

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2017
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NAME OF PROVIDER OR SUPPLIER BROOKDALE MONROE SQUARE 2	STREET ADDRESS, CITY, STATE, ZIP CODE 919 FITZGERALD STREET MONROE, NC 28112
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(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 Construction Section Biennial Survey by Dennis Harrell on 8-30-2017. Records indicate this facility was licensed on 11-2-2000. The facility is currently licensed as a 65 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure, the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1996 (1999 Rev) Edition of the North Carolina State Building Code(s)-Institutional Occupancy.	C 000		
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; This Rule is not met as evidenced by: 1. Based on observation, a Delayed Egress exit failed to comply with the NC State Building Code	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

6899

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If continuation sheet 1 of 7

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C 101	Continued From page 1 that requires the doors begin the exit process when a force of not more than 15 pounds is applied. Finding includes: The Delayed Egress exit gate from the courtyard failed to open even when approximately 100 pounds of force was applied. Note; The gate did open on fire alarm activation and by use of the adjacent keypad. 2. Based on observation, some of the Delayed Egress exit doors failed to comply with Section 1012.6.2 of the 1996 NC State Building Code. Section 1012.6.2 requires a sign on each locked door that reads "PUSH. THIS DOOR WILL OPEN IN 15 SECONDS. ALARM WILL SOUND." Finding includes; The sign provided at the front door was mounted above the door rather than on the door as required.	C 101		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. Finding includes: There were 2 love seats in an intersection of the corridor reducing the clear width to about 40 inches.	C 150		

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C 166	Continued From page 2	C 166		
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 building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in no container at all in room 28. 2. Based on observation, the hose on the shower wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. Note: A swing check valve has been installed vertically pointing downwards under the sink as an anti-siphon device. A swing check relies on gravity to close and cannot work as currently installed. 3. Based on observation, there was no inspection tag provided on the fire extinguisher in the corridor near room	C 166		

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C 166	Continued From page 3 29. Fire extinguishers must be inspected monthly and the inspections must be documented somewhere, such as on a tag provided at the system pull. 4. Based on observation, there was no documentation of monthly inspections provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere, such as on a tag provided at the system pull. 5. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Boxes had been stacked to within 6 inches of the ceiling in the clock room. Note; This deficiency was corrected during the survey. 6. Based on observation, an extension cord was being used in place of permanent wiring in the Activity office. Extension cords are intended for temporary use only. Note; This deficiency was corrected during the survey. 7 Based on observation, the facility failed to maintain free from hazards. The Electrical Code requires a clear working space of at least 30 inches wide and 36 inches deep be maintained in front of electrical panels. Storage obstructing electrical panels could delay access to the panel in an emergency. Findings include; a. There were items stored directly in front of the	C 166		

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C 166	Continued From page 4 main electrical panel. b. There were items stored directly in front of the electrical panel in the mechanical room near room 30. c. There were items stored directly in front of the electrical panel in the fire panel room.	C 166		
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 a review of documents, the records available onsite included little to no description of what the rehearsal involved. 2. Based on a review of documents, some of the records available onsite did not include the time or shift the rehearsal was done.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		

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C 189	Continued From page 5 (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, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The 3/4 hour fire rated door to the laundry near room 9 drags the floor and sometimes sticks in the open position. b. The 3/4 hour fire rated door to the laundry near room 9 does not fit the opening properly to be resistant to the passage of smoke. c. The doors to bedrooms 2, 7, 16, 25 and 37 were missing the latchbolt strike. d. The doors to rooms 1, 10, 21 and the time clock room do not fit the opening properly to be resistant to the passage of smoke. 2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole by a wire in the ceiling of the kitchen, b. Hole by a wire in the ceiling of the sprinkler	C 189		

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C 189	Continued From page 6 riser room, c. Hole in the ceiling of the fire panel room, d. Unsealed sleeves (3) penetrating the ceiling of the communication room, e. Sprinkler escutcheon not properly fitted to the ceiling in the fire panel room.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to provide exhaust as required by rule. Failure to provide exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Finding includex; There was no exhaust system provided in the housekeeping closet with a mop sink.	C 199		

Provider Plan of Correction for Brookdale Monroe Square II
919 Fitzgerald Rd Monroe NC 28112
License #: HAL-090-022
Exit/Report Date: August 30th, 2017

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.

Brookdale Senior Living, specifically for the Monroe Square II Community, will ensure the physical plant requirements for each adult care home per the Physical Plant Requirements.

1 / 2. Specifically for Monroe Square II, all Delayed Egress Exit Doors of the community will be conformed to open within 15 seconds when a force of not more than 15 pounds is applied with the sign that reads "PUSH THIS DOOR WILL OPOEN IN 15 SECONDS...ALARM WILL SOUND." Specifically for the outside exit gate from the courtyard will be conformed to function with keys that all staff on all shifts (1st, 2nd & 3rd) will have. Specific training of the use of the key will be provided by the assigned Maintenance Technician.

To prevent further delinquent practices of the future, the community will implemented the following monitoring process:

The Executive Director will have the Maintenance Director to conduct weekly checks of all Delayed Egress Doors to ensure they are functioning according to regulation. Said check will be documented on a form conformed specifically for the community review process.

To be completed by: October 13, 2017
Person(s) responsible: ED / Maintenance Tech

Provider Plan of Correction for Brookdale Monroe Square II
919 Fitzgerald Rd Monroe NC 28112
License #: HAL-090-022
Exit/Report Date: August 30th, 2017

C 150

Corridors-Free of Equipment and Obstructions

Section .0300 – PHYSICAL PLANT 10A NCAC 13F.0305 PHYSICAL ENVIRONMENT

(g) The requirements for corridors are:

(4) Corridors shall be free of all equipment and other obstructions.

Brookdale Senior Living, specifically for the Monroe Square II Community, will ensure that all Corridors are free of Equipment and Obstructions.

During the site review on August 30, 2017, the surveyor observed 2 community love seats of an intersection of the corridor reducing the clear width to about 40 inches. Said love seats have been moved from said area to an area that can accommodate the seating. The Executive Director will train all management staff on proper placement of furniture of the community to prevent violations of regulation .0300 – PHYSICAL PLANT 10A NCAC 13F. 0305 PHYSICAL ENVIRONMENT.

To prevent further delinquent practices of the future, the community will implement the following monitoring process:

One member of the team will complete a walk-through of the community to ensure Corridors are free of equipment and obstructions.

To be completed by: October 13, 2017

Person(s) responsible: ED / Maint Tech/ BOC/ DSC/ PC/ HWD/ RCC

Provider Plan of Correction for Brookdale Monroe Square II
919 Fitzgerald Rd Monroe NC 28112
License #: HAL-090-022
Exit/Report Date: August 30th, 2017

C 166 Housekeeping-Maintained Free of Hazards
Section .0300 – PHYSICAL PLANT 10A NCAC 13F .0306
HOUSEKEEPING AND FURNISHING (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.

Brookdale Senior Living, specifically for the Monroe Square II Community, will ensure the community is maintained in an uncluttered, clean and orderly manner, free from all obstructions and hazards.

1 – 7a, b and c. Specifically for Monroe Square II Community, all portable medical oxygen cylinders have been removed from unit #28 and properly stored in a container in a safe area. A vacuum breaker has been installed of the Beauty Salon sink basin to prevent possibility of siphoning contaminated water back in the water system. A tag has been added to the Fire Extinguisher of the corridor near unit #29 ready for monthly inspections and supported documentation. In addition, the range hood fire suppression system of the kitchen has been inspected and documented on tag associated with the system. The boxes observed during the review stacked up of the clock room 6 inches of the ceiling has been removed to obtain at least 18 inches of space below the sprinkler head. The extension cord observed during the review of the Activity Office has been removed and replace with an appropriate source. Last, the items stored in front of the main electrical panel, the electrical panel of the mechanical room near unit #30 and in front of the panel of the fire panel room has been removed. In efforts to prevent the above infractions from reoccurring, the Executive Director will in-service train the assigned Maintenance Tech on maintaining the community free of hazards.

To prevent further delinquent practices of the future, the community will implemented the following monitoring process:

One member of the team will conduct weekly walk-through of the community and heighten their awareness of the above infractions.

To be completed by: October 13, 2017

Person(s) responsible: ED / Maint Tech/ BOC/ DSC/ PC/ HWD/ RCC

Provider Plan of Correction for Brookdale Monroe Square II
919 Fitzgerald Rd Monroe NC 28112
License #: HAL-090-022
Exit/Report Date: August 30th, 2017

C 189

Building Equipment Maintained Safe, Operating
Section .0311 – PHYSICAL PLANT 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.

Brookdale Senior Living, specifically for the Monroe Square II Community, will ensure the community is maintained safe and in operating condition that include fire safety, electrical, mechanical and plumbing equipment.

1 a, b, c & d: Specifically for Monroe Square II Community, the corridors doors to the laundry room near unit #9 has been corrected from dragging and latches to the regulation expectation when closed. Rooms 1, 10, 21 and 37 were corrected the same as the laundry room. Said door fits the opening properly to be resistant to the passage of smoke. The bedroom door to units #2, 7, 16, 25 and 37 has new latch-bolt strikes for proper latching.

2 a, b, c, d and e: Specifically for Monroe Square II Community, identified holes of the ceiling of the kitchen, sprinkler riser and panel rooms has been sealed with materials approved for use in one-hour fire rated construction. In addition, the unsealed sleeves (3) penetrating the ceiling of the communication room has been corrected with materials approved for use in one-hour fire rated construction. Final, the sprinkler escutcheon has been corrected to fit properly to the ceiling with the same fire rated material.

In efforts to prevent the above infractions from reoccurring, the Executive Director will in-service train the assigned Maintenance Tech on maintaining the community in safe and operating condition.

To prevent further delinquent practices of the future, the community will implemented the following monitoring process:

One member of the team will conduct weekly walk-through of the community and heighten their awareness of the above infractions.

To be completed by: October 13, 2017

Person(s) responsible: ED / Maint Tech/ BOC/ DSC/ PC/ HWD/ RCC

Provider Plan of Correction for Brookdale Monroe Square II
919 Fitzgerald Rd Monroe NC 28112
License #: HAL-090-022
Exit/Report Date: August 30th, 2017

C 199

Exhaust Ventilation

Section .0311 – PHYSICAL PLANT PHYSICAL PLANT 10A NCAC 13F .0311
OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be
provided with exhaust ventilation at the rate of two cubic feet per minute
square foot. This requirement does not apply to facilities licensed before
April 1, 1984, with natural ventilation in these specific 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.

Brookdale Senior Living, specifically for the Monroe Square II Community, will ensure the community spaces of the following areas: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry areas are equipped with the appropriate ventilation system.

Specifically for Monroe Square II Community, the mop room with sink (housekeeping closet) has been added with a ventilation system per the state requirements in efforts to maintain an environment of said area without possibility of an unhealthy buildup of moisture and possible bacteria.

In efforts to prevent the above infractions from reoccurring, the Executive Director will in-service train the assigned Maintenance Tech on maintaining the community in safe and operating condition.

To prevent further delinquent practices of the future, the community will implemented the following monitoring process:

One member of the team will conduct weekly walk-through of the community to ensure all ventilations are functioning and operating according to the state the state regulation.

To be completed by: October 13, 2017

Person(s) responsible: ED / Maint Tech/ BOC/ DSC/ PC/ HWD/ RCC