NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

April 3, 2019

Stephanie Wiggins
P O Box 3447
Kinston, NC 28502

RE: The Village Of Kinston - HA Biennial Survey
1935 Idlewild Drive
Kinston Lenoir County
FID #970042 Hal054067

Dear Ms. Wiggins:

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 March 19, 2019. 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.

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 April 18, 2019. 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 April 18, 2019. 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 April 18, 2019. 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)
Lenoir County DSS - with attachment-(via e-mail only)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL054067	A. BUILDING: 01 B. WING _____	03/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE OF KINSTON	1935 IDLEWILD DRIVE KINSTON, NC 28504

(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 3-19-2019. Records indicate this facility was first licensed as a Home for the Aged on 3-9-1993, for 29 beds. A 34 bed addition was submitted on 4-24-2002, for a total capacity of 63 beds includung a 26 bed Special Care Unit. Therefore the facility must meet the 1991 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1991 and 2002 North Carolina State Building Code Institutional Occupancy.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111	Fire alarm system inspection is attached to POC and copy at home for review	3/20/19
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of	C 148		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mitchell Moran	Director of Maintenance	4/18/19

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C 148	Continued From page 1 corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: Based on observation, there was no handrail provided on 13 feet of corridor near the medroom.	C 148	will replace hand rail	5/21/19
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. Corridors must be maintained clear at all times. Finding on 3-19-2019: A chair was found in an exit corridor completely blocking access to the exit door.	C 150	Chair was removed and staff was told chairs can not be to where it will block exit door	3/19/19
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.	C 166		

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C 166	Continued From page 2 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 on 3-19-2019: a. Several (8) portable medical oxygen cylinders were stored in an unapproved beverage crate in the med room. b. One portable medical oxygen cylinder was stored in no container or rack in the med room. c. Several (8) portable medical oxygen cylinders were stored in an unapproved beverage crate in the other med room.	C 166	A Called Oxygen company to get approved storage rack B-c oxygen was picked up by oxygen company	4/12/19 4/12/19
	2. Based on observation, there was no key onsite to allow entry into the storage room on the 200 Hall to survey for hazards.	2	new lock was put on	3/20/19
	3. Based on observation, an extension cord was being used in place of permanent wiring in the pantry. The cord was stapled to the wall around a door Extension cords are intended for temporary use only and must never be attached to a wall.	3	Extension cord was removed	3/22/19
	4. Based on observation, there was exposed electrical wiring in the pantry where an electric water heater had been removed. Exposed wiring is a hazard.	4	had electrician to come in and repair exposed wiring	3/22/19
	5. Based on observation, one side of an exit sign was missing in the main area of the 300 Hall. The missing side failed to direct occupants to the nearest exit and exposed electrical wiring.	5	repaired exit sign	3/29/19
	6. Based on observation, there were 4 sharp ends of bolts that had been cut off on the courtyard gate. Sharp bolt ends pose a laceration	6	bolts was replaced with the correct size	3/27/19

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C 166	Continued From page 3 risk to residents and staff.	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: 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 on 3-19-2019: The facility has 3 shifts but the records available onsite indicated rehearsals have been done in only the 1st shift.	C 185	all 3 shifts have had rehearsals and one per shift each quarter see attached fire drills	4/15/19 and on going
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	C 189		

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C 189	Continued From page 4 operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the warning devices, "screamers," protecting the emergency release switches were not working at most exits from the locked portion of the facility. Malfunctioning warning devices could allow resident elopement. 2. Based on observation, the side exit door from the 300 Hall will only open about 75 degrees. Exit doors that will not fully open could delay an evacuation in an emergency. 3. Based on observation, the sampling tube for the duct mounted smoke detector in the attic was very dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. 4. Based on observation, battery powered emergency lights would not work properly when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas: a. Corridor at the Administrator's office, b. Corridor at room 2, c. Corridor at the Parlor, d. Corridor at room 7, e. Corridor at the Vending room, f. Corridor at the Dining room, g. Corridor near the 300 Hall entrance, h. Combination exit sign/emergency light at the front door,	C 189 1 2 3 4-a b c d e f g h	all screamers will be checked and batteries replaced exit door will be adjusted to fully open sampling tube will be cleaned Battery was replaced Bulb was replaced Battery was replaced Battery was replaced Bulb was replaced replaced emergency light Battery & cover was replaced Battery was replaced all was completed on 3-25-19	5/7/19 5/7/19 5/7/19

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C 189	Continued From page 5 i. The right side of the fixture in the dining room would not illuminate. 5. 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 on 3-19-2019; a. The 3 hour fire rated door near room 16 did not automatically latch when activated by the fire alarm system. b. The 3 hour fire rated door near room 16 had 6 holes through the door and 6 holes in the frame where a magnetic lock had been removed. c. The magnetic hold-opens on the smoke barrier doors on the 100 Hall re-energized when the fire alarm was silenced. Magnetic hold-opens must not re-energize until the fire alarm system is fully reset. d. There was a hole at the latchset through both the doors to the laundry. e. There was a hole at the latchset through the door to the soiled linen room. f. There was a hole at the latchset through the door to the pantry. g. There was a hole at the latchset through the door to the corridor bathroom beside room 33. h. A wedge was found at the door to the kitchen indicating it is sometimes wedged open. i. The double doors to the dining room would not latch to the frame when closed. j. The door to the rear dining room would not latch when closed. k. The door to room 24 would not latch when closed. l. The door to room 31 would not latch when closed.	C 189 4-i A B C D-G H I-L	replaced emergency light Door will be adjusted frame will be repaired alarm company will come out to repair holes will be repaired with covers wedge was removed day of survey door will be adjusted to latch	3/25/19 5/21/19 5/21/19 5/24/19 5/21/19 3/19/19 5/21/19

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C 189	Continued From page 6 m. The door to the beauty salon was propped open. 6. 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 on 3-19-2019: a. Hole in the ceiling of the laundry, b. Hole and unsealed penetrations in the ceiling of the kitchen above the hood fire suppression system, c. Holes in the ceiling of the pantry above 2 new tankless water heaters, d. Holes in the wall of the pantry at water lines, e. Hole in the ceiling of the pantry around the flue where a gas water heater was removed, f. Hole in lower corner of the pantry wall, g. Unsealed penetrations in the ceiling above an electrical panel in the main electrical room, h. Hole and unsealed penetration in the ceiling of the mechanical room off the medroom, i. Unsealed penetration in the ceiling of the outside storage room, j. Unsealed penetration in the ceiling of the main riser room at the riser. 7. Based on observation, the building roof was not maintained in a good condition. A leaking roof could severely damage the one hour fire rated ceiling as well as other safety devices. Findings on 3-19-2019; a. A large portion of the roof over the 300 Hall was covered with a tarp. b. There were many shingles missing on the roof over the 300 Hall.	C 189 M A-J A-B	trash can that was holding door open was removed day of survey all holes was sealed with Fire caulk Roof was repaired	3/19/19 4/10/19 4/5/19

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C 189	Continued From page 7 8. Based on observation, at least 2 sprinkler heads were covered with dirt and lint. Dirty sprinkler heads could delay activation in an actual fire. 9. Based on observation, plumbing equipment was not maintained in a safe condition. Findings on 3-19-2019; a. The wall mounted sink in the bathroom off the medroom was severely sagged and in danger of falling. b. The wall mounted sink in the bathroom off the 200 Hall was severely sagged. c. The wall mounted sink in the public men's bathroom was sagged.	C 189 8 9-A-C	sprinkler heads was cleaned sink will be took down and replace wall mounts to keep form sagging	4/2/19 5/21/19
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 maintain required exhaust in a working condition.	C 199		

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C 199	Continued From page 8 Finding on 3-19-2019; There was a pattern of dirty lint-covered exhaust fans and grills throughout the facility. Exhaust fans and grills that are dirty cannot work properly.	C 199	all exhaust fans & grills will be cleaned and put on schedule to check to keep clean	5/21/19

INSPECTION AND TESTING FORM

DATE: 5-29-18
TIME: 4:00 pm

SERVICE ORGANIZATION
Name: Patriot Systems, LLC
Address: 7339 F W. Friendly Ave, Greensboro, NC 27410
Representative:
License No.:
Telephone: 336.297.2171

PROPERTY NAME (USER)
Name: Village of Kinston
Address: 1935 Idlewild Drive, Kinston, NC 28504
Owner Contact:
Telephone: Russell - 252-521-9551

MONITORING ENTITY
Contact: Security Central
Telephone: 800-286-5699
Monitoring Account Ref. No.: A1142-5378

APPROVING AGENCY
Contact:
Telephone:

TYPE TRANSMISSION
- ☐ McCulloh
- ☐ Multiplex
- ☑ Digital
- ☐ Reverse Priority
- ☐ RF
- ☐ Other (Specify)

SERVICE
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☑ Annually
- ☐ Other (Specify)

Control Unit Manufacturer: Firelite
Model No.: MS9200UD
Circuit Styles: Y
Number of Circuits: 1
Software Rev.:
Last Date System Had Any Service Performed:
Last Date That Any Software or Configuration Was Revised:

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
16	Y	16	Manual Fire Alarm Boxes
			Ion Detectors
85	Y	85	Photo Detectors
8	Y	8	Duct Detectors
50	Y	50	Heat Detectors
1	Y	1	Waterflow Switches
1	Y	1	Supervisory Switches
			Other (Specify):

Alarm verification feature is disabled ✓ enabled ____.

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
2	4	2	Bells
15	4	15	Horns
			Chimes
15	4	15	Strobes
4	4	4	Speakers
			Other (Specify):

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? ☑ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
			Building Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:

Quantity _____ Style(s) _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 20

Overcurrent Protection: Type Breaker Amps 20

Location (of Primary Supply Panelboard): Med Room

Disconnecting Means Location: Breaker

(b) Secondary (Standby):

2 12VDC - 18 AH Storage Battery: Amp-Hr Rating 18 AH

Calculated capacity in 5 Amp-Hrs to operate system for 24 hours

Engine-driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

TYPE BATTERY

☐ Dry Cell ☐ Lead-Acid

☐ Nickel-Cadmium ☐ Other (Specify):

☑ Sealed Lead-Acid

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700

_____ Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

FIGURE 10.6.2.3 *Continued*

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☑	☐	Security Central	4:00 pm
Building Occupants	☑	☐	Residence	↓
Building Management	☑	☐	Staff	
Other (Specify)	☐	☐		
AHJ Notified of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☑	☑	
Lamps/LEDs	☑	☑	
Fuses	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground-Fault Monitoring	☑	☑	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	☑		
Load Voltage		☑	
Discharge Test		☑	
Charger Test		☑	
Specific Gravity		☑	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	
NOTIFICATION APPLIANCES			
Audible	☑	☑	
Visible	☑	☑	
Speakers	☑	☑	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

FIGURE 10.6.2.3 *Continued*

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☐	☐	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	☑	☑	☐
Carbon Monoxide Detector/System	☑	☑	☐
(Specify) Hood Suppression	☑	☐	☐
INTERFACE EQUIPMENT			
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify) Door Holders	☑	☑	☑
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☐	☐		
Alarm Restoration	☐	☐		
Trouble Signal	☐	☐		
Trouble Signal Restoration	☐	☐		
Supervisory Signal	☐	☐		
Supervisory Restoration	☐	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☑	☐	Staff	7:00 pm
Monitoring Agency	☑	☐	Security Control	↓
Building Occupants	☑	☐	Residence	
Other (Specify)	☐	☐		

The following did not operate correctly: Horn Strobe in Zoo Hall (Replaced)

System restored to normal operation: Date: 5-29-18 Time: 7:00 pm

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Curtis Tson Date: 5-29-18 Time: 7:00 pm

Signature: Curtis Tson

Name of Owner or Representative: _____ Date: _____ Time: _____

Signature: _____

FIGURE 10.6.2.3 *Continued*

FIRE DRILL SCHEDULE

(Drills must be conducted once a quarter on each shift)

Name of Adult Care Home: The Village of Kinston

Address: 1935 Idle Wild Dr, Kinston, N.C.

Date of rehearsal: 4-4-2019 Time of rehearsal: 6:10 am Shift 1st-2nd-3rd
(Circle any that apply)

Person in charge: Russell Rouse

Other staff members present: A. Rosario, B. Clemmons, G. Quinerly, Rosa C, Jessica H.

Time for evacuation: 6:10 - 6:20 am

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ✓

Other: We had a mock fire dr. II, while the clients removed their Rooms. We dissuss where to go in case of a real fire dr. II and tornado.

****

Date of rehearsal: 4-12-2019 Time of rehearsal: 9:09 Am Shift 1st-2nd-3rd
(Circle any that apply)

Person in charge: Russell Rouse

Other staff members present: S. Wiggins, T. Gussman, L. Jordan, S. Wooten, A. Scott E. Hall, C. Whitfield, D. Hart, E. Burns, L. Bautista, B. Whitefield, B. Craft, R. Coombs, A. Spence

Time for evacuation: 9:09 - 9:17 Am

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ✓

Other: Staff move the Clients to a designate safe area. Fire (simulation) was put out by staff. We also dissuss, were to move clients in case of a tornado.

FIRE DRILL SCHEDULE

(Drills must be conducted once a quarter on each shift)

Name of Adult Care Home: The Village of Kinston

Address: 1935 Idle Wild Dr. Kinston, N.C.

Date of rehearsal: 4-15-2019 Time of rehearsal: 3:34 pm Shift 1st (2nd) 3rd
(Circle any that apply)

Person in charge: Russell Rouse

Other staff members present: S. Wiggins, A. Croom, A. Barnett, T. Guessman, E. Ross
S. Williams, C. Houston, K. Stephens-Hawkins, J. Whitfield, L. Jordan

Time for evacuation: 3:34 - 3:40 pm

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ✓

Other: Clients were taken outside to designated safe area away from danger. Discuss the proper care for clients that are bed ridden.

****

Date of rehearsal: _____ Time of rehearsal: _____ Shift 1st-2nd-3rd
(Circle any that apply)

Person in charge: _____

Other staff members present: _____

_____

Time for evacuation: _____

Areas covered: (check any that apply)

Fire extinguishers instructions _____ Fire alarm operation _____

Fire evacuation maps _____ Discuss fire hazards to look for _____

Other: _____