PRINTED: 11/24/2015
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
	HAL023042	A. BUILDING: 01 B. WING	10/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE OF KINGS MOUNTAIN	1001 PHIFER ROAD KINGS MOUNTAIN, NC 28086

(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 on 10-29-2015. Records indicate this facility was first licensed on 2-4-1998, for sixty-five residents. There was an addition of the 100 Hall in 2006 but the capacity remained the same. Based on this information we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations", the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, the 1996 w/ ' 97 rev Edition of the North Carolina State Building Code; Institutional Occupancy - Group I(U), and the 2002 Edition of the North Carolina State Building Code; Institutional Occupancy, - Group I-2. Deficiencies were noted which will require a Plan of Correction.	C 000		
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, the most recent sprinkler inspection report, dated 5-21-2015, listed several deficiencies. There was no supporting documentation to indicate the deficiencies had been corrected. A deficient fire sprinkler system could endanger all occupants of the building. Findings include:	C 111		

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	HAL023042	A. BUILDING: _____ B. WING _____	10/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 111	Continued From page 1 a. The accelerator will not reset and must be replaced or rebuilt. b. A sprinkler head was obstructed by dust/dirt and must be relocated. c. Several sprinkler escutcheons were missing. NOTE: In addition to the sprinkler escutcheons listed as missing on the inspection form, it was observed that escutcheons were missing or not properly fitting the ceiling in the sprinkler riser room on 100 Hall and at the own wash area.	C 111	Accelerator will be repaired See attached Service Authorization Form **B. The obstructed sprinkler head was removed and relocated** **C. All missing escutcheons were replaced/corrected to ensure proper fit.**	12/16/15 12/11/15 12/11/1
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 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; (4) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, there were broken wall tiles in the shower room on 200 Hall. Broken tiles present sharp edges that could be dangerous to the residents.	C 164		
C 166	Housekeeping-Maintained Free of Hazards 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;	C 16	**Broken tiles were repaired in the 200 hall shower room. Maintenance Director/Desginee will continue to monitor to ensure housekeeping and furnishings are clean and maintained in good repair.**	12/7/15

Division of Health Service Regulation
STATE FORM

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Division of Health Service Regulation

(X1) STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X2) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) MULTIPLE CONSTRUCTION	(X4) DATE SURVEY COMPLETED
	NAL023042	A. BUILDING _____ B. WING _____	10/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE OF KINGS MOUNTAIN	1501 PHIFER ROAD KINGS MOUNTAIN, NC 28086

(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 160	Continued From page 2 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include: Items had been stacked to within 4 inches of the ceiling in the kitchen supply room.	C 160	Items stored too close to fire sprinkler head were removed. All storage will be maintained 18 inches below sprinkler heads. Maintenance Director marked all storage areas with a line/tape 18" below ceiling to remind staff not to store items above the line to maintain compliance. ED spoke with Department Heads to notify them of this concern and to educate them on proper storage in regards to sprinkler heads.	11/16/15
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 care home shall be maintained in a safe and operating condition. (b) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the cross corridor doors near the RCC office are equipped with latching hardware. When the doors were closed by activation of the fire alarm system and 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.	C 169	The cross-corridor doors located across from the RCC's office were repaired. The doors now latch and close properly to ensure proper fire rated protection is maintained.	11/16/15

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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
	HA1029011	A. BUILDING: 01 B. WING	10/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE OF KINGS MOUNTAIN	1001 PHIFER ROAD KINGS MOUNTAIN, NC 28086

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID
C 166	Continued From page 3 2. Based on observation, some doors are not closing well and/or latching to resist the passage of fire and smoke. 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. Findings include: a. The rated fire door between the kitchen and dining room was sagged and hitting the doorframe so that it would not close completely. b. The corridor door to the medroom on 200 Hall was equipped with a mechanical "kick-down" to hold it open. c. The corridor door to the kitchen supply room was equipped with a mechanical "kick-down" to hold it open. d. The corridor door to the medroom in the BTR was equipped wedged open. 3. Based on observation, several battery powered emergency lights 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. Findings include the emergency lights in the following areas: a. Storage in BTR, b. Activity room, c. Corridor at room 305, d. Maintenance office, e. Medroom, f. Shower room on 200 Hall, g. Corridor at room 220, h. Kitchen. 4. 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 present the	C

The Maintenance Director will ensure all fire rated doors are maintained in proper working order.
Doors will be checked each month as part of preventative maintenance. 12/14/15
The fire rated door between kitchen and dining room was repaired. 12/7/15
The mechanical kick-down was removed from the 200 hall medication room. 11/2/15
The mechanical kick-down was removed from the kitchen supply room. 11/2/15
The wedge was removed from the BTR medication room. 11/2/15
The Maintenance Director/ Designee will monitor doors to ensure none are propped open with wedges or mechanical kick-down devices.

All battery powered emergency lights were replaced. The Maintenance Director/Designee will check all battery powered emergency lightseach month as part of preventative maintenance. 11/2/15

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	HAL023042	A. WING 01 B. WING	10/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT PLACE OF KINGS MOUNTAIN	1001 PHIFER ROAD KINGS MOUNTAIN, NC 28086

(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 169	Continued From page 4 possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole at wires in ceiling of kitchen Manager's office. b. Unsealed sleeves (2) through ceiling of electrical room on 100 Hall. 5. Based on observation the required attic draft stop walls were compromised in several locations. Holes and penetrations that are not properly sealed present the possibility that a fire that begins in one attic space can quickly grow and spread to other areas of the facility. Findings include: a. The doors in the draft stops are held in place by bolts and wing nuts or are screwed in place. Many had been taken down for installation of new sprinkler pipes. Interview with facility staff and the sprinkler workmen indicated the draft stop doors are not replaced at night following the work day. b. Holes in the draft stops at new pipe installations are not sealed at the end of the work day.	C 169	**The hole at wires in the ceiling of Kitchen Manager's office were sealed with one hour fire rated caulk.** **The unsealed sleeves through ceiling of electrical room located on 100 hall were sealed with one hour fire rated caulk.** 11/3/15 **All attic draft stop doors will be replaced/maintained after entrance to attic to ensure proper fire protection is maintained.** **The Maintenance Director spoke with repairmen working on fire sprinkler system to make them aware that they should replace attic draft stop doors prior to leaving the work day.** **Maintenance Director/Designee will monitor for compliance.** 10/30/15 **Penetrations are sealed with one hour fire rated caulk.** 11/25/15	
C 195	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 five 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;	C 195		

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
	HAL023042	A. BUILDING: 01 B. WING _______	10/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 7 (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. Findings include; The exhaust fan was not working in the soiled utility room in the BTR.		The exhaust fan in the soiled linen storage located in BTR was repaired. Maintenance Director/ Desginee will inspect exhaust fans monthly as part of preventative maintenance program to ensure all are in proper working order.	12/7/15

All Fire Service, LLC

PO Box 6574
Statesville, NC 28687

704.838.1011

Fax: 704.838.1338

FIELD WORK ORDER

FIELD WORK ORDER # 1188

CUSTOMER NAME: Summit place Apts

BILLING ADDRESS:

CONTACT NAME:

JOB NAME:

DATE: PHONE:

CUSTOMER PO # ☐ DAY WORK/T&M ☐ CONTRACT EXTRA

QUANTITY	MATERIAL	DESCRIPTION OF WORK
2	1" plugs	relocated sprinkler head
1	1" 90°	
1	1" TEE	
1	3x1 nipple	

IMPORTANT

ALL SYSTEMS WERE LEFT IN-SERVICE WITH VALVES OPEN

ACKNOWLEDGED BY: Roy Carroll

PRINT NAME: Roy Carroll

IF NOT, EXPLAIN:

CONSTRUCTION LABOR

TECHNICIAN	HOURS	ST	OT	MILEAGE
Roy Carroll	3			

OTHER CHARGES / NOTES

COMPLETED Yes MUST RETURN no WORK ORDERED BY Roy Carroll

SIGNATURE [signature] DATE 12/11/15

I HEREBY ACKNOWLEDGE THE SATISFACTORY COMPLETION OF THE ABOVE DESCRIBED WORK, AND BY SIGNING, STATE THAT I HAVE AUTHORITY TO BIND THE COMPANY TO PAY FOR THE ABOVE DESCRIBED WORK.

WHITE - *ACCOUNTING* YELLOW - *CUSTOMER*

TELGIAN Service Authorization Form

Service Order#:	Customer Name, Address	Date of Dispatch:
5132704801	Summit Place_NC_Kings Mountain_55022 1001 Phifer Road Kings Mountain, NC 28086 USA	12-07-2015

Customer contacts name	Title	Phone or email
Facility contact number		704-739-6772

Scheduling Service

First name of manager at the location:

Last name of manager at the location:

Date customer location called to schedule service:

Time customer location called to schedule service:

Provider Information

Provider Name:	Phone Number:	Fax Number:	Provider ID:
All Fire Services, LLC	(704) 838-1011	(704) 838-1338	201107

Specific Instruction

1. When calling to schedule service with the site please ensure that you are identifying yourself as a Telgian representative. Example: "This is [YOUR NAME] from [YOUR COMPANY] calling to schedule your repairs on behalf of Telgian".
2. Upon arrival call Telgian IVR line at 800-306-4122 to check in.
3. If additional time or material is needed call Telgian at 800-306-4122 ext #9 from site to request additional authorization.
4. Upon departure call Telgian IVR line at 800-306-4122 to check out.
5. *Unless agreed to in advance, all invoices will be paid on a strict time and material basis for the hours and materials documented on the Work Completion Report and signed by the store manager.*

Required Completion:

12-16-2015

Scope of Work:

Please replace the accelerator or rebuild because the TYCO ACC1 accelerator will not reset. Will need a ladder reaching 7 ft.

Performing Service

TELGIAN Original Authorized allocation:

Qty	Service Category / Item	Unit price	UM	Extended
4.00	Fire Sprinkler Labor _Regular /	$75.00		$300.00
6.00	Fire Sprinkler Labor _Regular /	$75.00		$450.00
1.00	Repair Parts / Repair Parts	$100.00	ea	$100.00
1.00	Repair Parts / Repair Parts	$100.00	ea	$100.00

TELGIAN Work Completion Form

TELGIAN Work Order#:	Customer Name:	Location ID:	Date of Dispatch:
5132704802	Summit Place_NC_Kings Mountain_55022	143745	12-07-2015

Location Information

Customer Name:	Location ID:		
Summit Place_NC_Kings Mountain_55022	143745		
Address: 1001 Phifer Road	City: Kings Mountain	State: NC	Zip: 28086
Location Phone Number: 704-739-6772	Contact Name: Facility contact number		

On-Site Verification MUST BE COMPLETED

Step 1: Upon arrival, call TELGIAN at 800-306-4122 to check in.

Arrival Time:

Number of technicians at location:

Step 2: Upon departure, call TELGIAN at 800-306-4122 to check out.

Departure Time:

Name of technician(s):

Description of Work Completed (Must include all work done and materials used)

If applicable, please obtain the completion code from the MOD and note the number below:

Is this system properly tagged and/or compliant?

☐ Yes ☐ No

Is a return trip needed?

☐ Yes ☐ No

Note:

Technician Verification

Signature of Technician:

Date of Service:

Customer Verification

Name of Manager:

Signature of Manager:

Date:

Store Stamp/Bus Card/Store Receipt

nd Trip Verification

Name of Manager:

Signature of Manager:

Date:

All work orders are subject to the Telgian Rate Agreement terms and conditions AND Policies and Procedures directives which can be found on our Web Site at http://www.telgian.com/subcontractor-documents

TELGIAN Work Completion Form

TELGIAN Work Order#:	Customer Name:	Location ID:	Date of Dispatch:
5132704802	Summit Place_NC_Kings Mountain_55022	143745	12-07-2015

Remaining Sprinkler Deficiencies

Riser Diameter	Control Valve Type	Flow Switch Manufacturer	Tamper Switch Manufacturer

Are there impairments rendering the system inoperable? (If above answer is Yes describe on the next page in description of work)	Yes ☐ No ☐
Has the system been "Red or Yellow Tagged"?	Yes ☐ No ☐
Is the Owner or Owner Representative aware of all impairments?	Yes ☐ No ☐
Is the Owner or Owner Representative aware of "Red Tag" conditions?	Yes ☐ No ☐
Is a Fire Watch Required?	Yes ☐ No ☐
Is a lift required to complete repairs?	Yes ☐ No ☐

TELGIAN Service Authorization Form

Service Order#:	Customer Name, Address	Date of Dispatch:
5132704802	**Summit Place_NC_Kings Mountain_55022** **1001 Phifer Road Kings Mountain, NC 28086 USA**	**12-07-2015**

Customer contacts name	Title	Phone or email
Facility contact number		**704-739-6772**

Scheduling Service

First name of manager at the location:	Date customer location called to schedule service:
Last name of manager at the location:	Time customer location called to schedule service:

Provider Information

Provider Name:	Phone Number:	Fax Number:	Provider ID:
All Fire Services, LLC	**(704) 838-1011**	**(704) 838-1338**	**201107**

Specific Instruction

1. When calling to schedule service with the site please ensure that you are identifying yourself as a Telgian representative. Example: "This is [YOUR NAME] from [YOUR COMPANY] calling to schedule your repairs on behalf of Telgian". **2. Upon arrival call Telgian IVR line at 800-306-4122 to check in.** **3. If additional time or material is needed call Telgian at 800-306-4122 ext #9 from site to request additional authorization.** **4. Upon departure call Telgian IVR line at 800-306-4122 to check out.** **5. *Unless agreed to in advance, all invoices will be paid on a strict time and material basis for the hours and materials documented on the Work Completion Report and signed by the store manager.***	Required Completion: **12-16-2015**

Scope of Work:

The sprinkler is obstructed by the duct work. The model and type are unknown. The sprinkler needs to be relocated. A ladder reaching 9ft. will be needed

Performing Service

TELGIAN Original Authorized allocation:

Qty	Service Category / Item	Unit price	UM	Extended
6.00	Fire Sprinkler Labor _Regular /	$75.00		$450.00
1.00	Repair Parts / Repair Parts	$100.00	ea	$100.00

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TELGIAN Work Completion Form

TELGIAN Work Order#:	Customer Name:	Location ID:	Date of Dispatch:
5132704801	Summit Place_NC_Kings Mountain_55022	143745	12-07-2015

Location Information

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Summit Place_NC_Kings Mountain_55022	143745		
Address: 1001 Phifer Road	City: Kings Mountain	State: NC	Zip: 28086
Location Phone Number: 704-739-6772	Contact Name: Facility contact number		

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Step 1: Upon arrival, call TELGIAN at 800-306-4122 to check in.

Arrival Time:

Number of technicians at location:

Step 2: Upon departure, call TELGIAN at 800-306-4122 to check out.

Departure Time:

Name of technician(s):

Description of Work Completed (Must include all work done and materials used)

If applicable, please obtain the completion code from the MOD and note the number below:

Is this system properly tagged and/or compliant?

☐ Yes ☐ No

Is a return trip needed?

☐ Yes ☐ No

Note:

Technician Verification

Signature of Technician:

Date of Service:

Customer Verification

Name of Manager:

Signature of Manager:

Date:

Store Stamp/Bus Card/Store Receipt

nd Trip Verification

Name of Manager:

Signature of Manager:

Date:

All work orders are subject to the Telgian Rate Agreement terms and conditions AND Policies and Procedures directives which can be found on our Web Site at http://www.telgian.com/subcontractor-documents

TELGIAN Work Completion Form

TELGIAN Work Order#:	Customer Name:	Location ID:	Date of Dispatch:
5132704801	Summit Place_NC_Kings Mountain_55022	143745	12-07-2015

Remaining Sprinkler Deficiencies

Riser Diameter	Control Valve Type	Flow Switch Manufacturer	Tamper Switch Manufacturer

Are there impairments rendering the system inoperable? (If above answer is Yes describe on the next page in description of work)	**Yes ☐ No ☐**
Has the system been "Red or Yellow Tagged"?	**Yes ☐ No ☐**
Is the Owner or Owner Representative aware of all impairments?	**Yes ☐ No ☐**
Is the Owner or Owner Representative aware of "Red Tag" conditions?	**Yes ☐ No ☐**
Is a Fire Watch Required?	**Yes ☐ No ☐**
Is a lift required to complete repairs?	**Yes ☐ No ☐**