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
	HAL092181	A. BUILDING: 01 B. WING _____	09/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COVINGTON	4510 DURALEIGH ROAD RALEIGH, NC 27615

(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 a Biennial Construction Survey by Ed Miller and Greg Cates on September 9, 2015. Records indicate that the Facility was first licensed on April 8, 1991. The facility is currently licensed for One Hundred Twenty (120) residents including Sixty (60) Special Care residents. Based on this information, the facility is required to meet the 1991 Minimum and Desired Standards and Regulations for the Licensing of Adult Care Homes; applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 514.1- Institutional (I) Occupancy- Unrestrained. A sprinkler system was added in 2006 and is required to meet the 2006 North Carolina State Building Code. Physical plant deficiencies were noted which require a plan of correction.	C 000	CONSTRUCTION SECTION OCT 26 2015 RECEIVED	
C 110	Construction-Meet Sanitary Requirements SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina.	C 110		

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C 110	Continued From page 1 Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on September 9, 2015: a. Records indicate that the last annual Building Sanitation Inspection Report was performed on February 4, 2013, b. Records indicate that the last annual Fire Marshal Inspection report performed on January 29, 2013, listed several pages of deficiencies that have not been corrected, that must addressed. c. Records indicate that the last Fire Sprinkler System Inspection and Testing report in accordance with NFPA 25, was performed on September 18, 2013.	C 110	1A. annual building was completed on 2/4/2014 b. Fire Inspection was completed on 3/13/2015. Items will be completed by 11/24/2015 c.Fire Sprinkler Test report was preformed and tested by the Century Fire Protection 9/30/2015	
C 160	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the Building was not	C 160		

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C 160	Continued From page 2 maintained in a safe manner by not maintaining a clear unobstructed exit path from the residents' rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on September 9, 2015: a. The following Stairways on the ground floor are being used as storage. Locations of specific examples include but are not limited to: I. Central Stairway II. East Stairway, III.North Stairway b. On the Second Floor in the west Stairway, the landing was being used as a holding area for dirty laundry. c. In the Laundry the exterior exit was blocked with a laundry cart and chair.	C 160	a. I. all items will be removed. II. all items will be removed III. all items will be removed Executive Director will maintain and monitor b. Second floor stairway items was removed. staff in serviced that stairways are not to be used for laundry. Housekeeping Supervisor will be monitor c. laundry staff in serviced on items in Laundry exterior doors are not block at any time. This area should be free of unobstructed path. Housekeeping will monitor to insure that carts are not blocking exit	10/8/2015 10/8/2015 10/8/2015 9/9/2015 10/8/2015
C 104	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on September 9, 2015: a. There was a pattern exhibited where the suspended ceiling tiles throughout the facility were not properly placed in the supporting grid, or	C 104	1a. Tile will be replaced and set back. Maintenance will be monitor.	10/26/2015

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C 164	Continued From page 3 were broken/chipped. b. The gypsum wall repairs in the Serenity Spa needed to completed and painted. c. There was a pattern exhibited where most of the Corridor Closets on the 1st and 2nd floors had large areas of their back walls missing, were it appears plumbing pipes had been accessed. d. There was a pattern exhibited where most of Bedroom Closets doors were missing, creating an untidy appearance. e. The seamless flooring was coming apart at the welds making it difficult to clean and is creating tripping hazards as it rolls up. Locations of specific examples include but are not limited to: I. 2nd Floor Staff Station f. There was a pattern exhibited where many of the ceilings were stained throughout the facility. g. In the beauty shop there was an active leak in the ceiling. h. The floors and walls were dirty at the following locations to include but not limited to: I. Staff Stations 1st and 2nd floors, II. Med Prep 1st and 2nd floors, III. Nutrition Station 1st and 2nd floors i. The wall base was missing in the following areas. Locations of specific examples include but are not limited to: I. Closet next to Bedroom 233, II. Closet next to Bedroom 234, III. Bedroom 248, Closet IV. Bedroom 104, Bathroom, V. Kitchen near Dishwasher j. There was a pattern exhibited where most of the Room signage had been remove for renovations or repairs and not reinstalled.	C 164	b. gypsum wall in Spa will be repaired and painted Maintenance will monitor c. back wall on 1st and 2nd floor will be repaired d. all closet doors will be removed from residents from resident rooms and rooms will be tidy e. ~~He will be replaced~~ Floor will be replaced or corrected i. transition strip will be applied f. Tile will be replaced g. Leak was repaired and tile was replaced h. Wall and floor will be clean daily by housekeeping Lead Housekeeper will be maintaining this area wall base will be replaced in all area listed 233, 234, 248, 104, Kitchen near dishwasher temporary signs posted Will be ordering new signs. Signs has been requested by EP	11/25/2015 11/25/2015 11/1/2015 ~~10/20/2015~~ 11/20/15 10/20/2015 10/20/2015 9/10/2015 9/9/2015 10/30/2015 11/25/15
C 166	Housekeeping-Maintained Free of Hazards	C 166		

Division of Health Service Regulation

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	HAL092161	A. BUILDING: 01 B. WING _____	09/09/2015

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C 166	Continued From page 4 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on September 9, 2015: a. In the Bathrooms of the Bedrooms the wall mounted sinks were coming loose from the wall. Locations of specific examples include but are not limited to: I. Bedroom 206, II. Bedroom 130 2. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Findings on September 9, 2015: a. The return HVAC and ventilation grilles have an excessive accumulation of dust/lint thought-out the Facility. b. The return HVAC grille in the corridor outside second floor Staff Station has an excessive accumulation of dust/lint.	C 166	a. sink was mounted and secured in the following rooms 206 and 130 Staff will make Executive Director will monitor 2a. Grilles have been clean and will be maintained by maintenance monthly. HVAC and ventilation give been clean through-out the facility b. grille in the corridor outside the second floor staff station was clean and free from dust Maintenance and Housekeeping will monitor	10/8/2015 10/8/2015 10/8/2015

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C 166	Continued From page 5 3. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on September 9, 2015: a. There was water on the floor around the commode. b. In the Med Prep Room on the 2ND floor the sink had no water and drain smelled. 4. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on September 9, 2015: a. The lens/globe to the light fixtures were either broken or missing. Locations of specific examples include but are not limited to: I. Staff Station 2nd Floor, broken lens II. Bedroom 225 , missing globe, 5. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This rule is not being met because facility equipment is not being maintained in a safe operating manner. This would affect all residents, staff and visitors, if equipment in disrepair injury someone. Findings on September 9, 2015: a. The electrical power outlet and switch cover plate was broken at the sink in the Serenity Spa. b. In the 2nd floor Staff Station toilet room the light switch was broken. c. In Nutrition Station on 2nd floor the electrical power receptacle near the burner had an open neutral. d. In Nutrition Station on 2nd floor an electrical	C 166	3. a. The commode was sealed and will be maintained by housekeeping. b. will be ordering new cut off vale or faucet 4 a. Lens/globe to fixtures will be replaced I. globe was replaced II. globe replaced Staff will report when fixture are needing replaced 5.a power outlet switch cover will be ordered and placed in Serenity Spa. b. light switch replaced c. covered d. power receptacle was replaced back on wall and secured. ↳ cover plate has been placed on 2nd floor electrical near receptacle near burner.	9/15/2015 10/20/2015 10/20/2015 10/6/2015 10/6/2015 10/30/2015 10/6/2015 10/6/2015 10/6/2015 10/6/15

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COVINGTON	4810 DURALEIGH ROAD RALEIGH, NC 27616

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C 166	Continued From page 6 power receptacle was falling out of the wall. e. Many PTAC units were missing their electrical power receptacles cover plate.	C 166	Cover has been repaired and placed back with screws in place	10/6/15
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (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. (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. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building. Findings on September 9, 2015: 1. The Facility utilizes three working shift daily, but the fire plan rehearsals for the last 12 months were only documented as follows; 2 on first shift, 2 on second shift and, 1 on third shift..	C 185	Facility will maintain fire drills quarterly. Fire drill will be complete on each shift. The records will consist of the following documentation: date, time, and short decsptions of the drill. Facility does utilize 3 shifts and will preform fire drills quarterly. Executive Director will has completed 3 fire drills since September 9, 2015 Executive Director will complete 3 more in for the month of Nov. 2015	11/20/2015 11/07/2015
C 186	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT	C 186		

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C 188	Continued From page 7 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would effect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on September 9, 2015: a. There was a pattern exhibited where many of the electrical power receptacles, which are within six feet of wet areas, did not have electrical power therefore; confirmation of ground fault protection could not be verified.	C 188	1. electrical power receptacles will be tested and will be with in 6 feet or wet area.	10/20/2015
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, this facility, which was equipped with Special Locking (magnetic locks) on the exit doors, failed to maintain the system as required by the NC State Building Code in effect when the locking system was installed. This	C 189	Mag-lock door was fixed	9/9/201

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C 189	Continued From page 8 could affect all residents, staff and visitors if the facility cannot egress quickly during an emergency. Findings on September 9, 2015: a. When the fire detection system was activated, the exit doors unlocked but reenergized when fire detection system was placed in silence. b. The emergency release switches in the staff stations, on the 1st and 2nd floors, did not interrupt the power to the locking devices as required. c. The emergency release switch for the special locking system, located at back exit near Therapy had its cover secured with a standard ty wrap. The emergency release switch must be accessible, without the use of a tool or knife at all times. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin. Findings on September 9, 2015: a. Near Serenity Spa on 2nd floor, both of the double-egress cross-corridor doors leaves hit each other and did not latch when the fire alarm system released the doors. b. Near Serenity Spa on 2nd floor, the back leaf of the double-egress cross-corridor doors had a split on its jamb. 3. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors the NC State Building Code defines as "Hazardous Area". This could affect all residents, staff and visitors if smoke/fire is not contained in	C 189	Alarm has been adjusted a. doors will be adjusted b. corrected and fixed c. ty wrap was removed 2. a. Doors will be adjusted b. doors will be adjusted 3	10/01/15 10/27/2016 9/9/2016 10/6/2015 10/27/2015 10/27/2015

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C 189	Continued From page 9 Room or fire compartment of origin. Findings on September 9, 2015: a. In the Laundry Chute Room has a corridor door whose strike was filled with a paper towel keep the door from latching. b. In the Laundry Chute Room has a corridor door that the door closer has been removed. c. The laundry Chute door was missing its fusible Link. d. Many of the exit Stairway doors, when open more the 45 degrees, rubbed the floor and became stuck and did not close back. These door must remain closed so fire is kept out of the stairways. 4. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler heads have obstructed. This could affect all residents, staff and visitors if fire is not contained in Room or compartment of origin. Findings on September 9, 2015: a. The fire sprinkler head in the Laundry Chute was (loaded) covered with lint. 5. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on September 9, 2015: a. In Laundry the Janitor closet door was equipped with a barrel bolt on the outside. b. The pantry was equipped with hasp hardware and padlock without an override device. c. The exterior Main Dining Room door was very difficult to operate. 6. Based on observation, the Building was not	C 189	a. ordering passage lock for door b. closer will be order and replaced c. fusible link will b ordered and replaced d. doors will be shaved to prevent rubbing on the floors 4 a. fire sprinkler heads in the laundry Chute was cleaned 5. removed ball bolt b. padlock was removed c. door will be adjust	10/27/2015 10/27/2015 11/1/2015 11/1/2015 10/6/2015 10/6/2015 10/6/2015 10/25/2015

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C 189	Continued From page 10 maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their fames with acceptable gaps under normal closing force. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on September 9, 2015: a. The corridor door assembly to Bedroom 201 had a ¼ inch to zero gap between the top edge of the door and the bottom of the doorframe's stop. b. The corridor door assembly to Bedroom 262 does not close and latch. 7. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely. This would affect all staff, by allowing unsafe conditions to persist. Findings on September 9, 2015: a. In the following Rooms, many items are being stored directly in front of the electric panels, encroaching upon the required clear working space. Locations of specific examples include but are not limited to: I. Maintenance Office/Mech Room 2nd floor. II. Kitchen Mech Room III. Laundry room, 8. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fell, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on September 9, 2015: a. Several portable medical oxygen cylinders	C 189	door will be adjust in room 201 to where no gap between bottom of door frame. b. latch will be replaced on door in room 262 7. a All items will be removed in front of panels 8 a. oxygen will be placed in proper storage	10/27/2015 10/27/2015 10/20/2015 9/9/2015

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C 189	Continued From page 11 were stored standing up in beverage crates not secured to the structure. Locations of specific examples include but are not limited to: i. 1 Bottle, Bedroom 260. b. Several portable medical oxygen cylinders were stored upside down in racks in the oxygen Storage Rooms on both 1st and 2nd floors. 9. 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. Findings on September 9, 2015: a. Some plumbing fixtures had hoses long enough to reach gray water that were not equipped with vacuum breakers to prevent backsiphonage of gray water back into the potable water plumbing lines. The hoses are at the following locations to include but not limited to: i. The Tub in Bedroom 223 ii. The Tub in Bedroom 130/ iii. The shower in the Shower room near Bedroom 107, iv. The mop sink in the Janitors Closet, v. The shampoo sink in the Beauty Shop.	C 189	bottle in 260 was removed and storage in proper storage location b. oxygen was placed in the proper storage and turn right side up vacuum breakers will be ordered and installed	10/6/2015 9/9/2015 11/3/2015
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:	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: 01 B. WING	09/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COVINGTON	4610 DURALEIGH ROAD RALEIGH, NC 27612

(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 199	Continued From page 12 (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: 1. Based on Observation and testing the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by subjecting them to odors. Findings on September 9, 2015: a. The exhaust ventilation was running but did not remove the required amount of air. Locations of specific examples include but are not limited to; i. Bathroom of Bedroom 208, ii. Bathroom of Bedroom 261	C 199	room 208 motor will be replaced 208 was clean and working properly	11/3/2015 10/8/2015

FIRE SAFETY INSPECTION REPORT

City of Raleigh Fire Department

Office of the Fire Marshal P.O. Box 30213 Raleigh, NC 27622 (919) 996-6392 Fax (919) 831-6180

Property Address *4510 DURALEIGH RD* *RALEIGH, NC 27612*			**Inspection Date:** *03/31/2015* **Completed By:** *Royal, John E.*
Business Name *THE COVINGTON*			**Type:** *Inspection - Yearly*
Building Class *I2 -Hospitals, nursing homes, detoxification*		**Stories** *3*	**Phone** *OFFC 919-791-1981*
Construction Type *3 Protected*	**Max Occupancy** *0*	**Square Foot** *52697*	
Property Use *311 -24-hour care Nursing homes, 4 or more persons*			

Violations Are Indicated Below By Code Reference

0000 Raleigh Fire Prevention Comments
Remarks: INSPECTORS NOTES

INSPECTOR NOTES ARE NOT COMPREHENSIVE. SEE FIRE INSPECTION REPORT.

DOCUMENTATION
901.6.2
604.3

1030.1 General
Remarks: The means of egress for buildings or portions thereof shall be maintained in accordance with this section.

A) MAINTAIN SPECIAL LOCKING ARRANGEMENTS ON EXTERIOR CAFETERIA DOOR
B) MAINTAIN PANIC HARDWARE OF FIRE DOOR NEAR BEAUTICIAN ROOM ON THE GROUND FLOOR

1030.2 Reliability Repaired: 03/31/2015
Remarks: 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.

NOTE: VIOLATION REGARDING EGRESS COMPLAINT RECEIVED BY THIS OFFICE
A) EMERGENCY BY PASS SWITCHES SHALL NOT BE ZIP TIED OR OTHER WISE MADE INACCESSIBLE; AS OBSERVED IN THE FOLLOWING LOCATION(S) AND THROUGHOUT:
1) MAIN ENTRANCE OF THE GROUND FLOOR- REPAIRED 3/31/2015
2) EGRESS STAIRWAY DOOR NEAR ROOM 265- REPAIRED 3/31/2015
B) CHAIR STORED IN STAIRWAY IN THE EGRESS PATH OF TRAVEL NEAR ROOM 137 – remove all items in stairways

NOTE: REGARDING THE COMPLAINT RECEIVED BY THIS OFFICE REGARDING INGRESS/ EGRESS OF ROOF DOOR ACCESS HARDWARE NO VIOLATIONS WERE FOUND

NOTE: FUTURE VIOLATIONS OF THIS NATURE SHALL WILL RESULT IN A CITATION

Failure to correct any and all violations identified in this fire inspection report within 30 days will result in a re-inspection fee. This includes faxing all required documentation within 30 days of the original inspection date.

315.2.2 Means of egress
Remarks: Combustible materials shall not be stored in exits or exit enclosures.

REMOVE STORAGE FROM ENCLOSED EXIT CORRIDOR; AS OBSERVED IN THE FOLLOWING LOCATION(S) AND THROUGHOUT:
A) STAIRWAYS
All items has been removed from corridor.

404.3.1 Fire evacuation plans
Remarks: Fire evacuation plans shall include the following:

1. Emergency egress or escape routes and whether evacuation of the building is to be complete or, where approved, by selected floors or areas only.

2. Procedures for employees who must remain to operate critical equipment before evacuating.

3. Procedures for assisted rescue for persons unable to use the general means of egress unassisted.

4. Procedures for accounting for employees and occupants after evacuation has been completed.

5. Identification and assignment of personnel responsible for rescue or emergency medical aid.

6. The preferred and any alternative means of notifying occupants of a fire or emergency.

7. The preferred and any alternative means of reporting fires and other emergencies to the fire department or designated emergency response organization.

8. Identification and assignment of personnel who can be contacted for further information or explanation of duties under the plan.

9. A description of the emergency voice/alarm communication system alert tone and preprogrammed voice messages, where provided.

PROVIDE EVACUATION PLAN
Caungtai has evacuation plan in place

404.3.2 Fire safety plans
Remarks: Fire safety plans shall include the following:

1. The procedure for reporting a fire or other emergency.

2. The life safety strategy and procedures for notifying, relocating or evacuating occupants, including occupants who need assistance.

3. Site plans indicating the following:

3.1. The occupancy assembly point.
3.2. The locations of fire hydrants.
3.3. The normal routes of fire department vehicle access.

4. Floor plans identifying the locations of the following:

4.1. Exits.
4.2. Primary evacuation routes.
4.3. Secondary evacuation routes.
4.4. Accessible egress routes.
4.5. Areas of refuge.
4.6. Exterior areas for assisted rescue.
4.7. Manual fire alarm boxes.

Failure to correct any and all violations identified in this fire inspection report within 30 days will result in a re-inspection fee. This includes faxing all required documentation within 30 days of the original inspection date.

4.8. Portable fire extinguishers.
4.9. Occupant-use hose stations.
4.10. Fire alarm annunciator and controls.

5. A list of major fire hazards associated with the normal use and occupancy of the premises, including maintenance and housekeeping procedures.

6. Identification and assignment of personnel responsible for maintenance of systems and equipment installed to prevent or control fires.

7. Identification and assignment of personnel responsible for maintenance, housekeeping and controlling fuel hazard sources.

PROVIDE FIRE SAFETY PLAN

405.5 Record keeping
Remarks: Records shall be maintained of required emergency evacuation drills and include the following information:

1. Identity of the person conducting the drill.
2. Date and time of the drill.
3. Notification method used.
4. Staff members on duty and participating.
5. Number of occupants evacuated.
6. Special conditions simulated.
7. Problems encountered.
8. Weather conditions when occupants were evacuated.
9. Time required to accomplish complete evacuation.

A) PROVIDE QUARTERLY FIRE EVACUATION DRILLS RECORDS
Covington Completing quately fire Evacuation

406.3.4 Fire safety training
Remarks: Employees assigned fire-fighting duties shall be trained to know the locations and proper use of portable fire extinguishers or other manual fire-fighting equipment and the protective clothing or equipment required for its safe and proper use.

-KITCHEN STAFF SHALL BE FAMILIAR WITH MANUAL ACTIVATION OF THE ALTERNATIVE AUTOMATIC FIRE EXTINGUISHING SYSTEMS FOR KITCHEN HOOD AND FIRE EXTINGUISHER USE AND IDENTIFICATION. AN ORAL EXAM MAY BE ADMINISTERED UPON RE-INSPECTION.
Trained Kitchen Staff regarding all Systems.

509.1 Identification
Remarks: Fire protection equipment shall be identified in an approved manner. Rooms containing controls for air-conditioning systems, sprinkler risers and valves, or other fire detection, suppression or control elements shall be identified for the use of the fire department. Approved signs required to identify fire protection equipment and equipment location shall be constructed of durable materials, permanently installed and readily visible.

A) PROVIDE SIGN IDENTIFYING FIRE ALARM CONTROL PANEL ROOM ON THE FIRST FLOOR
Signs Ordered, temporary Signs in place

604.3 Maintenance
Remarks: Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required.

A) PROVIDE DOCUMENTATION INDICATING THAT DISCREPANCIES HAVE BEEN REPAIRED REGARDING REPORT FROM PRIME POWER DATED 3/30/2015 REGARDING THE GENERATOR NEEDING MORE FUEL
Generator has been serviced.

604.5 Supervision of maintenance and testing

Failure to correct any and all violations identified in this fire inspection report within 30 days will result in a re-inspection fee. This includes faxing all required documentation within 30 days of the original inspection date.

Remarks: Routine maintenance, inspection and operational testing shall be overseen by a properly instructed individual.

EMERGENCY LIGHTS AND ILLUMINATED EXIT SIGNS SHALL BE TESTED ON A MONTHLY BASIS FOR THIRTY (30) SECONDS AND YEARLY FOR NINETY (90) MINUTES.

Maintenance will test monthly

604.6 Inspection/testing of emergency lighting units
Remarks: Emergency lighting unit equipment, including means of egress illumination and exit signs, not covered by NFPA 110 and NFPA 111 shall be inspected and tested in accordance with this section.

i) EMERGENCY LIGHTS SHALL BE MAINTAINED IN FULL WORKING ORDER; AS OBSERVED IN THE FOLLOWING LOCATION(S) AND THROUGHOUT:
A) EXTERIOR GATED AREA NEAR CAFETERIA
B) EXTERIOR GATE NEAR END OF HALLWAY NEAR REHAB GROUND FLOOR
ii) ILLUMINATED EXIT SIGN(S) SHALL BE MAINTAINED IN FULL WORKING ORDER AT ALL TIMES; AS OBSERVED IN THE FOLLOWING LOCATION(S) AND THROUGHOUT:
A) EXTERIOR GATED AREA NEAR CAFETERIA
B) EXTERIOR GATE NEAR END OF HALLWAY NEAR REHAB GROUND FLOOR

All Signs will be tested to working properly.

605.3 Working space and clearance
Remarks: A working space of not less than 30 inches (762 mm) in width, 36 inches (914 mm) in depth and 78 inches (1981 mm) in height shall be provided in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches (762 mm), the working space shall not be less than the width of the equipment. No storage of any materials shall be located within the designated working space.

Exceptions:
1. Where other dimensions are required or allowed by NFPA 70.
2. Access openings into attics or under-floor areas which provide a minimum clear opening of 22 inches (559 mm) by 30 inches (762 mm).

PROVIDE CLEARANCE AROUND ELECTRICAL PANEL AND EQUIPMENT AS SPECIFIED ABOVE; AS OBSERVED IN THE FOLLOWING LOCATIONS AND THROUGHOUT:
A) LAUNDRY ROOM

No items will be stored in or by Electical panel

605.4.2 Power supply
Remarks: Relocatable power taps shall be directly connected to a permanently installed receptacle.

SURGE PROTECTORS AND/OR MULTI-PLUG ADAPTERS SHALL BE PLUGGED DIRECTLY INTO AN ELECTRICAL RECEPTACLE; ONE SURGE PROTECTOR AND/OR MULTI-PLUG ADAPTER SHALL NOT BE PLUGGED INTO ANOTHER SURGE PROTECTOR AND/OR MULTI-PLUG ADAPTER; AS OBSERVED IN THE FOLLOWING LOCATION(S) AND THROUGHOUT:
A) GENESIS REHAB SERVICES- GROUND FLOOR

Has been removed

605.6 Unapproved conditions
Remarks: Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.

EXPOSED WIRE JUNCTIONS AND/OR SPLICES SHALL NOT BE EXPOSED; AS OBSERVED IN THE FOLLOWING LOCATIONS AND THROUGHOUT:
I) PROVIDE SPACER FOR ELECTRICAL PANEL
A) THE LAUNDRY ROOM
II) PROVIDE ELECTRICAL OUTLET COVER
A) IN THE ACTIVITIES ROOM ON THE FIRST ROOM
B) EXTERIOR ELECTRICAL ROOM NEAR LOADING DOCK FOR KITCHEN

Failure to correct any and all violations identified in this fire inspection report within 30 days will result in a re-inspection fee. This includes faxing all required documentation within 30 days of the original inspection date.

Covers has been replaced

605.8 Electrical motors
Remarks: Electrical motors shall be maintained free from excessive accumulations of oil, dirt, waste and debris.

DUST, OIL, OR DIRT SHALL NOT ACCUMULATE ON ELECTRICAL MOTORS; AS OBSERVED IN THE FOLLOWING LOCATION(S) AND THROUGHOUT:
A) BATH ROOM EXHAUST FANS NEAR COPY ROOM GROUND FLOOR

Maintaince will clean all electrical motors

607.4 Elevator keys
Remarks: Keys for the elevator car doors and fire-fighter service keys shall be kept in an approved location for immediate use by the fire department.

A) PROVIDE ELEVATOR KEYS IN AN APPROVED LOCATION

Staff inserved regarding location of elevator key @ front desk

609.3 Operations and maintenance
Remarks: Commercial cooking systems shall be operated and maintained in accordance with Sections 609.3.1 through 609.3.4.

A) PROVIDE GREASE CATCHERS APPROVED BY THE MANUFACTURE FOR HOOD SYSTEM IN THE KITCHEN

Area has been cleaned & approved by vendor.

703.1 Maintenance
Remarks: The required fire-resistance rating of fire-resistance-rated construction (including walls, firestops, shaft enclosures, partitions, smoke barriers, floors, fire-resistive coatings and sprayed fire-resistant materials applied to structural members and fire-resistant joint systems) shall be maintained. Such elements shall be visually inspected by the owner annually and properly repaired, restored or replaced when damaged, altered, breached or penetrated. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space. Openings made therein for the passage of pipes, electrical conduit, wires, ducts, air transfer openings and holes made for any reason shall be protected with approved methods capable of resisting the passage of smoke and fire. Openings through fire-resistance-rated assemblies shall be protected by self- or automatic-closing doors of approved construction meeting the fire protection requirements for the assembly.

A) REPAIR CEILING PENETRATION IN EXTERIOR ELEVATOR ROOM
B) OCCUPANT TO MAINTAIN FIRE LINKS IN LAUNDRY CHUTE DOOR PER MANUFACTURE RECOMMENDATIONS
C) OCCUPANT TO PROVIDE PLANS FROM A CERTIFIED ARCHITECT OR ENGINEER INDICATING IF FIRE/ SMOKE RATED DOOR IS REQUIRED FOR THE VENDING ROOM ON THE GROUND FLOOR
D) MAINTAIN FIRE RATED CEILING TILES IN JANITORIAL / WATER HEATER CLOSET NEAR ACTIVITIES ROOM ON THE GROUND FLOOR
F) MAINTAIN WALL PENETRATION IN FIRST FLOOR JANITORIAL MOP ROOM AND TELEPHONE ROOM
G) MAINTAIN CEILNG TILES; AS OBSERVED IN THE FOLLOWING LOCATION(S) AND THROUGHOUT:
1) IN CLOSET NEAR ROOM 126
2) IN CLOSET NEAR ROOM 226
H) MAINTAIN WALL PENETRATIONS IN CLOSET NEAR ROOM 126

NOTE: PERMITS SHALL BE OBTAINED FROM CITY OF RALEIGH DEVELOPMENTAL SERVICES PRIOR TO REMOVING OR ALTERING FIRE / SMOKE RATED DOORS

NOTE: SHOULD THE OCCUPANT BELIEVE THAT SAME IS NOT FIRE RATED CONSTRUCTION PLANS MAY BE SUBMITTED TO THIS OFFICE FROM A CERTIFIED ARCHITECT / ENGINEER INDICATING SAME

Maintaince will be correcting all areas by

Failure to correct any and all violations identified in this fire inspection report within 30 days will result in a re-inspection fee. This includes faxing all required documentation within 30 days of the original inspection date.

703.2.3 Door operation.
Remarks: Swinging fire doors shall close from the full-open position and latch automatically. The door closer shall exert enough force to close and latch the door from any partially open position.

FIRE DOOR(S) SHALL AUTOMATICALLY SHUT AND LATCH; AS OBSERVED IN THE FOLLOWING LOCATION(S) AND THROUGHOUT:
A) CAFETERIA DOUBLE DOORS NEAR THE HALLAY

NOTE: SHOULD THE OCCUPANT BELIEVE THAT SAME IS NOT FIRE RATED CONSTRUCTION PLANS MAY BE SUBMITTED TO THIS OFFICE FROM A CERTIFIED ARCHITECT / ENGINEER INDICATING SAME

901.6 Inspection, testing and maintenance
Remarks: 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.

i) FIRE ALARM AND SPRINKLER SYSTEM TO REMAIN IN FULL WORKING ORDER AT ALL TIMES. OCCUPANT TO OBTAIN PAPER WORK FROM FIRE ALARM TECHNICIAN INDICATING THAT SYSTEM(S) HAVE BEEN RESTORED TO FULL WORKING ORDER.
A) IDENTIFY TROUBLE ON THE FIRE ALARM PANEL COMM FAULT 2 AND COMM FAULT 1
ii) FIRE SPRINKLER SYSYEM SHALL REMAIN IN FULL WORKING ORDER AT ALL TIMES
A) PROVIDE FIRE SPRINKLER ESCUTCHEON PLATE BEHIND DRYER SERVICE AREA IN THE LAUNDRY ROOM

901.6.2 Records
Remarks: Records of all system inspections, tests and maintenance required by the referenced standards shall be maintained on the premises for a minimum of three years and shall be copied to the fire code official upon request.

OCCUPANT TO PROVIDE DOCUMENTATION INDICATING THAT THE FIRE SPRINKLER SYSTEM HAS BEEN SERVICED WITHIN THE LAST YEAR AND SAME IS IN FULL WORKING ORDER.
Completed documentation in facility

904.11.6.2 Extinguishing system service
Remarks: Automatic fire-extinguishing systems shall be serviced at least every 6 months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion.

OCCUPANT TO PROVIDE DOCUMENTATION INDICATING THAT THE HOOD SUPPRESSION SYSTEM HAS BEEN SERVICED FROM WITHIN THE LAST SIX (6) MONTHS.
Services document for last six mos.

906.2 General requirements
Remarks: Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

Exceptions:

1. The travel distance to reach an extinguisher shall not apply to the spectator seating portions of Group A-5 occupancies.

2. Thirty-day inspections shall not be required for dry-chemical or halogenated agent portable fire extinguishers that are supervised by a listed and approved electronic monitoring device, provided that all of the following conditions are met:
   2.1. Electronic monitoring shall confirm that extinguishers are properly positioned, properly charged and unobstructed.
   2.2. Loss of power or circuit continuity to the electronic monitoring device shall initiate a trouble signal.
   2.3. The extinguishers shall be installed inside of a building or cabinet in a noncorrosive environment.

Failure to correct any and all violations identified in this fire inspection report within 30 days will result in a re-inspection fee. This includes faxing all required documentation within 30 days of the original inspection date.

2.4. Electronic monitoring devices and supervisory circuits shall be tested every three years when extinguisher maintenance is performed.
2.5. A written log of required hydrostatic test dates for extinguishers shall be maintained by the owner to verify that hydrostatic tests are conducted at the frequency required by NFPA 10.

3. In Group I-3, portable fire extinguishers shall be permitted to be located at staff locations.

FIRE EXTINGUISHER(S) SHALL BE SERVICED ON A YEARLY BASIS; AS OBSERVED IN THE FOLLOWING LOCATION(S) AND THROUGHOUT:
A) NEAR EXTERIOR ELEVATOR ROOM

Serviced and documented on fire Extinguishers.

906.5 Conspicuous location
Remarks: Portable fire extinguishers shall be located in conspicuous locations where they will be readily accessible and immediately available for use. These locations shall be along normal paths of travel, unless the fire code official determines that the hazard posed indicates the need for placement away from normal paths of travel.

FIRE EXTINGUISHERS SHALL BE MADE AVAILABLE FOR IMMEDIATE USE; AS OBSERVED IN THE FOLLOWING LOCATION(S) AND THROUGHOUT:
A) CHAIR IN FRONT OF FIRE EXTINGUISHER NEAR ROOM 137 IN THE STAIRWAY

Chair has been removed.

906.7 Hangers and brackets
Remarks: Hand-held portable fire extinguishers, not housed in cabinets, shall be installed on the hangers or brackets supplied. Hangers or brackets shall be securely anchored to the mounting surface in accordance with the manufacturer's installation instructions.

FIRE EXTINGUISHERS SHALL BE MOUNTED IN AN UN-OBSCURED CONSPICUOUS LOCATION; MOUNTED NO HIGHER THAN (5) FEET MEASURING FROM THE TOP OF THE EXTINGUISHER; AS OBSERVED IN THE FOLLOWING LOCATION(S) AND THROUGHOUT:
A) GROUND FLOOR REHAB ROOM

has been mounted

Failure to correct any and all violations identified in this fire inspection report within 30 days will result in a re-inspection fee. This includes faxing all required documentation within 30 days of the original inspection date.