NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

July 18, 2019
Tyvonder Jones (via e-mail only)
100 Lanark Road
Chapel Hill, NC 27514

RE: Brookdale Meadowmont - HA Biennial Survey
100 Lanark Road
Chapel Hill Orange County
FID #971251 Hal068008

Dear Ms. Jones:

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 July 10, 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 August 2, 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 August 2, 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 August 2, 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,

Suzanna Fay

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Orange 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
	HAL068008	A. BUILDING: 01 B. WING _____	07/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MEADOWMONT	100 LANARK ROAD CHAPEL HILL, NC 27514

(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 Suzanna Fay conducted on July 10, 2019. Records indicate this facility was first licensed as a Home for the Aged serving 64 residents, including a 16 bed Special Care Unit, on October 23, 1997. Therefore, the facility must meet the 1996 Rules for Adult Care Homes, the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1996 North Carolina State Building Code(s), Section 409.1 Institutional Occupancy. Deficiencies were cited that require a Plan of Correction.	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:	C 101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068008	A. BUILDING: 01 B. WING _____	07/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MEADOWMONT	100 LANARK ROAD CHAPEL HILL, NC 27514

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 101	Continued From page 1 1. Observations revealed that the facility was is not in compliance with building code requirements in effect at the time of construction, addition or renovation. Delayed egress doors are not properly labeled to notify residents and staff when they can exit. Findings on July 10, 2019: a. The building is equipped throughout with delayed egress doors. The doors are operated with a 15 second delay. Most of the delayed egress signs posted state that the "door can be opened in 30 seconds" instead of 15 seconds. b. Stairwell 2 in the SCU was not labeled as a delayed egress door that can be opened in 15 seconds. 2. Observations revealed that the facility was is not in compliance with building code requirements in effect at the time of construction, addition or renovation. Rooms open to the corridor must have the same fire protection as the corridor. Findings on July 10, 2019: a. Bistro - the doors to the Bistro were removed making the room open to the corridor. There is not a smoke detector in the Bistro.	C 101 Section .0300 section 1 Section .0300 section 1A Section .0300 Section 1B Sec. .0300 Section 2A	will order and install new egress signs will order and install new egress signs will order and install new egress signs will order and install smoke detector	08/23/19 8/23/19 8/23/19 08/23/19
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;	C 164		

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
	HAL068008	A. BUILDING: 01 B. WING _____	07/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MEADOWMONT	100 LANARK ROAD CHAPEL HILL, NC 27514

(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 164	Continued From page 2 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings were not kept clean and in good repair. Findings on July 10, 2019: a. Third Floor Residential Laundry - the ceiling around the supply vent is dirty and the finish tape is separating and peeling away from the ceiling. b. Second Floor Laundry - the ceiling finish is bubbled and flaking at the wall/ceiling junction behind the door. 2. Observations revealed that the walls were not kept clean and in good repair. Findings on July 10, 2019: a. Room 318 - the wall beside the closet in the right side room is heavily damaged. 3. Observations revealed that the facility was not kept free of chronic unpleasant odors. Findings on July 10, 2019: a. Room 316 - has a strong pet odor emanating from the room. 4. Observations revealed that the furnishings were not kept in good repair. Findings on July 10, 2019: a. Stairwell 2 - the wall mounted handrail between the third and second floors is not secure to the wall. b. Second Floor Nurse Station - one of the drawer faces is missing.	C 164 C164 Sec 300 1A C164 Sec 300 1B C164 2A C164 3A C164 4A C164 4B	will repair with spackle will repair with spackle fixed room floor cleaned by Flexgreen will tighten bolt will install new drawer front	08/23/19 08/23/19 7/15/19 7/24/19 08/23/19 08/23/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068008	A. BUILDING: 01 B. WING _____	07/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MEADOWMONT	100 LANARK ROAD CHAPEL HILL, NC 27514

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	Continued From page 3	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. Observations revealed that the facility was not maintained free of hazards. Findings on July 10, 2019: a. Room 102 - the transition strip at the bathroom door is loose creating a trip hazard.	C 166 Sec .0300 C166 1A	will adhere with construction adhesive	08/23/19
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.	C 185		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068008	A. BUILDING: 01 B. WING _____	07/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MEADOWMONT	100 LANARK ROAD CHAPEL HILL, NC 27514

(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 185	Continued From page 4 This Rule is not met as evidenced by: 1. Review of records revealed that the facility was not conducting fire rehearsals quarterly on each shift. Findings on July 10, 2019: a. There was not a record of a fire rehearsal conducted on the first shift during the third quarter of 2018. b. There was not a record of a fire rehearsal conducted on the third shift during the fourth quarter of 2018. c. There was not a record of a fire rehearsal conducted on the first or third shift during the first quarter of 2019. d. There was not a record of a fire rehearsal conducted on the first shift during the second quarter of 2019.	C 185 C185 1A C185 1B C185 1C C185 1D	will use Tels system to ensure fire drills will not be missed in the future will use Tels system to ensure fire drills will not be missed in the future	08/23/19 08/23/19
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068008	A. BUILDING: 01 B. WING _____	07/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MEADOWMONT	100 LANARK ROAD CHAPEL HILL, NC 27514

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 5 origin. Findings on July 10, 2019: a. Third Floor - the escutcheon plate on the sprinkler head outside of Stairwell 1 has dropped leaving an opening in the ceiling. b. Third Floor - there is a small hole in the ceiling at the exit sign by Stairwell 1. c. Room 301 - the escutcheon plate on the sprinkler head in front of the closet in the sitting area has dropped leaving an opening in the ceiling. d. Third Floor - the escutcheon plate on the sprinkler head in front of the elevator has dropped leaving a gap in the ceiling. e. The escutcheon plate on the sprinkler head outside of Room 314 has dropped leaving an opening in the ceiling. f. Second Floor Laundry - there is a hole in the ceiling in front of the door where a cover plate does not completely cover the opening. g. Second Floor - there is a small hole in the ceiling at the base of the cross corridor door's exit sign outside of Room 208. h. Second Floor Janitor Closet - there is a hole in the ceiling at the exhaust fan. i. First Floor left Guest Toilet - there is a small hole at the sprinkler head. j. First Floor Screened Porch - one of the vent grilles is not secure and beginning to fall out of the ceiling. 2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops. Findings on July 10, 2019: a. Room 310 - there is a 1/4" gap between the	C 189 C189 1A C189 1B C189 1C C189 1D C189 1E C189 1F C189 1G C189 1H C189 1I C189 1J	will adhere to ceiling will apply sparkle will adhere ~~to~~ ceiling will adhere to ceiling will adhere to ceiling will apply ~~sparkle~~ will apply sparkle will apply sparkle will apply sparkle will secure to ceiling	08/23/'19 08/23/'19 08/23/'19 08/23/'19 08/23/'19 08/23/'19 08/23/'19 08/23/'19 08/23/'19 08/23/'19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068008	A. BUILDING: 01 B. WING _____	07/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MEADOWMONT	100 LANARK ROAD CHAPEL HILL, NC 27514

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 6 door and door frame at the top left side of door. b. Room 202 - there is a gap between the door and frame at the top left side of the door. c. Room 106 - the door has dropped leaving a substantial gap at the top of the door and making it difficult to close. 3. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on July 10, 2019: a. Room 219 - the corridor door sticks at the top left of the frame making it difficult to close and latch. b. Second Floor Laundry - the door does not close and latch. c. Room 209 - the door drags heavily on the frame making it difficult to close and latch. The drag is pulling the veneer off of the door. d. Room 205 - the door does not close and latch. e. Second Floor - the double doors at the room containing the scale hit and do not close and latch. f. First Floor Living Room - the doors do not close and latch. g. Room 103 - the door does not close and latch. h. Dining - the doors are not synchronized to close when released on the fire alarm. 4. Observations revealed that the mechanical equipment is not maintained clean. Findings on July 10, 2019: a. Third Floor Nurse Station - the R/A grills have a heavy accumulation of dust.	C 189 2A C189 2B C189 2C C189 3A C189 3B C189 3C C189 3D C189 3E C189 3F C189 3G C189 3H C189 4A	will adjust door will adjust door will adjust door will adjust door will adjust door will adjust door will adjust door will adjust door will adjust door will adjust door will adjust door will clean grills	08/23/'19 08/23/'19 08/23/'19 08/23/'19 08/23/'19 08/23/'19 08/23/19 08/23/19 08/23/19 08/23/19 08/23/'19 08/23/'19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068008	A. BUILDING: 01 B. WING	07/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MEADOWMONT	100 LANARK ROAD CHAPEL HILL, NC 27514

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 7 5. Observations revealed that the electrical equipment is not maintained in a safe and operating condition. Findings on July 10, 2019: a. Third Floor Nurse Station - the data box cover plate is not secure to the wall. b. Room 204 - there is no power to the electrical outlet in the bathroom and could not be tested for ground fault protection. c. Kitchen - Panel K has an open breaker. d. Room 104 - there is no power to the electrical outlet in the bathroom and could not be tested for ground fault protection. 6. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on July 10, 2019: a. First Floor Living Room - the emergency light did not illuminate on battery test. 7. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on July 10, 2019: a. First Floor Living Room - the double doors on the corridor wall were blocked by furnishings.	C 189 C189 5A secured to wall → 7/30/19 C189 5B will fix outlet 08/23/19 C189 5C will use breaker plate 08/23/19 C189 5D will fix outlet 08/23/19 C189 6A will replace battery 08/23/19 C189 7A will move popcorn machine 08/23/19	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068008	A. BUILDING: 01 B. WING _____	07/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MEADOWMONT	100 LANARK ROAD CHAPEL HILL, NC 27514

(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 199	Continued From page 8	C 199		
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: 1. Observations revealed that the facility did not provide exhaust ventilation in required areas. Findings on July 10, 2019: a. Second Floor Spa - the exhaust fan is not working.	C 199	Sec. 0300 C199 1A — will test and fix or replace exhaust fan	08/23/19