                                                                                       | Target date of completion |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Section .0300-<br>PHYSICAL PLANT<br>10A NCAC 13F<br>.0301 APPLICATION<br>OF PHYSICAL<br>PLANT<br>REQUIREMENTS<br><br><br><br><br><br><br><br><br><br>.0305 PHYSICAL<br>ENVIRONMENT<br><br><br>.0306<br>HOUSEKEEPING<br>AND FURNISHING<br><br>.0311 OTHER<br>REQUIREMENTS | A. Courtyard Gate- Company will be installing Emergency Release Switch within 3 Feet of the door.                                                                                                        | 12/31/16                  |
|                                                                                                                                                                                                                                                                          | B. 1 <sup>st</sup> Floor Fire Alarm Panel Wiring Diagram has been posted                                                                                                                                 | 11/30/16                  |
|                                                                                                                                                                                                                                                                          | C. The 1 <sup>st</sup> Floor SCU Nursing Station Emergency Release Switch has been labeled                                                                                                               | 11/15/16                  |
|                                                                                                                                                                                                                                                                          | D. 1 <sup>st</sup> Floor Fire Alarm Control Panel will now release all the doors, including the two 1 <sup>st</sup> floor doors. Maintenance will continue to monitor doors as Preventative Maintenance. | 12/31/16                  |
|                                                                                                                                                                                                                                                                          | A. Front Door now has a sign that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS"                                                                                                      | 11/15/16                  |
|                                                                                                                                                                                                                                                                          | B. 1 <sup>st</sup> Floor Front Left exit now has a sign that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS"                                                                           | 11/15/16                  |
|                                                                                                                                                                                                                                                                          | C. See D above.                                                                                                                                                                                          |                           |
|                                                                                                                                                                                                                                                                          | A. 1 <sup>st</sup> Floor Exit now has a Single motion lock on the door                                                                                                                                   | 11/15/16                  |
|                                                                                                                                                                                                                                                                          | B. 1 <sup>st</sup> Floor Front door now has a Single motion lock on the door                                                                                                                             | 11/15/16                  |
|                                                                                                                                                                                                                                                                          | A. The handrails have been caulked and sanded to prevent injury. This will be added to the Preventative Maintenance to ensure no hand rails are coming loose and creating this potential injury.         | 11/15/16<br>11/01/16      |
|                                                                                                                                                                                                                                                                          | 1. A-J. All emergency lights were replaced. Check of lights will be added to Maintenance monthly rounds.                                                                                                 | 11/01/16                  |
|                                                                                                                                                                                                                                                                          | K. EXIT sign had arrows taken off so the way out (straight) is clearly stated.                                                                                                                           | 11/01/16                  |
|                                                                                                                                                                                                                                                                          | 2. A. Single Leaf Cross-corridor Door near Healthy Lifestyles office was sanded and adjusted so that it closes properly when released by Fire alarm                                                      | 11/01/16                  |
|                                                                                                                                                                                                                                                                          | 3. A. 2 <sup>nd</sup> Floor Front Right Exit door was adjusted and a rubber barrier added to ensure no gap.                                                                                              | 12/15/16<br>11/15/16      |

|                             |                                                                                                                                                                                     |          |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| .0311 OTHER<br>REQUIREMENTS | 4. A. 1 <sup>st</sup> Floor dish room door has a new lock to ensure it engages into latch when closed.                                                                              | 12/31/16 |
|                             | 5. A. New lock with override for 1 <sup>st</sup> Floor kitchen refrigerator has been ordered.                                                                                       | 11/15/16 |
|                             | 6. A-K. All holes have been caulked with fire resistant caulk.                                                                                                                      |          |
|                             | 7. A-E. All Fire Sprinkler Escutcheon plates that dropped or were missing were replaced.                                                                                            | 12/31/16 |
|                             | Plate checks will be added to Monthly preventative maintenance.                                                                                                                     | 12/31/16 |
|                             | 8. A-B. Electrical rooms were rearranged and items moved in order to provide quick access to electrical panels. Red tape has been added to the floor to ensure this does not occur. |          |
|                             | 1. A-E. All rooms will be provided exhaust ventilation.                                                                                                                             |          |
|                             | 2. A. Room will be provided exhaust ventilation                                                                                                                                     |          |

Mary Fox, ED 11/16/16