



## Autumn Care of Mechanicsville

---

12/18/19/Extension Request

To whom it may concern: Virginia Department of Fire Programs

Dear Franklin Troy Bower,

Autumn Care of Mechanicsville is requesting a Time Limited Waiver. The K tag was K-321 Hazardous Areas-Enclosure. With this tag there is some damage to the top of the door where the closure goes on the door.

The door cited needs to be replaced. The company with whom we have contracted to replace the door is currently experiencing manufacturing time of 8-10 weeks. The update is that we are now asking for an extension on the time needed to repair the door. The door will be shipped on December 20<sup>th</sup>. We are asking for an extended time until January 15<sup>th</sup> to get the door install.

Enclosed is the Quote from Dominion Lock and Security Inc. with updated information on the time of the door install. Also there is an updated letter from Dominion Lock and Security Inc.

Also enclosed is all the information requested.

Please feel to email or call me about this matter.

Respectfully,

Autumn Care of Mechanicsville

Yolanda James, EVS Director

A handwritten signature in black ink, appearing to read "Yolanda James", written in a cursive style.

Fred Long, Administrator

A handwritten signature in black ink, appearing to read "Fred Long", written in a cursive style.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 10/02/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495413</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>AUTUMN CARE OF MECHANICSVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116</b>		
(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
K 000	INITIAL COMMENTS  Description of structure: The facility is a one story structure with an attic Type V (111).  Sprinkler Status: Fully sprinklered - NFPA 13  An unannounced Standard Recertification Life Safety Code Survey was conducted on 8/28/2019 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid.  The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000	<b>K321</b>  1. The smoke door that is Damaged will be replaced. 2. Will check all smoke doors for damage. 3. We will inspected 10 smoke doors for any damage per week for 5 weeks. 4. Any varlances will be reported to the Administrator and QAPI meeting monthly. 5. Date of correction will be delayed due to Door company is behind 10weeks/ December 16th. (extension for the repair of the door no later than January 15, 2020 cc letter from Dominion Lock and Key.	
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101  Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9	K 321	<b>K321</b>  1. The smoke door that is Damaged will be replaced. 2. Will check all smoke doors for damage. 3. We will inspected 10 smoke doors for any damage per week for 5 weeks. 4. Any variances will be reported to the Administrator and QAPI meeting monthly. 5. Date of correction will be delayed due to Door company is behind 10weeks/ cc letter from Dominion Lock and Key.	

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 10/02/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495413</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>AUTUMN CARE OF MECHANICSVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116</b>		
(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
K 321	<p>Continued From page 1</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are doors that are not self closing and latching, are damaged and doors that do not have the required listing for door hardware that could allow smoke and hot gasses to pass through the doors.</p> <p>Findings include</p> <p>During the walkthrough between 10:00am and 12:00pm it was observed that the rated storage room door was damaged and had penetrations in it.</p>	K 321		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 09/09/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495413</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>AUTUMN CARE OF MECHANICSVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116</b>		
(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
K 321 SS=D	<p><b>Hazardous Areas - Enclosure</b> CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area                      Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are doors that are not self closing and latching, are damaged and doors that do not have the required listing for door hardware that could allow smoke and hot gasses to pass through the doors.</p>	K 321		

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 09/09/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495413</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>AUTUMN CARE OF MECHANICSVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116</b>		
(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
K 321	Continued From page 1  Findings include  During the walkthrough between 10:00am and 12:00pm it was observed that the rated storage room door was damaged and had penetrations in it.	K 321		



# COMMONWEALTH of VIRGINIA

## Virginia Department of Fire Programs

Michael T. Reilly  
EXECUTIVE DIRECTOR

State Fire Marshal's Office  
Division 1  
1005 Technology Park Drive  
Glen Allen, VA 23059-4500  
Phone: 804/ 371-0220  
Fax: 804/ 371-3367

Department of Fire Programs

09/09/2019

SEP 18 2019

Administration

Mr. Fred Long,  
Autumn Care Of Mechanicsville  
7600 Autumn Parkway  
Mechanicsville, VA 23116

Dear Mr. Long

This concerns the unannounced recertification Life Safety Code survey of the referenced facility conducted 08/28/2019 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the Life Safety Code 2000 Existing regulation.

All institutional buildings must meet all applicable Life Safety Code (NFPA 101) requirements in accordance with the federal Long Term Care certification requirements issued by the Centers for Medicare and Medicaid Services (CMS), in order to participate in the Medicare/Medicaid programs. The findings listed on the attached form, CMS 2567, "Statement of Deficiencies and Plan of Correction", demonstrate non-compliance with Title 42 Code Federal of Regulations, 483.70(a) et seq Life Safety from Fire.

Prior to making expenditures to correct the noted deficiencies, you should have an approved plan of correction. It is strongly recommended that you check with local officials, since compliance with this report does not excuse you from complying with local codes and ordinances.

The federal LTC Enforcement Regulations remedies may be imposed by the Centers for Medicare and Medicaid Services (CMS) and/or the Virginia Department of Medical Assistance Services (DMAS) for any failure or continued failure to demonstrate compliance with both the Health and Life Safety Code requirements (Title 42, Code of Federal Regulations). For example, a Denial of Payment for New Admissions at the 90<sup>th</sup> day after a survey, or the Termination of the Provider Agreement at the 180<sup>th</sup> day after a survey, could be a result of uncorrected Life Safety Code citations as well as Health citations.

If any deficient practice is identified within either the Health or Life Safety Code requirements, a Plan of Correction (POC) developed by the provider must be returned to the surveying entity by 8/19/2019. To be considered acceptable, the POC must include five (5) components:

1. Address the corrective action taken for the identified problem
2. Address how facility will identify similar occurrences of the problem

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 10/02/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495413</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2019</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER <b>AUTUMN CARE OF MECHANICSVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116</b>
--	--

(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
--------------------	--	---------------	---	----------------------

K 000	<p><b>INITIAL COMMENTS</b></p> <p>Description of structure: The facility is a one story structure with an attic Type V (111).</p> <p>Sprinkler Status: Fully sprinklered - NFPA 13</p> <p>An unannounced Standard Recertification Life Safety Code Survey was conducted on 8/28/2019 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p>	K 000		
K 321 SS=D	<p><b>Hazardous Areas - Enclosure</b> CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p>	K 321	<p><b>K321</b></p> <ol style="list-style-type: none"> <li>The smoke door that is Damaged will be replaced.</li> <li>Will check all smoke doors for damage.</li> <li>We will inspected 10 smoke doors for any damage per week for 5 weeks.</li> <li>Any variances will be reported to the Administrator and QAPI meeting monthly.</li> <li>Date of correction will be delayed due to Door company is behind 10weeks/ cc letter from Dominion Lock and Key.</li> </ol>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE **9/18/19**

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 10/02/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495413</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/28/2019</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER <b>AUTUMN CARE OF MECHANICSVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7600 AUTUMN PARKWAY MECHANICSVILLE, VA 23116</b>
--	--

(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
--------------------	--	---------------	---	----------------------

K 321	<p>Continued From page 1</p> <p>Area Automatic Sprinkler Separation N/A</p> <ul style="list-style-type: none"> <li>a. Boiler and Fuel-Fired Heater Rooms</li> <li>b. Laundries (larger than 100 square feet)</li> <li>c. Repair, Maintenance, and Paint Shops</li> <li>d. Soiled Linen Rooms (exceeding 64 gallons)</li> <li>e. Trash Collection Rooms (exceeding 64 gallons)</li> <li>f. Combustible Storage Rooms/Spaces (over 50 square feet)</li> <li>g. Laboratories (if classified as Severe Hazard - see K322)</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are doors that are not self closing and latching, are damaged and doors that do not have the required listing for door hardware that could allow smoke and hot gasses to pass through the doors.</p> <p>Findings include</p> <p>During the walkthrough between 10:00am and 12:00pm it was observed that the rated storage room door was damaged and had penetrations in it.</p>	K 321		
-------	---	-------	--	--





## Autumn Care of Mechanicsville

---

To whom it may concern: Virginia Department of Fire Programs

Dear Franklin Troy Bower,

Autumn Care of Mechanicville is requesting a Time Limited Waiver. The K tag was K-321 Hazardous Areas-Enclosure. With this tag there is some damage to the top of the door where the closure goes on the door.

The door cited needs to be replaced. The company with whom we have contracted to replace the door is currently experiencing manufacturing time of 8-10 weeks.

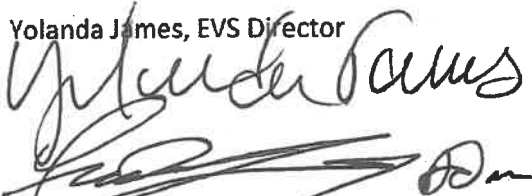
Enclosed is the Quote from Dominion Lock and Security Inc.

Please feel to email or call me about this matter.

Respectfully,

Autumn Care of Mechanicville

Yolanda James, EVS Director



Fred Long, Administrator

Department of Fire Programs  
OCT 03 2019  
Administration



Autumn Care of Mechanicsville  
7600 Autumn Park Way  
Mechanicsville, VA 23116  
(804) 730-0009

To Whom It May Concern,

As of Thursday September 26<sup>th</sup>, 2019, Dominion Lock and Security has scheduled the following repairs and maintenance to take place at Autumn Care of Mechanicsville:

1. Replace Storage Room Door with a new 3'8" x 6'8" Laminate Wood Door, 45 Min UL Rating, Factory Finished to match existing openings.
2. Installation of Smoke Seal at above opening

All material was ordered on October 1<sup>st</sup>, 2019 with a 9 to 11 week manufacturers lead time.

The above listed materials are scheduled to ship the week of December 16<sup>th</sup>, 2019.

Upon receipt of materials, installation will be promptly scheduled.

Please feel free to contact Dominion Lock and Security with any questions or concerns at your earliest convenience.

Respectfully,

Michael Lyden  
Dominion Lock and Security

8098 Mechanicsville Turnpike  
Mechanicsville, Virginia 23111  
(804) 746-1456; Fax – 804-746-1561



Date: 09/18/19  
To: Yolanda James  
From: Mike Lyden  
Re: Autumn Care of Mechanicsville

---

## PROPOSAL

Dominion Lock and Security is pleased to submit the following estimates for your approval:

### Laminate Faced Wood Door:

- (1) 3'8" 6'8" Laminate Wood Door, 45 Min UL Rating, Factory Finished to match existing
- (1) Smoke Seal
- (3) Hinge Filler Plates

Removal of current door and hardware, transferring of current hardware to new door, installation of new door with existing hardware and checks of each component for proper operation and adjustment as necessary.

**Total Price for Labor and Materials: \$ 1,675.00**

The above pricing is valid for 60 days. Current manufacturing lead time is 8-10 weeks.

Except as otherwise specified, all equipment supplied by Dominion Lock and Security shall be free from defects in material and workmanship for one year from installation or delivery.

Thank you for choosing Dominion Lock and Security for your security and door hardware needs. If you have any questions or I can be of further assistance, please do not hesitate to contact me at your earliest convenience.



Autumn Care of Mechanicsville  
7600 Autumn Park Way  
Mechanicsville, VA 23116  
(804) 730-0009

To Whom It May Concern,

As of Friday September 13th, 2019, Dominion Lock and Security has scheduled and surveyed the following issues at Autumn Care of Mechanicsville:

1. Storage Room: Fire door damaged, and required to be replaced.

All material was processed for an estimate on 9/13/19. Due to the nature of the door construction it can take up to one (1) week for an estimate to process. Currently this door is at a 10 week manufacturers lead time.

Please feel free to contact Dominion Lock and Security with any questions or concerns at your earliest convenience.

Respectfully,

Michael Lyden  
Dominion Lock and Security

8098 Mechanicsville Turnpike  
Mechanicsville, Virginia 23111  
(804) 746-1456; Fax – 804-746-1561



Autumn Care of Mechanicsville  
7600 Autumn Park Way  
Mechanicsville, VA 23116  
(804) 730-0009

To Whom It May Concern,

December 18, 2019

As of Thursday September 26<sup>th</sup>, 2019, Dominion Lock and Security had scheduled the following repairs and maintenance to take place at Autumn Care of Mechanicsville:

1. Replace Storage Room Door with a new 3'8" x 6'8" Laminate Wood Door, 45 Min UL Rating, Factory Finished to match existing openings.
2. Installation of Smoke Seal at above opening

All material was ordered on October 1<sup>st</sup>, 2019 with a 9 to 11 week manufacturers lead time. This is the industry standard lead time for all manufacturers of laminate doors.

The above listed materials are scheduled to ship December 20<sup>th</sup>, 2019. As soon as this door arrives at our distributors facility we will schedule pick up and installation.

Based off the current shipping date our intention is to have this door installed no later than Friday January 3<sup>rd</sup>, 2019. We will provide any and all updates we receive on shipping and delivery.

Upon receipt of materials, installation will be promptly scheduled.

Please feel free to contact Dominion Lock and Security with any questions or concerns at your earliest convenience.

Respectfully,

Michael Lyden  
Dominion Lock and Security

(804) 746-1456  
MLyden@dominionlock.com

8098 Mechanicsville Turnpike  
Mechanicsville, Virginia 23111  
(804) 746-1456; Fax – 804-746-1561