PRINTED: 04/20/2015
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
	HAL008007	A. BUILDING: 01 B. WING	03/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY HOUSE	8255 US HIGHWAY 19 EAST NEWLAND, NC 28657

(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 Report of Biennial Construction Survey by Dennis Harrell and Greg Cates on 3-11-2015. This facility was first licensed or submitted 3-25-1998, for a capacity of 60. Therefore the facility was surveyed for conformance with the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina Building Code for Institutional Unrestrained Occupancies.	C 000	CONSTRUCTION SECTION APR 24 2015 RECEIVED	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on review of documents, many of the required inspection reports were not available in the facility. Findings include; 1. There was no Sanitation inspection report available for the kitchen, 2. There was no Sanitation inspection report available for the building, 3. There was no Fire Safety Inspection report available, 4. There was no Fire Alarm System Inspection report available, 5. There was no Sprinkler System Inspection report available,	C 111	Kitchen Sanitation Inspection Attached Building Sanitation Inspection Attached Fire Safety Inspection Report Attached Fire Alarm System Inspection Attached Please see attached email....	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
SUE JOSEPH	Executive Director	4/24/2015

STATE FORM 6899 RJX021 If continuation sheet 1 of 5

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	HAL006007	A. BUILDING: 01 B. WING _____	03/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY HOUSE	6256 US HIGHWAY 19 EAST NEWLAND, NC 28657

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C 189	Continued From page 1	C 189		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner because of smoke barrier doors not latching properly in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings include: a. The smoke barrier doors on the 100 Hall would not latch closed when released by the fire alarm system. b. The smoke barrier doors on the 300 Hall would not latch closed when released by the fire alarm system. 2. Based on observation, the battery powered emergency light in the dining room would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. 3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and improperly	C 189	The smoke barrier doors on the 100 hall latch closed when released by fire alarm The smoke barrier doors on the 300 hall latch closed when released by fire alarm Emergency light in the dining room is operational.	3/24/2015 3/24/2015 3/25/2015

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C 189	Continued From page 2 installed fire collars present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole at a data line through the attic smoke barrier wall over the 100 Hall. b. Hole at a sprinkler line through the attic smoke barrier wall over the 100 Hall. c. A fire collar was not fitting correctly at the ceiling in the sprinkler riser room.	C 189	Hole at a date line through attic smoke has been sealed with UL Rated fire Caulk Fire collar has been corrected to fit.	4/25/2015 4/25/2015
	4. Based on observation, the battery back-up function of several required exit signs would not work when tested. Exit signs that do not work properly could delay or prevent an evacuation in an emergency. Locations include: a. Exit sign in dining room, b. Exit sign near room 106, c. Exit sign near room 201, d. Exit sign severely damaged at rear of kitchen.		Dinning room Exit Sign works. Room 106 Exit sign works. Exit near room 201 works Exit sign at rear of kitchen has been replaced.	4/24/2015 4/24/2015 4/24/2015 4/24/2015
	5. Based on observation, the sampling tubes for the duct mounted smoke detectors in the attic were dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly.			
	6. Based on observation, the sounding alarm devices in the cover for several of the magnetic locking emergency release switches would not alarm when opened. An alarm device that does not work could allow resident elopement. Locations include: a. Exit near room 201, b. Exit in dining room, c. Exit in the service corridor.		Batteries have been replaced room 201, dining room, and exit in the service corridor.	4/24/2015
	7. Based on observation, storage was packed			

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C 189	Continued From page 3 too close to the ceiling in the clean linen room. Storage that is not maintained 18 inches below the sprinkler head could prevent the sprinkler system from spraying properly in a fire. 8. Based on observation, the juice dispenser drain line and the ice machine drain lines were extended into the floor drain. Drain lines from food producing appliances that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the juice and/or ice to become contaminated.	C 189	Product has been move in storage room. The juice dispenser and ice machine drain lines are 2 inches above the floor.	4/25/2015 4/25/2015
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria.	C 199		

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C 199	Continued From page 4 Findings include; The exhaust system was not working on the 200 Hall.	C 199	The exhaust system has been repaired.	4/24/2015

Food Establishment Inspection Report

Score: 98.5

Establishment Name: Cranberry House

Establishment ID: 010016160004

Location Address: 615 Hwy 194

City: Newland State: North Carolina

Zip: 28657 County: Avery

Permittee: Cranberry House Inc.

Telephone: 733-5558

(1) Inspection ○ Re-Inspection

Wastewater System:

(2) Municipal/Community ○ On-Site System

Water Supply:

(3) Municipal/Community ○ On-Site Supply

Date: 1-13-15 Status Code: A

Time In: 11:30 am Time Out:

Category#: 1

FDA Establishment Type: Ice

No. of Risk Factor/Intervention Violations:

No. of Repeat Risk Factor/Intervention Violations:

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.
Public Health Interventions: Control measures to prevent foodborne illness or injury.

Compliance Status						OUT	CDI	R	VR
Supervision .2652									
1	IN	OUT	N/A		PIC Present; Demonstration - Certification by accredited program & performs duties	2 / 0			
Employee Health .2653									
2	IN	OUT			Management, employees knowledge; responsibilities & reporting	3 / 1.5 / 0			
3	IN	OUT			Proper use of reporting, restriction & exclusion	3 / 1.5 / 0			
Good Hygienic Practices .2652, .2653									
4	IN	OUT			Proper eating, tasting, drinking or tobacco use	2 / 1 / 0			
5	IN	OUT			No discharge from eyes, nose or mouth	1 / 0.5 / 0			
Preventing Contamination by Hands .2652, .2653, .2655, .2656									
6	IN	OUT			Hands clean & properly washed	4 / 2 / 0			
		OUT	N/A	N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3 / 1.5 / 0			
8	IN	OUT	N/A		Handwashing sinks supplied & accessible	2 / 1 / 0			
Approved Source .2653, .2655									
9	IN	OUT			Food obtained from approved source	2 / 1 / 0			
10	IN	OUT			Food received at proper temperature	2 / 1 / 0			
11	IN	OUT			Food in good condition, safe & unadulterated	2 / 1 / 0			
12	IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	2 / 1 / 0			
Protection from Contamination .2653, .2654									
13	IN	OUT	N/A	N/O	Food separated & protected	3 / 1.5 / 0			
14	IN	OUT			Food-contact surfaces: cleaned & sanitized	3 / 1.5 / 0			
15	IN	OUT			Proper disposition of returned, previously served, reconditioned & unsafe food	2 / 1 / 0			
Potentially Hazardous Food Time/Temperature .2653									
16	IN	OUT	N/A	N/O	Proper cooking time & temperatures	3 / 1.5 / 0			
17	IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	3 / 1.5 / 0			
18	IN	OUT	N/A	N/O	Proper cooling time & temperatures	3 / 1.5 / 0			
19	IN	OUT	N/A	N/O	Proper hot holding temperatures	3 / 1.5 / 0			
20	IN	OUT	N/A	N/O	Proper cold holding temperatures	3 / 1.5 / 0			
21	IN	OUT	N/A	N/O	Proper date marking & disposition	3 / 1.5 / 0			
22	IN	OUT	N/A	N/O	Time as a public health control: procedures & records	2 / 1 / 0			
Consumer Advisory .2653									
23	IN	OUT	N/A		Consumer advisory provided for raw or undercooked foods	1 / 0.5 / 0			
Highly Susceptible Populations .2653									
24	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered	3 / 1.5 / 0			
Chemical .2653, .2657									
25	IN	OUT	N/A		Food additives: approved & properly used	1 / 0.5 / 0			
26	IN	OUT	N/A		Toxic substances properly identified stored & used	2 / 1 / 0			
Conformance with Approved Procedures .2653, .2654, .2653									
		OUT	N/A		Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2 / 1 / 0			

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status						OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658									
28	IN	OUT	N/A		Pasteurized eggs used where required	1 / 0.5 / 0			
29	IN	OUT			Water and ice from approved source	2 / 1 / 0			
30	IN	OUT	N/A		Variance obtained for specialized processing methods	1 / 0.5 / 0			
Food Temperature Control .2653, .2654									
31	IN	OUT			Proper cooling methods used; adequate equipment for temperature control	1 / 0.5 / 0			
32	IN	OUT	N/A	N/O	Plant food properly cooked for hot holding	1 / 0.5 / 0			
33	IN	OUT	N/A	N/O	Approved thawing methods used	1 / 0.5 / 0			
34	IN	OUT			Thermometers provided & accurate	1 / 0.5 / 0			
Food Identification .2653									
35	IN	OUT			Food properly labeled; original container	2 / 1 / 0			
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657									
36	IN	OUT			Insects & rodents not present; no unauthorized animals	2 / 1 / 0			
37	IN	OUT			Contamination prevented during food preparation, storage & display	2 / 1 / 0			
38	IN	OUT			Personal cleanliness	1 / 0.5 / 0			
39	IN	OUT			Wiping cloths: properly used & stored	1 / 0.5 / 0			
40	IN	OUT	N/A		Washing fruits & vegetables	1 / 0.5 / 0			
Proper Use of Utensils .2653, .2654									
41	IN	OUT			In-use utensils: properly stored	1 / 0.5 / 0			
42	IN	OUT			Utensils, equipment & linens: properly stored, dried & handled	1 / 0.5 / 0			
43	IN	OUT			Single-use & single-service articles: properly stored & used	1 / 0.5 / 0			
44	IN	OUT			Gloves used properly	1 / 0.5 / 0			
Utensils and Equipment .2653, .2654, .2663									
45	IN	OUT			Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	2 / 1 / 0			
46	IN	OUT			Warewashing facilities: installed, maintained & used; test strips	1 / 0.5 / 0			
47	IN	OUT			Non-food contact surfaces clean	1 / 0.5 / 0			
Physical Facilities .2654, .2655, .2656									
48	IN	OUT	N/A		Hot & cold water available; adequate pressure	2 / 1 / 0			
49	IN	OUT			Plumbing installed; proper backflow devices	2 / 1 / 0			
50	IN	OUT			Sewage & waste water properly disposed	2 / 1 / 0			
51	IN	OUT	N/A		Toilet facilities: properly constructed, supplied & cleaned	1 / 0.5 / 0			
52	IN	OUT			Garbage & refuse properly disposed; facilities maintained	1 / 0.5 / 0			
53	IN	OUT			Physical facilities installed, maintained & clean	1 / 0.5 / 0			
54	IN	OUT			Meets ventilation & lighting requirements; designated areas used	1 / 0.5 / 0			
					TOTAL DEDUCTIONS:	1.5			

Comment Addendum to Food Establishment Report

Establishment Name: Cranberry House FS
Location Address: 615 Hwy 108
Newland State: NC
County: Avery Zip: 28657
Wastewater System: (●) Municipal/Community ( ) On-Site System
Water Supply: (●) Municipal/Community ( ) On-Site Supply
Permittee: Cranberry House, Inc.
Telephone: 133-765558

Establishment ID: 01 006 116 00 04
(●) Inspection ( ) Re-Inspection
( ) Visit
( ) Verification
( ) Name Change
( ) Status Change
( ) Pre-Opening Visit
( ) Other

Date: 1-13-15
Status Code: A
Category#: IV

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Milk walk in	36°F				
Milk [illegible]	37°F				
Hot water/3 comp sink	129°F				

Observations and Corrective Actions

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
7	Air tight containers for all opened dry goods
34	Calibrate thermometer

General Comment:

33- Clean floor in walk in freezer.

Person In Charge (Print & Sign): [illegible]
Regulatory Authority (Print & Sign): Jessie McKinney REHS

Verification Required Date:
REHS ID: 2215
REHS Contact Phone Number: 385-1916

OCS
DG
KD
56

N.C. Department of Environment and Natural Resources
Division of Environmental Health
Inspection of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions

Score: 96
Date of Insp/Chg: 11/13/14
Status Code: A

Health Department: Avery
Current Facility ID: 01 00064 00003
Old Facility ID:

Water Supply: [1] Community [2] Transient Non-Community [3] Non-Transient Non-Community [4] Non-Public Water Supply

Water sample taken today? ☐ YES ☒ NO
[1] Inspection [2] Re-Inspection [V] Visit ☐ Name Change ☐ Verification of Closure ☐ Status Change

Wastewater Systems: [1] Community [2] On-Site Systems

Name of Establishment: Cranberry House
Location Address: 1215 N US Hwy 19E

Permittee: Vesna McEntire
Mailing Addr.

City: Newland State: NC Zip: 28657

City: State: Zip:

	Deductive Point Value (Circle One)
FLOORS, WALLS AND CEILINGS: [.1309, .1310]	
1. Floors easy to clean, no obstacles, drains where needed ... 2	
(2) Floors clean, carpet clean, dry, odor free ... 2	(0)
(3) Walls and ceilings cleanable, clean, good repair ... 2	(1)
LIGHTING, VENTILATION, MOISTURE CONTROL: [.1311]	
4. Lighting at least 10 foot candles 30 inches above floor ... 2	1
5. Ambient air temperature 65° to 85° F, equipment clean ... 2	1
6. No evidence of microbial growth ... 3	1.5
7. Indoor smoking limited to dedicated smoking rooms ... 2	1
TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES: [.1312]	
8. Facilities conveniently located, clean and in good repair ... 2	1
9. Toilet rooms free of storage, handwash signs posted ... 1	.5
10. Bedpans, urinals, bedside commodes and emises basins properly cleaned and disinfected ... 1	.5
11. Hand sinks used only for intended purpose ... 2	1
12. Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device ... 3	1.5
Lavatory and bathing hot water between 100° and 116° F ... 2	1
Disinfectant accessible, properly used ... 2	1
WATER SUPPLY: [.1313]	
15. Approved water supply, no cross-connections ... 4	2
16. Quantity and hot water sufficient, backup water supply plan ... 2	1
DRINKING WATER FACILITIES, ICE HANDLING: [.1314]	
(17.) Water fountains clean, good repair, properly regulated ... 2	(1)
18. Drinking utensils properly handled ... 2	1
19. Ice protected, dispensed, equipment clean, in good repair ... 2	1
LIQUID AND SOLID WASTES [.1315, .1316]	
20. Wastewater disposed of properly ... 4	2
21. Solid waste stored properly, areas clean, facilities for cleaning ... 4	2
22. Solid waste disposed of frequently, no insect breeding or nuisance ... 2	1
23. Medical wastes handled and disposed of properly ... 2	1
VERMIN CONTROL, PREMISES: [.1317]	
24. Vermin excluded ... 3	1.5
25. Approved pesticides properly stored and handled ... 2	1
26. Premises clean, no breeding places or rodent harborage ... 2	1
27. Pet areas clean, veterinary records available ... 2	1

	Deductive Point Value (Circle One)
MISCELLANEOUS: [.1318]	
28. Adequate storage, area clean, items properly stored ... 1	.5
29. Mop sinks provided and used ... 1	.5
30. Medication carts clean, sharps containers affixed, food and utensils handled properly ... 2	1
31. Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions ... 2	1
FURNISHINGS AND PATIENT CONTACT ITEMS: [.1319, .1312]	
(32.) Furniture clean and in good repair. Mattresses clean, dry, odor free ... 2	(1)
33. Linen changed when soiled. Soiled linen handled properly ... 2	
34. Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately ... 2	1
35. Patient contact items in good repair, properly stored, cleaned and disinfected ... 1	.5
FOOD SERVICE UTENSILS AND EQUIPMENT: [.1320]	
36. Approved utensils and equipment, cleaned and sanitized ... 2	1
37. Activity kitchens used only for approved activities ... 1	.5
38. Handwash lavatory provided wherever food is handled ... 2	1
FOOD SUPPLIES AND PROTECTION: [.1321, .1322, .1323]	
39. Food supply complies with 15A NCAC 18A .2600 ... 4	2
40. Food brought by employees or visitors handled properly ... 1	.5
41. Milk and milk products comply with 15A NCAC 18A .1200 ... 2	1
42. Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control ... 4	2
43. Food storage units with thermometers, maintain temperatures ... 1	.5
44. Food stored above floor ... 1	.5
45. No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals ... 2	1
EMPLOYEES: [.1324]	
46. Clothing clean, no tobacco used while handling food ... 1	5
47. Hands properly washed or decontaminated ... 3	1.5
48. Persons with infections excluded from food service work ... 2	1
TOTAL	4

Rept. Received by: Buster Hartsell

Comments: 2.) Clean floor in hood to mach areas - under both. 5.) Walls to be in good repair. 17.) Clean drink (water) fountains - water to have a 2" arch. 32.) Clean shower chairs & beauty shop drawers. General comment: clean resident drink fridge at Nurses Station.

Inspection by: Jocelyn Fleming RS (Division of Environmental Health) EHS I.D.# 2215 Comment Sheet Attached ☐ Yes ☐ No

INSTRUCTIONS: Purpose: General Statute 130A-235 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1304 specifies the role of the inspection form in record the results of inspections made of institutional facilities. This form is developed to be used in making inspections of orphanages, children's homes, and similar institutions. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the administrator or manager. 2. Copy for the local health department. 3. Copy for the Environmental Health Services Section, Division of Environmental Health. Disposition: This form may be destroyed in accordance with Standard 8.B.6., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Archives and History. Additional forms may be ordered from Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632. (Courier 52-01-00)

DEHS 0213 (Revised 7/05)
Environmental Health Services Section (Revised 7/98)

Water temp - 107 - 114°C
Rooms checked 104, SPA, 203, 205, 309, 410

MSC 4/23/2015

AVERY COUNTY FIRE MARSHAL'S OFFICE
FIRE SAFETY INSPECTION REPORT

P.O. BOX 581
NEWLAND,N.C. 28657 828-733-8213 OFFICE, 828-733-2217 FAX NO.

FACILITY/BUSINESS NAME: Cornerstone House LLC

ADDRESS: 1215 N. US Hwy 19-E Newland NC.

TELEPHONE NUMBER: 828-733-5558

TYPE OF OCCUPANCY: Loc Cap / memory care INSPECTION DATE 8-9-2013

1. NUMBER OF APPROVED EXITS: 8 EXIT PASSAGE WAYS CLEAR: Yes
2. EXIT SIGNS ILLUMINATED WHERE REQUIRED: Yes.
3. ALL EXIT DOORS OPERATE FREELY: Yes
4. EMERGENCY LIGHT UNITS OPERATING PROPERLY: Yes
5. EVACUATION ROUTES POSTED IF REQUIRED: Yes
6. ARE FIRE EXTINGUISHERS ON SITE AND PROPERLY MAINTAINED: Yes
7. IF BUILDING REQUIRES A FIRE ALARM SYSTEM, IS IT OPERATIONAL Yes
8. IF REQUIRED, DO SMOKE AND HEAT DETECTORS OPERATE PROPERLY Yes
9. ARE MECHANICAL ROOMS CLEAR OF COMBUSTIBLE MATERIAL: Yes
10. MINIMUM OF 30" INCHES CLEARANCE IN FRONT OF ELECTRICAL PANELS Yes
11. ARE ALL TYPES OF FLAMMABLE LIQUIDS STORED PROPERLY: Yes
12. ARE EXTENSION CORDS IN GOOD CONDITION AND USED PROPERLY Yes
13. ARE COMBUSTIBLE MATERIALS STORED 36 INCHES AWAY FROM HEAT Yes
14. IS PRIMARY HEATING SYSTEM OPERATING PROPERLY: Yes
15. ARE FUEL SUPPLY LINES PROPERLY ROUTED AND FREE FROM LEAKS Yes
16. ARE WALL RECEPTACLE COVERS IN PLACE WITH NONE MISSING Yes
17. ARE RECORDS KEPT ,IF FIRE DRILLS ARE REQUIRED. Yes
18. COMERCIAL HOOD SYSTEMS CLEAN OF EXESSIVE GREASE Yes
19. SERVICE TAG DUE EVERY 6 MONTHS IS CURRENT Yes
20. MANUAL PULL STATION IS ACCESSABLE Yes NOZZLES IN PROPER AREA Yes
21. K-CLASS FIRE EXTINGUISHER WITHIN 30 FT. OF HOOD SYSTEM Yes
22. FUSIBLE LINK CLEAN AND UNPAINTED: Yes
23. IS BLDG. MAINTAINED IN A NEAT AND ORGANIZED MANNER Yes
24. IS BUILDING ADDRESS CORRECT AND VISIBLE: Yes
25. IS OUTSIDE OF BUILDING KEPT CLEAR OF TRASH AND DEBRIS: Yes

EXPLAIN ALL NO ANSWERS OR DEFICIENCIES BELOW.

INSPECTORS SIGNATURE: David C. Vance

☑ Raleigh - 919-779-4010
832-101 Purser Drive, Raleigh, NC 27603
☐ Greensboro - 336-668-8701
1225 Rail Street, Greensboro, NC 27407
☐ Wilmington - 910-794-7005
2725 Old Wrightsboro Rd. 10A, Wilmington, NC 28405

Pye ♦ Barker Fire & Safety, Inc.

Fire Alarm Inspection and Testing Form - Per NFPA 72

Name of Property: Cranberry House Date: 3-22-15 Time: 10:00
Address: 6215 North US 19 East Newland, NC 28657 Ingalls
Site Contact: Cecil Parker
Telephone: (828) 733-5558 E-mail: Fax:
Monitoring Account Number: B-384T
Telephone: 1-800-318-9486 - Hi-Tech Enterprises
Service: Weekly Monthly Quarterly Semi-Annually (ANNUALLY) Other
Notes:

Panel Manufacturer: Fire-Lite Model Number: MS-9200 UDLS
Circuit Styles: Y, B Number of Circuits: 4
Software Revision: 0.3.1 Last Date of Revision: 9/11/06
Last Service: N/A Agency: PBFS

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	Device Type
10	Y	Manual Stations: SINGLE ACTION (Double Action)
42	Y	Ionization Detectors
		Photoelectric Detectors
3	Y	Duct Detectors: Ion (PHOTO) Relay Remote
2	Y	Heat Detectors: (Fixed) RATE COMP Temperature S/R
2	Y	Water Flow Switches
2	Y	Supervisory Switches: TAMPER (Low Air) Other High Air
1	Y	Other: Hood System Tie In

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	Device Type
		Bells: 4" 6" 10"
1	B	Horns: (REGULAR) High-Power
20	B	Chimes: Mechanical (Electronic)
17		Strobes: STANDARD (ADA)
		Speakers: Wall Ceiling
		Other:

Number of Alarm Indicating Circuits: 4 Max amp/ckt:
Circuits Supervised: (YES) No Auxiliary Power Supply: Yes (NO) Amps:

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	Device Type
2	B	Sprinkler Tamper
		Sprinkler PIV
2	B	Sprinkler Low Air Pressure / High Air
		Fire pump Conditions
		Other:

Signaling Line Circuits: Quantity: 1 SLC
System Power Supplies: AC/DC
Primary (Main): Nominal Voltage: 120 VAC Amps: 20
Over-current Protection: Type: Breaker Amps:
Location (Panel Number/Breaker Number): PNL-EM-ckt#20
Disconnecting Means Location: In Room 23
Secondary (Standby): Storage Battery: (2) 12V Amp Hour Rating: 12ah
Calculated to operate System, in hours: (24) 60 90
Engine Driven Generator Dedicated to Fire Alarm: NO Location of Fuel:
Battery Type: Dry Cell NiCad (SEALED LEAD-ACID) Other (specify):

NOTIFICATIONS MADE PRIOR TO TESTING

Contacted: ~~Brett Barker~~ Amy Clark Time: 10:00
Monitoring Entity Hi-Tech Enterprises
Building Occupants Staff
Building Management Amy Clark
Other:
AHJ notified of Impairments

SYSTEM AND SECONDARY POWER TESTS AND INSPECTIONS

DESCRIPTION	VISUAL	FUNCTIONAL	COMMENTS
Control Panel	☑	☑	
Interface Eq.	☐	☐	
Lamps/LED's	☑	☑	
Fuses	☑	☑	
Primary Power	☑	☑	
Trouble Signals	☑	☑	
Disconnect Sw.	☑	☑	
Ground Flt. Monitored	☑	☑	
Remote Power Supplies	☐	☐	
Battery Condition	☑	☑	Good At this time of testing (no data)
Remote Panel Batteries	☐	☐	

EMERGENCY COMMUNICATIONS EQUIPMENT

DESCRIPTION	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	☑	☑	
Phone Jacks	☑	☑	
Off-Hook Indicator	☑	☑	
Amplifiers	☑	☑	
Tone Generators	☐	☐	
Call-In Signal	☑	☐	
System Performance	☑	☑	

INTERFACE EQUIPMENT	VISUAL	DEVICE OPERATION	SIM OPERATION
N/A			

SPECIAL HAZARD SYSTEMS

N/A

SPECIAL PROCEDURES

List: Customer puts system on test

Comments:

ON/OFF PREMISES MONITORING	YES	NO	TIME	COMMENTS
Alarm Signal	☑	☐		
Alarm Restoral	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoral	☑	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE

	YES	NO	TIME	CONTACT
Building Management	/		11:00	Cecil Parker
Monitoring Agent				
Building Occupants	/		/	
Other:				

THE FOLLOWING DID NOT OPERATE CORRECTLY:

System preformed correctly at this time of testing

SYSTEM RESTORED TO NORMAL OPERATION: Date: 3-27-15 Time: 11:00

THIS TEST WAS PERFORMED IN ACCORDANCE WITH NFPA STANDARDS

Name of Inspector: Scott Rattray Date: 3-27-15

Signature:

Name of Owner or Representative: Date: 3-27-15

Signature: Daniel D

Vaughn Dagenhart

From: Corey Clark <cclark@centuryfp.com>
Sent: Friday, October 10, 2014 10:02 AM
To: Vaughn Dagenhart
Subject: Cranberry House

Vaughn,

I have one of my inspectors and the fire pump representative on site at the Cranberry House right now. We were scheduled to perform the sprinkler and fire pump inspection today. The fire pump shed is full of water and mud, we cannot access it. My tech is talking to Todd Robinson about it right now.
Once the mud and water are cleaned up, please let me know so we can get this rescheduled.

Thank you,

Corey A. Clark

Century Fire Protection, LLC
1227 26th St SE
Hickory, North Carolina 28602
Phone: (828) 328-3802
Fax: (828) 328-3806
Cell: (828) 217-1205