PRINTED: 03/25/2015
FORM APPROVED

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 |
|---|---|---|---|
| | HAL041080 | A. BUILDING: 01 B. WING | 02/27/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ABBOTSWOOD AT IRVING PARK ASSISTED LI | 3506 FLINT STREET GREENSBORO, NC 27405 |

| (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) COMPLETE DATE |
|---|---|---|---|---|
| C 000 | Initial Comments<br><br>Report of a Biennial Construction Survey by Ed Miller on February 18, 2015.<br><br>Records Indicate the Facility was either first submitted or licensed on May 28, 1998. Therefore, we are requiring that this facility meet the 1996 "Regulations for Homes for the Aged and Disabled ; Minimum standards and Regulations and the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1996 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I). Licensed for TWENTY EIGHT RESIDENTS.<br><br>Physical plant deficiencies were noted which require a plan of correction. | C 000 | CONSTRUCTION SECTION<br>APR 01 2015<br>RECEIVED | |
| C 111 | Must Have Current San. & Fire Safety Reports<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(<br>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.<br><br>This Rule is not met as evidenced by:<br>1. Based on Record review, and interview with Executive Director/Maintenance Director the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discover with annual inspections.<br>Findings on February 27, 2015:<br>a. The records indicated that the last Annual | C 111 | Fire Inspection w/ supporting documents from 2/2015 are attached. Violations documented confirmed as corrected - (C111) Have requested a statement to that effect w/ the local fire department | 3/20/15 |

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|---|---|---|---|
| | HAL041060 | A. BUILDING: 01<br>B. WING | 02/27/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ABBOTSWOOD AT IRVING PARK ASSISTED LI | 3506 FLINT STREET<br>GREENSBORO, NC 27405 |

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| C 111 | Continued From page 1<br>Fire Officials Safety Inspection Report was performed over a year ago on January 29, 2014. | C 111 | | |
| C 133 | Bathrooms-Hand Grips<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(e) The requirements for bathrooms and toilet rooms are:<br>(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the facility failed to ensure that all resident commodes, tubs and showers are equipped with hand grips. This deficiency affects all residents who use theses fixtures by not providing increasing safety, stability/balance, and maneuverability at the fixtures.<br>Findings on February 27, 2015:<br>a. There was no hand grip (grab bar) in the first stall in the Women Toilet Room. | C 133 | Handgrip installed CC133 | 3/18/15 |
| C 153 | Exit Door Locks-Single Hand Motion<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(h) The requirements for outside entrances and exits are:<br>(3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and | C 153 | | |

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| | HAL041060 | A. BUILDING: 01 B. WING _____ | 02/27/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ABBOTSWOOD AT IRVING PARK ASSISTED LI | 3506 FLINT STREET GREENSBORO, NC 27405 |

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| C 153 | Continued From page 2<br>This Rule is not met as evidenced by:<br>1. Based on observation, the building was not maintained in a safe manner by not proving single hand motion door hardware at exits. This would affect all residents, staff and visitors by requiring more time to exit the building during an emergency.<br>Findings on February 27, 2015:<br>a. The following exit doors have dead bolt with inside thumb turn release in addition to a lockset door handle requiring multiple hand motions to operate the door.<br>I. Right side corridor exit near Kitchen. | C 153 | Dead bolt removed & wc installed latching device operable by single hand motion (C153) | 3/4/15 |
| C 164 | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions.<br>Findings on February 27, 2015:<br>a. Some plumbing fixtures had hoses long enough to reach gray water that were not equipped with vacuum breakers to prevent backsiphonag of gray water back into the potable water plumbing lines. The hoses are at the | C 164 | | |

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| | HAL041060 | A. BUILDING: 01<br>B. WING _____ | 02/27/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ABBOTSWOOD AT IRVING PARK ASSISTED LI | 3506 FLINT STREET<br>GREENSBORO, NC 27405 |

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| C 164 | Continued From page 3<br>following locations to include but not limited to:<br>i. Beauty Shop,<br>ii. Both Showers to Bedroom 116. | C 164 | Installed vacuum breaker in beauty shop & in each hand held shower for 5 needed apartments, including 116, where vacuum breakers were absent. All Apt. Reinspected for presence of vacuum breaker. (C164) | 3/30/15 |
| C 185 | Fire Safety-Rehearsals on Each Shift<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0309 PLAN FOR EVACUATION<br>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.<br>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.<br>(f) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Record review, and interview with Executive Director/Maintenance Director the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not having trained staff and cooperative residents when a there is a need to evacuate the building.<br>Findings on February 27, 2015:<br>1. There was no documentation of second shift's rehearsals for the second, and third quarter or third shift's rehearsals for the second and fourth quarters.<br>2. The records of fire plan rehearsals did not describe what the residents rehearsed and provided limited description of what staff rehearsed. | C 185 | Calendar prepared by Safety Committee for required rehearsals. Committee will review monthly. New form requiring more detailed account of drill & associate response was implemented. (C185) | 3/26/15 |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin.<br>Findings on February 27, 2015:<br>a. The front leaf of the Dining Room corridor door did not automatically latch into its frame when the fire alarm system released the doors.<br>b. The left leaf of the Activity room corridor door did not automatically latch into its frame when the fire alarm system released the doors.<br>c. The Right leaf of the Smoke Barrier wall near Bedroom 110, did not automatically latch into its frame when the fire alarm system released the doors.<br><br>2. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and | C 189 | Inspected & made adjustments to ensure all fire doors properly latch. Added proper latch of fire doors to inspection form for continued compliance (C189) | |

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| C 189 | Continued From page 5<br>visitors if smoke/fire is not contained in Room or compartment of origin.<br>Findings on February 27, 2015:<br>a. The ceiling had a ½ inch flexible metal conduit running through a 1 ½ inch hole in the Fire Control Valve Room,<br>b. The back Exit Corridor near the Activity Room had a 1 inch by 2 inch hold through the ceiling,<br>c. The ceiling had a 3 inch by 3 inch hole in the Soiled Utility Room's Electrical Room,<br>d. The ceiling had a hole in the Janitor/Mech Room,<br>e. The ceiling had a hole in the Janitor/Mech Room's Electrical Room.<br><br>3. Based on observation, the facility did not meet the 1996 NC State Building Code as relates to exit signs.<br>Findings on February 27, 2015:<br>a. There is no directional exit sign directing you into the exit access corridor adjacent to the Kitchen when you exit the control doors near Women Toilet Room traveling to the right. | C 189 | All penetrations addressed & repaired<br><br>sign is in place | 3/3/15<br><br>2/27/15 |
| C 191 | Unvented & Portable Elec. Heaters Prohibited<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.<br>(2) Unvented fuel burning room heaters and portable electric heaters are prohibited.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. | C 191 | | |

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| C 191 | Continued From page 6<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This could affect all residents, staff and visitors if heater were the ignition source of a fire. The danger increases if used by resident or combustible material were near.<br>Findings on February 27, 2015:<br>a. A portable electric heater was found in the Human Resource Director Office, deficiency corrected before Construction Surveyor departed the site,<br>b. A portable electric heater was found in the Assisted Living Director Office, deficiency corrected before Construction Surveyor departed the site. | C 191 | Heaters Removed Same day of inspection (C191) | 2/27/15 |
| C 199 | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 .OTHER REQUIREMENTS<br>(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:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by: | C 199 | | |

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| C 199 | Continued From page 7<br>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors.<br>Findings on February 27, 2015:<br>a. The spot exhaust fan was not running, at the following locations to include but not limited to:<br>i. Soiled Utility Room.<br>ii. Laundry Room. | C 199 | Fans in areas noted were inspected & repaired where applicable for proper operation and associates directed that fans must be on in these locations (C199) | 3/31/15 |

# Greensboro Fire Department
## 1512 N.Church Street
## Greensboro, NC 27405

## Violation Notice

**Responsible Party:**

VERRA SPRING AT ABBOTSWOOD
PINTADA, FELIX
3506 FLINT ST
Greensboro, NC 27405

**Inspected Property:**

VERRA SPRING AT ABBOTSWOOD
3506 FLINT ST
Greensboro, NC 27405
Occup ID - 200100178

An inspection (1A-General Inspection) of your facility on Monday February 9, 2015 revealed the violations listed below.

ORDER TO COMPLY: Since these conditions are contrary to law, you must correct them upon receipt of this notice. An inspection to determine compliance with this Notice will be conducted on or after **Monday March 9, 2015**

If you fail to comply with this notice before the reinspection date listed, you may be liable for the penalties provided for by law for such violations.

| Violation Code | Citation | Count |
|---|---|---|
| **907.9.5 Maintenance, inspection and testing**<br>The building owner shall be responsible to maintain the fire and life safety systems in an operable condition at all times. Service personnel shall meet the qualification requirements of NFPA 72 for maintaining, inspecting and testing such systems. A written record shall be maintained and shall be made available to the fire code official. | $0 | 1 |
| **901.6 Inspection, testing and maintenance**<br>Fire detection, alarm and extinguishing systems shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested and maintained or removed. | $0 | 1 |

**FF T.J. Johnson**
**Fire Inspector**
**(336)373-2177 Office**
**(336)412-6207 Fax**

# Greensboro Fire Department
## 1512 N.Church Street
## Greensboro, NC 27405

### Violation Notice

**Responsible Party:**

ABBOTSWOODS APTS
PINTADO, FELIX
3504 FLINT ST
Greensboro, NC 27405

**Inspected Property:**

ABBOTSWOODS APTS
3504 FLINT ST
1 BLDG
Greensboro, NC 27405
Occup ID - 199907406

An inspection (1A-General Inspection) of your facility on Friday February 6, 2015 revealed the violations listed below.

ORDER TO COMPLY: Since these conditions are contrary to law, you must correct them upon receipt of this notice. An inspection to determine compliance with this Notice will be conducted on or after **Monday March 9, 2015**

If you fail to comply with this notice before the reinspection date listed, you may be liable for the penalties provided for by law for such violations.

| Violation Code | Citation | Count |
|---|---|---|
| **907.9.5 Maintenance, inspection and testing** | $0 | 1 |

The building owner shall be responsible to maintain the fire and life safety systems in an operable condition at all times. Service personnel shall meet the qualification requirements of NFPA 72 for maintaining, inspecting and testing such systems. A written record shall be maintained and shall be made available to the fire code official.

| | | |
|---|---|---|
| **901.6 Inspection, testing and maintenance** | $0 | 3 |

Fire detection, alarm and extinguishing systems shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Nonrequired fire protection systems and equipment shall be inspected, tested and maintained or removed.

- SUPPLY A COPY OF RECENT SPRINKLER TEST
- REMOVE METAL PLATES FROM ALL SPRINKLER HEADS (ELEVATOR CLOSETS AND THROUGHOUT)
- REPLACE MISSING SPRINKLER HEADS IN BOX IN RISER ROOM

| | | |
|---|---|---|
| **1030.2 Reliability** | $0 | 1 |

Required exit accesses, exits or exit discharges shall be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency when the areas served by such exits are occupied. Security devices affecting means of egress shall be subject to approval of the fire code official.

- REPAIR FRONT DOOR. UNDER EMERGENCY SITUATIONS DOOR DOES NOT FUNCTION PROPERLY

# Greensboro Fire Department
1512 N.Church Street
Greensboro, NC 27405

## Violation Notice

FF T.J. Johnson
Fire Inspector
(336) 373-2177 Office
(336) 412-6207 Fax

SUNLAND FIRE PROTECTION, INC.

# REPORT OF SPRINKLER INSPECTION

HP License # FS 22924
Wilmington License # FS 31212

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Date | 2/4/2015 | | | WO # | 416 | | |
| Inspector | Cary Greenstreet | Lic # | 30770 | Insp Frequency | Quarterly | | |
| Property Name | Verra Springs at Abbottswood | | | Owner Name/Email | Felix Pintado | pintado@kiscosl.com | |
| Street | 3506 Flint St. | | | Street | 3504 Flint St | | |
| City/State/Zip | Greensboro | NC | 27405 | City/State/Zip | Greensboro | NC | 27405 |
| Phone/Cell | (336)282-8870 | (336)362-9196 | | Phone/Cell | (336)282-8870 | (336)362-9196 | |
| Contact Name/Email | Felix Pintado | pintado@kiscosl.com | | | | | |

Scheduled Services:Equipment: FS DryService: Quarterly Fire Sprinkler InspectionEquipment: FS WetService: Quarterly Fire Sprinkler Inspection : 1 - DRY (FS Dry) ; 1 - WET (FS Wet) :

| | | |
|---|---|---|
| 2. FIRE DEPARTMENT CONNECTIONS | | |
| a. Are the fire department connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight? | | |
| b. Are the fire department connections visible/accessible? Are signs in place? | | |
| 4. CONTROL VALVES | | |
| a. Are control valves and trim valves in appropriate open or closed position? | | |
| c. Control valves appear in good external condition? | | |
| d. Were the standpipe hose valve caps in place and left hand tight? | | |
| e. Are the hose valves easily accessible and not blocked? | | |
| f. Are control valves easily accessible? | | |
| g. Are control valve signs in place? | | |
| h. Are control valves locked and/or supervised? | | |
| 5. ALARMS | | |
| a. Did the water motors and gong operate during testing and appear in good external condition? | | |
| b. Did the electric alarms operate during testing and appear in good external condition? | | |
| c. Did the supervisory alarms operate during testing and appear in good external condition? | | |

6. FLOW TESTS

Add Flow Test

| Test Pipe Location | Full Open | Static Before | Flow Pressure | Static After | Check If Deficient |
|---|---|---|---|---|---|
| Wet System | YES | 70 | 50 | 65 | ☐ |
| Dry System | YES | 65 | 50 | 65 | ☐ |

Deficiencies for Section 6

| | |
|---|---|
| 9. DRY SYSTEMS/SPECIAL EQUIPMENT | CHECK HERE IF THIS SECTION DOESN'T APPLY ☐ |
| a. Automatic air maintenance device operational? | |
| b. Quick opening device tested and operational? | |
| c. Air pressure and priming water levels tested? | |
| d. Intermediate chamber not leaking? | |
| f. Low air pressure alarm tested and operational? | |
| g. Did the air compressor operate satisfactorily? | |
| h. Air compressor oil and belt checked? | |
| i. Were the auxiliary drains drained during inspection? | |
| 10. SPECIAL SYSTEMS | CHECK HERE IF THIS SECTION DOESN'T APPLY ☒ |
| a. Alarm panel clear on arrival? | |
| c. Preaction/deluge valve not leaking? | |
| d. Were the auxiliary drains drained during inspection? | |
| 11. SYSTEM STATUS | |
| a. Systems left in service? | |
| b. Panel clear on departure? | |
| **12. DEFICIENCIES (GENERAL: SECTIONS 1-11)** | |
| 13. INSPECTOR COMMENTS OUTSIDE THE SCOPE OF INSPECTION. COMMENTS ARE NOT THE RESULT OF AN ENGINEERING SURVEY OR CONDITIONS ABOVE CEILINGS OR IN CONCEALED SPACES. | |

| | |
|---|---|
| 14. Inspection deficiencies and suggested improvements were discussed with the customer/customer representative? | ◉ Yes ○ No, owner not available |
| 1. FIRE PUMP | CHECK HERE IF THIS SECTION DOESN'T APPLY ☒ |
| a. Suction pressure gauge | psi: |
| b. Discharge pressure gauge | psi: |
| c. Pump suction, discharge and by-pass valves open? | |
| d. Test header valve closed? | |
| e. Piping appears free of leakage? | |
| f. Flexible hoses, connectors in good condition? | |
| g. Oil level in vertical motor sight glass normal? | |
| h. Controller power light ON? | |
| i. Controller selector switch is in AUTO position? | |
| j. Transfer switch normal light illuminated indicating normal situation? | |
| k. Isolating switch is closed? | |
| l. Alarm indicators off? | |
| m. Phase reversal light OFF or phase normal light "ON" | |
| 2. JOCKEY PUMP | CHECK HERE IF THIS SECTION DOESN'T APPLY ☒ |
| a. Jockey pump operational? | |
| b. Jockey pump controller power ON and set to AUTOMATIC? | |
| 3. ELECTRIC PUMP (RUN 10 minutes) | CHECK HERE IF THIS SECTION DOESN'T APPLY ☒ |
| a. Pump start automatically? | |

| | |
|---|---|
| b. Pump starting pressure | psi: |
| c. Time to reach full speed | sec: |
| d. Suction Pressure | psi: |
| e. Discharge Pressure | psi: |
| 4. DIESEL PUMP (RUN 30 MINUTES) CHECK HERE IF THIS SECTION DOESN'T APPLY | ☒ |
| a. Diesel fuel tank 2/3 full? | |
| b. Lube oil heater operational? | |
| c. Crank case oil level normal? | |
| d. Cooling water level normal? | |
| e. Cooling water jacket heater operational? | |
| f. Cooling water antifreeze concentration reading. | |
| g. Battery terminals clean? | |
| h. Electrolyte levels in batteries normal? | |
| i. Ventilating louvers operating freely? | |
| j. Record engine running time | time: |
| k. Pump started automatically? | |
| l. Pump starting pressure | psi: |
| m. Time to crank. | time: |
| n. Time to reach running speed. | time: |
| o. Suction pressure | psi: |
| p. Discharge pressure | psi: |
| q. Engine oil pressure, speed, water and oil pressure temperature indicators normal? | |
| r. Cooling water flowing from heat exchanger? | |
| s. Cooling water pump operational? | |
| t. Exhaust system leak tight? | |
| 5. FIRE PUMP COMPONENTS CHECK HERE IF THIS SECTION DOESN'T APPLY | ☒ |
| a. Packing glands discharging water? | |
| b. Unusual noise/ vibrations? | |
| c. Circulation relief valve operational? | |
| d. Pressure relief valve operational? | |
| 6. SYSTEM STATUS CHECK HERE IF THIS SECTION DOESN'T APPLY | ☒ |
| a. Alarm panel clear? | |
| b. Controller panel back in normal position upon completion of testing? | |
| c. System left in service? | |
| 7. DEFICIENCIES (FIRE PUMP: SECTIONS 1-6) | |
| 8. INSPECTOR COMMENTS OUTSIDE THE SCOPE OF INSPECTION. COMMENTS ARE NOT THE RESULT OF AN ENGINEERING SURVEY. | |
| | |
| 9. Inspection deficiencies and suggested improvements were discussed with the customer/customer representative? | ○ Yes ○ No, owner not available |

## Scope of Inspection and Testing Services

This inspection will consist of a visual examination of the System and its Components. The System must be in service in order for SFP to perform the inspection and testing services specified in this proposal. Inspection will be limited to a visual inspection of accessible elements of the System and its Components at the time of inspection (a) to determine that they are performing their function without apparent deficier and (b) to reflect visible damage and normal wear and tear of the System and its Components at the time of inspection. This inspection will not reveal operational defects, deficiencies, or wear and tear to the Sy which cannot be identified through a visual inspection and will not reveal design deficiencies, if any, in the System. Such conditions, if any, can only be identified by destructive or other invasive testing and inspe by a registered design professional, and are beyond the scope of this proposal. If such conditions are suspected and reported, such a report does not imply that there are no other conditions that are beyond the s of this proposal or enlarge the scope of this proposal beyond its express terms.

Without limiting the generality of the forgoing, the inspection is not intended to and will not (a) verify the applicability of the System for the use or occupancy of the Property, (b) determine the remaining life o System or any Components, or (c) provide any warranty, guaranty or insurance against any defects or deficiencies that may be present, except those that may be revealed through a visual inspection, or that arise in the future. Further, the scope of this inspection will not reveal installation or code compliance deficiencies and will not verify installation or hydraulic design criteria or requirements.

Inspection and testing services provided by SFP apply to fire protection systems and components that have been approved and installed in accordance with NFPA standards and by the Authority Having Jurisdic including but not limited to any modifications to the existing System, building layout, such as new or relocated walls and ceilings, changes in the occupancy or use of the Property, storage or other conditions that a the installation criteria of the System. The Customer shall have the sole obligation and responsibility to notify the Authority Having Jurisdiction and to contract with a qualified contractor, consultant, or engine evaluate the installed system in question if such changes have taken place.

Inspection and testing is limited to areas that are accessible without restriction at the time of inspection and do not exceed heights which are not accessible from the floor level. SFP can make no inspecti determine the condition of internal inaccessible areas or those not visible from the floor level. Additionally, this proposal does not include inspection or testing of separately occupied units (i.e. condomini apartments, hotel rooms). Inspection in residential occupancies is limited to the accessible common areas only. If other areas are requested for inspection, they will be inspected on a time and material b Additionally, the Customer will be required to accompany the SFP inspector at all times throughout those occupied units. All valve pits and underground shut off valve enclosures shall be accessible, free and cle any standing water, dirt or debris for inspection and testing. If a return trip is required due to access problems, it will be billed at SFP's prevailing time and material rates.

## Inspection and Testing Procedures

The following items will be inspected during the inspection and testing service:
A) Operating control valves and tamper switches. B) Test alarm devices associated with sprinkler system, not including sprinkler system detection devices (See exclusions below). C) Test dry pipe valves, full flow test every third year and partial trip test other years. D) Conduct main drain test, provide inspection tag on system riser with record of static and residual pressure. E) Visually inspect condition of System Components within the scope of this contract. F) Provide a SFP report of inspection and testing, review of noted deficiencies, if any, and upon request provide quotation for repair and/or replacement of Sy deficiencies. G) Where foam systems are present a sample test of the foam will be obtained for laboratory testing.

## Exclusions and Limitations

Customer acknowledges and agrees that this inspection proposal and the inspection report and findings are limited in nature and scope as set forth in the Scope of Inspection section of this proposal. Without lir the generality of the forgoing, the following items are NOT COVERED and therefore specifically EXCLUDED:

A) Valve pits or equipment on city right of way. B) Fire alarm system and components including but not limited to those associated with preaction/deluge systems, suppression systems, or similar systems. C) extinguishers. D) Private and/or public service mains and components unless otherwise specified. E) Concealed spaces and/or confined spaces. F) Internal testing or inspection of system and components (inclu ice pigg investigations and obstruction/corrosion investigations). G) Identification of corrosion or degree of corrosion of system and components. H) Identification of aging components and sample testing inspecion I) Water supplies and components (including water storage tanks, reservoirs, ponds or water quality). J) Hose equipment and storage including devices, hose devices, hose houses, pressure reducing valves, cabi and nozzles. K) Proper pitch and alignment of piping. L) Forward flow tests of backflow devices due to system design. M) Maintenance or repairs of equipment deemed as deficient during the inspection unl included in this agreement and will be replaced or repaired under separate contract. N) Where foam systems are present, no testing of the system (as outlined in Chapter 11 of NFPA 25 2008 edition) of the syt shall be performed other than obtaining a sample test of the foam.

## Customer's Responsibility

Without limiting any other terms or conditions of this proposal and contract, Customer shall have the following responsibilities, obligations, and duties:

1. The responsibility for properly maintaining the System shall be that of the Customer. The Customer shall promptly correct or repair deficiencies, damaged parts, or impairments, including but not limite those found during SFP's inspection and testing services. Corrections and repairs shall be performed by qualified personnel or a qualified contractor.
2. Prior inspection reports, logs, as-built drawings and test data shall be available for review at the time of inspection. Customer is responsible for identifying equipment locations and conveying loc information to the SFP inspector.
3. Customer shall maintain a copy of NFPA 25 on file at the Property.
4. The Customer shall notify the Authority Having Jurisdiction and any alarm monitoring company of System shut down and place System on test status prior to SFP's inspection. Customer shall have avail prior to inspection all necessary contact, account information, and passwords associated with alarm monitoring. SFP will not be responsible for false alarms or any associated fines. Any fire watch, inclu its cost, shall be the sole responsibility of the Customer.
5. Auxiliary drains shall be drained as often as necessary to prevent freezing.
6. Systems and components subject to damage due to freezing temperatures must be maintained at a minimum 40 degrees.
7. Fire pump and associated equipment shall be maintained in accordance with the manufacturer's specifications.
8. Customer shall notify SFP, in writing, of any additional sprinkler systems or components relative for the Property added after the date of this proposal. Those systems shall be inspected by SFP and Custo shall pay an additional price commensurate with the usual charges made by SFP for inspecting such additional systems or components as determined by SFP.
9. The term of this Contract shall commence on the date of Customer's acceptance of this proposal and will continue for a minimum term of one year. Thereafter, this Contract will automatically renev subsequent one year terms unless terminated by either party upon written notice, sent certified mail return receipt requested, at least 30 days prior to the expiration of the initial or any subsequent ren term.
10. During each renewal term, the price for the preceding year will be subject to an adjustment of 5% for the cost of material and labor escalation.
11. All invoices are due upon receipt and shall bear interest at a rate of 1.5% per month beginning on the 30th day after the invoice date. If Customer fails to pay the full amount due, SFP may, at its op terminate this contract, and in any event, will not be obligated to perform any additional work until payments past due have been received by SFP. Customer additionally agrees to pay all costs of collec including reasonable attorney's fees, incurred by SFP in collecting any past due amounts. Should Customer file for protection, or have an involuntary petition filed against it, under any federal or s bankruptcy or insolvency act, SFP may, at its option, elect to terminate this contract.
12. This Contract is made and entered into under the laws of the State of North Carolina and Customer consents to personal jurisdiction in the State of North Carolina. Customer agrees that the sole pe venue for any civil action arising from or related to this contract shall be High Point, Guilford County, North Carolina.

The Customer is encouraged to accompany the inspector during the inspection. Unless otherwise specified all inspections will be conducted Monday - Thursday between the hours of 7am and 6pm.

## LIMITATION OF LIABILITY AND INDEMNITY

Customer acknowledges that SFP makes no warranties, expressed or implied, including, without limitation, warranties of merchantability and/or fitness for a particular purpose except as expressly provided in contract, which may not be modified or amended except by a writing signed by both parties. SFP's liability to Customer for services provided pursuant to this contract, including for personal injury, death, or prop damage, shall be limited to the contract price paid to SFP for the term in which the claim arose. To the fullest extent allowed by law, Customer shall indemnify, defend, and hold-harmless SFP, and its employ agents, representatives, insurers, successors, and assigns, from any and all claims for loss or damage, personal injury, disease, or death, including without limitation those arising from or related to Customer's fa to maintain the System or Components or keep them in an operative and code compliant condition or otherwise fulfill its responsibilities under this contract. In no event shall SFP be liable for any special, incl incidental, consequential, liquidated, punitive, or any economic damages of any character, including but not limited to loss of use of the Property or any other property, loss of profits or loss of production, whe claimed by the Customer or any third party, regardless of whether such claims or actions for such damages are based upon contract, warranty, negligence, tort, strict liability, or any other legal, equitable, or stat basis.

This contract represents the entire agreement between SFP and Customer. Customer acknowledges that it has read and understands the scope and limitations of this inspection proposal and contract and agree all the terms, limitations, and exclusions contained herein.

IMPORTANT NOTICE TO CUSTOMER Customer acknowledges and agrees that in absence of a service agreement between the parties, services hereunder are performed pursuant to the terms and conditions of this Report, agree that the services have been completed. CUSTOMERS ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY, AND OTHER CONDITIONS ABOVE.

| | |
|---|---|
| Customer | Inspector |
| Property: Verra Springs at Abbottswood | Frequency: Quarterly |
| | Date: 2/4/2015 |

## INSPECTION AND TESTING FORM

Date: 12-3-14 Time: 10 00 am

### SERVICE ORGANIZATION

Name: Southern Security Group Inc
Address: 324 S. Wilmington St, Suite 300, Raleigh nc
Representative: Ash Cherry
License No.: 26103 SP/FA/LV
Telephone:

### MONITORING ENTITY

Contact: Security Central
Telephone: 1-800-222-7759
Monitoring Account Ref. No.: 2373-A1154

### TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☐ RF
☐ Other (Specify)
Control Unit Manufacturer: Fire Lite
Model No.: MS-9600
Circuit Styles: addressable / style Y
Number of Circuits: 6
Software Rev.: 2.1B3
Last Date System Had Any Service Performed:
Last Date That Any Software or Configuration Was Revised:

### PROPERTY NAME (USER)

Name: Vera Spring / Abbotswood
Address: 3506 Flintst, Greensboro, nc
Owner Contact:
Telephone:

### APPROVING AGENCY

Contact: Greensboro FD
Telephone:

### SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify)

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

| Quantity of Devices Installed | Circuit Style | Quantity of Devices Tested | |
|---|---|---|---|
| 8 | addressable/class B | | Manual Fire Alarm Boxes |
| | " | | Ion Detectors |
| 96 | " | | Photo Detectors |
| 1 | " | | Duct Detectors |
| 2 | " | | Heat Detectors |
| 1 | " | | Waterflow Switches |
| 6 | " | | Supervisory Switches |
| 2 | " | | Other (Specify): |

Alarm verification feature is ☐ disabled ☐ enabled

## ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

| Quantity of Appliances Installed | Circuit Style | Quantity of Appliances Tested | |
|---|---|---|---|
| | | | Bells |
| 24 | Y | | Horns |
| | | | Chimes |
| 21 | Y | | Strobes |
| | | | Speakers |
| 40 | Y | | Other (Specify): Horn/Strobe |

No. of alarm notification appliance circuits:

Are circuits monitored for integrity? ☐ Yes ☐ No

## SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

| Quantity of Devices Installed | Circuit Style | Quantity of Devices Tested | |
|---|---|---|---|
| | | | Building Temp. |
| | | | Site Water Temp. |
| | | | Site Water Level |
| | | | Fire Pump Power |
| | | | Fire Pump Running |
| | | | Fire Pump Auto Position |
| | | | Fire Pump or Pump Controller Trouble |
| | | | Fire Pump Running |
| | | | Generator in Auto Position |
| | | | Generator or Controller Trouble |
| | | | Switch Transfer |
| | | | Generator Engine Running |
| 1 | | | Other (Specify): Low Air |

## SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system *(see NFPA 72®, Table 6.6.1)*:

Quantity 2 Style(s) B

## SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 vac Amps 10A

Overcurrent Protection: Type ckt Brkr Amps 20A

Location (of Primary Supply Panelboard): Electrical Room

Disconnecting Means Location:

NFPA 72, Figure 10.5.2.3 (p. 2 of 6)

(b) Secondary (Standby):

2 x 12 v DC Storage Battery: Amp-Hr Rating 7 AH

Calculated capacity in Amp-Hrs to operate system for 7 hours

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage:

**TYPE BATTERY**

☐ Dry Cell ☐ Lead-Acid

☐ Nickel-Cadmium ☐ Other (Specify):

☑ Sealed Lead Acid

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in *NFPA 70®*, Article 700

Legally required standby described in *NFPA 70®*, Article 701

Optional standby system described in *NFPA 70®*, Article 702, which also meets the performance requirements of Article 700 or 701

**PRIOR TO ANY TESTING**

| NOTIFICATIONS ARE MADE | Yes | No | Who | Time |
|---|---|---|---|---|
| Monitoring Entity | ☑ | ☐ | Security control | 1000 |
| Building Occupants | ☑ | ☐ | Residents | 1000 |
| Building Management | ☑ | ☐ | Felix Pinkard | 1000 |
| Other (Specify) | ☐ | ☐ | | |
| AHJ Notified of Any Impairments | ☐ | ☐ | | |

**SYSTEM TESTS AND INSPECTIONS**

| TYPE | Visual | Functional | Comments |
|---|---|---|---|
| Control Unit | ☑ | ☑ | |
| Interface Equipment | ☐ | ☐ | |
| Lamps/LEDs | ☐ | ☐ | |
| Fuses | ☐ | ☐ | |
| Primary Power Supply | ☑ | ☑ | |
| Trouble Signals | ☑ | ☑ | |
| Disconnect Switches | ☑ | ☑ | |
| Ground-Fault Monitoring | ☑ | ☑ | |

## SECONDARY POWER

| TYPE | Visual | Functional | Comments |
|---|---|---|---|
| Battery Condition | ☑ | | |
| Load Voltage | | ☑ | |
| Discharge Test | | ☐ | |
| Charger Test | | ☐ | |
| Specific Gravity | | ☐ | |
| **TRANSIENT SUPPRESSORS** | ☐ | | |
| **REMOTE ANNUNCIATORS** | ☑ | ☑ | |
| **NOTIFICATION APPLIANCES** | | | |
| Audible | ☑ | ☑ | |
| Visible | ☑ | ☑ | |
| Speakers | ☐ | ☐ | |
| Voice Clarity | | ☐ | |

## INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

| Loc. & S/N | Device Type | Visual Check | Functional Test | Factory Setting | Measured Setting | Pass | Fail |
|---|---|---|---|---|---|---|---|
| | | ☐ | ☐ | | | ☐ | ☐ |
| | | ☐ | ☐ | | | ☐ | ☐ |
| | | ☐ | ☐ | | | ☐ | ☐ |
| | | ☐ | ☐ | | | ☐ | ☐ |
| | | ☐ | ☐ | | | ☐ | ☐ |
| | | ☐ | ☐ | | | ☐ | ☐ |

Comments:

| EMERGENCY COMMUNICATIONS EQUIPMENT | Visual | Functional | Comments |
|---|---|---|---|
| Phone Set | ☐ | ☐ | |
| Phone Jacks | ☐ | ☐ | |
| Off-Hook Indicator | ☐ | ☐ | |
| Amplifier(s) | ☐ | ☐ | |
| Tone Generator(s) | ☐ | ☐ | |
| Call-In Signal | ☐ | ☐ | |
| System Performance | ☐ | ☐ | |

| | Visual | Device Operation | Simulated Operation |
|---|---|---|---|
| **COMBINATION SYSTEMS** | | | |
| Fire Extinguisher Monitoring Device/System | ☐ | ☐ | ☐ |
| Carbon Monoxide Detector/System | ☐ | ☐ | ☐ |
| (Specify) | ☐ | ☐ | ☐ |
| **INTERFACE EQUIPMENT** | | | |
| (Specify) Door Holders | ☑ | ☑ | ☐ |
| (Specify) | ☐ | ☐ | ☐ |
| (Specify) | ☐ | ☐ | ☐ |
| **SPECIAL HAZARD SYSTEMS** | | | |
| (Specify) | ☐ | ☐ | ☐ |
| (Specify) | ☐ | ☐ | ☐ |
| (Specify) | ☐ | ☐ | ☐ |

Special Procedures:

Comments:

| **SUPERVISING STATION MONITORING** | Yes | No | Time | Comments |
|---|---|---|---|---|
| Alarm Signal | ☑ | ☐ | | |
| Alarm Restoration | ☑ | ☐ | | |
| Trouble Signal | ☑ | ☐ | | |
| Trouble Signal Restoration | ☑ | ☐ | | |
| Supervisory Signal | ☑ | ☐ | | |
| Supervisory Restoration | ☑ | ☐ | | |

| **NOTIFICATIONS THAT TESTING IS COMPLETE** | Yes | No | Who | Time |
|---|---|---|---|---|
| Building Management | ☑ | ☐ | Felip Pintado | 12:50 |
| Monitoring Agency | ☑ | ☐ | Security central | 12:50 |
| Building Occupants | ☑ | ☐ | Residents | 1250 |
| Other (Specify) | ☐ | ☐ | | |

The following did not operate correctly:

System restored to normal operation: Date: 12-3-14 Time: 1:00 pm

NFPA 72, Figure 10.6.2.3 (p. 5 of 6)

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS**

Name of Inspector: Ashley Cherry Date: 12-3-14 Time: 1250

Signature:

Name of Owner or Representative: Date: 12/3/14 Time: 12.50 PM

Signature: Ford Pintalo

## INSPECTION AND TESTING FORM

Date: 12-3-14 Time: 10 00 am

### SERVICE ORGANIZATION

Name: Southern Security Group Inc
Address: 324 S. Wilmington St, Suite 300, Raleigh nc
Representative: Ash cherry
License No.: 26107 SP/FA/LV
Telephone:

### PROPERTY NAME (USER)

Name: Vera Spring / Abbotswood
Address: 3506 Flint St, Greensboro, nc
Owner Contact:
Telephone:

### MONITORING ENTITY

Contact: Security Central
Telephone: 1-800-222-2759
Monitoring Account Ref. No.: 2373-A1154

### APPROVING AGENCY

Contact: Greensboro FD
Telephone:

### TYPE TRANSMISSION

☐ McCulloh ☐ Multiplex ☐ Digital
☐ Reverse Priority ☐ RF
☐ Other (Specify)

Control Unit Manufacturer: Fire Lite
Model No.: MS-9600
Circuit Styles: addressable / style Y
Number of Circuits: 6
Software Rev.: 2.1B3
Last Date System Had Any Service Performed:
Last Date That Any Software or Configuration Was Revised:

### SERVICE

☐ Weekly ☐ Monthly ☐ Quarterly
☐ Semiannually ☒ Annually
☐ Other (Specify)

### ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

| Quantity of Devices Installed | Circuit Style | Quantity of Devices Tested | |
|---|---|---|---|
| 8 | addressable/class B | | Manual Fire Alarm Boxes |
| | " | | |
| 96 | " | | Ion Detectors |
| 1 | " | | Photo Detectors |
| 2 | " | | Duct Detectors |
| 1 | " | | Heat Detectors |
| 6 | " | | Waterflow Switches |
| 2 | " | | Supervisory Switches |
| | | | Other (Specify): |

Alarm verification feature is ☐ disabled ☐ enabled

## ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

| Quantity of Appliances Installed | Circuit Style | Quantity of Appliances Tested | |
|---|---|---|---|
| 24 | Y | | Bells |
| | | | Horns |
| 21 | Y | | Chimes |
| | | | Strobes |
| 40 | Y | | Speakers |
| | | | Other (Specify): Horn/Strobe |

No. of alarm notification appliance circuits:

Are circuits monitored for integrity? ☐ Yes ☐ No

## SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

| Quantity of Devices Installed | Circuit Style | Quantity of Devices Tested | |
|---|---|---|---|
| | | | Building Temp. |
| | | | Site Water Temp. |
| | | | Site Water Level |
| | | | Fire Pump Power |
| | | | Fire Pump Running |
| | | | Fire Pump Auto Position |
| | | | Fire Pump or Pump Controller Trouble |
| | | | Fire Pump Running |
| | | | Generator in Auto Position |
| | | | Generator or Controller Trouble |
| | | | Switch Transfer |
| | | | Generator Engine Running |
| 1 | | | Other (Specify): Low Air |

## SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system *(see NFPA 72®, Table 6.6.1)*:

Quantity 2 Style(s) B

## SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120vac Amps 10A

Overcurrent Protection: Type ckt Brkr Amps 20A

Location (of Primary Supply Panelboard): Electrical Room

Disconnecting Means Location: