



Issue Date	September 24, 1997
Audit Case Number	97-AT-202-1005

TO: Ledford Austin, Director, Office of Public Housing, 4FPH

FROM: Nancy H. Cooper  
District Inspector General for Audit-Southeast/Caribbean, 4AGA

SUBJECT: Housing Authority of the City of Durham<sup>1</sup>  
Public Housing Programs  
Durham, North Carolina

We have completed an audit of the books and records of the Housing Authority of the City of Durham, North Carolina pertaining to its Public Housing Program. Our report includes two findings with recommendations for corrective action.

Within 60 days please give us a status report for each recommendation on: (1) the corrective action taken; (2) the proposed corrective action and the date to be completed; or (3) why action is considered unnecessary. Also, please furnish us copies of any correspondence or directives issued because of the audit.

We provided a copy of this report to the auditee.

We appreciate your cooperation during the audit. Should you or your staff have any questions, please contact me at (404) 331-3369, or Bruce Milligan, Senior Auditor, at extension 4056.

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<sup>1</sup> This version of the audit on the Durham Housing Authority does not contain the photos listed on pages 4 and 5. To obtain these pages, please contact the Office of the District Inspector General for Audit-Southeast/Caribbean (404) 331-3369.

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# Executive Summary

We audited the Public Housing Program administered by the Housing Authority of the City of Durham (Authority) for the period September 1, 1995, through December 31, 1996. We extended some of our tests through February 24, 1997. Our objectives were to determine if the Authority: (1) followed effective procedures to ensure its Public Housing units were maintained in a decent, safe and sanitary condition, and (2) properly supported the maintenance related information in its Public Housing Management Assessment Program (PHMAP) certification.

## WE IDENTIFIED

The exteriors of 14 of the Authority's 15 projects were generally in good repair and, except for three projects, the grounds of the Authority's projects were generally well maintained. However, the Authority needed to improve the maintenance of the interiors of its projects. Twenty-seven of the 30 housing units we inspected failed the Department of Housing and Urban Development's (HUD) housing quality standards (HQS). We recorded 244 HQS violations or other items which required repair in the 30 units we inspected. Examples of the problems were: windows and doors which did not seal properly or would not lock, inoperable plumbing fixtures and kitchen ranges, peeling and cracked paint, holes in walls, broken tile, hazardous electrical switches, insect infestation, and inoperable smoke detectors. As a result, families were not living in decent, safe and sanitary housing. The maintenance problems were due to insufficient staffing and ineffective procedures for inspecting units and preparing work orders.

Two of the 12 indicators of the Authority's PHMAP fiscal year 1995 score which we tested were overstated. The two parts related to the Authority's performance in maintaining its housing units. The Authority's PHMAP score should have been about 79 instead of the 93 the Authority received. The Authority's score was overstated because it: (1) did not have accurate data for maintenance work orders; and (2) did not fail some units which had HQS violations. As a result, HUD, and possibly the Authority Board of Commissioners, were not aware of the actual maintenance condition and performance of the Authority and could not properly evaluate the amount of monitoring which should be performed.

## WE RECOMMEND

We recommend that the Authority: (1) complete the needed repairs for the 30 units which we inspected; (2) provide sufficient maintenance staff; (3) conduct an in-house review to ensure improvements recently implemented by the Authority are effective; and (4) implement procedures to ensure that PHMAP data submitted to HUD is accurate and properly supported.

## AUTHORITY COMMENTS

We discussed the results of our audit with Authority staff on April 18, 1997. They generally agreed with the audit recommendations for maintenance improvements. However, they substantially disagreed with the conclusions about the extent of the problems included in both findings. The Authority provided written comments which we considered in drawing our final conclusions. The Authority's comments, excluding exhibits, are included in Appendix A.

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## Abbreviations

CFR	Code of Federal Regulations
GFI	Ground Fault Interrupter
HQS	Housing Quality Standards
HUD	U.S. Department of Housing and Urban Development
PHA	Public Housing Authority
PHMAP	Public Housing Management Assessment Program

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# Introduction

## BACKGROUND

The Authority administered a Public Housing Program of 2,106 units at 15 projects under Annual Contributions Contract No. A-3971 and a Section 8 Housing Program of 1,696 authorized units under Annual Contributions Contract No. A-2895.

In fiscal year 1995, the Authority managed operating revenue of about \$8.8 million. The Authority also administered Public Housing modernization grant revenues of \$2.8 million.

James Tabron, Executive Director, was appointed May 12, 1980. The Authority had 125 positions budgeted, but only 106 of the positions were filled. Of the 106, 44 were maintenance personnel. The Authority had hired 10 of the 44 maintenance personnel since January 1996.

The Authority has a seven member Board of Commissioners. Each member is appointed by City Council for a 5 year term. Hazel Rich is the current Chairperson. The books and records are maintained at the Authority's offices at 330 East Main Street, Durham, North Carolina.

## AUDIT OBJECTIVES, SCOPE AND METHODOLOGY

Our objectives were to determine if: (1) the Authority followed effective procedures to ensure its Public Housing units were maintained in a decent, safe, and sanitary condition; and (2) properly supported the maintenance related information in its PHMAP certification.

Our audit generally covered the period September 1, 1995, through December 31, 1996. We extended some of our tests through February 24, 1997. Our audit included reviews of the Authority's system of administrative controls and management practices relating to maintenance. We inspected the grounds of all 15 Authority Public Housing projects. We inspected the interiors of 30 units in 7 projects for compliance with HUD's HQS.

We reviewed the support for both maintenance related elements of the Authority's fiscal year 1995 PHMAP certification.

We judgmentally selected the seven projects in which we inspected units. We randomly selected the 30 units which we inspected.

Our audit was performed from December 1996 through January 1997 and was conducted in accordance with generally accepted government auditing standards.

We have provided a copy of the report to the Authority.

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## Improvements Were Needed In Maintenance Procedures

Twenty-seven of the 30 housing units we inspected failed HUD's housing quality standards (HQS). We recorded 165 HQS violations and an additional 79 items which required repair in the 30 units we inspected. As a result, families were not living in decent, safe and sanitary housing. The maintenance problems were due to insufficient staffing and ineffective procedures for inspecting units and preparing work orders.

### CRITERIA

The Annual Contributions Contract, Part II, Section 209, provides that the local authority shall at all times maintain each project in good repair, order, and condition. HUD's housing quality standards are included in Title 24 of the Code of Federal Regulations (CFR) part 882.109.

During December 1996 and January 1997 we inspected 30 of the Authority's 2,106 Low-Income Housing Program units. We randomly selected the 30 units from occupied units located in 7 of the Authority's 15 projects. The 7 projects included 1,155 of the Authority's 2,106 units. The 7 projects were:

<u>Project Name</u>	<u>Project Number</u>	<u>Total Units</u>	<u>Units Inspected</u>
Few Gardens	NC 13-1	240	5
McDougald Terrace	NC 13-2 & 13-3	360	5
Oxford Manor	NC 13-15	152	5
Morreene Road	NC 13-12	224	5
Damar Court	NC 13-13	102	5
Club Boulevard	NC 13-9	<u>77</u>	<u>5</u>
Totals		<u>1,155</u>	<u>30</u>

### UNITS WERE NOT PROPERLY MAINTAINED

Twenty-seven of the units did not provide decent, safe, and sanitary housing. The 27 units had 165 HQS violations. The HQS violations per unit ranged from 1 to 19 with the average being 6 per unit. In addition, the 30 units had 79 other items which required repair but were not HQS violations. The 244 maintenance problems are listed in Appendix B. Typical problems included hazardous electrical switches, windows and doors which did not seal properly, windows and doors which would not lock, peeling and cracked paint, holes in walls, broken tile, insect infestation, and inoperable smoke detectors.

Following is a description of the problems with four test units:

2436 Glenbrook Drive, Club Boulevard

The unit had 29 items which needed repair including 19 HQS violations. The problems included a hole in the living room closet which went through the exterior wall, windows and doors which did not act as a thermal barrier, broken tile, peeling paint, insect infestation, hazardous electrical receptacles, leaking bathroom fixtures, poor landscaping drainage, and a missing crawlspace door. Figure 1 depicts peeling paint and missing light fixture at Club Boulevard.

Figure 1

3904 #6 Dearborn Drive, Oxford Manor

The unit had 11 HQS violations and 2 other items also needing repair. The problems included broken doors, a missing bedroom door, holes in walls, electrical hazards, an inoperable bath ventilator, excessive trash, and a clogged sink. Figure 2 depicts hole in wall at Oxford Manor.

Figure 2

10 C Morning Glory, Few Gardens

The unit had 12 problems including 6 HQS violations. The problems included electrical hazards, badly peeling paint, inoperable kitchen range burners, broken tile, and cracked window panes. Figure 3 depicts inoperable range burners at Few Gardens.

Figure 3

22 G Wabash Avenue, McDougald Terrace

The unit had 8 HQS violations and 5 other items which needed repair. The problems included inoperable kitchen range burners, holes in walls, cracked and peeling paint, missing cabinet drawers and doors, an electrical hazard, an air conditioner which was improperly installed, a leaking faucet, and an inoperable smoke detector. Figure 4 depicts damaged kitchen cabinets at McDougald Terrace.

Figure 4

The exteriors of the project buildings were generally in good condition except for the 77 units in the Boulevard Project. The 77 units were single family houses. The exterior paint for the buildings was cracked and peeling.

The landscaping at most of the projects was also generally in good condition. However, there were drainage problems at McDougald Terrace, Oxford Manor and Damar Court. The drainage problems at Damar Court resulted in substantial erosion under a sidewalk which had to be supported with bricks. We also noted that the streets, parking lots, and sidewalks in most of the projects were in need of repair.

Most of the maintenance problems at the projects we tested were not merely technical violations but were items which posed a security or health risk or otherwise substantially lessened the quality of the residents' living environment.

#### IMPROVEMENTS WERE NEEDED

The Authority needed to increase the number of non-supervisory maintenance employees. The Authority had only 41 maintenance staff, about 1 per 51 housing units. HUD's guideline calls for 1 maintenance employee for about every 40 housing units. Two other housing authorities of comparable size in North Carolina had 1 staff member for every 37 and 39 units respectively. The Authority had 7 vacant maintenance positions. The Authority needed to fill the vacant positions.

The Authority also needed to improve its procedures for inspecting units and scheduling repairs.

- The Authority twice inspected all of its units during about a 3 month period from mid-September through mid-December in both 1995 and 1996. For the 30 test units, the Authority found the following number of needed repairs which required work orders:

<u>Year</u>	<u>Number of Needed Repairs</u>		<u>Total</u>
	<u>Emergency</u>	<u>Routine</u>	
1995	7	145	152
1996	33	294	327

The Authority prepared work orders to complete the repairs only if the items were of an emergency nature. The Authority completed the non-emergency repairs only if the problems were reported by the residents or if the unit was vacated and subsequently repaired for a new family. As a result, substantial numbers of needed repairs were not made. For the same 30 units we inspected, the Authority identified 152 needed repairs in its 1995 inspections. However, when the Authority inspected the same 30 units a year later in 1996, 67 of the problems had not been repaired.

- All of the Authority's inspections in 1996 were performed by only one employee during about a 3 month period. The employee had to complete about 30 inspections per day. This schedule did not allow sufficient time to both note all of the maintenance problems and prepare sufficient records of the needed repairs.

## IMPROVEMENTS SCHEDULED AND COMPLETED

Authority staff agreed that improvements were needed in the Authority's inspection and maintenance procedures. They stated that the Authority had made recent improvements including: (1) hiring a full-time inspector; (2) acquiring two new vans which were to be committed to responding to work orders; (3) revising the Authority's maintenance procedures manual; (4) revising response times for non-routine work orders; and (5) starting a procedure to enter HQS violations into the work order system the day following a unit inspection. Authority staff stated they also planned to hire additional maintenance staff, prepare new housekeeping standards for residents, and conduct customer service training for Authority employees. Authority staff stated further that the Authority's 1997 modernization budget included funds for the Club Boulevard project to add new siding as well as make improvements to the unit interiors.

The Authority needed to complete the planned improvements to ensure its projects provided residents decent, safe, and sanitary housing.

## AUTHORITY COMMENTS

The Authority stated that the audit finding mistakenly gave the impression that the Authority was not able to properly maintain its housing units. The Authority stated that it had pride in the overall quality of its maintenance performance. The Authority stated that the HQS was subject to interpretation and they did not agree with many of the items listed in the report as HQS violations. The Authority stated that the audit report did not properly recognize (1) the findings and recommended improvements included in the Authority's own report on its maintenance procedures prepared in April 1996 (McDougald Terrace Report), and (2) the Authority's effective procedures for preparing vacant units for occupancy. The Authority stated that data regarding the size of the maintenance staff was incorrect. The Authority stated that 30 minutes was sufficient time to complete a unit inspection. The Authority stated that it had begun major repairs at the Club Boulevard project before the completion of the audit. The full text of the Authority's comments, less exhibits, is included in Appendix A.

## EVALUATION OF AUTHORITY COMMENTS

We reviewed the Authority's McDougald Terrace Report, kept a copy for our review, and considered its conclusions in performing our work. An objective of our audit was to determine if the problems the Authority found in April 1996 had been corrected when we stated our review in December 1996. The Authority had made recent improvements in its maintenance procedures which we recognized in the finding. However, we found significant problems with the condition of the project units and concluded further improvements were needed.

## Finding 1

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Based on the Authority's information that it had determined that there were no lead based paint hazards in its projects, we changed our determinations that the peeling paint problems we found were HQS violations.

The determinations of which maintenance problems constitute HQS violations are our conclusions and we stand by them. Whether or not the Authority agrees with our determinations, the problems still need to be corrected. The HQS is HUD's standard for determining if a unit is decent, safe, and sanitary. Twenty-seven of the 30 units we inspected did not meet this standard.

We agree that the vacant units which the Authority showed us were generally in good repair. However, we chose occupied units for our sample because almost all of the Authority's units were occupied and the condition of those units most affected the families who lived there. It should be noted that when the Authority inspected the same 30 units in late 1996, the Authority also found significant problems, a total of 327 needed repairs.

We revised the finding to recognize that the Authority corrected the emergency problems it found in its annual inspections. However, the Authority did not prepare work orders to complete the other needed repairs it noted in its inspections.

We revised the audit finding to include the Authority's data on the number of authorized and vacant maintenance positions. The revised data still supported our conclusion that the Authority needed to increase its maintenance staff.

We did not conclude that 30 minutes was insufficient time for an Authority staff member to properly inspect a unit as stated by the Authority. We concluded that the Authority's inspection of 2,106 units in little over 3 months by one employee did not allow sufficient time to properly inspect the units and prepare reports of the needed repairs. The inspector's schedule in 1996 allowed only about 15 minutes per unit for this work.

The Authority did not comment on the audit recommendations in its written comments regarding the draft audit findings. However, at the audit exit conference, the Executive Director stated that the Authority generally agreed with the audit recommendations.

## RECOMMENDATIONS

We recommend that you require the Authority to:

- 1A. Make the necessary repairs for the 30 test units to ensure that the HQS violations and other items which require repair are corrected.
- 1B. Provide sufficient staff to properly maintain the Authority's units.
- 1C. Conduct an in-house review to ensure that the Authority's hiring of a full-time inspector and changes to its procedures for preparing work orders have resulted in maintenance problems being timely reported and corrected.

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## PHMAP Certification Score Was Overstated

Two parts of the Authority's PHMAP fiscal year 1995 score which we tested were overstated. The two parts related to the Authority's performance in maintaining the Authority's housing units. The Authority's PHMAP score should have been about 79 instead of the 93 the Authority reported to HUD. The Authority's score was overstated because the Authority: (1) did not have accurate data for maintenance work orders; and (2) did not fail some units which had HQS violations. As a result, HUD, and possibly the Authority Board of Commissioners, were not aware of the actual maintenance condition and performance of the Authority and could not properly evaluate the amount of monitoring which should be performed.

### CRITERIA

Title 24 CFR part 901.01(a) established PHMAP to provide policies and procedures for HUD to identify public housing agency management capabilities and deficiencies. This was done in accordance with the National Affordable Housing Act of 1990, Section 502, Reform of Public Housing Management. Part 901.10 provided seven indicators which were required to be used to evaluate the management performance of authorities. The indicators included: (1) vacancy number and percentage; (2) modernization; (3) rents uncollected; (4) energy consumption; (5) unit turnaround; (6) outstanding work orders, and (7) annual inspection and condition of units and systems. HUD provided five additional indicators to evaluate the management performance of PHAs including: (1) tenants accounts receivable; (2) operating reserves; (3) routine operating expenses; (4) resident initiatives; and (5) development.

We reviewed the Authority's support for 2 of the 12 indicators. The Authority received an "A" rating for both indicators we reviewed. The two indicators concerned the Authority's inspection and maintenance of units and included the following elements:

Indicator 6, Outstanding Work Orders - The indicator required responses to the following items: (1) percent of emergency items corrected/abated within 24 hours; (2) percent of outstanding work orders; and (3) question whether progress had been demonstrated over the most recent 3 year period for reducing the time required to complete maintenance work orders.

Indicator 7, Annual Inspection and Condition of Units - The indicator included four components: (1) system to track inspection and repair of units; (2) annual inspection of units; (3) correction of unit deficiencies; and (4) inspection and repair of systems.

## DATA WAS NOT SUPPORTED

The Authority did not have proper support for its responses for elements 2 and 3 of Indicator 6 and for elements 1, 2, and 3 of Indicator 7 as follows:

- Elements 2 and 3 of Indicator 6 and elements 1 and 3 of Indicator 7 related to the number of repairs needed for the housing units. As discussed in Finding 1, the Authority's work order system understated the number of needed repairs because the Authority did not prepare repair work orders for needed repairs it noted in its annual unit inspections. Thus, the Authority did not have proper support for the information it reported to HUD for the four elements of Indicators 6 and 7 relating to maintenance.
- For element 2 of Indicator 7, the Authority reported that it annually inspected its units using the Section 8 HQS. However, the Authority did not properly follow the HQS because it did not fail a substantial number of units which had HQS violations. When we inspected 30 units in December 1996 and January 1997, 27 of the units failed the HQS. The Authority inspected the same units late in 1996 and found 25 had HQS violations. However, the Authority reported that only 6 of the 25 units failed the HQS.

## PHMAP SCORE WAS OVERSTATED

The unsupported data caused the Authority's PHMAP score to be overstated. For fiscal year 1995, the Authority received a PHMAP score of 92.86 percent based on the certifications it submitted to HUD. As a result, HUD designated the Authority as a "high performer" based on the PHMAP score. We recomputed the Authority's score based our review and determined that Authority's score should have been about 79 percent. Based on this score, the Authority would have been designated "standard" which would have made it subject to HUD review and monitoring requirements on a risk analysis basis.

Because of the Authority's overstated PHMAP score, HUD was not aware of the actual maintenance condition and performance of the Authority and could not properly evaluate the amount of monitoring which should be performed. Further, the Authority's staff and Board of Commissioners may also have had a misleading impression of the Authority's performance.

HUD has decided to continue to emphasize the importance of work orders and the annual inspection of units in the PHMAP process. Because HUD management uses PHMAP as a tool in evaluating the performance of PHAs, HUD should ensure that the Authority has implemented procedures which ensure that the PHMAP data submitted to HUD is accurate and supported.

## AUTHORITY COMMENTS

The Authority agreed that it did not prepare work orders for some of the needed repairs it noted in its annual unit inspections. The Authority did not agree that this problem should result in the Authority's PHMAP score being as low as the 79. The full text of the Authority's comments is included in Appendix A.

## EVALUATION OF AUTHORITY COMMENTS

All five rating elements we discussed were affected by the Authority's practice of (1) not completing work orders for needed repairs and (2) not reporting units failing the HQS when they had at least one HQS violation. We stand by the revised PHMAP score of 79.

## RECOMMENDATION

We recommend that you require the Authority to:

- 2A. Implement procedures to ensure that all PHMAP data submitted to HUD is accurate and properly supported.

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# Internal Controls

In planning and performing our audit, we considered the internal control systems of the Durham Housing Authority to determine our auditing procedures and not to provide assurance of internal control. Internal control is the process by which an entity obtains reasonable assurance as to achievement of specific objectives. Internal controls consist of interrelated components, including integrity, ethical values, competence, and the control environment which includes establishing objectives, risk assessment, information systems, communication, managing change, and monitoring.

We determined the following activities and program objectives to be relevant to our audit:

- Public Housing maintenance

We evaluated the controls by determining the risk exposure and assessing control design and implementation.

A significant weakness exists if internal control does not give reasonable assurance that the entity's goals are met; that resource use is consistent with laws, regulations, and policies; that resources are safeguarded against waste, loss, and misuse; and that reliable data are obtained, maintained, and fairly disclosed in reports. Based on our review, we concluded that weaknesses existed in the Authority's procedures for: (1) maintaining Public Housing units to meet HUD's HQS, and (2) supporting maintenance data included in the annual PHMAP certification. The weaknesses are discussed in the findings.

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# Follow-Up On Prior Audits

Thomas R. Thompson, Certified Public Accountant, performed the last audit of the Authority for the year ended December 31, 1995. The report, dated September 27, 1996, included no audit findings.

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# Authority Comments

James R. Tabron, *Executive Director*

*A Commitment to Quality Living*

April 16, 1997  
Mr. P. Bruce Milligan  
Senior Auditor  
U.S. Department of Housing and Urban Development  
District Office of the Inspector General  
Richard B. Russell Federal Building  
75 Spring Street, SW, Room 700  
Atlanta, GA 30303-3388

Dear Mr. Milligan:

We received your letter regarding a review of the Durham Housing Authority's procedures for maintaining its housing units and for documenting two of the rating indicators in the PHMAP process. Your letter, with the accompanying draft of the audit report, was received with a great deal of interest. Over the years, much of the progress we have, organizationally, been able to make has resulted from the constructive critique which others have made of our operation.

The opportunity afforded the administration to participate in an audit exit conference, for the purposes cited in your letter, is one which we appreciate and also feel is warranted. We have, therefore, taken advantage of the opportunity to meet with Bill Fair at a meeting to be scheduled to be held Friday, April 18.

Please be informed that the Housing Authority administration does take issue with the content of much of the draft audit report. We recognize that our impressions may be modified as well as those, possibly, of the audit team when we do meet. In order to facilitate the April 18 dialogue, I am providing you and your Greensboro colleagues with a draft copy of our response to your audit report. It is hoped that our comments will be received in the way for which they are intended.

We look forward to the audit exit conference.

Sincerely,

James R. Tabron  
Executive Director

Encl.

cc Bill Fair

The Housing Authority of the City of Durham Post Office Box 1726 330 East Main Street Durham, North Carolina 27702  
(919) 683-1551 o FAX (919) 683-1237

### AUDIT RESPONSE

We would like to go on record as taking exception to the findings and comments in the report named "Audit Finding on Durham Housing Authority". Furthermore, we would like the comments which address these issues to become part of your report.

The Durham Housing Authority has never lost sight of its purpose which is to provide safe, decent, and sanitary housing to low and moderate income families nor has it strayed from that objective.

When your auditors first arrived, they asked the Director of Physical Services, the Director of Maintenance, and the Assistant Director of Maintenance what their personal opinion was concerning the quality of service the Maintenance Department provided. Without exception, each person told your team that, based on their knowledge of other PHA maintenance departments, the Durham Housing Authority (DHA) was above average. In spite of the negative point of view expressed in your report, these same employees hold fast to their belief that DHA is a leader and not a follower in the maintenance field. This statement should not be construed as our having an overly subjective or defensive tone, but one of pride and dignity in the overall quality of the work we perform. We are quick to accept constructive criticism when justified and, where appropriate, will begin immediately to correct any operational shortcomings.

During the initial interview with the auditors, we were told that the purpose of the audit was to evaluate a complaint received by Congressman Funderburk about the quality of maintenance at McDougald Terrace (NC13-2 & 3). The audit team appeared surprised when we presented them with a seventy-five page report, entitled "Housing Authority of the City of Durham, Administrative Review and Response to Maintenance Survey Findings for the McDougald Terrace Community", dated April 1996. Our staff was dismayed when the auditors seemed to have little or no interest in receiving the copy of the report. We understand that auditors cannot accept the contents of a report without confirming that the information contained in it is valid, but to leave the report laying on a conference table caused us to experience concerns and uncertainties as to the nature and scope of the audit.

The McDougald Terrace report was prepared for the Board of Commissioners of the Housing Authority as a result of the agency receiving, probably, the same complaint that Congressman Funderburk received. The report is a candid, honest and, we feel, forthright evaluation of the complaint. It contains six parts:

1. Executive Summary
2. Administrative Response to Maintenance Survey Findings
3. Maintenance Survey Summary
4. Response to Work Order Requests
5. Comprehensive Grant Program Community Meeting
6. Summary of Evaluation of 102 Units

The Executive Summary and Administrative Responses are six pages of self-examination, an in-depth analysis of the root causes of problems identified and a detailed statement of this agency's plans to correct the problems and eliminate their reoccurrence. After the auditors spent two months collecting new field data, the information reported in Finding 1 - "Improvements Were Needed in Maintenance Procedures" - is almost identical to what the administration had already written eight months prior to their arrival.

Our report identifies and addresses each complaint referenced for 102 units in the McDougald Terrace community. Our admission that much of the information was correct and needed attention, and the fact we did not strongly protest certain inaccuracies relative to some concerns cited in the report, demonstrated our sincere attempt to promptly do what was right by correcting all of the major procedural failures identified. We, in effect, provided the audit team with much of the information they had been sent to gather, within the first hour of their arrival.

It is unacceptable that the McDougald Terrace report is not part of or even mentioned, in your audit document. If such were the case, it would immediately dispel the suggestion in the report that the Physical Services Department had hidden information or attempted to mislead the Housing Authority's staff and Board of Commissioners. Nearly every fact included in your report had already been stated in our own report. In addition, much of the information in our document had already been aired in a local

newspaper. The audit report, while completely dismissing our pre-audit remedial efforts, seems content to rearticulate what we already knew and concluded needed to be done. We, therefore, respectfully, insist that the McDougald Terrace Report become part of your audit report. One should not read your audit report without the benefit of our report.

When the auditors interviewed staff, they were told and shown that all of the corrective plans promised in the McDougald Terrace report were complete with the exception of staffing vacant personnel positions. The employee positions still vacant are caused by a lack of available qualified people in the Raleigh-Durham area and not because we are not actively recruiting.

At the conclusion of the audit, the Executive Director requested the opportunity to include, in writing, the accomplishments made thus far to rectify problems identified in the McDougald Terrace report. The comments were attached to a copy of the McDougald Terrace report and sent to the office of the auditors in Greensboro by overnight express mail. Again, this exhibit fails to appear with the audit report and is not mentioned as even existing.

The report shared with the Housing Authority is not envisioned as a report to a member of the U. S. Congress. It is, for the most part, an incomplete and, therefore, unfair version of a report which causes any conclusions drawn by the reader to be

negative. It is not an impartial presentation of facts which we believe should be the responsibility of the United States Attorney General's office.

FINDING 1 - Improvements Were Needed in the Maintenance Procedures

DHA takes exception to the evaluation of our procedures for inspecting units and preparing work orders. As written, this gives the impression that DHA has not been able to maintain decent, safe, and sanitary units; that maintenance problems were mostly those which "posed a security or health risk or otherwise substantially lessened the quality of residents' living environment".

We endeavor to maintain each housing unit in accordance with HUD's housing quality standards (HQS) as per Title 24 the Code of Federal Regulations part 882.109:

- At least 90 of the HQS violations identified by IG auditors were incorrect or questionable based on 24 CFR part 882.109.
- Some concerns that were questioned by the IG report were discussed in conferences with the auditors , e.g. priorities for Comprehensive Grant funding for needed improvements.
- The four examples given in the report of findings were not your typical problems in type and quantity. Even the IG report (which is incorrect in its interpretation of violations) stated there was an average of 7. The examples given had at least 10 per unit.

- The staff size stated in the report is incorrect. The **IG** auditors were given an organization chart which lists staff. There are 48 non-supervisory positions paid for by the conventional housing program (1-43 units). **All but 7** are filled **by** permanent or temporary persons. This does not include community custodians, appliance cleaners, appliance repair personnel, and a stockroom clerk. Because of the difficulty filling vacant positions, temporary persons are being used.
- For unit inspections, it is not true that needed repairs were only made if the problems were called in **by** residents or the unit was vacated. **All** emergency and urgent problems were called in immediately. The others were scheduled and completed as time permitted.
- Planned improvements are included in the Comprehensive Grant Program which have items that are prioritized. As explained to an IG auditor, lead-based paint abatement in McDougald Terrace, Damar Court and Oxford Manor had priority over drainage problems in these communities. As a matter of fact, lead-based paint abatement took priority over most concerns. Regulatory items take precedent.

The **HUD** Housing Quality Standards clearly establishes inspection parameters while, at the same time, striking an appropriate balance between unit conditions and the ultimate goal of providing a supply of housing available for lease by eligible families.

The Durham Housing Authority, many years ago, adopted a standard for providing

vacant units to eligible families which are equal to, and in most instances, exceeds the rental housing market standards of most private sector entities. We feel that no other housing authority in North Carolina has a higher standard. We do not lease units which are not superior to the HQS standards. The audit team visited several of these newly renovated apartments and expressed their surprise and satisfaction with the quality of the renovations. There is, however, no positive mention of this observation in the audit report even though the HQS checklist specifically makes reference that one of the purposes of the HQS inspection is to insure that all vacant units pass that inspection before a lease is signed.

All of the DHA property is inspected at lease once a year. The Inspector has been trained by viewing instructional videotapes, visiting actual units, reading the Housing Quality Standards, and attending formal training courses conducted by competent personnel. The DHA Inspector conducted his annual inspections following the HQS guidelines he believed to be authentic.

The Inspector follows the 1985 HUD Housing Quality Standards and his reports reflect this. The Inspector does not feel he is under any unreasonable expectation to complete the unit inspections in 30 minutes. He is trained, competent, experienced, and properly prepared to go from unit to unit in this time period. These units are routinely located next door to each other. We disagree with the audit report comment "This schedule did not allow sufficient time to note all of the maintenance problems



and to prepare sufficient records..... It may have required the auditors more than 30 minutes to inspect their units because of distance between sites, their level of training, or experience. These circumstances may account for the reason why the auditors could not complete a thorough inspection of a unit in 30 minutes which caused them to report some items as a failure instead of a comment.

There are varying degrees within each "Pass" or "Fail" category. "Fail", as an emergency, requires an immediate response. **"Fail"**, as a non-emergency, requires that the problem be abated within 30 days. **"Pass"**, with a comment, records the condition of the unit and is a basis for improvements above the minimum standard. "Pass" speaks for itself.

We regret the peeling paint condition in a number of our units. Newly painted vacant units sometimes require repainting within days after the renovation crews have finished. Professional advice has been obtained from competent persons from Sherwin Williams, Glidden, and the North Carolina Department of Agriculture. It is not the top coat of paint which is losing its surface adhesion. To date, no one has been able to suggest a cause, much less a cure. The repainting is creating an undesired expense and an inconvenience to our residents.

The peeling paint does not present a lead-based paint threat because DHA has completed nearly all of its abatement effort and we know the location of the remaining

problems. The auditors were told all of this, yet there is no mention of our efforts in their report.

The audit team was informed of our concern about the condition of the windows, heating, and floors at Club Boulevard, NC13-9. We informed them that the extent of the repairs required were beyond our funding capability and that the most we could do was perform routine maintenance. We further told them that HUD was fully aware of the condition because we had requested Comprehensive Grant funding several years ago. They were also told that HUD had agreed that the problem needed to be corrected, that funds had been made available, contracts executed, and work scheduled to begin. Before the auditors completed their on-site assessment, the work began on the installation of new windows, new gas furnaces, and new hot water heaters. We cannot imagine why, as another example, this very important information was not included in the audit report.

### Finding 2 - PHMAP Certification Score Was Overstated

The auditors, in their opening comments, for this finding state "The Authority did not have adequate support for two parts of its Public Housing Management Assessment Program (PHMAP) fiscal year 1995 score ... ". Tested indicators were numbers (6) Outstanding Work Orders and (7) Annual Inspection and Condition of Units.

Based on the auditors' computations, DHA should have scored a 79.17 on FYE 1995

(PHMAP). This score is 13.69 points lower than the 92.86 FYE 1995 PHMAP score submitted to HUD by DHA. (See EXHIBIT #1).

Indicator number (6) and (7) combine for a total of 40 weighted points.

DHA feels that it should receive the entire 10 weighted points for Indicator number (6): Element #1 - Emergencies Abated Within 24 Hours - 100% completed within 24 hours (hard copy documentation is available); Element #2 - Percentage of Outstanding Work Orders at FYE - 1.47% (hard copy documentation is available). This is a separate indicator from the others, including the annual inspection. Indicators are major categories of PHA management functions that are examined under this program for assessment purposes. The list of individual indicators and the way they are graded is provided in CFR 24-901.10; Element #3 - Whether Progress Had Been Demonstrated Over the Most Recent 3 Year Period for Reducing the Time Required to Complete Maintenance Work Orders. There is a reduction of 5.33 percentage points in the past 3 years, i.e. 1993 FYE 6.8%, 1994 FYE 1.1%, 1995 FYE 1.47%.

DHA feels it should receive, at a minimum, 26 of the 30 weighted points for Indicator number (7): Component #1 System to Track Inspection and Repair of Units and System - This indicator "tests" the establishment of a system to track #1 inspections and #2 repair of units.

In regards to #1 inspections, an advanced schedule for inspecting all units is approved by the Physical Services and Operations departments. Housing Managers and residents are notified of inspection dates. This process allows for the tracking of inspections by maintenance, management, and the resident. In addition, verification of each unit inspection is made by the Inspector.

Concerning #2 repair of units, while such is not now the case, in 1995, once unit evaluations (HQS) were completed, they were entered into the work order system as time permitted. Repair of units and systems were monitored by the various maintenance supervisors. Tracking of repairs was monitored by the maintenance supervisors. When the backlog became too cumbersome, the maintenance supervisors delayed the generation of additional inspection work orders until repairs were made from the existing work orders. A judgement was also made by the maintenance supervisors to accept additional inspection work orders as time permitted. For each unit in the work order system, information can be generated by inspection type code to track completed work orders. There is a specific order and method to inspections and repair of units.

Component #2 Annual Inspection of Units - This indicator tests the inspection of units in the immediate past fiscal year, using standards that were at least equivalent to the Housing Quality Standards (HQS). All units were inspected using HQS. However interpretations or translations of regulations vary. Even a government document -

March 1989 HUD 605-(H)3 entitled U. S. Department of Housing and Urban Development Office of Housing, Housing Inspection Manual states "The statements and conclusions contained herein are those of Abt Associates, Inc., and do not necessarily reflect the views of the U. S. Government in general or HUD in particular." Our HQS inspections are reasonably equivalent to the letter of the requirements as well as influenced by local codes and conditons. DHA's Inspector is currently being certified through an authorized HQS training institution.

Component #3 Correction of Unit Deficiencies - The work orders in the computer system support 100% of emergency inspection items were corrected within 24 hours and a significant percentage of non-emergency concerns. Based on the time frames given in the regulations, this component should receive some credit.

Component #4 Inspection and Repair of Systems - Systems were inspected and defects were corrected in 25 calendar days or less.

It appears that the auditors chose to ignore the information we gave them concerning the Comprehensive Grant Program (CGP) funding which will be spent in the communities they inspected. Attached is the 1996 approved CGP. We now ask that it, too, become a part of this response. It will demonstrate to everyone that a great number of the reported HQS violations were known to us and to HUD, which is why CGP funds were made available. It will also demonstrate that the Housing Authority

was aware of the problems and exercised appropriate "good judgement", mandated in the narrative portion of Chapter 5 and the Housing Quality Standards manual, by requesting HUD funding.

This agency performs at a much higher level of service than is reflected in the audit statement which says "We are failing in our responsibility to meet the program requirements to provide, decent, safe, and sanitary housing.

The auditors randomly visited vacant units which were ready for leasing. They saw a quality of work which would compete with most private sector leased housing, and be "two cuts" above most of them. The appliances had been removed and brought into the appliance preventive maintenance shop. They were being steam cleaned, sanded, and repainted; disassembled, and all defective or worn parts were replaced. No other PHA in North Carolina, to our knowledge, has a higher standard of renovation of vacant units than DHA. We frequently, contract with several small contractors to augment our staff for unit turnaround.

The employees of the maintenance section completed 30,800 work orders in 1996. Of these, 823 were generated from the HQS inspection reports. Three hundred and sixteen were for preventive maintenance. There were 11,408 Routine, 5,412 Priority, **5,615** Urgent, and 281 Emergency work orders completed during this year.

Thirty thousand eight hundred (30,800) work orders indicate, on an average, that we visited every DHA unit at least 15 times, or an average of at least one time every month. We do not know of another PHA in North Carolina with a better record with the same comparable crew size and number of units given the age of our complexes.

Our response time to Emergency work orders is 0.70, or less than 1 hour, within the standard of one day. This response time is for emergencies reported both day or night. It is doubtful if any other PHA has a better record.

The crews installed 1,584 receptacle covers and 48 switch plate covers. There were 17,136 pieces of floor tile replaced and 5,348 square feet of window glass installed. These quantities would tend to discredit any notion that one might have that we only make repairs to units when they are renovated or when the resident calls in a complaint as the audit report implied.

The maintenance section is highly motivated, efficient, well trained, properly equipped, stocked, and managed organization, with a dedicated, committed staff, which does an above average job of maintaining our units. "Enough is never enough" is their goal!

The use of "good judgement" is a mandate to all HQS inspectors, which we believe should be the same mandate to the PHA. After all, the Inspector is the official representative of the organization and cannot be separated from his employer.

We contend that almost any adult could inspect any unit, whether public or private housing, and could find at least one HQS failure. Most of us would be incensed if someone told us that our home was unfit for human habitation, unsafe, and/or unsanitary if the Inspector found any one of these items: a light socket without a bulb, a cracked receptacle cover that was broken with the vacuum cleaner cord, a spot of nonlead-based paint peeling on a wall, a hole in the wall behind a door caused by the lock knob, a window glass our child has cracked, a piece of floor tile broken, our shoes and clothes draped where we took them off, or a place in the yard where water stands after a rain. By HQS, none of them would fail a unit. However, if someone chose to use the HQS standards, which are subjective, to say you did have an unfit place to live, they could have a field day. Once it is said, and once it is published, people will assume the report to be authoritative even if the information is not correct or complete.

Many of us have spent a lifetime working in the public sector. We are familiar with people who judge us on a standard that everything must be right or, if not, it must be wrong; and there is no such thing as in-between.

We believe there is a point of reasonableness which must apply. We strive to always be right, but recognize that we will sometimes err in our judgement and/or actions.

When such is the case we expect to be held accountable.



We appreciate the opportunity to share this information with you, information we feel is critical to a full and proper analysis of this organization's maintenance operation. We are quite concerned with the nature of the contend and the unfair gravity of your report. Had it contained a more balanced inclusion of ALL that we are doing and have done, the reader (any reader) might be less inclined to view us as an organizational entity which really does not give a d - - - !

Please share with us the names of any recipients of the final audit report. It is possible that I may wish to personally contact them.

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# Maintenance Problems for Test Units

<u>Unit Address<sup>2</sup></u>	<u>Maintenance Problems</u>	
	<u>Type<sup>3</sup></u>	<u>Description</u>
26 C Holman	2.3*	Electrical hazard, need ground fault interrupter (GFI) outlet in kitchen.
Total	1 HQS	
11 B Morning Glory	2.3*	Needs GFI in kitchen.
	<u>2.11</u>	Missing refrigerator handle.
Totals	1 HQS, 1 other	
10 C Morning Glory	2.3*	Needs GFI in kitchen.
	2.10*	Three of four range burners were inoperable.
	2.8*	Tile hazardously broken in front of sink.
	4.9	Woodsill and plaster wall paint peeling in right rear bedroom.
	4.3*	Missing electrical switch cover in right front bedroom.
	4.9	Ceiling paint peeling in right front bedroom.
	4.3*	Missing outlet cover in left rear bedroom.
	4.9	Paint cracked and peeling at window sill in left rear bedroom.
	4.3*	Missing outlet cover in left front bedroom.
	4.9	Ceiling paint peeling in left front bedroom.
	4.5	Cracked window pane in left rear bedroom.
	<u>4.5</u>	Cracked window pane in left front bedroom.
Totals	6 HQS, 6 other	
4 G Kendrick Circle	1.8*	Living room floor settling and is a tripping hazard.
	1.9	Paint peeling in living room.
	2.3*	Needs GFI in kitchen.
	8.6*	Cover on electrical switch in interior hall/stairway missing.
	8.6*	Leak and peeling paint at overhead crawl space entrance.
	1.6	Crack in ceiling of living room.
	<u>2.6</u>	Crack in ceiling of kitchen.
Totals	4 HQS, 3 other	
1 G Morning Glory	2.3*	Needs GFI in kitchen.
	2.10*	Kitchen stove burners do not light.
	1.4*	Living room window off track and cannot be locked.
	<u>2.11</u>	Leaking refrigerator.
Totals	3 HQS, 1 other	

<sup>2</sup> Item numbers correspond to those listed on Form HUD 52580, Section 8 Housing Program Inspection Check List.

<sup>3</sup> Items marked \* are HQS violations, others are needed repairs which are not HQS violations.

14 G Dorothy Street	2.3*	Needs GFI in kitchen.
	2.13	Kitchen cabinet fascia separating.
	3.3*	Needs GFI in bath.
	3.7	Wall cracked behind commode in bath.
	3.8	Needs new tile around commode in bath.
	8.3*	Evidence of roach infestation.
	<u>4.8*</u>	Tile broken in right rear bedroom and is a tripping hazard.
Totals	4 HQS, 3 other	
17 C Moore Place	1.2	Light globe missing in living room.
	1.9	Chipping and peeling paint in living room.
	2.3*	Needs GFI in kitchen.
	3.3*	Needs GFI in bath.
	4.2	Light globe missing in right rear bedroom.
	4.3*	Outlet cover missing in right rear bedroom.
	4.4	Damage to closet door in right front bedroom.
	4.4	Damage to closet door in left front bedroom.
	4.9	Peeling paint in left rear bedroom.
	6.8*	Defective smoke detector.
<u>7.4*</u>	Hazardous flammable material stacked around water heater.	
Totals	5 HQS, 6 other	
19 D Sima Street	1.5*	Door does not act as thermal barrier at front entrance.
	2.3*	Needs GFI in kitchen.
	2.11*	Defective seal on refrigerator.
	3.3*	Needs GFI in bath.
	<u>8.10*</u>	Poor landscaping drainage.
Total	5 HQS	
22 G Wabash Avenue	1.4*	Air conditioner improperly installed in living room, allows easy access to unit.
	1.9	Cracking, peeling paint on living room ceiling.
	2.3*	Needs GFI in kitchen.
	2.10*	Two of four kitchen stove burners do not light.
	2.12	Leaking kitchen faucet.
	2.13	Kitchen cabinet drawers and doors are missing.
	3.7*	Holes in bathroom wall.
	3.9	Mildew and cracking paint in bath.
	4.7*	Holes in wall in right front bedroom.
	4.9	Cracked and peeling paint in right front bedroom.
	4.7*	Holes in wall of right rear bedroom.
	6.8*	Smoke detector not operable.
	<u>8.6*</u>	Hole in stairway hall, stair tread cracked.
Totals	8 HQS, 5 other	

48 C Dayton Street	2.3*	Needs GFI in kitchen.
	<u>3.3*</u>	Needs GFI in bath.
Total	2 HQS	
3602 Keystone Place	2.13	Kitchen cabinet base rotted out.
	8.3*	Roach infestation.
	<u>8.4*</u>	Garbage and trash throughout unit.
Totals	2 HQS, 1 other	
3622-2 Danube Lane	1.9	Ceiling paint peeling in living room, possible leak in bath upstairs.
	2.10	Stove was filthy and slow to light.
	2.13	Kitchen cabinet separating from wall.
	3.3*	Downstairs 1/2 bath needs GFI.
	3.11*	Basin coming off wall in upstairs bath.
	4.3*	Outlet cover missing in left front bedroom.
	4.8*	Missing floor tile is a trip hazard in left front bedroom.
	4.3*	Cover plate over light switch missing in left rear bedroom.
	4.6	Ceiling sagging in right rear bedroom.
	4.7	Small hole in wall in right front bedroom.
	4.7	Small hole in wall in right rear bedroom.
	7.2	Heat vents in both bedrooms were not secured to wall.
	8.4*	Garbage and trash throughout unit.
	8.6	Light out in interior hall/stairway.
	<u>8.10*</u>	Severe erosion undermining steps and walkways outside.
Totals	7 HQS, 8 other	
3622-9 Danube Lane	1.4*	Cannot close or lock living room window.
	3.3*	Downstairs 1/2 bath needs GFI.
	3.3*	Upstairs bath needs GFI.
	4.3*	Missing outlet cover in right rear bedroom.
	7.4*	Water heater pop-off valve not vented to floor.
	7.6	Washer drain stopped up.
	<u>8.10*</u>	Poor landscaping drainage.
Totals	6 HQS, 1 other	
3904-6 Dearborn Drive	1.3*	Broken outlet cover in living room.
	2.3*	Kitchen light fixture hanging, shows exposed wires.
	3.3*	Downstairs 1/2 bath needs GFI.
	3.3*	Upstairs bath needs GFI.
	3.4	Defective downstairs bath doorknob.
	3.13*	Downstairs 1/2 bath ventilator does not work.
	4.7*	Hole in wall in right rear bedroom.
	4.7*	Hole in wall behind door in left rear bedroom.



	7.6	Upstairs bath sink not draining.
	8.4*	Large amount of trash in unit.
	8.7*	Damaged left rear bedroom door.
	8.7*	Right front bedroom door missing.
	<u>8.7*</u>	Left front bedroom door would not close, missing hardware.
Totals		11 HQS, 2 other
3709-3 Wiggins Street	1.9	Peeling paint, living room ceiling.
	3.3*	Downstairs 1/2 bath needs GFI.
	3.3*	Upstairs bath needs GFI.
	3.4	Damaged doorknob in 1/2 bath.
	3.9	Peeling paint on full bath ceiling.
	4.3*	Missing outlet cover in right rear bedroom.
	6.8*	Inoperable smoke detector.
	8.3*	Roach infestation.
	8.6*	Divot in hallway.
	<u>8.6*</u>	Large hole in wall next to bath.
Totals		7 HQS, 3 other
3323 A Glasson Street	2.11	Refrigerator leaks.
	<u>8.10</u>	Streets and driveways need repair.
Total		2 other
3325 H Glasson Street	3.12	Tub needs caulking.
	<u>8.10</u>	Streets and driveways need repair.
Total		2 other
3419 C Glasson Street	4.3	Bedroom window sweats badly.
	<u>8.10</u>	Streets and driveways need repair.
Total		2 other
3309 E Mordecai Street	3.13*	Bath ventilator fan does not work.
	8.6*	Dresser blocks egress from bath, no secondary exit available.
	<u>8.10</u>	Streets and driveways need repair.
Total		2 HQS, 1 other
3408 C Mordecai Street	6.2*	Tripping hazard at outdoor stairs.
	8.3*	Evidence of infestation.
	8.4*	Extensive garbage and debris in unit.
	<u>8.10</u>	Streets and driveways need repair.
Total		3 HQS, 1 other

2410 Glenbrook Drive	2.9	Peeling, chipping paint in kitchen.
	3.8*	Evidence of rotted floor in bath.
	1.5*	Deteriorated windows in living room do not provide a thermal barrier.
	2.5*	Deteriorated windows in kitchen do not provide a thermal barrier.
	4.5*	First bedroom windows do not provide a thermal barrier.
	4.5*	Second bedroom windows do not provide a thermal barrier.
	4.5*	Third bedroom windows do not provide a thermal barrier.
	4.9	Peeling paint in left rear bedroom.
	6.2	Missing brick on porch.
	6.4*	Rotted exterior wood.
	<u>7.4*</u>	No discharge line to floor for water heater pop off valve.
	Totals	8 HQS, 3 other

2436 Glenbrook Drive	1.3*	Loose outlet cover in living room.
	1.5*	Windows in living room do not provide a thermal barrier.
	2.3*	Needs GFI over sink.
	2.3*	Open circuit over sink, no light bulb.
	2.4	Peeling paint on kitchen door.
	2.6	Dirty ceiling in kitchen.
	2.5*	Door does not keep out air in kitchen.
	2.5*	Windows do not keep out air in kitchen.
	2.8*	Tile in kitchen hazardously broken.
	2.9	Peeling paint on kitchen ceiling and door.
	3.5*	Bath window does not keep air out.
	3.9	Cracked paint in bath.
	3.10	Flush toilet leaks in bath.
	3.11	Sink leaks in bath.
	3.12	Tub leaks in bath.
	4.4*	Window falls out in right rear bedroom.
	4.4*	Air conditioner not properly installed in left rear bedroom, allows easy access to unit.
	4.5*	Broken window pane in right rear bedroom.
	4.5*	Left rear bedroom window does not provide a thermal barrier.
	4.5*	Left front bedroom does not provide a thermal barrier.
	4.9	Peeling paint in right rear bedroom.
	4.9	Peeling paint in left rear bedroom.
	6.1*	No crawlspace door, water under unit.
6.4*	Rotted exterior wood.	
6.6	Peeling exterior paint.	



	8.3*	Evidence of infestation.
	8.4*	Debris all over unit, major problem.
	8.7*	Hole in closet wall through brick exterior wall.
	<u>8.10*</u>	Poor landscaping drainage.
Totals		19 HQS, 10 other
14 Dubonnet Place	1.4*	Broken lock on living room window.
	1.5*	Broken window pane, and window is deteriorated.
	2.3*	Needs GFI over kitchen sink.
	2.5*	Kitchen windows do not provide thermal barrier.
	3.4*	Bathroom window has a broken lock.
	3.5*	Bathroom window has a broken pane.
	3.11	Washbasin in bath needs cosmetic repair.
	4.4*	Broken window lock in right front bedroom.
	4.5*	Window failing as thermal barrier in right front bedroom.
	4.5*	Window failing as thermal barrier in left rear bedroom.
	4.5*	Window failing as a thermal barrier in left front bedroom.
	4.9	Peeling paint in left front bedroom.
	6.4*	Holes in exterior wood at porch.
	6.6	Peeling cracking exterior paint.
	7.2*	No cover over furnace pilot light, accumulated dust behind filter.
	<u>8.6*</u>	Hole in ceiling at crawl space.
Totals		13 HQS, 3 other
2515 Glenbrook Drive	1.5*	Living room window failing as a thermal barrier.
	2.3*	Needs GFI over kitchen sink.
	2.4*	Kitchen window lock broken.
	2.5*	Kitchen window failing as a thermal barrier.
	3.5*	Bathroom window failing as a thermal barrier.
	3.11	Bath sink clogged up.
	3.12	Paint in bathtub, hazard to child.
	4.4*	Window falls out, no security in left front bedroom.
	4.5*	Window failing as a thermal barrier in left front bedroom.
	4.5*	Window failing as a thermal barrier in right rear bedroom.
	4.5*	Window failing as a thermal barrier in left rear bedroom.
	6.4*	Holes in exterior wood at porch.
	6.6	Peeling, cracking, exterior paint.
	<u>7.6</u>	Leaky shower, stopped up sink.
Totals		10 HQS, 4 other
2517 Glenbrook Drive	1.4*	Broken lock on living room window.
	1.5*	Window failing as a thermal barrier.
	2.3*	Needs GFI over kitchen sink.

2.4\* Broken lock on kitchen window.

	2.5*	Kitchen window failing as a thermal barrier.
	2.10*	Two burners do not work on kitchen stove.
	2.13	Kitchen cabinets doors off hinges.
	3.7*	Baseboard pulling away to expose unit to drafts and vermin in bath.
	4.4*	Broken window lock at right front bedroom.
	4.5*	Right front bedroom window failing as a thermal barrier.
	4.4*	Air conditioner improperly installed at left rear bedroom, allows air and physical access to unit.
	4.5*	Left rear bedroom window failing as a thermal barrier.
	4.4*	No window lock at left front bedroom window.
	<u>4.5*</u>	Left front bedroom window failing as a thermal barrier.
Totals		13 HQS, 1 other
1003 B Sherwood Drive	2.3*	Needs GFI over kitchen sink.
	2.8*	Soft and cracking tile at kitchen sink.
	3.11	Bathroom sink is rusting and missing enamel.
	3.12	Bad mildew in bath tub, caulk failing.
	6.1*	Holes in foundation, vent covers missing.
	6.8*	Inoperable smoke detector.
	8.3*	Evidence of infestation.
	<u>8.6*</u>	Cable wire trip hazard on interior stair/hall.
Totals		6 HQS, 2 other
1008 A Sherwood Drive	2.3*	Needs GFI over kitchen sink.
	3.8*	Bath floor hazardous at commode.
	3.11*	Half bath sink not properly affixed to wall.
	3.11	Porcelain off sink in full bath.
	8.3*	Evidence of infestation.
	<u>8.7*</u>	Broken mirror in 1/2 bath.
Totals		5 HQS, 1 other
1015 C Sherwood Drive	2.3*	Needs GFI over kitchen sink.
	2.9	Peeling paint at cleanout in kitchen.
	2.13	Filthy tops and drawers on kitchen cabinets, and door off cabinets.
	3.12	Bad mildew problem in bath tub, caulk failing.
	4.3*	Cover missing for front bedroom baseboard heating unit.
	7.2*	Cover missing for baseboard heating unit.
	<u>8.3*</u>	Evidence of infestation.
Totals		4 HQS, 3 other

Appendix B

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1027 B Sherwood Drive	2.3*	Needs GFI over kitchen sink.
	2.8	Kitchen floor is not level.
	3.8	Spongy bath floor at commode.
	<u>8.10*</u>	Bad sidewalk erosion.
Totals	2 HQS, 2 other	
1029 F Sherwood Drive	1.4	Storm door improperly installed at front door.
	1.5*	Broken window pane in living room.
	2.3*	Needs GFI over kitchen sink.
	2.11*	Refrigerator not working properly.
	2.13	Cracked & broken kitchen cabinets.
	3.3*	Broken switch plate in 1/2 bath.
	3.8*	Tile pulled up, possible subfloor failure in large bath.
	3.11*	Half-bath basin pulling off wall.
	4.7*	Rear bedroom access door to plumbing not in place.
	<u>8.3*</u>	Evidence of infestation.
Totals	<u>8 HQS, 2 other</u>	
Total All Units	<u>165 HQS, 79 other</u>	

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# Distribution

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