May 4, 2023

Ed Miller, Architect
North Carolina Department of Health and Human Services
Division of Health Service Regulation, Construction Section
2705 Mail Service Center
Raleigh, NC 27699-2705
1800 Umstead Drive
Raleigh, NC 27603

Dear Mr. Miller:

In response to the Life Safety visit conducted by you on March 29 as a representative of DHSR, Construction Section, I have attached a completed plan of correction that addresses the Statement of Deficiencies for our community as outlined on form 2567. The attached plan addresses the following inquiries for each deficiency outlined as recommended.

a) How the corrective action(s) will be accomplished for those residents found to be affected by the deficient practice
b) How the facility will identify other residents having the potential to be affected by the same deficient practice
c) What measures will be put into place, or what systemic changes the facility will make to ensure that the deficient practice does not recur
d) How the facility plans to monitor its performance to make sure that solutions are sustained
e) Date of Compliance

After your review, please don't hesitate to contact me with any questions or additional information. Thank you for your response and assistance.

Regards,

Carolyn A. Harper, MHA, BBA, NHA, ALA-C
Administrator/Campus Executive Director

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032016	A. BUILDING: 01 B. WING _____	03/29/2023

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BROOKDALE CHAPEL HILL AL (NC)	2220 FARMINGTON DRIVE CHAPEL HILL, NC 27514

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on October 29, 2023. Records indicate that this facility was licensed on January 10, 1997. The facility is currently licensed for 70 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 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1996) Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the 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. Review of records revealed that the facility did not have current fire and building safety inspection reports available for review. Findings on March 29, 2023: a. A copy of the current Fire Official's Annual Inspection report was not available for review. b. A copy of the current fire alarm system inspection report was not available for review. Note: the inspection had been conducted	C 111	C111 A. a. Fire Official's Annual Inspection will be made available for review b. Fire Alarm system inspection report will be made available for review c. A copy of the current fire sprinkler system inspection report will be made available for review.	

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C 111	Continued From page 1 recently and staff was not able to secure a copy of the reports at the time of survey. c. A copy of the current fire sprinkler system inspection report was not available for review. Note: the inspection had been conducted recently and staff was not able to secure a copy of the reports at the time of survey.	C 111	B. Other reports with similar severity will be properly located and stored readily available for review. C. Availability of reports will be monitored monthly x 2 then quarterly for readiness. D. Reports will be reviewed for availability quarterly.	May 10th
C 132	Bathrooms-Must Provide Privacy SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1. Observations revealed that not all of the bathrooms and toilet rooms provide privacy. Doors that do not close prevent residents or staff from privacy when using the facilities. Findings on March 29, 2023: a. C Hall Spa - the door to the toilet room does not close preventing the ability to use the toilet in privacy.	C 132	C132 A. Door will be corrected to allow for privacy. B. Other Bathrooms in similar locations will be audited for privacy availability. C. Rounds will be made to assure that all similar bathroom locations have doors that allow for privacy. D. Rounds will be made bi-weekly x 2, then monthly x 2, then quarterly to assure compliance.	May 10th
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet	C 135	C135 A. Maintenance and other supplies will be removed from the F hall shower room. B. Maintenance and other supplies will be removed from other shower rooms.	

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C 135	Continued From page 2 rooms are. (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Observations revealed that the facility is utilizing the community bathrooms as storage. Findings on March 29, 2023: a. F Hall Shower Room - the room is being utilized for the storage of maintenance supplies.	C 135	C. Rounds will be made to assure that all similar bathrooms and shower rooms will be free of storage. D. Rounds will be made monthly x 2 then quarterly to assure that bathrooms and shower rooms are free of storage.	May 10th
C 156	Soil Utility Room SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (j) Soil Utility Room. A separate room shall be provided and equipped for the cleaning and sanitizing of bed pans and shall have handwashing facilities. This Rule is not met as evidenced by: 1. Observations revealed that facility did not have a Soil Utility Room for the cleaning and sanitizing of bed pans. Findings on March 29, 2023: a. E Hall Housekeeping - a utility sink has been removed from this room and appears to be the only room designated for soil utility.	C 156	C156 A. Utility room will be replaced and utilized to accommodate soiled utility usage. B. Similar areas in the community will be identified to see if the area accommodates soiled utility usage. C. Once audits of the areas are complete, areas identified to e deficient will have accommodations made to house soiled utility usage. D. Areas will be audited monthly x 2 then quarterly.	May 10th
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 164	C164 1. Walls and Ceilings kept in good repair A. a-d – Areas noted to be deficient will be corrected B. Similar areas will be audited to seek deficiencies then corrected. C. Rounds will be made to observe if	

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C 164	Continued From page 3 (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (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. Observations revealed that the walls and ceilings were not kept in good repair. Findings on March 29, 2023: a. E Hall Stairwell - there is a stress crack in the exterior wall running from the ceiling to within 3' of the floor. b. F Hall stair exit vestibule - the wallpaper is pulling away at the seams in several locations. c. A Hall Spa Toilet Room - the ceiling grid is damaged and the ceiling tile and grid are falling in. d. A Hall Spa - there are black mildew spots on the ceiling tile and grid around the supply vent at the tub. 2. Observations revealed that the furnishings were not kept in good repair. Findings on March 29, 2023: a. Room E3 - the hinge on the bathroom door is very loose so that it does not close.	C 164	similar areas are deficient. Any deficiencies will be corrected. D. Areas will be checked to assure compliance; rounds will be made bi weekly by hall x 2, then monthly by hall. E. May 10th 2. Furnishings not kept in good repair Room E 3 Hinges on bathroom door loose; door doesn't close. A. Hinge on bathroom door will be tightened in order to be able to close the bathroom door. B. Similar bathroom doors will be checked and tightened to accommodate bathroom door closure. C. Rounds will be made to assure that hinges are in good repair in order to accommodate bathroom door closures. D. Doors will be checked by rounding bi-weekly x 2 then monthly.	May 10th
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and	C 166	A. C166 • Garbage can will be removed from the stairwell on E Hall stair • Chair will be removed from the patch at the exterior door of A Hall Exit	

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C 166	Continued From page 4 orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility free from hazards or obstructions. Means of egress or exit paths require a 6'-0" clear path and must not be obstructed, blocked or have their required width encroached upon. This could could delay or hinder evacuation of the occupants from the facility in the event of an emergency. Findings on March 29, 2023: a. E Hall Stair - there was a large rolling garbage can in the stairwell. b. A Hall Exit - there is a chair in the patch at the exterior door. The chair was removed at the time of survey. c. C Hall Stair exit - there is a chair at the door in the stairwell partially obstructing the exit path.	C 166	• Chair will be removed from C hall exit. B. Audits will be made of similar areas to assure that there are no similar deterrents. C. Rounds will be made to assure that areas are not obstructed. D. Rounds will be made bi-weekly x 2 then monthly to assure that areas are not obstructed.	May 10th
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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.	C 189	C189 1. A. a-j – Areas noted to be deficient will be corrected B. Similar areas will be audited to seek deficiencies then corrected. C. Rounds will be made to observe if similar areas are deficient. Any deficiencies will be corrected. D. Areas will be checked to assure compliance; rounds will be made bi-weekly by hall x 2, then monthly by hall.	May 10th

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C 189	Continued From page 5 This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on March 29, 2023: a. Second Level - there is a small hole in the ceiling at the exit sign by the main stair. b. F Hall Dining - the can light at the door is missing leaving a large opening in the ceiling. c. Maintenance Office - there is an unsealed cable penetration at the back corner of the room. d. E Hall, Room E9 - the sprinkler head in the closet is not centered in the opening leaving a hole in the fire resistant rated ceiling. e. A Hall stair exit vestibule - the escutcheon ring on the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. f. Employee Lounge - the escutcheon ring on the sprinkler head is missing leaving a hole in the fire resistant rated ceiling. g. Service Hall - the escutcheon ring on the sprinkler head outside of the employee lounge has dropped. h. Service Hall - there is a 2" diameter hole in the ceiling in front of the elevator. i. C Hall Furnace Closets - an orange foam product was used to seal the penetrations which is not an approved fire rated material. One of the applications has over-sprayed onto the heat detector which may delay the detector from activating during a fire. j. There is a hole at the base of the smoke detector by the exit door into the Service Hall. 2. Based on observation the facility did not maintain electrical emergency/safety lighting	C 189	2. Lights And Sconces A. **a-d** Areas noted to be deficient will be corrected B. Similar areas will be audited to seek deficiencies then corrected. C. Rounds will be made to observe if similar areas are deficient. Any deficiencies will be corrected. D. Areas will be checked to assure compliance; rounds will be made bi-weekly by hall x 2, then monthly by hall.	May 10th

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C 189	Continued From page 6 equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on March 29, 2023: a. Second Level - the emergency light outside of the Library did not illuminate on test. b. B Hall Stairwell first level - none of the wall sconces were illuminated at the stair or exit landing making visibility very low in the event of an evacuation. c. C Hall Exit - none of the lights in the exit vestibule are working to provide illumination during evacuation. d. C Hall Stair - none of the wall sconces were illuminated at the stair making visibility very low in the event of an evacuation. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation. Findings on March 29, 2023: a. D Hall - the exit sign outside of D5 did not illuminate on test. b. E Hall - the exit sign/emergency light over the stair exit door did not illuminate on test. c. The exit sign/emergency light at E1 did not illuminate on test. d. F Hall - the entry exit sign did not illuminate on test. e. F Hall stair exit vestibule - the exit light did not illuminate on test. f. Physical Therapy - the exit sign/emergency light over the corridor doors did not illuminate on test. g. B Hall - the exit sign at the B Hall doors did not	C 189	3. Lights and Illumination A. **a-k** – Areas noted to be deficient will be corrected B. Similar areas will be audited to seek deficiencies then corrected. C. Rounds will be made to observe if similar areas are deficient. Any deficiencies will be corrected. D. Areas will be checked to assure compliance; rounds will be made bi-weekly by hall x 2, then monthly by hall. 4. Failure to Maintain Fire Safety Equipment – Doors must completely close and latch A. **a-e**– Areas noted to be deficient will be corrected B. Similar areas will be audited to seek deficiencies then corrected. C. Rounds will be made to observe if similar areas are deficient. Any deficiencies will be corrected. D. Areas will be checked to assure compliance; rounds will be made bi-weekly by hall x 2, then monthly by hall.	May 10th May 10th

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C 189	Continued From page 7 illuminate on test. h. Service Hall - the exit sign outside of the FACP room did not illuminate on test. i. Kitchen - the exit sign at the dishwash area did not illuminate on test. j. B Hall - both of the exit signs at the exit by Room B8 were no illuminated. k. C Hall - the exit sign at the C Hall doors (lobby side) did not illuminate on test. 4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on March 29, 2023: a. Room D1 - the door is not level and does not latch when closed. b. D Hall Laundry - the door from the furnace area rubs on the frame and is difficult to open. c. F10 - the door does not latch when closed. d. B Hall Living Room - the doors are not synchronized to have the door with the astragal close first so the doors did not close and latch upon activation of the fire alarm. e. A Hall Dining Room - the doors are not synchronized to have the door with the astragal close first so the doors did not close and latch upon activation of the fire alarm. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops. Findings on March 29, 2023:	C 189	5. Failure to Maintain Fire Safety Equipment – Doors must not have Gaps Between Door and Door Frame Stops A. **a-c**– Areas noted to be deficient will be corrected B. Similar areas will be audited to seek deficiencies then corrected. C. Rounds will be made to observe if similar areas are deficient. Any deficiencies will be corrected. D. Areas will be checked to assure compliance; rounds will be made bi-weekly by hall x 2, then monthly by hall. 6. Failure to Maintain the Emergency Fire Alarm System Devices in a safe operating condition A. **a-c**– Areas noted to be deficient will be corrected B. Similar areas will be audited to seek deficiencies then corrected. C. Rounds will be made to observe if similar areas are deficient. Any deficiencies will be corrected. D. Areas will be checked to assure compliance; rounds will be made bi-weekly by hall x 2, then monthly by hall.	May 10th May 10th

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C 189	Continued From page 8 a. Room D1 - there is a half inch air space between the top left of the door and the door frame stop. b. Service Hall Eye Wash Station - the corridor door is rusted through at the bottom right corner. c. Kitchen - there are two 1/4" diameter holes in the door above and below the door hardware. 6. Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be effected if the equipment failed to alert the occupants in case of a fire. Findings on March 29, 2023: a. D Hall Laundry - the smoke detector has been taped over. The tape was removed at the time of survey. b. A Hall Furnace Room - the smoke detector has masking tape around the perimeter of the head. c. C Hall Spa - one of the clips on the heat detector has broken causing the detector to hang from its wiring. 7. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated walls could allow fire and smoke to spread beyond the area of origin. Findings on March 29, 2023: a. D Hall Laundry Storage - a hole was cut out of the side wall to conduct repairs. The opening has not been sealed. Penetrations in the opening were sealed using a yellow foam product which does not meet the fire resistant rating for this type of construction.	C 189	7. Failure to maintain the building's Fire Safety Systems in a Safe Condition – Holes and Gaps A. **D Hall Laundry Storage**– Area noted to be deficient will be corrected B. Similar areas will be audited to seek deficiencies then corrected. C. Rounds will be made to observe if similar areas are deficient. Any deficiencies will be corrected. D. Areas will be checked to assure compliance; rounds will be made bi-weekly by hall x 2, then monthly by hall.	May 10th

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C 189	Continued From page 9 8. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain 18" clearance below the sprinkler heads creates an obstruction which limits the ability of the sprinkler system to suppress a fire. Findings on March 29, 2023: a. Maintenance Office - there are cardboard and other items stored within 18" of the sprinkler head on the left wall. 9. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on March 29, 2023: a. A Hall Dining - there is a dining room chair in front of one of the doors which would prevent the door from closing during a fire. The doors are held open with magnetic hold open devices that release upon activation of the fire alarm. The chair was moved a the time of survey. b. B Hall Living Area - there was a chair in front of one of the doors preventing the door from closing during a fire. The chair was moved at the time of survey. c. F Hall Living Room - a chair was placed in front of the double doors and prevented the door from closing when the fire alarm was activated. 10. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Missing light fixtures leave wires exposed that may cause harm from an	C 189	8. Failure to Maintain 18" Clearance below the sprinkler heads A. **Maintenance Office**– Areas noted to be deficient will be corrected B. Similar areas will be audited to seek deficiencies then corrected. C. Rounds will be made to observe if similar areas are deficient. Any deficiencies will be corrected. D. Areas will be checked to assure compliance; rounds will be made bi-weekly by hall x 2, then monthly by hall. 9. Failure to Maintain the Building's Fire Safety Components in a Safe Operating Condition A. **a-c**– Areas noted to be deficient will be corrected B. Similar areas will be audited to seek deficiencies then corrected. C. Rounds will be made to observe if similar areas are deficient. Any deficiencies will be corrected. D. Areas will be checked to assure compliance; rounds will be made bi-weekly by hall x 2, then monthly by hall.	May 10th May 10th

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C 189	Continued From page 10 electrical shock. Findings on March 29, 2023: a. A Hall Spa - the light in the shower is missing and the electrical box is open. b. Service Hall outside Kitchen door - the can light is missing leaving a hole. 11. Based on observation the facility is not maintained free from hazards. If the code required clearance of 36" in front of electrical breaker panels is not maintained it could delay timely operation of the breakers in an emergency situation. Findings on March 29, 2023: a. Service Hall Mechanical Room - there are boxes, bins and maintenance equipment stored directly in front of the electrical panels.	C 189	10. Electrical Equipment Not Maintained i n a Safe Operating Condition A. **a–b** Areas noted to be deficient will be corrected B. Similar areas will be audited to seek deficiencies then corrected. C. Rounds will be made to observe if similar areas are deficient. Any deficiencies will be corrected. D. Areas will be checked to assure compliance; rounds will be made bi-weekly by hall x 2, then monthly by hall. 11. Facility Not Maintained Free From Hazards – 36" clearance in front of Electrical Breaker Panels A. **Service Hall Mechanical Room–** Areas noted to be deficient will be corrected B. Similar areas will be audited to seek deficiencies then corrected. C. Rounds will be made to observe if similar areas are deficient. Any deficiencies will be corrected. D. Areas will be checked to assure compliance; rounds will be made bi-weekly by hall x 2, then monthly by hall.	May 10th May 10th
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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:	C 195		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032016	A. BUILDING 01 B. WING	03/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE ZIP CODE
BROOKDALE CHAPEL HILL AL (NC)	2220 FARMINGTON DRIVE CHAPEL HILL, NC 27514

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C 195	Continued From page 11 1. Observations revealed that the hot water temperature at all fixtures used by residents was not maintained at a temperature between 100 degrees F and 116 degrees F. Findings on March 29, 2023: a. Beauty Salon - the temperature at the hair wash sink was 120 degrees F. It was observed that the cold water valve had been turned off.	C 195	C195 Hot Water System – Hot Water Temperature at all Fixtures Used By Residents Was Not Maintained at a Temperature between 100 Degrees F and 116 Degrees F A. **Beauty Salon**– Areas noted to be deficient will be corrected B. Similar areas will be audited to seek deficiencies then corrected. C. Rounds will be made to observe if similar areas are deficient. Any deficiencies will be corrected. D. Areas will be checked to assure compliance; rounds will be made bi-weekly by hall x 2, then monthly by hall.	May 10th
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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on March 29, 2023: a. None of the fans in the facility appear to be	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032016	A. BUILDING: 01 B. WING	03/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 199	Continued From page 12 working.	C 199	C199 Exhaust Ventilation – Facility did not maintain exhaust ventilation in specified spaces None of the Fans in the Facility appeared to be working A. **Entire AL Comunity**– Areas noted to be deficient will be corrected B. Similar areas will be audited to seek deficiencies then corrected. C. Rounds will be made to observe if similar areas are deficient. Any deficiencies will be corrected. D. Areas will be checked to assure compliance; rounds will be made bi-weekly by hall x 2, then monthly by hall.	May 10th

August 23, 2012

To Whom It May Concern:

It gives me great pleasure to provide this letter of recommendation for Ms. Anissa Bumpers.

I have taught Ms. Bumpers in the Administrative Medical Program at Miller-Motte College – Raleigh Campus. I instructed her in Medical Coding, Medical Insurance, Medical Office Systems, and Computers in the Medical Office. Ms. Bumpers was a very conscientious student who always attended classes, participated in the lecture, and demonstrated an eagerness to learn. Ms. Bumpers was very dedicated to her studies and always submitted well-prepared assignments on time. She didn't do just enough to pass the class, but she submitted work that clearly depicted that she took pride in her preparation and presentation. Ms. Bumpers' success in the classroom indicates her attention to detail and dedication to learning the concepts of the courses.

Ms. Bumpers was always very prepared for testing. Her grades reflected her dedication to studying and reading the required material and her ability to learn and apply concepts as necessary. When in doubt, Ms. Bumpers always asked questions. I viewed this as very important in the learning process.

In closing, I have no hesitation in recommending Ms. Bumpers for employment. She will be a welcome asset to any company/employer.

Sincerely,

Carolyn A. Harper, MHA, BBA, NHA

Carolyn A. Harper, MHA, BBA, NHA
Past Adjunct Professor, Medical Assisting Program
Miller-Motte College – Raleigh/Cary Campuses