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
	HAL023027	A. BUILDING: 01 B. WING	02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTING LIVING OF SHELBY	1560 CHARLES ROAD SHELBY, NC 28152

(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 Bob Getchell on 2-20-2015. Records indicate this facility was first submitted to DHSR on 6-30-1997. The facility is licensed for 96 beds including 60 Special Care Unit beds. 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).	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule Is not met as evidenced by:	C 101	Please Sign Here	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Corporate Maintenance Director (X6) DATE: 3/26/2015

FORM CMS-2567(02-99) RC2921 Continuation sheet 1 of 8

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
	HAL023027	A. BUILDING: 01 B. WING	02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTING LIVING OF SHELBY	1550 CHARLES ROAD SHELBY, NC 28152

(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 101	Continued From page 1 1. Based on observation the facility did not meet the 1996 NC State Building Code as relates to comercial range hood ducts Improperly protected ducts through an attic could endanger all residents and staff by allowing a range hood fire to spread to the attic and the remainder of the facility. Findings Include: The exhaust duct for the kitchen range hood was less than 18 inches from combustibles and was not fire protected. Section 505.12 of the 1996 NC State Mechanical Code requires range hood exhaust ducts to be separated from combustible construction by not less than 18 inches or to be protected with materials rated for 1 hour fire resistance. 2. Based on observation, the facility did not meet the 1991 NC State Building Code as relates to exit signs. Findings include: There is only one exit sign visible when you exit bedrooms beyond the cross-corridor doors on D Hall when the cross-corridor doors are closed. Section 1118.2.1 of the 1991 NC State Building Code requires that exits shall be marked by an approved sign readily visible from any direction of exit access. Contact your local Building Inspector and/or Fire Marshal for their opinion on whether an additional exit sign is needed to improve this condition.	C 101	C 101 1 Kitchen Hood has been wrapped with 2 pieces of Fire Rated Sheetrock and Firecaulked per our conversation pictures attached 2 Per Fire marshall conversation he will not come back out but is very aware of area of concern and he does not want to enter back thru smoke doors (Exit sign at exit is acceptable per Fire Marshall Ray Beck ph(704)484-6816	
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	C 111		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023027	A. BUILDING: 01 B. WING	02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTING LIVING OF SHELBY	1560 CHARLES ROAD SHELBY, NC 28152

(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 111	Continued From page 2 shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire. 2. Based on a review of documents, the required annual Fire Marshal building and safety inspection report could not be located. Buildings that are not inspected and approved as required could result in safety systems not operating properly in the event of an actual emergency. 3. Based on a review of documents, the required sprinkler system inspection report, dated 4-2-2014, listed several deficiencies. No subsequent documentation was available to indicate the deficiencies had been corrected. Sprinkler systems that are not approved may not operate properly in the event of an actual fire. The deficiencies cited included: a. The required 5 year internal inspection of the Fire Department Connection and sprinkler riser had not been done, b. The system guages need calibration or replacement, c. No FDC sign at the Fire Department Connection, d. The required 10 year sample testing of dry sprinkler heads had not been done, e. A sprinkler head on the front porch was missing its escutcheon.	C 111	C 111 1 Fire Alarm Inspection is Attached 2 Fire Marshall Inspection Report Attached 3 Sprinkler System Clearance letter attached	

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
	HAL023027	A. BUILDING: 01 B. WING	02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTING LIVING OF SHELBY	1660 CHARLES ROAD SHELBY, NC 28152

(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 166	Continued From page 3	C 166		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, a hazard exists as relates to the exit sign in the corridor near the Administrator's office. Findings include: The directional arrows on the exit sign direct one toward C Hall which is a locked unit and is not provided with an exit sign or listed as an evacuation route from that location. Other viable exit paths (3) are visible from this location. 2. Based on observation, the hose at the mop sink in the kitchen utility closet was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.	C 166	C 166 Direction arrows were removed and put back to original per evacuation route 2 Vacuum Breaker has been installed at faucet to prevent any backwash	
C 169	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	C 169		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023027	A. BUILDING: 01 B. WING _____	02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTING LIVING OF SHELBY	1560 CHARLES ROAD SHELBY, NC 28152

(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 189	Continued From page 4 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 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 inoperable smoke dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed pipe penetrations in the attic smoke barrier wall near room B1, b. PVC pipe (3 inch) penetrating the attic smoke barrier wall near room A13 in a manner that is not a part of a firestop system that meets ASTM E-814, c. Inoperable smoke damper in a duct penetrating the attic smoke barrier wall near room A13, d. Damaged fire rated enclosure in the attic above room A13, e. Inoperable smoke damper in a duct penetrating the attic smoke barrier wall near room D11, f. A section of the wall removed in the attic smoke barrier wall near room D11, g. Hole by wires penetrating the ceiling in the Mechanical Room, h. Hole by a pipe through the ceiling of the electrical room on A Hall, i. Residential fire foam used to seal a hole through the ceiling of the electrical room on A Hall. Residential fire foam is not approved for	C 189	C 189 All holes and penetrations have been sealed or Firecaulked with approved Firecaulking in the following locations a)Smoke Barrier near B1 b)Pvc Pipe has been Firecaulked and sealed c)Smoke Damper has been adjusted and now working d) Enclosure above A13 Sealed e) Smoke Damper at D11 has been adjusted and now working F)Section of wall has been reattached and sealednearD11 g) Hole in Mechanical Room has been firecaulked h) Hole in Electrical Room on Ahall has been firecaulked I) Foam has been removed and approved Fircaulking has been reinstalled	

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
	HAL023027	A. BUILDING: 01 B. WING _____	02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTING LIVING OF SHELBY	1550 CHARLES ROAD SHELBY, NC 28152

(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 189	Continued From page 5 use in Institutional Occupancies. j. Hole by wires through the ceiling of the closet off the main Dining Room, k. Hole in the ceiling of the water heater room, l. The sprinkler escutcheons were missing or not tightly fitted to the ceiling complete the one-hour protection in the following locations; i. Corridor near room B8, ii. Closet on B Hall Dining Room, iii. Kitchen (2), iv. Several on the front porch, 2. Based on observation, the cross-corridor doors near room A8 are equipped with latching hardware. When the doors were closed by activation of the fire alarm system one door failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. 3. Based on observation, the facility was not maintained in a safe condition because of an intermittently operating main emergency release switch on the Special Locking (magnetic locking) on C Hall. An emergency release switch that does not operate correctly and consistently could prevent an evacuation in an emergency or could allow residents to wander away. Findings include; The main emergency release switch on the Special Locking on C Hall failed to relock the doors and courtyard gate several times after testing. After several failed attempts, the switch finally relocked the doors and gate but cannot be considered reliable. 4. Based on observation, the exit door near room C5 was difficult to open. Exit doors that are	C 189	j) Holes In Main Dining Room have been sealed k) Hole in Water Heater Room has been sealed l) All sprinkler estchutheons in following locations have been replaced; ;Corridor at Bhall ;Closet on Bhall Dining ;Kitchen ;All porch areas 2) Croos Corridors near A8 have been adjusted and are lacthing properly 3) Main Switched was rewired to a direct Power souce to Power supply and new switch installed	

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
	HAL023027	A. BUILDING: 01 B. WING _____	02/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTING LIVING OF SHELBY	1550 CHARLES ROAD SHELBY, NC 28152

(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 189	Continued From page 6 difficult to open could delay or prevent an evacuation in an emergency. 5. Based on observation, the sampling tubes for the all the duct mounted smoke detectors in the facility 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.	C 189	4) Exit Door at C5 has Been adjusted and now opens easily 5) All sampling Tubes have been cleaned and are verified	
C 193	Ovens, Ranges In Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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 range in the activity room on C Hall (Special Care) was not being used but was not locked in the off position to prevent unsupervised use. The room was unattended by staff and the locking feature was	C 193	C 193 1) All Staff has been inserviced to never leave stove on and unattended	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL023027	A. BUILDING: 01 B. WING	02/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON ASSISTING LIVING OF SHELBY	1650 CHARLES ROAD SHELBY, NC 28152

(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 193	Continued From page 7 located behind the range in an inaccessible position. An energized range in an unsupervised room presents a significant danger to the residents. 2 Based on observation the range in the activity room on D Hall was not being used but was not locked in the off position to prevent unsupervised use. Interview with the staff person in the activity room revealed that she was not constantly in the room. An energized range in an unsupervised room presents a significant danger to some residents.	C 193	2) All staff was inserviced to always leave stove off while not attended	
C 198	Night Lights SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (f) In addition to the required emergency lighting, minimum lighting shall be as follows: (3) 1 foot-candle power at the floor for corridors at night. (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 was not maintained in a safe condition as relates to night lights. This facility was equipped with night lights in the corridors as required but the night lights could be easily switched off from switches accessible from the corridor. Night lights must remain on when the main corridor lights are switched off. Corridors that can easily be made completely dark present a danger to the residents.	C 198	C 198 Switches were removed and blanks put on as to leave hallway lights on at all times All worked has been verified as completed by the Corporate Director of Maintenance James R Smith	

Inspection and Testing Certificate

Presented To

Carillon Assisted Living Center

For

Shelby
1550 Charles Rd Shelby NC 28152 USA

This site has been inspected and tested in compliance with applicable standards.

Completed
Tuesday, November 18, 2014

ACCEPTED BY
James Smith
Carillon Assisted Living Center

TESTED BY
Jarett Marlin
LEI Systems
2610 Oakview Rd SW Concord NC 28027 USA

Inspection Summary

Building Information

PROPERTY	Shelby	CONTACT	James Smith
ADDRESS	1560 Charles Rd	PHONE	(919) 815-6951
CITY/STATE/ZIP	Shelby, NC 28152	MOBILE	
COUNTRY	USA	EMAIL	james.smith@carillonassistedliving.com

Inspector Information

COMPANY	LEI Systems	CONTACT	Jarett Marlin
ADDRESS	2610 Oakview Rd SW	PHONE	
CITY/STATE/ZIP	Concord, NC 28027	MOBILE	
COUNTRY	USA	EMAIL	mmurdock@leisystems.com

Testing Summary

EQUIPMENT TYPE	TOTAL	TESTED	PASSED	FAILED
Fire Control Panel	1	1(100 %)	1(100 %)	0(0 %)
Power Supplies	5	5(100 %)	5(100 %)	0(0 %)
Initiating Device	140	140(100 %)	140(100 %)	0(0 %)
Alarm Notification Appliance	1	1(100 %)	1(100 %)	0(0 %)
Supervising Station Transmitting Equipment	1	1(100 %)	1(100 %)	0(0 %)
Other Equipment	69	69(100 %)	69(100 %)	0(0 %)
Extinguishers	19	19(100 %)	19(100 %)	0(0 %)

Certification

The equipment specified herein was inspected and tested according to the NFPA 72 standard for fire alarm and signaling systems, with the inspection completed on Tuesday, November 18, 2014

ACCEPTED BY

11/18/2014

James Smith

TESTED BY

11/18/2014

Jarett Marlin

Technician

FIRE AND BUILDING SAFETY INSPECTION REPORT
NORTH CAROLINA DIVISION OF SOCIAL SERVICES

INSTITUTIONAL BUILDING

FOR: ☐ CHILD CARING INSTITUTION ☐ MATERNITY HOME ☑ HOME FOR THE AGED

NAME OF FACILITY: Carillon ADMINISTRATOR: Carol Whisnant

STREET ADDRESS: 1550 Charles Rd.

CITY: Shelby STATE: NC ZIP: 28152 PHONE: 704-471-2828

TYPE OF POPULATION ADMITTED: Asst. Living AGE RANGE OF POPULATION:

TYPE OF CONSTRUCTION: Wood frame NUMBER OF STORIES: one

TYPE OF HEATING SYSTEM: Elect. forced air LOCATION: blowers in Attic outside units

NUMBER OF U/L APPROVED FIRE EXTINGUISHERS: 20 PROPERLY LOCATED: ☑ YES ☐ NO PROPERLY MAINTAINED: ☑ YES ☐ NO

PROPER TYPE FIRE EXTINGUISHERS: ☑ YES ☐ NO PERSONNEL FAMILIAR WITH USE: ☑ YES ☐ NO

SMOKE DETECTION SYSTEM: ☑ YES ☐ NO U/L APPROVED: ☑ YES ☐ NO MAINTENANCE CONTRACT: ☑ YES ☐ NO

MANUAL FIRE ALARM: ☑ YES ☐ NO TYPE: pull station. IN WORKING ORDER: ☑ YES ☐ NO

EVACUATION PLAN POSTED: ☑ YES ☐ NO FIRE DRILLS: ☑ YES ☐ NO HOW OFTEN: monthly per shift

NUMBER OF APPROVED TYPE FIRE ESCAPES: N/A PROPERLY LIGHTED: ☐ YES ☐ NO SPRINKLER SYSTEM: ☑ YES ☐ NO

FIRE RATING OF WALLS AND PARTITIONS: N/R CEILINGS: N/R FURNACE ROOM WALLS AND CEILINGS: 1 hr.

INTERIOR STAIRWELLS ENCLOSED: ☐ YES ☐ NO EXIT DOORS SWING OUT: ☑ YES ☐ NO

DOORS UNLOCKED AND READILY OPENABLE FROM INSIDE: ☑ YES ☐ NO U/L EMERGENCY LIGHTING IN CORRIDORS: ☑ YES ☐ NO

TYPE OF EQUIPMENT PROVIDED FOR EMERGENCY POWER: NONE. CONDITION: N/A

CONDITION OF BASEMENT: NONE USE: N/A

CONDITION OF ATTIC: Good USE: NONE.

CONDITION OF BUILDING: ☐ SATISFACTORY ☐ UNSATISFACTORY

TYPES OF HAZARDS (please check those which apply)

HEATING
- ☐ Defective Furnace
- ☐ Defective Flue
- ☐ Defective Smoke Pipe
- ☐ Unsatisfactory Storage of Ashes
- ☐ Portable Heaters Used

ELECTRICAL
- ☐ Defective Fixtures
- ☐ Defective Wiring
- ☐ Defective Fuses
- ☐ Defective Lighting in Stairways and Halls

EXITS
- ☐ Halls Blocked
- ☐ Exits Blocked
- ☐ Unsatisfactory Fire Exits
- ☐ Storage on Escapes
- ☐ Inadequate Exit Lighting

MISCELLANEOUS
- ☐ Rubbish and Trash
- ☐ Unsatisfactory Fire Extinguishers
- ☐ Improper Storage and Use of Flammable Materials
- ☐ Defective Water Heater
- ☐ Storage of Mower and Garden Tractor
- ☐ Unsupervised Smoking of Residents

LOCATION OF HAZARDS FOUND:

REQUIREMENTS TO CORRECT ABOVE AND PROVIDE ADEQUATE SAFETY:

INSPECTOR: Raymond Beck Title: Fire Marshal

ADDRESS: P.O. Box 207 Shelby DATE OF INSPECTION: 3/13/15

THIS FIRE INSPECTION IS VALID UNTIL (DATE): March 2016.

FIRE INSPECTION REPORT

Shelby

Shelby Fire Marshal's Office P.O. Box 207 Shelby N.C. 28150 (704) 484-6816 *Fax (704) 484-6847 firemarshal@cityofshelby.com*

Name Carillon

Address 1550 Charles Rd

Phone: day 704-471-2328 night

Person in Charge Carol Whisnant Title Dir

E-Mail Address

Date 3/13/15

Inspector R. Beck

Insp No. 1 Page Occ AL

Building Owner

Address

☑ Regular Inspection- Approved, No violations found on inspection. Please disregard the following.

☐ Your attention is called to the following condition(s) considered to be a fire hazard or safety problem which violates the Fire Prevention Code of the City of Shelby. In accordance with N.C. General Statute 69-4, the local fire chief or designated fire official has the authority to require unsafe or hazardous conditions which might cause or have a bearing on the severity of a fire to be corrected.
Consider this notice as an order to take corrective action forthwith in accordance to N.C. General Statute 14-68.

Approved

PERFORMANCE

Fire Protection, LLC

REPORT OF INSPECTION

Of Water Based Fire Protection Systems

PROPERTY NAME:	Carillon Assisted Living		
PROPERTY ADDRESS:	1550 Charles Rd. Shelby NC 28151		
PHONE:	704-471-2626	EMAIL:	james.smith@carillonassistedliving.com
INSPECTOR:	Brian Wheeler	WO #:	011410
DATE: 4.2.2016	THIS REPORT COVERS: ☐ Quarterly ☒ Annual		

ALL INSPECTIONS PERFORMED IN ACCORDANCE WITH NFPA 25 (2011 ed.)
All *No* answers are to be explained in Comments section off this form.

GENERAL INFORMATION

WET SYSTEMS:	Quantity: 1	Size/Make/ Model:	4" Riser Check
DRY SYSTEMS:	Quantity: 1	Size/Make/ Model:	4" Firelock 9756
PREACTION:	Quantity:	Size/Make/ Model:	
DELUGE:	Quantity:	Size/Make/ Model:	
STAND PIPE:	Quantity:	Size:	
FIRE PUMP:	Quantity:	Electric ☐ Diesel ☐	Fire Pump ☐ On ☐ Off During Testing

Have alarm/dry pipe valves and trim been internally inspected in past 5 years? Date	☐	Yes	☒	No	☐	NA
Have check valves been internally inspected in past 5 years? Date	☐	Yes	☒	No	☐	NA
Have gauges been tested or replaced in past 5 years? Date	☐	Yes	☒	No	☐	NA
Have pressure reducing valves been flow tested in past 5 years? Date	☐	Yes	☐	No	☒	NA
Have wet standpipes been flow tested in past 5 years? Date	☐	Yes	☐	No	☒	NA
Have dry standpipes been hydrostatically tested in past 5 years? Date	☐	Yes	☐	No	☒	NA

COMMENTS

Recommend 5 year internal inspection of FDC and riser check valves, dry valve & trim be performed per NFPA requirements. (Performed 3/2/15)

Recommend 5 year calibration test or replacement of system gauges be performed per NFPA requirements. (Performed 3/2/15)

Inspector's Signature Brian Wheeler

License/Certification # NC # 32160

I state that the information on this form is correct at the time and place of my inspection and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted above.

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. Pursuant to the National Fire Protection Association Form 25, Chapter 4, the owner is responsible for proper maintenance and care of the sprinkler system. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is understood that this inspection pertains to the condition of the sprinkler system on the day of inspection only. The inspector shall not be liable for future defects or defects in the sprinkler system which are beyond the inspector's control, including, but not limited to, failure from malicious tampering, accidents, lack of proper inspection, material failure or inadequate heating. The inspector can give no assurance, nor will be held liable, with regard to work that may have been previously performed or work performed at a future date by other companies. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

PERFORMANCE

Fire Protection, LLC

PROPERTY NAME: Carillon Assisted Living
PROPERTY ADDRESS: 1550 Charles Rd. Shelby NC 28151

QUARTERLY

Hydraulic nameplate (calculated systems) securely attached and legible?	☒	Yes	☐	No	☐	NA
Alarm devices free from physical damage?	☒	Yes	☐	No		
Gauges in good condition showing normal pressure?	☒	Yes	☐	No		

Control Valves

In correct open or closed position?	☒	Yes	☐	No	☐	NA
Locked, sealed or supervised?	☒	Yes	☐	No	☐	NA
Readily accessible?	☒	Yes	☐	No	☐	NA
Free from damage and leaks?	☒	Yes	☐	No	☐	NA

Alarm/Dry/Preaction Valves

Free from physical damage, trim valves in appropriate position with no leakage?	☒	Yes	☐	No	☐	NA
Readily accessible?	☒	Yes	☐	No	☐	NA

Fire Department Connections

Visible and accessible with identification signs in place?	☐	Yes	☒	No		
Free from damage couplings swivel freely and caps in place?	☒	Yes	☐	No		
Gaskets in good condition?	☒	Yes	☐	No		
Free of visible leakage?	☒	Yes	☐	No		
Ball drip installed correctly?	☐	Yes	☐	No		

Pressure Reducing Valves

In open position with no visible leaks?	☐	Yes	☐	No	☒	NA
Maintaining downstream pressure?	☐	Yes	☐	No	☒	NA
Free from damage and leaks?	☐	Yes	☐	No	☒	NA

Testing

Waterflow devices passed test by opening inspector's test connection or bypass connection with alarms actuating?	☒	Yes	☐	No	☐	NA
Valve supervisory switches indicate movement?	☒	Yes	☐	No	☐	NA
Priming level of dry pipe valves correct?	☐	Yes	☐	No	☒	NA
Low air alarm of dry pipe/preaction systems passed?	☒	Yes	☐	No	☐	NA
Quick opening devices of dry pipe/preaction systems passed?	☒	Yes	☐	No	☐	NA
Main drain test performed?	☒	Yes	☐	No		

Location Sprinkler Rm - Wet	Static 120	Residual 90
Location Sprinkler Rm - Dry	Static 110	Residual 90
Location	Static	Residual
Location	Static	Residual
Location	Static	Residual
Location	Static	Residual
Location	Static	Residual
Location	Static	Residual
Location	Static	Residual
Location	Static	Residual
Location	Static	Residual

COMMENTS

There is no FDC sign in place at FDC. Reccesmend one be installed. (Installed 3/2/15)

PERFORMANCE
Fire Protection, LLC

PROPERTY NAME: Carillon Assisted Living
PROPERTY ADDRESS: 1550 Charles Rd. Shelby NC 28151

ANNUALLY (In addition to Quarterly Items)

Sprinklers (visible)

Free of corrosion, foreign materials including paint, free of physical damage or leaks and installed in proper orientation?	☐	Yes	☒	No			
Fluid in glass bulbs?	☒	Yes	☐	No	☐	NA	
Spare sprinklers and wrench available and of proper type?	☒	Yes	☐	No			
Are standard response sprinklers in service less than 75 years?	☐	Yes	☐	No	☒	NA	
Are standard response sprinklers in service less than 50 years?	☐	Yes	☐	No	☒	NA	
Are fast response sprinklers in service less than 20 years?	☒	Yes	☐	No	☐	NA	
Are dry type sprinklers in service less than 10 years?	☐	Yes	☒	No	☐	NA	
Are sprinklers not older than 1920?	☒	Yes	☐	No	☐	NA	
Have sprinklers been periodically sample tested in accordance with NFPA 25?	☐	Yes	☒	No	☐	NA	

Pipe, Fittings & Miscellaneous (visible)

Is pipe in good condition with no signs of corrosion, free from leaks or mechanical damage and properly aligned with no external loads?	☒	Yes	☐	No			
Are pipe hangers and seismic bracing free from damage and secure?	☒	Yes	☐	No			
Are hose valves in good condition, not leaking with caps in place?	☐	Yes	☐	No	☒	NA	

Testing

Post indicating valves opened until spring or tension is felt in the rod, then backed off one-quarter turn?	☐	Yes	☐	No	☒	NA	
All control valves operated through full range and returned to normal position?	☒	Yes	☐	No			
Operating stem of all OS&Y valves lubricated, completely closed, and reopened?	☒	Yes	☐	No	☐	NA	
Dry pipe/preaction systems trip tested w/ partial flow? (See Attached Report)							
Date of last full flow trip test 3-2-2012	☒	Yes	☐	No	☐	NA	
Have low point drains of dry pipe systems been drained?	☒	Yes	☐	No	☐	NA	
Air compressor in good condition, belts tight, oil level correct?	☒	Yes	☐	No	☐	NA	
Is automatic air maintenance device working properly?	☒	Yes	☐	No	☐	NA	
Does anti-freeze solution test satisfactorily? (List results in comments)	☐	Yes	☐	No	☒	NA	
Fireline backflow preventer tested satisfactorily?	☒	Yes	☐	No	☐	NA	☐ NIC
Fire pump tested in accordance with NFPA 20? (See Attached Report)	☐	Yes	☐	No	☒	NA	☐ NIC
Hydrants flow tested until free of foreign material? (not less than 1 minute)	☐	Yes	☐	No	☐	NA	☒ NIC

COMMENTS

Recommend 10 year sample testing of dry sprinklers be performed per NFPA requirements.
(Heads Removed 3/2015)
Dry head on porch is missing escutchion. Recommend this be replaced.
(Escutcheon replaced 3/2015)