

VIOLATION NOTICE

Facility Name Forest Hill Manor Inspection & Exit Interview Date 5-5-00 Findings Review Date 5-5-00

Inspection Type (Circle One): Initial Renewal **Monitoring** Complaint (Check One): Announced Unannounced Follow-up: Date _____ By de

STANDARD NUMBER	DESCRIPTION OF VIOLATION	DESCRIPTION OF ACTION TO BE TAKEN (Preventative actions & Staff Responsible) Description required: (Inspector initials) <u>B</u> YES ___ NO Not Required but facility chooses to complete: (Facility Representative initials) <u>NA</u> YES ___ NO	DATE TO BE CORRECTED	VERIFICATION OF CORRECTIONS Yes/No; NA; or ND
S10.C	Heating/air conditioning inoperable, -Especially West wings	A/C Mechanic work check rooms A/C units & repair	7-2-00	

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 Annora Bennett Date 5-5-00 Facility/Program Representative Signature J.W. Curly Date Received 5-5-00 Date Completed 5-5-00