6/27/18

Mocksville Senior Living

337 Hospital Street

Mocksville, NC 27028

RE: Mocksville Senior Living & Memory Care-HA Biennial Survey

337 Hospital Street

Mocksville Davie County

FID #920863 Hal030009

To: NC Department of Health and Human Services,

I am writing today to request an extension on a few items on the original Plan of Correction. Items listed below:

Item C 164 1. Page 3 of 11

Area has been treated and refinished. We are in the process of adding a humidification system for basement and this has not been completed yet. It is in process and will require additional time. Estimate completion date July 28, 2018.

Item C199 a.b.&c. page 11 of 11

Exhaust fan out on roof that controls all exhaust fans in the bathrooms is out and has been ordered. It has not arrived yet estimated completion date July 21, 2018.

All other items have been taken care of. This is an official request for more time to complete these above items.

Thanks you so much,

Emily Paxton

Executive Director

Mocksville Senior Living

TRANSACTION REPORT

JUN/19/2018/TUE 10:17 AM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	JUN/19	10:10AM	19197336592	0:06:48	14	MEMORY OK G3	4577

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

June 6, 2018

Emily Paxton
337 Hospital St
Mocksville, NC 27028

RE: Mocksville Senior Living & Memory Care - HA Biennial Survey
337 Hospital Street
Mocksville Davie County
FID #920863 Hal030009

Dear Ms. Paxton:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on May 17, 2018. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

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- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by June 21, 2018. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by June 21, 2018. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by June 21, 2018. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven.C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Dennis Harrell

Dennis Harrell
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
County Building Inspection Department - with attachment-(via e-mail only)
Davie County DSS - with attachment-(via e-mail only)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030009	A. BUILDING: 01 B. WING _____	05/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOCKSVILLE SENIOR LIVING & MEMORY CAI	337 HOSPITAL STREET MOCKSVILLE, NC 27028

(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 and Ed Miller on 5-17-2018. Records indicate that the older portion of this facility was originally licensed on 7-1-1966. The 400 hall was added later in 1997 and was built fully sprinklered. The facility is now fully sprinklered. Based on this information we are requiring the older portions of the building to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the aged and Infirm, the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds and the 1967 NC State Building Code. The 400 hall must meet the 1996 NC State Building Code, the 1993 Rules for the Licensing of Domiciliary Homes, and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds.	C 000		
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: Based on observation, the bathroom door in room 210 would not close and latch for privacy.	C 132	The bathroom door in 210 has been repaired and will close and latch properly.	6/11/18

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C 133	Continued From page 1	C 133		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, the hand grip provided at the toilet off room 308 was loosely mounted to the wall.	C 133	The hand grip provided at the toilet off room 308 was tightened securely to the wall.	5/18/18
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: Based on observation, there were many cleaning chemicals stored in the mop room on 300 Hall which was found to be unlocked.	C 143	Key had broken off in lock so, lock was replaced and chemicals are safe and secure. Housekeepers and management check this daily throughout the day to ensure chemicals are secure.	5/18/18
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 154		

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C 154	Continued From page 2 (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: Based on interview with staff, some residents are considered confused and/or disoriented. Based on observation, the wander alarm provided did not work at exit on 300 Hall.	C 154	Wander alarm on door replaced by stop alarm	6/22/18
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, there was a substance that appeared to be black colored mold found in the facility. Findings include the following locations;	C 164	Caution Mold Removal came out on 6/1/18 for inspection of all areas in question. Finding were substance was Efflorescence. Visible signs were treated and cleaned and recommendation was made for a humidification system to be added to basement. Company checking into adding this system.	6/29/18

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C 164	Continued From page 3 a. On the wall in the laundry, b. On the wall in the oxygen storage room, c. On the wall by the old supply room in the basement, d. On the wall in the shower room on 400 Hall, e. On the ceiling in the sprinkler riser room. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on 5-17-2018: a. The HVAC exhaust grill and radiation damper in the Mail Box room had an excessive accumulation of dust/lint. b. The HVAC return grill and radiation damper in room 103 had an excessive accumulation of dust/lint. 3. Based on observation, the walls were not kept clean and in good repair in the 100 Hall Dining room. Findings on 5-17-2018; a. There were several incomplete patches on the wall that had not been sanded and painted. b. The baseboard was damaged and hanging loose on the wall.	C 164	a.b.&c. All included in the Caution Mold Recommendation d. Housekeepers have cleaned any issues in shower room and clean this area daily to ensure no further problems occur. e. Ceiling in sprinkler room has been treated and removed. Monthly QA and management will monitor for any other occurrences. 2.a.&b. The HVAC exhaust grill and radiation damper in room 103 and HVAC return grill and radiation damper in room 103 have been cleaned and are on a routine cleaning schedule and will be monitored by management team. 3.a. Patches on wall have been sanded and painted. 3b. Baseboard has been repaired and is firmly attached to wall.	5/17/18 5/29/18 5/29/18 5/29/18
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:	C 166		

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C 166	Continued From page 4 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 (6) portable medical oxygen cylinders were stored in unapproved plastic crates and 3 in no container at all in the oxygen storage area in the basement.	C 166	1. Oxygen companies have been contacted and are replacing storage containers with acceptable required oxygen storage. This will be monitored by management staff, monthly QA and as new residents and companies come to provide oxygen.	6/15/18
	2. Based on observation, the inspection tag at the range hood fire suppression system indicated it was last re-certified in June of 2017. Range hood fire suppression systems must be inspected and re-certified every 6 months.		2.Range Hood Inspection scheduled with First Fire and will be completed. Administrator to schedule inspection every 6 months going forward with First Fire.	6/29/18
	3. Based on observation, an electrical outlet expander was in use in the kitchen. Electrical outlet expanders are not approved for use in Institutional Occupancies. Note; This deficiency was corrected during the survey.		3.This deficiency was corrected during survey. A walk through of the community has been completed of the community to ensure no other outlets were in the building. We will monitor this through new family orientation and staff education, as well as, QA monthly.	5/18/18
	4. Based on observation, a carpet strip was loose from the floor in the 200 Hall sitting area. Loose flooring materials present a trip and fall hazard.		4.Carpet strip has been secured to the floor and is no longer a trip hazard.	6/11/18
	5. Based on observation, a floor drain cover was not properly installed in the laundry. Loose floor drains covers present a trip and fall hazard.		5. Floor drain cover in the laundry area has been replaced and is no longer a trip hazard.	6/4/18
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	C 185		

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C 185	Continued From page 5 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 review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 2nd quarter of last year, there were no rehearsals done during the 1st or 2nd shifts. b. In the 3rd quarter of last year, there was no rehearsal done during the 2nd shift. 2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185	1.a.&b. Schedule has been put in place to ensure fire drills occur on all shifts. This schedule was put in place to ensure human error does not occur going forward and will be monitored by administrator monthly. Staff will also be reminded of emergency procedures in monthly staff meetings. 2. Descriptions have been placed on all future fire drills starting with the month of May 2018.	6/1/18 5/24/18
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)	C 189		

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C 189	Continued From page 6 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole in the ceiling at a pipe in the oxygen storage area in the basement, b. Hole, 10 inches by 12 inches in the ceiling of the laundry, c. Hole in the ceiling of the laundry at a flexible conduit, d. Hole in the ceiling of the laundry bathroom at a light fixture, e. Hole in the ceiling of the old supply room, f. Hole in the ceiling of the basement storage at a sewer line, g. Many unsealed penetrations in the Mechanical room in the basement with several electrical panels, h. Plaster has fallen off in places exposing the wood laths in the ceiling of the Mechanical room in the basement with several electrical panels, i. Gypsum wallboard installed but not finished with tape and compound in the Mechanical room in the basement with several electrical panels, j. Hole in the wall behind the door to the maintenance entry way, k. Plumbing access door, 36 inches by 36 inches, made of combustible material (plywood) and falling off the wall in soiled utility room on 300 Hall, l. Holes in the ceiling of the sitting area on 200 Hall,	C 189	1.a. Hole in ceiling at a pipe in oxygen storage area has been repaired with fire caulk. b. Hole in the ceiling of the laundry room has been patched with dry wall and finished. c. Hole in ceiling of laundry has been repaired with fire caulk. d. Hole in the ceiling of the laundry bathroom has been repaired with fire caulk. e. Hole in ceiling of old supply room has been repaired with fire caulk. f. Hole in the ceiling of the basement storage has been repaired with dry wall and finished. g. All Unsealed penetrations in the Mechanical room in the basement have been sealed with fire caulk and foam. h. The mechanical room ceiling has been repaired with wall board, mud ,foam and fire caulk. I. Gypsom wall board has been repaired and finished. j. Hole in wall has been repaired with filler and finished. k. Plumbing access door has been replaced with FRP board and finished. l. Holes in ceiling have been patched and repaired.	6/11/18 6/4/18 6/4/18 6/11/18 6/11/18 6/11/18 6/11/18 5/29/18 6/11/18 6/11/18 6/11/18 5/29/18

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C 189	Continued From page 7 m. Holes in the ceiling of the Activity closet, n. Hole at a pipe in the sprinkler riser room, o. Holes in wall in 100 Hall community bathroom. 2. 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 2 hour door to the laundry chute does not close and latch consistently. b. The door to room 103 does not latch when closed. c. The door to room 303 does not latch when closed. d. The door to room 403 does not latch when closed. e. The door to room 405 does not latch when closed. f. The door to room 406 does not latch when closed. g. One of the doors to the 400 Hall dining room does not latch when closed. h. The door to the RCC office is cut into 2 pieces like a Dutch door. The top half of the door was not provided with automatic latching hardware. i. There were holes through the door to the Linens room on 400 Hall. j. A part is missing on the co-ordinator at the fire doors between the 400 Hall and the older portion of the facility. The missing part causes the doors to not close correctly consistently. k. The door to room 403 is very hard to open and close. 3. Based on observation the required one-hour fire rated ceilings were compromised in several	C 189	m. Holes in ceiling of the Activity closet have been filled with fire caulk. n. Hole at the pipe in the riser room has been patched with fire caulk. o. Holes in wall of 100 Hall community bathroom have been patched and repaired. a. The 2 hour door to laundry chute has been adjusted and repaired. b. The door to room 103 strike plate has been modified and now closes properly. c. The door to room 303 has been modified and repaired. d. The door to room 403 has been trimmed and now closes properly. e. The door to room 405 strike plate has been modified and now closes properly. f. The door to room 406 has been trimmed and now closes properly. g. Door to the 400 hall dining room strike plate modified and is now working properly. h. The door to the RCC office has been repaired and lock has been added to ensure proper closure. I. The holes in the Linens closet door were filled with wood putty and repaired. j. The fire doors on the 400 hall now close properly. The co-ordinator was removed and door has been adjusted and repaired. k. The door to room 403 this is a repeat from above letter d.	5/29/18 6/11/18 5/29/18 6/1/18 6/11/18 6/11/18 6/1/18 6/1/18 6/1/18 6/1/18 6/14/18 5/18/18 6/1/18 6/1/18

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MOCKSVILLE SENIOR LIVING & MEMORY CAF	337 HOSPITAL STREET MOCKSVILLE, NC 27028

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C 189	Continued From page 8 locations by improperly fitting or missing sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Findings include: a. Escutcheon not tighly fitted to the ceiling in the closet in room 308, b. Escutcheon missing in the breezeway, c. Escutcheons (2) not tighly fitted to the ceiling in the 400 Hall Dining room, d. Escutcheon missing in the 100 Hall community bathroom, e. Escutcheon missing in the corridor to the 100 Hall courtyard. 4. Based on observation, the exit sign in the corridor near room 210 would not work on battery when tested. Exit signs that will not work properly on battery for at least 90 minutes could endanger the residents and staff. 5. Based on observation, electrical outlet plates were missing in the basement storage area. Missing electrical plates expose energized wires and parts. 6. Based on observation, there was an excessive accumulation of lint in the sprinkler head in the visitor's bathroom. Dirt/lint on a sprinkler head could delay activation in an actual fire. 7. Based on observation, there was water pipe leaking in the basement old kitchen.	C 189	a.Escutcheon room 308 has been tightened and sealed with fire caulk. b. Escutcheon has been ordered by First Fire and will be replaced. c. Escutcheons in 400 Hall dining room were tightened and are secure. d. Escutcheon 100 hall community bathroom has been ordered by First Fire and will be replaced. e. Escutcheon in 100 Hall corridor has been ordered by First Fire and will be replaced. 4. Exit sign near room 210 has been replaced with new battery. These will continue to be checked weekly. 5. Missing electrical outlet plates have been replaced. 6. The sprinkler head in the visitors bathroom has been cleaned and is on a routine weekly cleaning schedule and will be monitored by management and housekeeping staff. 7. The water pipe leaking in the basement has been repaired by outside plumber.	6/11/18 6/29/18 6/11/18 6/29/18 6/29/18 6/1/18 6/1/18 6/11/18 6/14/18
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT	C 195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030009	A. BUILDING: 01 B. WING _____	05/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 195	Continued From page 9 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 hot water temperature was checked and found to be 120 degrees F. in the visitor's bathroom which the residents also use.. Hot water temperature in excess of 116 degrees F. present the possibility of burning residents.	C 195	Hot water heater has been adjusted and water temperatures have been rechecked and are in range. These temperatures will be checked weekly by maintenance and reviewed by administrator.	5/18/18
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.	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL030009	A. BUILDING: 01 B. WING _____	05/17/2018

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C 199	Continued From page 10 (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Findings include; a. The exhaust provided was not working in the bathroom off room 210. b. The exhaust provided was not working in the bathroom off room 308. c. The exhaust provided was not working in the shower room on 400 Hall.	C 199	a.b.c.Exhaust fans not working properly due to exhaust fan on roof is out and will be repaired.	6/29/18