STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015126	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Traylor Retirement Community	1235 Yancey Street Roanoke, AL 36274

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interviews, record review, and review of a facility policy titled Policy & Procedure Manual, Director of Food and Nutrition Services, the facility failed to have a qualified Dietary Manger (DM) who possessed the necessary skills and certifications for a Certified Dietary Manager and who was a clinically qualified nutrition professional, per the facility policy. This failure had the potential to affect all 71 residents receiving meals from the kitchen by compromising the safe preparation, service, and overall management of the facility's dietary program. Findings include:An undated facility policy titled Policy & Procedure Manual Director of Food and Nutrition Services documented: . Procedure:1. The director of food and nutrition services is responsible for all aspects of the food and nutrition services department including but not limited to food safety, staff safety, cost management, and meeting nutritional needs of resides/patients services .2. The director of food and nutrition services will be qualified according to the position's job description and guidelines put forth by the agency that regulates the facility. A facility that does not have a full-time dietitian (registered dietitian nutritionist or RDN) or clinically qualified nutrition professional must designate a person to serve as director of good and nutrition services. a. Is a certified dietary manager (CDM); orb. Is a certified food service manager; orc. Has a similar national certification for food service management and safety from a national certifying body; ord. Has 2 years of food service manager experience prior to October 1, 2022e. Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management from an accredited institution of higher learning; andf. In states that have established standards for food service managers or dietary managers, must meet state requirements for food service managers or dietary managers . On 12/04/2025 at 11:30 AM the Dietary Manager (DM) was asked about her certification status. The DM said she was neither a certified dietary manager nor a food service manager. The DM said she lacked any certification in food service management and safety from a recognized national certifying organization, did not hold an associate degree or higher, had less than two years of experience in food and nutrition within a nursing facility environment, and had not completed any course of study in food safety management. The DM said she had been serving as the DM for a year and a half. The DM said, the Dietician visited the facility once a week. On 12/04/2025 at 12:02 PM the Registered Dietician (RD) was asked about the certification status of the DM and was questioned regarding the type of training the DM had received. The RD said, she was unaware of any classes attended and the DM was trained on the job. The RD said the DM was not a certified dietary manager, certified food service manager, did not possess any national certifications, and to her knowledge did not hold an associate degree in food service safety and management or any higher qualification. The RD said she visited the facility twice a month. When questioned if the DM had the necessary credentials to serve as the DM according to regulations, she stated she did not know. On 12/04/2025 at 12:30 PM the Administrator (ADM) was asked about the qualifications of the DM and was questioned regarding the qualifications the DM had to fulfill the role. The ADM stated, the DM had previously worked under the former dietary manager. The ADM said the DM did not hold any certifications, had been in her position since 2023, was not a certified dietary manager, and had not participated in any classes. When asked if the DM (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015126	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Traylor Retirement Community	1235 Yancey Street Roanoke, AL 36274

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	was qualified as a dietary manager, the ADM responded that the DM was not qualified. In response to a question about the potential risks associated with the DM's lack of qualifications, she said possible issues related to the storage and preparation of food.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015126	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Traylor Retirement Community	1235 Yancey Street Roanoke, AL 36274

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and review of facility policies titled Cleaning Instructions: Ice Machine and Equipment, Bare Hand Contact with Food and Use of Plastic Gloves, WET NESTING POLICY, Refrigerator & (and) Freezer Temperature Monitoring Policy, the facility failed to ensure:1) the ice machine was free of a pink substance in the lid;2) staff washed their hands after touching a trash can lid before returning to the tray line;3) spoons, forks, and knives were not wet nesting; and4) the temperatures of the refrigerator/freezer PM temperatures were documented on the temperature logs.These deficient practices had the potential to affect 71 of 71 residents who received meals from the kitchen. Finding include:1. Review of a facility policy titled Cleaning Instructions: Ice Machine and Equipment dated 5/2024 revealed: Policy:Ice machine and equipment . will be cleaned and sanitized on a regular basis.Procedure: . 2. Wash the interior thoroughly .3. Sanitize.On 12/01/2025 at 4:01 PM during a tour of the kitchen with Dietary Staff (DS) #9 a pink debris was observed in the lid of the ice machine.On 12/04/2025 at 8:07 AM Dietary Aide (DA) #10 said she saw a pink dark film in the ice machine up at the top and going around the rim. She stated it had not been cleaned the night before and was last cleaned on 11/28/2025. DA #10 stated the ice machine should be cleaned often so it will not be dirty, and the filter would be clean. According to DA #10 it was a potential harm to the residents when the ice machine was dirty and could make the residents sick, and she would not want dirty ice.On 12/04/2025 at 8:29 AM the Dietary Manager (DM) was asked about the ice machine. The DM said, it should be cleaned to prevent mold, mildew, and bacteria; and prevent the potential for residents to get sick.2. Review of a facility policy titled Bare Hand Contact with Food and Use of Plastic Gloves dated 04/2010 revealed: . Procedure: .6. Gloves are just like hands. They get soiled. Anytime a contaminated surface is touched, the glove must be changed, and hands must be washed: . b. After handling garbage or garbage cans. l. Any time a contaminated surface is touched. On 12/03/2025 at 10:49 AM the surveyor observed DA #8 leave the tray line, place an item in the trash can, and touch the garbage can lid with her gloved hand. After touching the garbage can lid DA #8 did not remove her gloves or wash her hands. DA #8 then proceeded to place a pan of lasagna in the oven.On 12/04/2025 at 8:29 AM the DM was asked what she observed during the tray line. She stated the cook (DA #8) had on clean gloves, picked up some trash and walked to the trash can. The DM stated, she put the trash in the trash can, dropped the lid on the can, and proceeded back to the tray line without washing her hands. The DM said, the facility policy was to wash hands every time staff exited or entered the kitchen and if staff touch anything dirty with gloves on they must wash their hands.On 12/04/2025 at 10:02 AM an interview was conducted with the Director of Nursing (DON). She stated staff should wash their hands as soon as they get to work and when they change the trash. She said staff should wash their hands to prevent infections and food borne illnesses. She said the potential harm to the resident when staff did not wash their hands from touching the trash can lid can would be a risk of infection. She stated that touching the trash can lid at the tray line could affect all residents who receives trays from the tray line.3. Review of an undated facility policy titled, WET NESTING POLICY revealed:PurposeTo prevent bacterial growth, cross-contamination, and compromised sanitation . Policy StatementDietary staff must not stack, store, or nest any . utensils that are still wet after washing and sanitizing. All items must be thoroughly air-dried before being placed in storage or used for meal service.On 12/02/2025 at 4:00 PM the surveyor observed wet utensils, silverware spoons, forks, and knives in a crate like container placing wet utensils together in smaller containers.On 12/04/2025 at 9:00 AM the DM was asked what a staff member was doing with the silverware when she observed on 12/02/2025. The DM Th stated there was a crate full of silverware wet nesting and a staff member was placing the wet utensils in a silverware bag. The DM stated there was water on the silverware. She was asked what the facility policy said regarding wet nesting. She stated wet utensil must not be placed in a bag wet. She said staff must make sure the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015126	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Traylor Retirement Community	1235 Yancey Street Roanoke, AL 36274

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	silverware is dry because it could cause bacteria and some illnesses. 4. Review of an undated facility policy titled Refrigerator & Freezer Temperature Monitoring Policy documented: . PolicyAll Dietary refrigerators and freezers will be monitored and recorded twice daily (AM and PM) to ensure proper operating temperatures.On 12/01/2025 at 4:01 PM during kitchen tour, the surveyor reviewed the temperature log on the refrigerator and observed missing PM shift temperatures for November dates: 24, 25, 26, 27, 28, 29, 30. The freezer temperatures for the PM shift were missing on the November dates: 27, 28, 29, and 30.On 12/04/2025 at 11:12 AM the DM was asked what the refrigerator/cooler temperatures were for November 24, 25, 26, 27, 28, 29, and 30. The DM stated blank, blank. She was asked what the November freezer temperatures were for 27, 28, 29 and 30. She stated blank, blank, and blank. The DM said, she did not know why the temperatures for the evening shift were blank. The DM stated that the cook was responsible for recording the evening temperatures. The DM said, the potential harm to the residents was when the refrigerator/freezer temperatures are not recorded the residents could get sick from food borne pathogens.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015126	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Traylor Retirement Community	1235 Yancey Street Roanoke, AL 36274

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and review of a facility policy titled Equipment Malfunctions and Repairs, the facility failed to maintain essential equipment in safe and effective operating condition. Specifically, water was leaking from a pipe underneath the three-compartment sink and dripping into a pan placed under the sink and one of the facility's two commercial washing machines was non-functional. This was observed by the surveyor on 12/04/2025. The Laundry Supervisor (LS) said the machine had been non-functional for three weeks. The Administrator (ADM) stated the repair company had been to the facility on [DATE], and a part was ordered for the repair on 11/26/2025. Review of e-mails with the repair company revealed the machine had been non-functional since at least 11/17/2025.These failures had the potential to affect all 73 residents in the facility and to negatively impact sanitary food service operations and timely processing of linens for resident care. Findings Include: A facility policy updated on 06/2022 titled Equipment Malfunctions and Repairs documented: Policy: All equipment malfunctions and repairs will be reported to the director of food and nutrition services and/or maintenance department. Procedure: 1 When a piece of equipment malfunctions, the director of food and nutrition services should be notified. 2. The director of food and nutrition services should notify the maintenance department by phone or in writing if needed, informing them how quickly the piece of equipment is needed. 3. The administrator must approve services or purchase of parts or outside repair according to facility policy. 1.) On 12/02/2025 at 4:18 PM the surveyor observed a pipe beneath the three-compartment sink dripping water into a pan that was half full. A document titled Dietary Department District Manager Site Visit Workbook dated 06/13/2025 documented a leak under the sink. On 12/04/2025 at 9:12 AM the Dietary Manager (DM) was questioned regarding the three-compartment sink. The DM said there was a medium-sized pan located beneath the three compartment sink due to a leaking pipe. She said the pipe had been leaking since June. Furthermore, she stated that she had reported the leak and submitted a work order after it began in June. The DM said that the potential hazards of water accumulating in a pan under the sink included bacteria, frogs, roaches, and rats. She said that the pipe leaked approximately one pan full of water each day. When asked about the size of the hole in the pipe, she explained that it was leaking around the seal. When asked how many residents could be affected, she replied that all residents could potentially be impacted. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015126	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Traylor Retirement Community	1235 Yancey Street Roanoke, AL 36274

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/04/2025 at 9:27 AM the Assistant Maintenance Supervisor (AMS) was questioned regarding the three-compartment sink in the kitchen. The AMS said there was a leak beneath the sink, which the maintenance department routinely addressed due to staff bumping the pipe, causing it to the leak. The AMS stated the Maintenance Department was responsible for the repairs of the three-compartment sink. The AMS said it was important to make repairs such as a leaking pike as soon as possible to prevent falls. The AMS said a pan of water beneath the three-compartment sink could pose a risk to residents by potentially attracting rodents. 2.) On 12/04/2025 at 10:58 AM the surveyor observed two commercial washing machines and one standard washing machine. One of the commercial machines had a sign on the door indicating it was out of order. Emails and documents from the repair company indicated that a call was placed to them on 11/17/2025, followed by an onsite visit that took place on 11/20/2025. The facility received a quote from the repair company on 11/26/2025. Additional email exchanges revealed the required part was ordered on 11/26/2025, with an estimated delivery timeframe of seven to 21 business days. On 12/04/2025 at 11:15 AM the Laundry Supervisor (LS) was questioned about the status of the commercial washing. The LS indicated that one of the commercial washing machines had not worked for three weeks. She said the facility currently had one commercial washing machine and one standard washing machine. The LS said the existing machines were insufficient to adequately manage the laundry needs. She said due to the commercial machine being out of service, the facility had relied on an offsite laundry service for linens over the past three weeks. When questioned about the timeline for the repair of the commercial washing machine, she stated she was told by the Administrator that the control board was defective, and it would take approximately three to four weeks to obtain the necessary part. On 12/04/2025 at 12:15 PM the ADM was questioned regarding the commercial washing machine. The ADM said a repair company came out on 11/20/2025 because the commercial washing machine was not working. She said the commercial washing machine had stopped working a few days before 11/20/2025 but could not remember the exact date. She said the part for the machine was ordered on 11/26/2025 and was expected to arrive within a time frame of seven to twenty-one days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015126	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Traylor Retirement Community	1235 Yancey Street Roanoke, AL 36274

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of facility policies titled admission Orders and admission of a Resident, the facility failed to ensure Resident Identifier (RI) #11's physician orders included details necessary for the care and treatment of an indwelling urinary catheter upon admission on [DATE] for an existing urinary catheter. The facility obtained an order on 11/04/2025 for use of a urinary catheter and included the size of catheter RI #11 was to have, but still failed to include details such as care, treatment, changing of the urinary catheter, and any other details the physician may have wished to include, placing the resident at risk for inadequate clinical oversight and unmet care needs. This affected RI #11, one of two residents for whom closed records were reviewed. Findings include:An undated facility policy titled admission Orders documented: Policy:A physician must personally approve, in writing, a recommendation that an individual be admitted to a facility. A physician, physician assistant, nurse practitioner or clinical nurse specialist must provide written and/or verbal orders for the residents' immediate care and needs.Policy Explanation and Compliance Guidelines:1. The written and/or verbal orders should include a minimum .c. Routine care orders2. The orders should allow facility staff to provide essential care to the resident consistent with the resident's mental and physical status on admission . A policy titled admission of a resident with an implemented date of 03/05/2025 documented: Policy:The admission process is intended to obtain all possible information regarding the resident for the development of the comprehensive plan of care, and to assist the resident in becoming comfortable in the facility. Residents are admitted to the facility under orders of the attending physician. RI #11 was admitted to the facility on [DATE], discharged on 11/16/2025 and had diagnoses to include Cerebral Infarction, Malignant Neoplasm of Prostate, Acute Kidney Failure, and Obstructive Uropathy.admission notes dated 10/30/2025 for RI #11 documented Urinary catheter intact.A care plan initiated on 10/30/2025 recorded the existence of a catheter associated with the diagnosis of Urinary Retention and Prostate Cancer and interventions included checking the tubing, monitoring and documenting any pain or discomfort caused by the catheter, monitoring, recording, and reporting to the Medical Doctor (MD) any signs and symptoms of a infection, as well as positioning the catheter bag and tubing below the bladder level.admission orders for RI #11 documented an order dated 10/30/2025 for enhanced barrier precautions related to an indwelling foley (urinary) catheter but did not include details for the size, care, and treatment of the urinary catheter to be used. Record review revealed a physician telephone order was obtained on 11/04/2025 for RI #11 to have use of a 16 French size indwelling urinary catheter related to a diagnosis of Obstructive Uropathy, however the order still did not contain details to guide nurses in care, treatment, and changing of the urinary catheter.On 12/04/2025 at 1:24 PM the Director of Nursing (DON) was questioned about who was responsible for admission orders, to which she responded it was either herself, Assistant Director of Nursing (ADON), or the unit clinical coordinator. The DON said, RI #11 was admitted to the facility on [DATE]. When asked about the admission orders related to urinary catheter care for RI #11, the DON stated, she did not see any orders for urinary catheter care upon admission. The DON said, if RI #11 arrived at the facility with a catheter, orders for care should have been established during the admission assessment. The DON stated, the facility needed to do education on putting orders in and ensuring they were correct.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015126	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Traylor Retirement Community	1235 Yancey Street Roanoke, AL 36274

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Potential for minimal harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview and a facility policy titled Safe and Homelike Environment the facility failed to maintain the exterior physical environment in safe and good repair. Specifically, on 12/3/2025 and 12/4/2025 a damaged soffit with exposed wood and hanging metal was observed on the back side of the building facing a patio area. This concern was brought up during the resident council meeting that took place on 12/03/2025, and staff indicated it had remained in that state for more than a year. Additionally, a discarded water heater was observed near the outdoor patio area where residents may gather. The deficient practices had the potential to affect all 73 residents residing in the facility.Findings Include: An undated facility policy titled Safe and Homelike Environment documented: Policy: In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment .This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility, both inside and outside, maximizes resident independence and does not pose a safety risk . 3. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment. 9. The facility will maintain outdoor areas for the safety and access of residents and visitors by ensuring proper upkeep of grounds . 10. Routine inspections of outdoor areas for safety hazards . identified issues should be promptly addressed . During a Resident Council meeting held on 12/03/2025, at 11:15 AM, Resident Identifier (RI) #75 reported the presence of a damaged facade on the exterior of the building, with part of it hanging down. RI #75 indicated that this issue had persisted for some time, although he/she was uncertain about the exact duration. On 12/03/2025, at 11:45 AM, the surveyor observed the missing soffit, which revealed exposed wood on the exterior of the building referenced in the resident council meeting by RI #75. On 12/04/2025, at 8:48 AM, the surveyor observed a damaged soffit with exposed wood on the exterior of the building. Additionally, a discarded water heater was observed in the patio area where resident could gather. On 12/04/2025 at 9:00 AM. the Assistant Maintenance Director (AMD) was questioned about the damaged soffit located on the exterior of the building, as well as the discarded water heater observed near the patio area. In response to questions about the damaged soffit, the AMD indicated that the damage was caused by wind, which had partially torn the soffit away. The AMD further stated that a damaged soffit could potentially lead to water damage within the building. He reported some of the exposed wood had suffered damage due to weather exposure and noted this damage had existed for over a year. When asked about the discarded water heater placed near the patio, the AMD explained it had been placed there following the replacement of an old water heater, although he was uncertain about how long it had been there. The AMD was also asked whether that was an appropriate location for a discarded water heater, to which he replied he was unsure but said that it should be picked up and discarded. On 12/04/2024 at 12:40 PM the Administrator (ADM) was questioned regarding the damage to the exterior of the building. The ADM was aware of the exposed wood on the outside of the building. She said it had been in that condition for over a year. She described the damage as a missing facade, which had resulted in exposed wood that had been damaged by water. The ADM was also asked about the discarded water heater. She explained it had been placed there following the replacement of a water heater. She was uncertain how long the discarded water heater had been there. The ADM was asked if this was an appropriate location for a discarded water heater and she said it should be picked up and discarded. -