

PRINTED: 04/21/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/19/2016
NAME OF PROVIDER OR SUPPLIER CHATHAM COMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 809 WEST CHATHAM STREET CARY, NC 27512		
(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 Frank Strickland and Ed Miller on 04/19/2016. A Complaint Survey was conducted at the same time. Information obtained from the DHSR database indicates that this facility was licensed on 11/01/1982 as a HA. This facility is currently licensed for 80 Beds (including a 30 Bed Special Care Unit). Therefore, this facility was surveyed for conformance with the 1977 Minimum Standards and Regulations for Homes for the Aged, the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1976 (Revision 5) Edition, of the North Carolina State Building Code(s), Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required.	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: 1-Based on observation, the facility does not have current sanitation and fire inspection reports on site. Findings on 04/19/2016: There were no current fire and sanitation reports for the Kitchen/Facility for review on site.	C 111	Chatham Commons have the current Kitchen/Facility inspections; the new Executive Director did not know where they were located. These inspections are attached to this report.	6/1/2016

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE*Paula Rogers* Executive Director 5/6/16

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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; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained the housekeeping of floor surfaces in resident rooms resulting in unpleasant odors. This could eventually affect all residents and staff. Findings on 03/30/2016: The following spaces have urine odors: (a) Room 305 (b) Room 413 2-Based on observation, the facility has not maintained and serviced the HVAC supply and return-air grilles to keep them clean. Findings on 04/19/2016: The exhaust grilles have excessive particulate build-up at the following locations: (a) All of the facility Bathroom exhaust fans. (b) Dining Hall return-air grilles. (c) Kitchen return-air grilles. 3-Based on observation, the facility has not maintained the HVAC supply and return-air grilles to keep them in good working condition.	C 164	Rooms 306 and 413 were thoroughly cleaned by housekeeping. Housekeeping has been given a weekly schedule of rooms to be deep cleaned. All resident room floors are mopped daily. Maintenance supervisor will monitor weekly schedules. The maintenance department will clean all bathroom exhaust fans. The dietary staff will clean all dining hall return-air grilles and kitchen return-air grilles. The maintenance supervisor will create a cleaning schedule for housekeeping staff and monitor completion. The dietary manager will create cleaning schedule for kitchen staff and monitor completion The dining hall and kitchen diffusers will be repaired. Maintenance will monitor and keep diffusers clean. Dietary manager will regularly check diffusers	8/1/2016 8/1/2016

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C 164	Continued From page 2 Findings on 04/19/2016: The supply diffusers are damaged located at the following locations: (a) Dining Hall (c) Kitchen 4-Based on observation, the facility has not maintained the condition of wall surfaces in resident rooms and in the corridors. Findings on 04/19/2016: The following locations have damaged wall corners and walls: (a) Kitchen/Janitor wall corner damages and tile base. (b) Room 202 (c) Room 203 (d) Room 414 5-Based on observation, the facility has not maintained the resident room closet doors in good repair. Findings on 04/19/2016: The following locations have severely damaged resident room closet doors: (a) Room 204 (b) Room 301 (c) Room 304 6-Based on observation, the facility has not maintained the venting of Laundry appliances in good repair. Findings on 04/19/2016: The Main Laundry dryers do not have back-draft dampers installed on the exterior vent pipes. 7- Based on Observation, the facility failed to control the spread of chronic unpleasant odors.	C 164	and report to maintenance when diffusers need cleaning. Maintenance will repair damaged wall surfaces in resident rooms (202, 203, and 414) and in the corridors. Damaged kitchen/janitor wall corner and base will be repaired. Housekeeping and maintenance will regularly check these items and make needed repairs. Resident closet doors will be kept in good repair. The following damaged resident room closet doors (204, 301, and 304) will be repaired. Housekeeping and maintenance will regularly check these items and make needed repairs. The dryer back draft damper will be installed on exterior vent pipes off the main laundry dryer area. Maintenance will regularly check vent to ensure back draft damper is working properly. The fly fan that starts when the door opens will be disconnected in an attempt	8/1/2016 6/1/2016 6/1/2016 6/1/2016

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C 164	Continued From page 3 This would affect all residents, staff and visitors by exposing them to an unpleasant environment. Findings on 04/19/2016: (a) The Library is adjacent to a screened porch used as the designated smoking area and has a direct access via an exterior door. The smoke and odors from the smoking area drifts into the Library and down the Corridor. The smoking area has an exhaust fan located just outside the door but this fan vents into the attic. In addition, the door has a fly fan that starts up when the door opens that is possibly contributing to the smoke/odor drifting into the Library.	C 164	to prevent unpleasant odors from coming into the building from smoking area. All cigarette butt ash trays will be replaced and the smoking room will be thoroughly cleaned.	6/1/2016
C 165	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, the facility has not maintained clearances for appliances to floor drains to be free of hazards. This could affect all residents if they were to become contaminated. Findings on 04/19/2016: The drain line from the ice-maker does not have a 2 inch air-gap from the floor drain located in the Kitchen. Also, the floor drain in front of the ice-maker is not attached to the drain housing.	C 166	Drain line from ice maker in kitchen will be raised 2 inches from floor drain to allow sufficient air-gap. The floor drain will be secured to the drain housing. The dietary manager will monitor drain line to ensure it remains raised 2 inches off floor and floor drain remains secured to floor.	6/1/2016

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C 165	Continued From page 4 2-Based on Observation, the Building was not maintained free of hazards. Findings on 04/19/2016: a. Bedrooms throughout the building - Many towel bars were missing and the mounting brackets were left attached to the door exposing sharp and rough edges. Specific examples include Room 401, 403, 417 and 419.	C 168	All bedroom towel bars throughout building have been checked and any missing towel bars will be replaced and any remaining brackets or mounts not in use will be removed from walls. Housekeeping will monitor and notify administrative staff if any towel bars break. Any broken towel bars will be replaced as needed.	6/1/2016
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained towel bars in resident rooms. Findings on 04/19/2016: There are no towel bars at the following locations: (a) Room 302 (b) Room 307 (c) Room 401/403 (Exposed brackets) (d) Room 415 (e) Room 417/419 (Exposed brackets) (f) Room 422 (g) Room 424	C 175	Towel bars in the following rooms will be replaced and exposed brackets will be removed: rooms 302, 307, 401/403, 415, 417/419, 422, and 424. Housekeeping will monitor towel bars and any broken bars will be replaced as needed.	6/1/2016
C 185	Fire Safety-Rehearsals on Each Shift.	C 185	Quarterly Fire drill rehearsals will be conducted and records maintained in	

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C 185	Continued From page 5 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 observation, the facility does not have documentation on site of the rehearsals of the fire plan. Findings on 04/19/2016: The quarterly rehearsal fire drills for each shift were not on site for review	C 185	administrative offices of facility. The Executive Director will monitor and ensure future fire drills are completed quarterly.	6/1/2016
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.	C 189	The facility will maintain interior doors that do not latch and/or drag on the floor. The following latches will be repaired as needed: 100 Hall men's bathroom, 100 Hall Women's bathroom, room 204 Hall bathroom, SCU Men's bathroom, kitchen office bathroom, and conference room.	6/1/2016

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C 189	Continued From page 8 This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained in a safe and operating condition because the noted interior doors do not latch and/or drags on the floor preventing the containment of fire and/or smoke from the room of origin. This could affect all residents and staff in the event of a fire. Findings on 04/19/2016: The doors at the noted locations do not latch or difficulty in operation: (a) 100 Hall Men's Bathroom (Broken Closure Arm) (b) 100 Hall Women's Bathroom (Door drags on floor) (c) Room 204 (d) 200 Hall Bathroom (e) SCU Men's Bathroom (f) Kitchen Office Bathroom door (g) Resident Phone Room (Repaired during survey) (i) Conference Room 2-Based on observations, this facility has not been maintained in a safe manner because of breaches through fire-rated construction invalidated its integrity. This could affect all residents and staff in the event that a fire and/or smoke is not contained in a room or compartment of origin. Findings on 04/19/2016: There are smoke detection and life-safety devices located at the following locations with openings in the ceiling that are not sealed with a fire-rated material: (a) All life-safety devices in the Kitchen (b) Boiler Room 100 Hall	C 189	Facility will replace smoke detection and life safety devices located in the following areas: kitchen, boiler room on 100 hall, refrigerant line between rooms 101/103 at ceiling/hall, and employee lounge SCU. Facility will also repair ceiling sheet rock joints in the men's and women's bathroom ceilings on 100 hall, and dining hall ceiling over dining room tables.	6/1/2016

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C 189	Continued From page 9 represent conditions that will lead to a trip hazard: (a) The vinyl flooring is becoming unglued in from of the Main Entry Nurse's Station. (b) There is not a threshold installed at the exterior door from the Dining Hall exposing vinyl flooring that has become unglued. 10-Based on observations, the facility failed to maintain the plumbing fixtures. Findings on 04/19/2016: The hair-washing sink does not have a vacuum breaker located in the Salon.	C 189	station, a threshold will be installed at the exterior door from the dining hall where the vinyl flooring has become unglued. Maintenance and housekeeping will continue to monitor to ensure trip hazards no longer exist. The plumbing fixture vacuum breaker for the hair washing sink in the Salon will be installed.	6/1/2016 6/1/2016
D 324	10A NCAC 13F .0906 (d) Other Resident Care And Services 10A NCAC 13F .0906 Other Resident Care And Services (d) Telephone. (1) A telephone shall be available in a location providing privacy for residents to make and receive calls. (2) A pay station telephone is not acceptable for local calls; and (3) It is not the home's obligation to pay for a resident's toll calls. This Rule is not met as evidenced by: 1. Based on Observation, the Facility did not always provide access to a telephone. Findings on April 19, 2016: a. Telephone Room - the corridor door had paper stuffed in the strike plate and covered with tape preventing the door from latching closed. The paper and tape was removed so the corridor door can latch as is required by Building Code.	D 324	The paper stuffed in the strike plate and tape covering plate has been removed from corridor door leading into telephone room. The door knob has been replaced with a door knob that does not lock	6/1/2016

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D 324	Continued From page 10 When the door closes it locks and there are no keys. When the door is closed and locked, access to the telephone is denied.	D 324		

NC: Department of Environmental and Natural Resources
Division of Environmental Health
Inspection of Hospitals, Nursing Homes,
Adult Care Homes and Other Institutions

Score: 91.5
Date of Insp/Chg: 02/12/2016
Status Code: A

Health Department: WAKE
Current ID Number: 04092400088
Old ID Number:

Water Supply	☒ Community	☐ Non-Transient Non-Community	Water sample taken? ☐ Yes ☒ No
	☐ Transient Non-Community	☐ Non-Public Water Supply	☒ Inspection
			☐ Visit
Wastewater	☒ Community	☐ On-Site System	☐ Re-inspection
		Capacity: 80	☐ Verification of Closure

Name of Establishment: CHATHAM COMMONS

Permittee: MERIDIAN SENIOR LIVING

Location Address: 809 W CHATHAM ST

Mailing Address:

City: CARY

State: NC

Zip: 27511

City:

State: NC

Zip:

FLOORS, WALLS AND CEILINGS (1309, 1310)

- 01 Floors easy to clean, no obstacles, drains where needed 2 1
02 Floors clean, carpet clean, dry, odor free 3 1
03 Walls and ceilings cleanable, clean, good repair 2 1

LIGHTING, VENTILATION, MOISTURE CONTROL (1311)

- 04 Lighting at least 10 foot candles 30 inches above floor 2 1
05 Ambient air temperature 65° to 85° F, equipment clean 2 1
06 No evidence of microbial growth 1 0.5
07 Indoor smoking limited to dedicated smoking rooms 2 1

TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES (1312)

- 08 Facilities conveniently located, clean and in good repair 2 1
09 Toilet rooms five of storage, handwash signs posted 1 0.5
10 Bedpans, urinals, bedside commodes and crests basins properly cleaned and disinfected 1 0.5
11 Hand sinks used only for intended purpose 2 1
12 Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device 3 0.5
13 Lavatory and bathing hot water between 100° and 110° F 2 0.5
14 Disinfectant available, properly used 2 1

WATER SUPPLY (1313)

- 15 Approved water supply, no cross-connections 4 2
16 Quantity and hot water sufficient, backup water supply plan 2 1

DRINKING WATER FACILITIES, ICE HANDLING (1314)

- 17 Water fountains clean, good repair, properly regulated 2 1
18 Drinking utensils properly handled 2 1
19 Ice protected, dispensed, equipment clean, in good repair 2 1

LIQUID AND SOLID WASTES (1315, 1318)

- 20 Wastewater disposed of properly 4 2
21 Solid waste stored properly, areas clean, facilities for cleaning 4 2
22 Solid waste disposed of frequently, no insect breeding or nuisance 2 1
23 Medical wastes handled and disposed of properly 2 1

VERMIN CONTROL, PREMISES (1317)

- 24 Vermin excluded 3 1.5
25 Approved pesticides properly stored and handled 3 1
26 Premises clean, no breeding places or rodent harborage 2 1
27 Pet areas clean, veterinary records available 2 1

MISCELLANEOUS (1318)

- 28 Adequate storage, area clean, items properly stored 1 0.5
29 Map sinks provided and used 1 0.5
30 Medication carts clean, sharps containers affixed, food and utensils handled properly 2 1
31 Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions 2 1

FURNISHINGS AND PATIENT CONTACT ITEMS (1319, 1312)

- 32 Furniture clean and in good repair. Mattresses clean, dry, odor free 2 1
33 Linen changed when soiled. Soiled linen handled properly 2 1
34 Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately 2 1
35 Patient contact items in good repair, properly stored, cleaned and disinfected 1 0.5

FOOD SERVICE UTENSILS AND EQUIPMENT (1320)

- 36 Approved utensils and equipment, cleaned and sanitized 2 1
37 Activity kitchens used only for approved activities 1 0.5
38 Handwash lavatory provided wherever food is handled 3 1

FOOD SUPPLIES AND PROTECTION (1321, 1322, 1323)

- 39 Food supply complies with 15A NCAC 18A.0600 4 2
40 Food brought by employees or visitors handled properly 1 0.5
41 Milk and milk products comply with 15A NCAC 18A.1200 2 1
42 Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control 4 2
43 Food storage units with thermometers, maintain temperatures 1 0.5
44 Food stored above floor 1 0.5
45 No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals 2 1

EMPLOYEES (1324)

- 46 Clothing clean, no tobacco used while handling food 1 0.5
47 Hands properly washed or decontaminated 3 1.5
48 Persons with infections excluded from food service work 2 1

TOTAL 8.5

Rept Received by: *L. Tucker Campbell*

Comments:

3. Walls, door frames, and doors throughout the building have damage from wheel chairs. Make repairs as needed. Clean behind the hand rails in the hallways, especially during flu season. Hair, dust, cleaning packs can be found there.

4. Check the A/C filters in units that have a table sitting right in front of them. Since the table blocks access, the filters are not cleaned regularly.

(Continued on Addendum Page) ..

Inspection By: Arian Barodi

ENR ID#: 1782

OSHA 1313 (Revised 7/03)

Environmental Health Services Section (Revised 7/08)

N.C. DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES DIVISION OF ENVIRONMENTAL HEALTH

Comment Addendum

COUNTY: WAKE

NAME: CHATHAM COMMONS

ID: 04092400083

STREET: 809 W CHATHAM ST

CITY: CARY

DATE: 02/12/2016

STATE: NC

ZIP CODE: 27511

TIME: 02:30 PM - 05:00 PM

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

COMMENTS

07.) Smoking is limited to a porch, but the negative air pressure in the room leading to the porch causes the smoke to be drawn into the building. The sitting room in front of the smoking porch needs to have positive air pressure to keep smoke out.

Deduction: 0

12.) Provide paper towels at all hand sinks. Housekeeping has left for the day, and a number of bathrooms did not have paper towels. Even if you are in the process of switching to a different towel dispenser, make sure towels are available. Proper handwashing is essential.

Deduction: 1.5

13.) The hot water in 103 and 202 reached 119 F. In the hallway bath near 308, the hot water reached 122 F. Keep the temperature at 100-116 F. Hot water temperature problems were noted on the previous inspection.

Deduction: 1

28.) One storage room has resident personal items, storage barrels, and boxes of hygiene products all mixed up stored on the floor. Keep all storage 8 inches off the floor and organized. Keep the sinks accessible.

Deduction: 0.5

32.) Some of the furniture in TV rooms shows signs of aging (sagging cushions, worn fabric, torn back panels on recliners).

Deduction: 1

33.) Clean the handles on the soiled linen barrels.

Deduction: 0

34.) The facility has three frontload washers. One is designated for shared items like linens. There is no way to measure the exact amount of sanitizing agent going into each load or to determine the wash water temperature. If hot water is used, linen including sheets, pillow cases, absorbent pads, towels and wash cloths provided by the facility shall be washed with a detergent in water at least 71°C (160°F) for 25 minutes. If low temperature (less than 71°C) laundry cycles are used, linens shall be washed in at least 30 parts per million chlorine or an EPA listed laundry sanitizer shall be used in accordance with the manufacturer's instructions. This shall not preclude the approval of other chemicals or processes shown to produce a 99.9 percent reduction of the pathogens *Staphylococcus aureus*, *Klebsiella pneumoniae* and *Pseudomonas aeruginosa* on laundry. Provide documentation of your linen sanitizing procedure. This was mentioned on the previous inspection and needs to be addressed.

Deduction: 2

Comments continued on next page

Instructions:

Purpose: This form is developed to be used for making explanatory comments about violations observed during inspections and/or notices of permit actions during inspections of restaurants, foodstands, commissaries, hotels, bed and breakfast homes and inns, summer camps, meat markets, institutions, residential care facilities, public swimming pools, tattoo establishments and other establishments inspected by Environmental Health Specialists under rules adopted by the Commission for Health Services. Preparation: Local Environmental Health Specialists shall complete form DEH-4000 when necessary during inspections and/or notices of permit actions. The original and two copies will be distributed with the inspection form about which they provide comments. Disposition: This form may be destroyed in accordance with Standard 8.5.6., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments published by the North Carolina Division of Archives & History. Additional forms may be ordered from Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27609-1632. (Courier 83-01-00)

NAME: CHATHAM COMMONS

ID: 0409240088

COMMENTS

35.) A urine collection cap was stored unprotected behind a handrail in a bathroom. Items like urinals and urine collection caps need to be labeled with the resident's name and stored in a sanitary manner (in a clean plastic bag, for example).

Deduction: 0.5

43.) Provide thermometers for all refrigerators, even the ones in resident rooms (temperature should be 45 F or below).

Deduction: 0

Instructions:

Purpose: This form is developed to be used for making explanatory comments about violations observed during inspections and/or notices of permit actions during inspections of restaurants, foodstands, canteenries, hotels, bed and breakfast homes and inns, summer camps, meat markets, institutions, residential care facilities, public swimming pools, tattoo establishments and other establishments inspected by Environmental Health Specialists under rules adopted by the Commission for Health Services. **Preparation:** Local Environmental Health Specialists shall complete form DENR 4004 when necessary during inspections and/or notices of permit actions. The original and two copies will be distributed with the inspection form about which they provide comments. **Disposition:** This form may be destroyed in accordance with Standard-9.3.6, Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments published by the North Carolina Division of Archives & History. **Additional forms may be ordered** from Division of Environmental Health, 1633 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00).

(2-12-15, 4-12-15, 5-12-15, 6-15)

CHATHAM COMMONS, 1212 N. WILSON ST., WILSON, NC 27571

Score: 98

Food Establishment Inspection Report

Chatham Commons-Cary Rest Home

Establishment Name: Foodservice

Location Address: 809 W Chatham St

City: CARY State: NC

Zip: 27511 County: WAKE

Permittee: Meridian Senior Living

Telephone: (919) 488-9309

Wastewater System: ☒ Municipal/Community ☐ On-Site SystemWater Supply: ☒ Municipal/Community ☐ On-Site Supply

Establishment ID: 04092160001

☒ Inspection ☐ Re-Inspection

Date: 01/14/2016 Status Code: A

Time In: 9:05 AM Time Out: 10:35 AM

Category#: 4

FPA Establishment Type: Institutional Food Service

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Public Health Interventions: Control measures to prevent foodborne illness or injury

Compliance Status

Supervision 2652

1 ☒ IN ☐ OUT ☐ N/A PIC present, demonstration - Certifications by accredited program and perform duties 2 0 0

Employee Health 2652

2 ☒ IN ☐ OUT ☐ N/A Management, employees knowledge, responsibilities & reporting 3 1.5 03 ☒ IN ☐ OUT ☐ N/A Proper use of reporting, restriction & exclusion 3 1.5 0

Good Hygiene Practices 2652, 2653

4 ☒ IN ☐ OUT ☐ N/A Proper eating, testing, drinking, or tobacco use 2 1 05 ☒ IN ☐ OUT ☐ N/A No discharge from eyes, nose, and mouth 1 0.5 0

Preventing Contamination by Hands 2652, 2653, 2654, 2655

6 ☒ IN ☐ OUT ☐ N/A Hands clean & properly washed 2 1 07 ☒ IN ☐ OUT ☐ N/A No bare hand contact with RTE foods or a pre-approved alternate procedure properly stored 3 1.5 08 ☒ IN ☐ OUT ☐ N/A Handwashing sinks supplied & accessible 2 1 0

Approved Source 2653, 2655

9 ☒ IN ☐ OUT ☐ N/A Food obtained from approved source 2 1 010 ☒ IN ☐ OUT ☐ N/A Food received at proper temperature 2 1 011 ☒ IN ☐ OUT ☐ N/A Food in good condition, safe & unadulterated 2 1 012 ☒ IN ☐ OUT ☐ N/A Required records available: shellstock tags, parasite destruction 2 1 0

Protection from Contamination 2653, 2654

13 ☒ IN ☐ OUT ☐ N/A Food separated & protected 2 1.5 014 ☒ IN ☐ OUT ☐ N/A Food-contact surfaces: cleaned & sanitized 2 1.5 015 ☒ IN ☐ OUT ☐ N/A Proper disposition of returned, previously served, reconditioned, & unsafe food 2 1 0

Potentially Hazardous Food Time/Temperature 2653

16 ☒ IN ☐ OUT ☐ N/A Proper cooking time & temperatures 2 1.5 017 ☒ IN ☐ OUT ☐ N/A Proper reheating procedures for hot holding 2 1.5 018 ☒ IN ☐ OUT ☐ N/A Proper cooling time & temperatures 3 1.5 019 ☒ IN ☐ OUT ☐ N/A Proper hot holding temperatures 2 1.5 020 ☒ IN ☐ OUT ☐ N/A Proper cold holding temperatures 2 1.5 021 ☒ IN ☐ OUT ☐ N/A Proper date marking & disposition 2 1.5 022 ☒ IN ☐ OUT ☐ N/A Time as a public health control: procedures & records 2 1 0

Consumer Advisory 2653

23 ☒ IN ☐ OUT ☐ N/A Consumer advisory provided for raw or undercooked foods 1 0.5 0

Highly Susceptible Populations 2653

24 ☒ IN ☐ OUT ☐ N/A Pasteurized foods used, prohibited foods not offered 3 1.5 0

Chemical 2653, 2657

25 ☒ IN ☐ OUT ☐ N/A Food additives: approved & properly used 1 0.5 026 ☒ IN ☐ OUT ☐ N/A Toxic substances properly identified, stored, & used 2 1 0

Conformance with Approved Procedures 2653, 2654, 2655

27 ☒ IN ☐ OUT ☐ N/A Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan 2 1 0

Good Retail Practices

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

Compliance Status

Safe Food and Water 2652, 2653, 2654

28 ☒ IN ☐ OUT ☐ N/A Pasteurized eggs used where required 1 0.5 029 ☒ IN ☐ OUT ☐ N/A Water and ice from approved source 2 1 030 ☒ IN ☐ OUT ☐ N/A Variance obtained for specialized processing methods 1 0.5 0

Food Temperature Control 2653, 2654

31 ☒ IN ☐ OUT ☐ N/A Proper cooking methods used; adequate equipment for temperature control 1 0.5 032 ☒ IN ☐ OUT ☐ N/A Plant food properly cooked for hot holding 1 0.5 033 ☒ IN ☐ OUT ☐ N/A Approved thawing methods used 1 0.5 034 ☒ IN ☐ OUT ☐ N/A Thermometers provided & accurate 1 0.5 0

Food Identification 2653

35 ☒ IN ☐ OUT ☐ N/A Food properly labeled: original container 2 1 0

Prevention of Food Contamination 2652, 2653, 2654, 2655, 2657

36 ☒ IN ☐ OUT ☐ N/A Insects & rodents not present; no unauthorized animals 2 1 037 ☒ IN ☐ OUT ☐ N/A Contamination prevented during food preparation, storage & display 2 1 038 ☒ IN ☐ OUT ☐ N/A Personal cleanliness 1 0.5 039 ☒ IN ☐ OUT ☐ N/A Wiping cloths: properly used & stored 1 0.5 040 ☒ IN ☐ OUT ☐ N/A Washing fruits & vegetables 1 0.5 0

Proper Use of Utensils 2653, 2654

41 ☒ IN ☐ OUT ☐ N/A In-use utensils: properly stored 1 0.5 042 ☒ IN ☐ OUT ☐ N/A Utensils, equipment & linens: properly stored, dried, & handled 1 0.5 043 ☒ IN ☐ OUT ☐ N/A Single-use & single-service articles: properly stored & used 1 0.5 044 ☒ IN ☐ OUT ☐ N/A Glasses used properly 1 0.5 0

Utensils and Equipment 2653, 2654, 2655

45 ☒ IN ☐ OUT ☐ N/A Equipment, food & non-food contact surfaces: approved, cleanable, properly designed, constructed & used 2 1 046 ☒ IN ☐ OUT ☐ N/A Warewashing facilities: installed, maintained & used; test strips 1 0.5 047 ☒ IN ☐ OUT ☐ N/A Non-food contact surfaces clean 1 0.5 0

Physical Facilities 2654, 2655, 2656

48 ☒ IN ☐ OUT ☐ N/A Hot & cold water systems; adequate pressure 2 1 049 ☒ IN ☐ OUT ☐ N/A Plumbing installed; proper backflow devices 2 1 050 ☒ IN ☐ OUT ☐ N/A Sewage & waste water properly disposed 2 1 051 ☒ IN ☐ OUT ☐ N/A Toilet facilities: properly constructed, supplied, & cleaned 1 0.5 052 ☒ IN ☐ OUT ☐ N/A Garbage & refuse properly disposed; facilities maintained 1 0.5 053 ☒ IN ☐ OUT ☐ N/A Physical facilities installed, maintained & clean 1 0.5 054 ☒ IN ☐ OUT ☐ N/A Meets ventilation & lighting requirements; designated areas used 1 0.5 0

TOTAL REDUCTIONS: 2

Comment Addendum to Food Establishment Inspection Report

Chatham Commons-Cary Rest
 Establishment Name: Home Foodservice
 Location Address: 809 W Chatham St
 City CARY State: NC
 County: WAKE Zip: 27511

Establishment ID: 04092180001

☒ Inspection ☐ Re-inspection

☐ Visit

Date: 01/14/2016

☐ Verification

Status Code: A

☐ Name Change

Category#: 4

☐ Status Change

☐ Pre-Opening Visit

☐ Other

Wastewater System:

☒ Municipal/Community

☐ On-Site System

Water Supply:

☒ Municipal/Community

☐ On-Site Supply

Permittee: Meridian Senior Living

Telephone: (919) 469-9309

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
soup (refrigerator)	38 °F	ham/turkey/roast beef (refrigerator)	37 °F	butter (refrigerator)	40 °F

Observations and Corrective Actions

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 2-405.11 of the food code.
47	4-501.11(C) - Clean the steam table after each meal. There is still mac and cheese from the previous day's lunch stuck on the wall. Clean all the condiment bin, trays, and carts. Clean the outside of dry storage containers. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.
49	6-205.16 (B) - Both faucets on the 3 compartment sink are in very bad condition and need to be replaced. The drain under the hand sink in the employee bath is leaking.
53	6-501.12 - Provide NSF approved shelving for the chemical storage room to organize all chemicals off the floor. Use the bottom shelf for personal clothing. Clean floor and walls in the dry storage room. A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean.; Repeat
53	6-501.11 - Patch holes in the wall where the paper towel dispenser was replaced. The wall behind the dish machine has moisture damage along the base. Repair small damaged wall areas throughout the kitchen. Paint the back door. PHYSICAL FACILITIES shall be maintained in good repair.

Person In Charge (Print & Sign):

Winston Whitted

Regulatory Authority (Print & Sign):

Anne Bartoli

Verification Required Date:

REHS ID: 1782

REHS Contact Phone Number:



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
 DHHS is an equal opportunity employer.
 Food Establishment Inspection Report, 3/2012



919

868-9257



2450 Meadowbrook Pkwy
Duluth, GA 30096
770-506-2388

Job # _____
Invoice # _____
Date: 04/25/16
Technician: D. Bumgarner

Billing Information:

Bill to Name:	Meridian Senior Living	Customer PO #	
Address:		Proposal:	
City, State, Zip	NC	Permit Required?	V/N
Contact:		Submit permit application to:	
Phone:			
Email:			

Site Information:

Site Name:	Chatham Commons	Monitoring account information:
Address:	809 West Chatham St	Monitoring Station:
City, State, Zip	Lary NC 27511	Phone Number:
Contact:	Paulette Rogers	Access Code/ID:
Phone:	919-462-9307	Date Monitoring left online:
Email:	chcaadm@meridiansenior.com	

Qty	Part #	Description	Unit Price	Ext Price	Qty	Part #	Description	Unit Price	Ext Price
	202	Wet Fire Sprinkler Inspection		\$ -		600	Labor		\$ -
	203	Additional Wet Systems		\$ -		601	Overtime Labor		\$ -
1	204	Dry Fire Sprinkler Inspection		\$ -		WG	Water Gauge		\$ -
	205	Additional Dry Systems		\$ -		AG	Air Gauge		\$ -
	206	Fire Pump Test		\$ -		SFDV	FDC Signs		\$ -
	207	Pre Action / Deluge System Insp.		\$ -		FABC	FDC Caps		\$ -
	208	Anti Freeze System Inspection		\$ -		Chain	Chain		\$ -
	209	Fire Hydrant test		\$ -		Lock	Lock		\$ -
	213	Fire Pump Weekly/Monthly Run		\$ -		Sign 62	Riser Signage		\$ -
	602	Suction: Discharge:		\$ -			Dry Sys 2 Yr Full Trip Test		\$ -
2	500	Backflow Test		\$ -			5 Year Internal Insp.		\$ -
	503	Backflow Pit / Pump-out		\$ -			5 Year Hydro Standpipe		\$ -
				\$ -					\$ -
				\$ -					\$ -
				\$ -					\$ -
				\$ -					\$ -

Work Order Status?

Completed



Ongoing



Total:

\$

-

All systems left back in service?

Yes



No



If "NO" provide reason why system was left out of service and recommended course of action:

Completion Acknowledgement:

Paulette Rogers 4/25/16
Customer Signature Date

D. Bumgarner 4/25/16
Technician Signature Date

Printed Name:

Paulette Rogers

Store Number:

I hereby acknowledge the satisfactory completion of the above described work. I further acknowledge and agree: full payment for work performed is due 30 days following completion of work. If full payment is not received by date due, then (i) interest shall accrue at the rate of 18% per annum beginning on the date the work was completed; (ii) CPP will proceed with all available legal remedies to collect the amount owed, including without limitation, the filing of mechanics liens; and (iii) I will pay all cost of enforced collection incurred by CPP, including, without limitation, CPP's attorneys fees, not to exceed however limitations imposed by applicable law.

Date work completed:

Material PO # 1

Date valves left open:

Material PO # 2

REV. 1/08

Report of Inspection, Testing & Maintenance of Dry Pipe Fire Sprinkler Systems



ALL QUESTIONS ARE TO BE ANSWERED AND ALL BLANKS TO BE FILLED
(Weekly inspection tasks are NOT included in this report)

Inspecting Firm: Century Fire Protection

Inspection Contract#

Name of Inspected Property: Chatham CommonsInspector Name: David BungeDate: 4/25/16Inspection Frequency: ☐ Monthly☐ Quarterly☒ Annually☐ Other

Monthly Inspection of Dry Pipe Sprinkler Systems

	Y	N/A	N
A.1.0 System in service on inspection	/		
A.1.1 Supply (water) gauge pressure	75	psi	
A.1.2 System (air) gauge pressure	35	psi	
A.1.3 Quick opening device gauge pressure	35	psi	
A.1.4 Gauge near compressor	NR	psi	
A.1.5 Gauge pressures are normal	/		
A.2.0 Control valves in normal open or closed position	/		
A.2.1 Control valves properly locked or supervised	/		
A.2.2 Control valves accessible	/		
A.2.3 Control valves provided with appropriate wrenches	/		
A.2.4 Control valves free from external leaks	/		
A.2.5 Control valve identification signs in place	/		

	Y	N/A	N
A.3.6 System control valve sign indicates area served	/		
A.3.7 System user informational sign in place showing area served, locations of auxiliary drains and any auxiliary systems*	/		
A.3.8 Backflow prevention assembly valves are locked or electrically supervised in open position	/		
A.3.1 Reduced pressure backflow prevention assembly not in continuous discharge	/		
A.4.0 Dry pipe valve free of physical damage	/		
A.4.1 Dry pipe valve trim valves are in appropriate open or closed position	/		
A.4.2 Dry pipe valve intermediate chamber not leaking	/		
A.5.0 ALARM PANEL CLEAR	/		
A.6.0 COMMENTS:			

Quarterly Inspection of Dry Pipe Sprinkler Systems

B.1.0 System in service on inspection	/		
B.2.0 Hydraulic nameplate attached and legible	/		
B.3.1 Alarm device free from physical damage	/		
B.3.0 FDC is visible	/		
B.3.1 FDC is accessible	/		
B.3.2 FDC wheels/couplings undamaged/rotate smoothly	/		
B.3.3 FDC plugs/caps in place/undamaged	/		
B.3.4 FDC gaskets in place and in good condition	/		
B.3.5 FDC identification sign in place	/		
B.3.6 FDC check valve not leaking	/		
B.3.7 FDC automatic drain valve in place and operating properly	/		
B.3.8 FDC dapper is in place and operating properly	/		
B.3.9 FDC interior inspected where caps missing	/		
B.3.10 FDC obstructions removed as necessary	/		
B.4.0 Pressure reducing control valves (PRV) indicate open	/		
B.4.1 PRV not leaking	/		
B.4.2 PRV maintaining downstream pressure per design	/		
B.4.3 PRV in good condition	/		
B.4.4 PRV handwheel installed and not broken	/		
B.5.0 ALARM PANEL CLEAR	/		

B.6.0 COMMENTS:

Tests on Backflow # 1282/1284
 Test on Butterfly @ 150# # 1281
 Test on mixer at # 1261
 Test on PIV # 1288

Quarterly Testing for Dry Pipe Sprinkler Systems

C.1.0 System in service before testing	/		
C.1.1 Pertinent parties notified before testing	/		
C.1.2 Adequate drainage provided before flow testing	/		
C.2.0 Alarm devices appear free of physical damage	/		
C.3.0 One main drain test conducted downstream from backflow preventer	/		
C.3.1 One main drain test conducted downstream from pressure reducing valve	/		
C.3.2 Supply water gauge reading before flow (static)	75	psi	
C.3.3 Gauge reading during stable flow (residual)	70	psi	
C.3.4 Time for supply pressure to return to normal	3	sec	
C.4.0 Priming water level tested	/		
C.5.0 Quick opening device(s) (QOD) tested	/		
C.6.0 Low pressure alarm tested	/		
C.7.0 Pertinent parties notified of test conclusion	/		
C.8.0 ALARM PANEL CLEAR	/		
C.9.0 SYSTEM RETURNED TO SERVICE	/		

C.10.0 COMMENTS: Chrome SR TY3235 Heads
E4.4 Rm 202 Hall missing plate
Rm 111 Hall missing plate
Rm 102 Hall missing plate
Rm phone Rm missing plate
Rm 408 missing plate
Hall at storage room missing Hall missing plate
Kitchen missing plate

Drawn Trip & Laundry
 Drawn Trip Missing TV Room

*This requirement is new and can also be found in the 2007 edition of NFPA 13

INSPECTOR'S INITIAL DB

(All "NO" answers to be explained.)
 OWNER/DESIGNATED REPR INITIAL PR

DATE 4/25/16

(AFSA Form 107A)
 Page 1 of 3

REV. 1/08

Report of Inspection, Testing & Maintenance of Dry Pipe Sprinkler Systems...continued

Inspecting Firm: Century Fire Protection

Inspection Contract#

Name of Inspected Property: Chatham CommonsInspector Name: David BurgarnerDate: 4/25/16Inspection Frequency: ☐ Monthly☐ Quarterly☒ Annually☐ Other

Semi-Annual Testing for Dry Pipe Sprinkler Systems

	Y	N/A	N
D.1.0 System in service before testing	/		
D.1.1 Pertinent parties notified before testing	/		
D.2.0 Water flow alarm tested and is operational	/		
D.2.1 Test conducted with inspectors test connection	/		
D.2.2 Test conducted with bypass connection (freezing weather)	/		
D.2.3 Test conducted per manufacturer's instructions	/		
D.3.0 Supervisory switches initiated distinct signal during first two hand wheel revolutions or before valve stem moved one-fifth from normal position	/		

	Y	N/A	N
D.3.1 Signal restored only when valve returned to normal position	/		
D.4.0 Pertinent parties notified of test conclusion	/		
D.5.0 ALARM PANEL CLEAR	/		
D.6.0 SYSTEM RETURNED TO SERVICE	/		
D.7.0 COMMENTS:			

Annual Inspection for Dry Pipe Sprinkler Systems

	Y	N/A	N
E.1.0 System in service on inspection	/		
E.2.0 Hangers and seismic bracing appears undamaged and tightly attached	/		
E.3.0 Piping appears free of mechanical damage	/		
E.3.1 Piping appears free of leakage	/		
E.3.2 Piping appears free of corrosion	/		
E.3.3 Piping appears free of external loading	/		
E.4.0 Sprinklers appear free of leakage	/		
E.4.1 Sprinklers appear free of corrosion	/		
E.4.2 Sprinklers appear free of foreign materials	/		
E.4.3 Sprinklers appear free of paint	/		
E.4.4 Sprinklers appear free of physical damage	/		
E.4.5 Sprinklers appear properly oriented	/		
E.4.6 Clearance appears to be adequate between sprinklers and building contents	/		
E.4.7 Glass bulbs appear full of liquid	/		
E.4.8 Spare sprinklers are of proper number (at least 5), type, and temperature rating	/		
E.4.9 Spare sprinklers stored where temperature maximum is 100°F	/		
E.4.10 Wrench available for each type of sprinkler	/		
E.5.0 Dry pipe valve in good condition internally (check at trip test)	/		
PRIOR TO FREEZING WEATHER:			
E.6.0 Building is secure such as not to expose piping to freezing conditions	/		
E.6.1 Adequate heat is provided maintaining temperatures at 40°F or higher	/		
E.7.0 ALARM PANEL CLEAR	/		
E.8.0 COMMENTS:			

Annual Maintenance for Dry Pipe Sprinkler Systems

	Y	N/A	N
F.1.0 System in service before conducting maintenance	/		
F.2.0 Pertinent parties notified before conducting maintenance	/		
F.3.0 Adequate drainage provided before flow testing or draining	/		
F.4.0 Operating stems of OS&Y (including backflow) valves lubricated	/		
F.4.1 Valve completely closed and reopened	/		
F.5.0 Main drain test conducted	/		
F.5.1 Supply water gauge reading before flow (static)	75	psi	
F.5.2 Gauge reading during stable flow (residual)	70	psi	
F.5.3 Time for supply pressure to return to normal	3	sec	
F.6.0 Dry pipe valve interior thoroughly cleaned and parts replaced/repairs as necessary	/		
F.6.1 Grease or other sealing materials not applied to seating surfaces of dry pipe valve	/		
F.7.0 Dry pipe system low points drained after operation and before onset of freezing weather conditions	/		
F.8.0 Pertinent parties notified after conclusion of maintenance	/		
F.9.0 Air Leakage test conducted	/		
F.9.1 Leakage within limits	/		
F.9.2 Test conducted			
☒ 40 psi for 2 hours or			
☒ Normal pressure for 4 hours			
F.10.0 ALARM PANEL CLEAR	/		
F.11.0 SYSTEM RETURNED TO SERVICE	/		
F.12.0 COMMENTS:			

Trip Test Table

Dry Pipe Operating Test	Dry Valve Trip Size		Year		G.O.D.		Year	
	Make	Model	Serial No.	Make	Model	Serial No.	Make	Model
	Belmont	D	54834	Belmont	B.1	77020		
	Time to Trip Thru Test Pipe	Water Pressure	Air Pressure	Time Water Trip Point Air Pressure	Reached Test Outlet	Alarm Operated		
	Min	Sec	PSI	PSI	PSI	Min	Sec	Yes
Without G.O.D.								No
With G.O.D.	0	19	75	35	27	-N/A-		X

INSPECTOR'S INITIAL DB(All "NO" answers to be explained.)
OWNER/DESIGNATED REP. INITIAL PRDATE 4/25/16(AFSA Form 107A)
Page 2 of 3

REV. 1/08**Report of Inspection, Testing & Maintenance of Dry Pipe Sprinkler Systems...continued**

Inspecting Firm:

Inspection Contract#

Name of Inspected Property:

Inspector Name:

Date:

Inspection Frequency: ☐ Monthly☐ Quarterly☐ Annually☐ Other**Annual Testing for Dry Pipe Sprinkler Systems**

	Y	N/A	N
G.1.0 System in service before testing	/		
G.1.1 Pertinent parties notified before testing	/		
G.1.2 Adequate drainage provided before flow testing	/		
G.2.0 Dry pipe valve trip tested with control valve partially open (required at full flow every 3 years)	/		
G.2.1 Dry pipe valve protecting freezers trip tested in manner not introducing moisture into piping in freezer	/		
G.2.2 Tag or card showing trip test date and name of person and organization conducting test attached to DPV	/		
G.2.3 Separate records of initial air and water pressure, tripping air pressure, and dry pipe valve operating conditions maintained on premises for comparison	/		
G.2.4 Records of tripping time maintained for full flow trip tests	/		
G.3.0 Automatic air pressure maintenance devices tested in accordance with mfg. inst.	/		
G.4.0 Control valves (including backflow and PIVs) operated through full range & returned to normal position	/		
G.4.1 PIVs opened until spring or torsion felt in rod	/		
G.4.2 PIVs and OS&Ys backed 1/4 turn from full open	/		
G.5.0 Main drain test conducted	/		
G.5.1 Supply water gauge reading before flow (static)	75 psi		
G.5.2 Gauge reading during stable flow (residual)	70 psi		
G.5.3 Time for supply pressure to return to normal	3 sec		
G.5.4 Fill flow pressure (residual) < 10 percent reduction from prior or original test	/		
G.6.0 Backflow prevention assembly forward flow test conducted	/		
G.6.1 System demand flow was achieved through the device	/		
G.6.2 Forward flow test conducted at maximum rate possible (only where connections do not permit full flow test)	/		
G.6.3 Forward flow test conducted without measuring flow (device < 2" and outlet sized to flow system demand)	/		
G.6.4 Backflow prevention assembly internal inspection conducted (where shortages last more than 1 year and rationing enforced by AHJ)	/		
G.6.5 Forward flow test satisfied by annual fire pump flow test	/		
G.6.6 Backflow prevention flow test conducted as required by the AHJ	/		
G.7.0 PRV control valves flow tested and compared to previous results	/		
G.8.0 Low temperature alarm tested at beginning of heating season (where provided for valve enclosure)	/		
G.9.0 Air leakage test conducted (required every 3 years)	/		
G.9.1 Air leakage test acceptable	/		
G.9.2 Pertinent parties notified of test conclusion	/		
G.10.0 ALARM PANEL CLEAR	/		
G.11.0 SYSTEM RETURNED TO SERVICE	/		
G.12.0 COMMENTS			

Items of 5 Years or Greater Frequency

	Y	N/A	N
H.1.0 System in service before conducting tasks	/		
H.2.0 Pertinent parties notified before conducting tasks	/		
H.3.0 Dry pipe valve internally inspected	/		
H.3.1 Dry pipe valve strainers, filters, and restriction orifices internally inspected	/		
H.3.2 Dry pipe valve internal components cleaned/replaced as necessary	/		
H.3.3 Dry pipe valve internal components inspection/maintenance date:	/		
H.4.0 System gauges replaced as necessary	/		
H.4.1 System gauges tested by comparison with calibrated gauge:	/		
H.4.2 System gauges accurate within 3% of full scale	/		
H.4.3 System gauges recalibrated as necessary	/		
H.4.4 System gauges test/replacement date:	/		
H.5.0 Check valves internally inspected	/		
H.5.1 Check valve internal components operate correctly	/		
H.5.2 Check valve internal components move freely	/		
H.5.3 Check valve internal components in good condition	/		
H.5.4 Check valve internal components cleaned/repairs/replaced as necessary	/		
H.5.5 Check valve internal inspection/maintenance date:	/		
H.6.0 Adequate drainage provided before flow testing	/		
H.6.1 PRV control valves full flow test conducted See AFSA Form 115A	/		
H.7.0 Extra high temp solder type sprinklers tested/replaced - date:	/		
H.7.1 Sprinklers in hazard environment tested/replaced - date:	/		
H.7.2 Dry sprinklers tested/replaced (10 years) - date:	/		
H.7.3 Sprinklers with fast response elements tested/replaced (at 20 years, 10 thereafter) - date:	/		
H.7.4 All sprinklers tested/replaced (at 50 years, 10 thereafter) - date: (at 75 years, 5 thereafter) - date:	/		
H.7.5 All sprinklers manufactured before 1920 replaced - date:	/		
H.8.0 Obstruction investigation conducted (see AFSA Form 114A)	/		
H.9.0 Pertinent parties notified after conclusion of tasks	/		
H.10.0 ALARM PANEL CLEAR	/		
H.11.0 SYSTEM RETURNED TO SERVICE	/		
H.12.0 COMMENTS			

INSPECTOR'S INITIAL **22-18**

(All "NO" answers to be explained.)

OWNER/DESIGNATED REP. INITIAL **PR**DATE **4/25/16**

(AFSA Form 107A)

Page 3 of 3

TOWN of CARY

CROSS CONNECTION CONTROL & BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT

CUSTOMER: Chatham Commons
 STREET ADDRESS: 809 West Chatham St. Cary, NC 27511
 PHONE NO: 919-469-9309 FAX NO: 919-655-1981
 LOCATION OF ASSEMBLY: Riser Room

TYPE OF ASSEMBLY: RP ☒ DC ☐ FVB ☐ SIZE 3/4" WATER METER NUMBER: 35447211
 MANUFACTURER: Wilkins MODEL: 975 XL SERIAL NO: 3064543 XLD

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT <u>2 4</u> PSID BUFFER <u>5.6</u> PSID DID NOT OPEN ☐	☐ LEAKED ☒ CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE <u>8 0</u> PSID	☐ LEAKED ☒ CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE <u>2 4</u> PSID	AIR INLET OPENED AT _____ PSID DID NOT OPEN ☐ CHECK VALVE LEAKED ☐ HELD AT _____ PSID
☐ CLEANED ONLY REPLACED: RUBBER KIT ☐ RV ASSEMBLY ☐	☐ CLEANED ONLY REPLACED: RUBBER KIT ☐ CV ASSEMBLY ☐	☐ CLEANED ONLY REPLACED: RUBBER KIT ☐ CV ASSEMBLY ☐	☐ CLEANED ONLY REPLACED: RUBBER KIT ☐ CV ASSEMBLY ☐
OPENED AT _____ PSID	☐ CLOSED TIGHT _____ PSID	☐ CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
INITIAL TEST: SHUT OFF VALVE #2 ☐ LEAKED ☐ CLOSED TIGHT		FINAL TEST: SHUT OFF VALVE #3 ☐ LEAKED ☒ CLOSED TIGHT	

NOTE: Each customer must send a copy of the certified record for each test or repair to the town within 30 days after the completion of each test or repair.

REMARKS:

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY.

INITIAL TEST BY: D. Bungarner TOC CERTIFIED TESTER NO: TOC-501 DATE: 4/25/16

REPAIRED BY: _____ DATE: _____

FINAL TEST BY: _____ TOC CERTIFIED TESTER NO: _____ DATE: _____

DOMESTIC ☐ FIRE ☒ LAWN IRRIGATION ☐ NEW TEST ☐ RECERTIFICATION TEST ☒

LINE PRESSURE 77 PSI TIME OF DAY 11:55 AM ☒ PM ☐ PLUMBING PERMIT NUMBER: _____

PROPERTY CONTACT PERSON: Paula H. Rogers PROPERTY CONTACT NUMBER: 919-469-9309

TESTER COMPANY NAME: Century Fire Protection SIGNATURE OF TESTER: [Signature]

Testing Gauge Serial #: 01124177 Model Number: 835 Calibration Date: 2/18/16

RETURN TO: Town of Cary
 Cross Connection Control ORC
 P.O. Box 8005, Cary, NC 27512-8005

PHONE: (919) 469-4090
 FAX: (919) 469-4304

TOWN OF CARY

CROSS CONNECTION CONTROL & BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT

CUSTOMER: Chatham Commons
 STREET ADDRESS: 809 West Chatham St Cary, NC 27511
 PHONE NO: 919-469-9309 FAX NO: 919-469-1781
 LOCATION OF ASSEMBLY: Riser Room

TYPE OF ASSEMBLY: RP ☒ DC ☐ PVB ☐ SIZE 6 WATER METER NUMBER: 35447211
 MANUFACTURER: Wilkins MODEL: 375 ADA SERIAL NO: 405112

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT <u>2</u> <u>1</u> PSID RUFFER <u>5.3</u> PSID DID NOT OPEN ☐	☐ LEAKED ☒ CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE <u>7</u> <u>4</u> PSID	☐ LEAKED ☒ CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE <u>2</u> <u>1</u> PSID	AIR INLET OPENED AT _____ PSID DID NOT OPEN ☐ CHECK VALVE LEAKED ☐ HELD AT _____ PSID
☐ CLEANED ONLY REPLACED: RUBBER KIT ☐ RV ASSEMBLY ☐	☐ CLEANED ONLY REPLACED: RUBBER KIT ☐ CV ASSEMBLY ☐	☐ CLEANED ONLY REPLACED: RUBBER KIT ☐ CV ASSEMBLY ☐	☐ CLEANED ONLY REPLACED: RUBBER KIT ☐ CV ASSEMBLY ☐
OPENED AT _____ PSID	☐ CLOSED TIGHT _____ PSID	☐ CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
INITIAL TEST: SHUT OFF VALVE #2 ☐ LEAKED ☐ CLOSED TIGHT		FINAL TEST: SHUT OFF VALVE #2 ☐ LEAKED ☒ CLOSED TIGHT	

NOTE: Each customer must send a copy of the certified record for each test or repair to the town within 30 days after the completion of each test or repair.

REMARKS: _____

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY.

INITIAL TEST BY: D. Bunnagarnar TOC CERTIFIED TESTER NO: TOC-501 DATE: 4/25/16

REPAIRED BY: _____ DATE: _____

FINAL TEST BY: _____ TOC CERTIFIED TESTER NO: _____ DATE: _____

DOMESTIC ☐ FIRE ☒ LAWN IRRIGATION ☐ NEW TEST ☐ RECERTIFICATION TEST ☒

LINE PRESSURE 77 PSI TIME OF DAY 11:30 AM ☒ PM ☐ PLUMBING PERMIT NUMBER: _____

PROPERTY CONTACT PERSON: Paula Rogers PROPERTY CONTACT NUMBER: 919-469-9309

TESTER COMPANY NAME: Century Fire Protection SIGNATURE OF TESTER: [Signature]

Testing Gauge Serial #: 01124177 Model Number: 835 Calibration Date: 2/18/16

RETURN TO:
 Town of Cary
 Cross Connection Control ORC
 P.O. Box 8085, Cary, NC 27512-8085

PHONE: (919) 469-4090
 FAX: (919) 469-4304