

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G175	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 08/30/2021
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 3607 MIDDLE RD JEFFERSONVILLE, IN 47130
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 08/30/21</p> <p>Facility Number: 000709 Provider Number: 15G175 AIM Number: 100243190</p> <p>At this Emergency Preparedness survey, Res Care Community Alternatives SE IN was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.</p> <p>The facility has 7 certified beds. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 09/08/21</p>	E 0000		
K 0000 Bldg. 02	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 08/30/21</p> <p>Facility Number: 000709 Provider Number: 15G175 AIM Number: 100243190</p> <p>At this Life Safety Code survey, Res Care Community Alternatives SE IN was found not in</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K S100 Bldg. 02	<p>compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility with a basement was fully sprinkled, except for the garage, storage room within the garage, and the breezeway between the garage and house. The facility has a fire alarm system with smoke detection on both levels including the corridors and common living areas. It could not be determined if there was heat detection in the attic. The facility has a capacity of 7 and had a census of 7 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Impractical with an E-score of 5.56.</p> <p>Quality Review completed on 09/08/21</p> <p>NFPA 101 General Requirements - Other General Requirements - Other 2012 EXISTING</p> <p>List in the REMARKS section any LSC Section 33.1 or 33.2 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>1. Based on observation and interview, the facility failed to ensure 3 of 3 portable fire extinguishers located in the facility were</p>	K S100	1. ResCare Maintenance will conduct monthly inspections of all facility fire extinguishers.	09/29/2021			

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	<p>inspected at least monthly and the inspections were documented including the date and initials of the person performing the inspection. LSC 33. 1.1.3 states the provisions of Chapter 4, General, shall apply. LSC 4.6.12.3 requires existing LSC features obvious to the public, such as fire extinguishers, to be either maintained or removed. NFPA 10, the Standard for Portable Fire Extinguishers, 2010 Edition, Section 7.2.1.2 states fire extinguishers shall be inspected either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. Where monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded. Where manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or by an electronic method. Records shall be kept to demonstrate that at least the last 12 monthly inspections have been performed. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 08/30/21 between 12:15 p.m. and 2:30 p.m. during a tour of the facility with the Program Manager, the fire extinguisher inspection tags on each fire extinguisher showed that the facility's three fire extinguishers were not inspected monthly during July and so far in August of 2021. Based on interview at the time of observations, the Program Manager acknowledged the lack of monthly inspections for the attached inspection tags on each fire extinguisher.</p>		<p>Documented test dates will be kept onsite and with maintenance manager for review.</p> <p>2. The AED met with ResCare Maintenance Manager on September 16, 2021 to ensure monthly checks are being performed.</p> <p>3. The Facility will conduct random monthly inspections by the Residential Manager, Area Supervisor or Program Manager to ensure documentation of Fire Extinguisher Inspections are being completed as required and available for review. If documentation is not available the Program Manager, Area Supervisor or Residential Manager will contact Aramark (844)- RESCARE and create a service order and follow up to ensure completion within 5 days.</p> <p>4. The Program Manager, Area Supervisor and Residential Manager on the requirement of inspecting Fire Extinguishers and maintaining proper documentation.</p> <p>5. Random Monthly site visits will be conducted by the management team to verify the inspecting Fire Extinguishers and maintaining proper documentatio</p> <p>6. The Facility will ensure interior emergency lights are tested, maintained, and records of testing are maintained.</p> <p>7. The Facility will ensure interior emergency lights are</p>	

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	<p>This finding was reviewed with the Program Manager during the exit conference.</p> <p>2. Based on observation and interview, the facility failed to ensure 3 of 3 interior emergency lights were tested, maintained, and the records of the testing maintained. LSC 33.1.1.3 states the provisions of Chapter 4, General, shall apply. LSC 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall either be maintained or removed. LSC 7.9.3.1.1 testing of required emergency lighting systems shall be permitted to be conducted as follows:</p> <p>(1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds.</p> <p>(2) The test interval shall be permitted to be extended beyond 30 days with approval of the authority having jurisdiction.</p> <p>(3) Functional testing shall be conducted annually for a minimum of 1 ½ hours if the emergency lighting is battery powered.</p> <p>(4) The emergency lighting equipment shall be fully operational for the duration of the test.</p> <p>(5) Written records of visual inspections and tests shall be kept by the owner for inspection for the authority having jurisdiction.</p> <p>This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on observations on 08/30/21 between 12:15 p.m. and 2:30 p.m. during a tour of the facility with the Program Manager, the facility had three battery powered emergency light units. Based on record review between 12:15 p.m. and 2:30 p.m., there was no documentation to show</p>		<p>tested at a minimum of 3 weeks and a maximum of 5 weeks for no less than 30 seconds, records of test will be maintained by the facility.</p> <p>8. The facility will ensure a functional test is conducted annually for a minimum of 1 ½ hour for all battery powered interior emergency lights, records of the test will be maintained by the facility. Koorsen Fire and Security was notified by the Program Manager on September 16, 2021 to be completed NLT 29SEP2021.</p> <p>9. Service Order Code: ARA-RES-241178 was created by the AED for the inspection and documentation of battery powered exit lighting to be complete NLT 29SEP21.</p> <p>Persons Responsible: Aramark Maintenance Manager, Program Manager, Area Supervisor, and Residential Manager, DSP.</p>				

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K S222 Bldg. 02	<p>the battery powered emergency lights were tested for 30 seconds monthly during July and so far in August of 2021, furthermore, there was no documentation available for an annual 90 minute test during the past 12 months. Based on interview at the time of record review and observations, the Program Manager said there was no documentation to show a 30 monthly test for July and so far in August of 2021, plus an annual 90 minute test during the past 12 months for the three battery powered emergency lights.</p> <p>This finding was reviewed with the Program Manager during the exit conference.</p> <p>NFPA 101 Egress Doors Egress Doors 2012 EXISTING (Prompt) Doors and paths of travel to a means of escape shall not be less than 28 inches. Bathroom doors shall not be less than 24 inches. Doors are swinging or sliding. Every closet door latch shall be readily opened from the inside in case of an emergency. Every bathroom door shall be designed to allow opening from the outside during an emergency when locked. No door in any means of escape shall be locked against egress when the building is occupied. Delayed egress locks complying with 7.2.1.6.1 shall be permitted on exterior doors only. Access-controlled egress locks complying with 7.2.1.6.2 shall be permitted. Forces to open doors shall comply with 7.2.1.4.5. Door-latching devices shall comply with 7.2.1.5.10. Corridor doors are provided with positive latching hardware, and roller latches are prohibited.</p>			

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	<p>Door assemblies for which the door leaf is required to swing in the direction of egress travel shall be inspected and tested not less than annually in accordance with 7.2.1.15. 33.2.2.5.1 through 33.2.2.5.7, 33.7.7, 42 CFR 483.470(j)(1)(ii)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 7 closet doors could be readily opened from the inside. LSC 33.2.2.5.3 states every closet door latch shall be readily opened from the inside. This deficient practice could affect 1 client.</p> <p>Findings include:</p> <p>Based on observation on 08/30/21 at 1:25 p.m. during a tour of the facility with the Program Manager, the closet door in client sleeping room #1 (north hall - JR's room) had a door knob with a push button lock on the outside of the closet door which would require the use of a key to get out from the inside if a client was locked on the inside of the closet. This was acknowledged by the Program Manager at the time of observation.</p> <p>This finding was reviewed with the Program Manager during the exit conference.</p>	K S222	<p>1.The facility will ensure all closet doors can be readily opened from the inside in accordance with LSC 33.2.2.5.3 which states every closet door latch shall be readily opened from the inside</p> <p>2.Client sleeping room #1 (North Hall) closet door knob will be replaced with a doorknob that is not locking allow opening from the inside during an emergency and without lock.</p> <p>3.New door knobs that do not require a special tool or key will be installed by ResCare Maintenance by September 29, 2021.</p> <p>4.Program manager will inspect installed door knobs to ensure the standard is met. Residential Manager with inspect operation of installed door knobs monthly to ensure correct operation. Area Supervisor and Program Manager will conduct periodic inspections.</p> <p>5.Service Order Code: ARA-RES-241232 was created by the AED for the inspection and documentation of battery powered exit lighting to be complete NLT 29SEP21</p> <p>Persons Responsible: Aramark</p>	09/29/2021			

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K S345 Bldg. 02	<p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview, the facility failed to provide complete documentation to ensure heat detectors were provided in the attic space and connected to 1 of 1 fire alarm system in accordance with 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires testing shall be performed in accordance with the Table 14.4.5 Testing Frequencies. This deficient practice could affect all clients and staff.</p> <p>Findings include:</p> <p>Based on record review on 08/30/21 between 12:15 p.m. and 2:30 p.m. with the Program Manager present, there was documentation available for an annual fire alarm system test/inspection during the past 12 month period dated 02/26/21, however, the report did not</p>	K S345	<p>Maintenance Manager, Program Manager, Area Supervisor, and Residential Manager, DSP.</p> <p>1.The administrator will ensure semiannual visual inspection, annual functional testing for initiating devices such as smoke detectors, heat detectors, release devices, and fire alarm boxes is performed by Koorsen Fire and Security on the fire alarm system and that reports of the tests/inspections are available in the facility for review. 2.The administrator will ensure sensitivity testing of the fire alarm system is completed by Koorsen Fire and Security every alternate year after install and that reports of the tests/inspections are available in the facility for review. Koorsen Fire and Security will also forward inspection reports to the QA Manager for monitoring of completion.</p>	10/15/2021

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K S353 Bldg. 02	include inspection of any heat detectors in the attic. Based on interview at the time of record review, the Program Manager did not know if the attic space was provided with heat detectors. This finding was reviewed with the Program Manager during the exit conference. NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing		3.The AED spoke with the Kris Carney from Koorsen Fire and Security to include Heat Detectors installed in the Facility be added to the inspection schedule. Access to the device will be made available and that device will be tested no later than October 15, 2021. Koorsen Fire and Security was notified of ResCare's "In Scope Services Agreement" that automatically authorizes repair/service of fire systems. Koorsen will notify the Program Manger upon completion of all inspections to ensure any deficiencies are properly tracked and repaired. Koorsen will send documentation of all inspections, services and repair to ResCare main office at 4341 Security Parkway STE. 101 New Albany IN 47150 with in 30 days of completed service. The Program Manager will follow up to ensure work is completed and documented as required. 4.Service Order Code: ARA-RES-241249 was created by the AED for the inspection and documentation of Heat Detectors to be complete NLT 29SEP21. Persons Responsible: Aramark Maintenance Manager, Program Manager, Area Supervisor, and Residential Manager, DSP.		

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	<p>2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast 			
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	<p>response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to document monthly sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves</p>	K S353	<p>1.The Program Manager will ensure monthly sprinkler gauge inspections and monthly control valve inspections are conducted by the Aramark Maintenance Coordinator, documentation will be maintained on site and a copy kept with ResCare Maintenance Manager.</p> <p>2.The program manager will</p>	09/29/2021

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K S359 Bldg. 02	<p>and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.3.2.1.1 states valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. Section 3.3.18 states an inspection is defined as a visual examination of a system or a portion thereof to verify that it appears to be in operating condition and is free of physical damage. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on record review on 08/30/21 between 12:15 p.m. and 2:30 p.m. with the Program Manager present, there was no documentation the sprinkler gauges and control valves were inspected on a monthly basis in July and so far in August of 2021. Based on interview at the time of record review, the Program Manager said there was no other monthly inspection documentation of the sprinkler system gauge readings and control valves available for July and so far in August of 2021.</p> <p>This finding was reviewed with the Program Manager during the exit conference.</p> <p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation 2012 EXISTING (Impractical) All Impractical Evacuation Capability facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with 33.2.3.5.3. The system shall be in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 9.6, as modified</p>		<p>conduct random monthly inspections to ensure monthly and quarterly inspections are being preformed as required.</p> <p>3.The AED met with ResCare Maintenance Manager on Sep 16, 2021 to ensure monthly checks are being performed</p> <p>4.Service Order Code: ARA-RES-241252 was created by the AED for the inspection and documentation of Heat Detectors to be complete NLT 29SEP21.</p> <p>Persons Responsible: Aramark Maintenance Manager, Program Manager, Area Supervisor, and Residential Manager, DSP.</p>	

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(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) COMPLETION DATE
	<p>below. The adequacy of the water supply shall be documented.</p> <p>In Impractical Evacuation Capability Facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in one-and-two-Family Dwellings and Manufactured Homes, with a 30 minute water supply, shall be permitted. All habitable areas and closets shall be sprinklered. Automatic Sprinklers shall not be required in bathrooms not exceeding 55 square feet, provided that such spaces are finished with lath and plaster or materials provided a 15-minute thermal barrier.</p> <p>In Impractical Evacuation Capability Facilities up to and including four stories above grade plane, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, shall be permitted. All habitable areas and closets shall be sprinklered. Automatic sprinklers shall not be required in bathrooms not exceeding 55 square feet provided that such spaces are finished with lath and plaster or materials providing a 15-minute thermal barrier. Initiation of the fire alarm system shall not be required for existing installations in accordance with 33.2.3.5.6.</p> <p>Attics used for living purposes, storage, or fuel-fired equipment are sprinkler protected, by July 5, 2019. Attics not used for living purposes, storage, or fuel-fired equipment meet one of the following:</p> <ol style="list-style-type: none"> 1. Protected by heat detection system to activate the fire alarm system according to 9.6 by July 5, 2019. 2. Protected by automatic sprinkler system 			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G175	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/30/2021
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	<p>according to 9.7, by July 5, 2019.</p> <p>3. Constructed of noncombustible or limited-combustible construction; or</p> <p>4. Constructed of fire-retardant-treated wood according to NFPA 703. 33.2.3.5.3, 33.2.3.5.3.2, 33.2.3.5.3.5 through 33.2.3.5.3.7, 42 CFR 483.470(j)(1)(ii)</p> <p>Based on observation and interview, the facility failed to ensure there was complete sprinkler coverage in this impractical rated home. This deficient practice could affect all residents and staff within the facility.</p> <p>Findings include:</p> <p>Based on observations on 08/30/21 between 12:15 p.m. and 2:30 p.m. during a tour of the facility with the Program Manager, there was no sprinkler coverage in the garage, storage room located within the garage, and the breezeway from the garage to the house. Based on record review and calculations of the F1 forms for each client between 12:15 p.m. and 2:30 p.m., the facility was rated impractical. The lack of sprinkler coverage in the aforementioned locations was acknowledged by the Program Manager at the time of each observation.</p> <p>This finding was reviewed with the Program Manager during the exit conference.</p>	K S359	<p>1. 1. The Facility will ensure the installation an additional automatic sprinkle head to adequately protect the garage.</p> <p>2. 2. The Facility will ensure the installation an additional automatic sprinkle head to adequately protect the storage room.</p> <p>3. 3. The Facility will ensure the installation an additional automatic sprinkle head to adequately protect the breezeway.</p> <p>4. 4. Koorsen Fire and Security was notified by the Program Manager on Sep 16, 2021 to schedule the installation of an additional automatic sprinkler heads.</p> <p>5. 5. The Associate Executive Director contacted Joe Moore with Aramark Services on the Facilities maintenance vendor to ensure the scope of work for Koorsen Fire and Security for the installation of additional sprinkler heads are included. Upon completion no later than Oct 31, 2021 documentation will be made available for review.</p> <p>6. Service Order Code: ARA-RES-241263 was created by</p>	10/31/2021

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			the AED for the installation of sprinkler heads to be complete NLT 31OCT21. Persons Responsible: Koorsen Fire and Security, Aramark Maintenance Manager, Program Manager, Area Supervisor, and Residential Manager, DSP.		