

**VIOLATION NOTICE**

Facility Name Forest Hill Manor Inspection & Exit Interview Date 3-1-00 Findings Review Date 3-13-00  
 Inspection Type (Circle One): Initial  **Renewal**  Monitoring  Complaint  (Check One): Announced  Unannounced  Follow-up: Date 4/19/00 By ABenard

STANDARD NUMBER	DESCRIPTION OF VIOLATION	DESCRIPTION OF ACTION TO BE TAKEN (Preventative actions & Staff Responsible)  Description required: (Inspector initials) <u>AB</u> YES ___ NO ___ Not Required but facility chooses to complete: (Facility Representative initials) <u>AK</u> YES ___ NO ___	DATE TO BE CORRECTED	VERIFICATION OF CORRECTIONS Yes/No; NA; or ND
510.C.2	Tables, outboard space heaters being used in room #13, 20, 19, 17	Removed	3-6-00	Y
520.B	No string to activate light in room #24 west	will replace & repair by 2/18/00	3-18-00	Y
510.C	Heating, fair condition - especially west wing	each room has individual Heating/A/C unit - will get the west wing checked & if something is not done, it will be fixed.	4-13-00	* - N <sup>13</sup> 5/5/00 Being serviced Elements have to be changed
330.A	Violations Dept Health Inspector			Change

It is agreed that these violations will be corrected by the dates shown and that compliance will be maintained with all regulations. If the number, nature and/or repetition of violations warrant, the licensing inspector may require the facility to develop a written plan for actions to be taken.

If the facility representative wants further discussion of the findings, a conference with the licensing inspector and his or her supervisor may be requested. Please contact your licensing office within fifteen days of the findings review date.

Inspector Signature Senora Bennett Date 3-13-00 Facility/Program Representative Signature [Signature] Date Received 3-13-00 Date Completed 3-13-00