STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079079	A. BUILDING: **02** B. WING _____	**11/06/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FORREST HOME FOR THE AGED	**312 BROAD STREET REIDSVILLE, NC 27320**

(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 a Construction Section Biennial Survey by Ed Miller, conducted on November 6, 2019. Records indicate that C Hall (original building) was first licensed on April 16, 1982 as a Home for the Aged. A Hall and B Hall were constructed in early 1990 ' s. The facility is currently licensed for 58 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1978 (C hall) and the 1991 (for the addition of "A" and "B" Halls) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1977 and 1991 (for the additions) Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies were cited that require a Plan of Correction.	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: 1. Based on record review, and interview with Executive Director and Maintenance Manager the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on November 6, 2019: a. The current fire alarm annual inspection and	C 111	Inspection complete 11/25/2019	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079079	A. BUILDING: 02 B. WING _____	11/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FORREST HOME FOR THE AGED	312 BROAD STREET REIDSVILLE, NC 27320

(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 111	Continued From page 1 test in accordance with NFPA 72, is not available for review by the Surveyor.	C 111		
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: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who may accidently use or encounter one of these hazardous substances. Findings on November 6, 2019: a. B Wing Housekeeping Closet - the corridor door to this room is not locked and there is cleaning agents, bleaches, and other hazardous substances in this room.	C 143	All Employees instructed to lock as you leave Complete	11/25/19
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;	C 164		

TB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079079	A. BUILDING: **02** B. WING _____	**11/06/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FORREST HOME FOR THE AGED	**312 BROAD STREET REIDSVILLE, NC 27320**

(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 (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, the facility failed to keep plumbing system devices clean and in good repair. Findings on November 6, 2019: a. Shower/Bath near Bedroom 8 - the shower is missing it control handle. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on November 6, 2019: a. C Wing Half Bath - the ventilation system has an excessive accumulation of dust/lint.	C 164	New handle installed Vacumed and cleaned	11/26/19 11/26/19
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staff's ability to extinguish a small fire and permit it to grow larger. Findings on November 6, 2019: a. B Wing Housekeeping - since the last annual	C 183	checked added to check list	11/26/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079079	A. BUILDING: **02** B. WING _____	**11/06/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FORREST HOME FOR THE AGED	**312 BROAD STREET REIDSVILLE, NC 27320**

(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 183	Continued From page 3 maintenance, performed in August 2019, there has been no documentation of the portable fire extinguishers monthly in-house/owner inspections.	C 183		
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 Record review of the last 12 months of rehearsals, and interview with Executive Director and Maintenance Manager the Facility failed to fully document a short description of what the rehearsal involved. Findings on November 6, 2019: a. The rehearsal records do not provide a short description of what the rehearsal involved for most some all the rehearsals.	C 185	Oked by Ed	11/27/19
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	C 189		

TB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079079	A. BUILDING: 02 B. WING _____	11/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FORREST HOME FOR THE AGED	312 BROAD STREET REIDSVILLE, NC 27320

(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 4 (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, the range hood suppression system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on November 6, 2019: a. A Wing Kitchen - the manual hood suppression system pull station has been blocked from physical use and visual recognition with a popcorn machine on a cart. Deficiency corrected before Construction Surveyors departed site. 2. Based on observation, the Building is not maintained in a safe and operating condition, because the fire rated doors in a Firewall did not close completely and latch to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on November 6, 2019: a. A/B Wings Firewall, - the back leaf of the cross-corridor double-egress doors hit its frame and did not latch into its frame when the fire alarm holds open devices released. b. A/B Wings Firewall, - the back leaf of the cross-corridor double-egress doors, on a hold-open device, does not close on its own power but will latch if assisted c. B/C Wings Firewall, - the front leaf of the cross-corridor double-egress doors, did not latch	C 189	Pull Station areas to be monitored Repaired Repaired Repaired	11/26/19 11/26/19 11/26/19 11/26/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079079	A. BUILDING: **02** B. WING _____	**11/06/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FORREST HOME FOR THE AGED	**312 BROAD STREET REIDSVILLE, NC 27320**

(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 into its frame when the fire alarm holds open devices released. 3. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on November 6, 2019: a. B/C Firewall - the exit sign on the C Wing side has a chevron directional indicator punch-out removed, indicating that you should turn left to exit, but the way out is straight through the doors then left. b. C Wing Back Exit - the exit sign has no chevron directional indicator punch-outs removed on either side indicating that you should continue straight. The path of egress is through the back exit door so both sides must have a chevron directional indicator punch-out removed directing you to the back exit. 4. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on November 6, 2019: a. A Wing Kitchen -since August 2019, when the last semi-annual maintenance was performed on the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly in-house/owner inspections. 5. Based on observation, the Building is not maintained in a safe manner. This could expose	C 189	Corrected Corrected Checked and added to check list	11/20/19 11/20/19 11/20/19

TB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079079	A. BUILDING: 02 B. WING _____	11/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FORREST HOME FOR THE AGED	312 BROAD STREET REIDSVILLE, NC 27320

(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 residents, staff, and visitors to fire if there was enough fuel for fire to grow beyond the ability of the Building to contain it. Findings on November 6, 2019: a. C Wing Bedroom 9 - this room is being used as a storage room, significantly increasing the fire load without the required additional protection mandated by the building code for storage rooms. b. C Wing Bedroom 6 - this room is being used as a storage room, significantly increasing the fire load without the required additional protection mandated by the building code for storage rooms. 6. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room or of origin. Findings on November 6, 2019: a. A Wing Utility - there is a gap around the base of the ventilation system grill not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. B Wing Corridor near Bedroom 22 - there is a 12-inch x 24-inch hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. c. C Wing Corridor above the Original Fire Alarm Panel - there is a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. C Wing Private Bedroom Closet - there is a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on November 6, 2019: a. A Wing Bedroom 1 - there are two 1/4-inch diameter holes through the corridor door around	C 189	Remove furniture Remove equipment Repaired Repaired Sealed Sealed Installed cover	11/27/19 12/21/19 12/6/19 11/21/19 11/21/19 11/21/19 11/21/19

TB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079079	A. BUILDING: 02 B. WING _____	11/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FORREST HOME FOR THE AGED	312 BROAD STREET REIDSVILLE, NC 27320

(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 the door handle. b. A Wing Bedroom 1 - there are two 1/4-inch diameter holes through the corridor door around the door handle. c. C Wing Towel Storage - there are two 1/4-inch diameter holes through the corridor door around the door handle. 8. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on November 6, 2019: a. All Residents Bedroom Closets - the closets are equipped with dead bolt lockset that have keyed operation from the outside/front and blank backs on the closet side/back. These locks do not provide an override feature that allows exiting from a locked closet. 9. Based on Observation and interview with Administrator and Maintenance Manager the Building is not accessible for inspections. This will prevent any deficiency that may be discovered with regular inspections from being corrected. Findings on November 6, 2019: a. C Wing Mechanical - there is no key onsite to allow access into this area for inspection. 10. Based on observations, the Facility's method of storing material in the facility was not maintained in a safe and proper operating condition for a non-sprinklered building. High storage could hinder firefighter availability to effectively provide manual hose streams of water to a fire. Findings on November 6, 2019: a. Most Storage Rooms and Closets - materials	C 189	Installed Cover Installed cover Install new locks Replace door knob Moving items	11/21/19 11/21/19 12/21/19 11/21/19 1/7/2020

TB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079079	A. BUILDING: 02 B. WING _____	11/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FORREST HOME FOR THE AGED	312 BROAD STREET REIDSVILLE, NC 27320

(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 8 are being stored within 24-inches of the ceiling. 11. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on November 6, 2019: a. A Wing Dining Room - the corridor door has an object holding the door open. b. C Wing Half Bath - the corridor door has a wedge holding the door open. c. C Wing Half Bedroom 5 - the corridor door has a large reclining chair holding the door open. Deficiency corrected before Construction Surveyors departed site.	C 189	Removed Removed Removed	11/7/19 11/7/19 11/7/19
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 facility failed to prevent the use of unvented fuel burning room	C 191		

TB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079079	A. BUILDING: **02** B. WING _____	**11/06/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FORREST HOME FOR THE AGED	**312 BROAD STREET REIDSVILLE, NC 27320**

(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 191	Continued From page 9 heater in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near. Findings on November 6, 2019: a. B Wing Executive Director Administrator Office - a unvented fuel burning heater and 4 propane gas canisters were found in this room. Deficiency corrected before Construction Surveyors departed site.	C 191	Mistake not permitted	11/6/19
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: 1. Based on Observation the facility failed to provide ventilation equipment in rooms required to be mechanically exhausted and odor is present. Findings on November 6, 2019: a. A Wing Kitchen Water Heater Room - this room has a mop sink and does not have a	C 199	Install Room vent	12/21/19

TB

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL079079	A. BUILDING: 02 B. WING _____	11/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FORREST HOME FOR THE AGED	312 BROAD STREET REIDSVILLE, NC 27320

(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 10 ventilation system installed. Even with the combustion air for the gas water heater, the room has an odor 2. . Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted. Findings on November 6, 2019: a. A Wing Laundry - the required exhaust ventilation system is running but is not removing the required amount of air. b. A Wing Utility - the required exhaust ventilation system is running but is not removing the required amount of air. c. B Wing Women - the exhaust ventilation system is not working. d. C Wing Private Bedroom Bathroom - the exhaust ventilation system takes about 5 minutes to start running after being switched on. e. C Wing Laundry - the exhaust ventilation system is running but is not removing the required amount of air. f. C Wing Linen in the Laundry - the exhaust ventilation system is running but is not removing the required amount of air.	C 199	Replace Replace Replace Repair Replace Replace	12/21/19 12/21/19 12/21/19 12/21/19 12/21/19 12/21/19

TB