STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: 01 B. WING _____	R 06/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 Follow Up Construction Survey by Ed Miller, on June 27, 2017. Deficiencies were cited that will require a new Plan of Correction.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observations, the special locking did not meet the requirements of the code requirements at the time of licensure. Findings on June 27, 2017: a. Front Exit and Sun Room Exit - the key override for these exit doors are momentary switches. The switch has be in the locked position to remove the key. The doors lock back when the key is removed which could trap	{C 101}	front door and back gate exit lock was repaired with new locks	7-12-17

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

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{C 101}	Continued From page 1 Residents in the facility if the door hardware fails to operate during an emergency. Per the Maintenance Director and Alarm Tech, these doors will be fixed next week. b. The kitchen exit did not release when the fire alarm was activated. Per the Maintenance Director and Alarm Tech a new power supply is on order and will be in next week.	{C 101}	Door release switch was installed 7-17-17 by Advance Fire + Communication	
{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. Review of records revealed that the facility did not have current sanitation and fire safety inspection reports. Findings on June 27, 2017: b. Records indicate that the last Fire Inspection was conducted on September 11, 2015. Per the Maintenance Director, he has requested inspection.	{C 111}		
{C 164}	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;	{C 164}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041033	A. BUILDING: 01 B. WING _____	R 06/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT NORTH	1564 SKEET CLUB ROAD HIGH POINT, NC 27265

(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 164}	Continued From page 2 (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. Observations revealed that the ceiling was not maintained in good repair. Findings on June 27, 2017: f. Mechanical Room (back hall) - there are open penetrations in the one hour ceiling assembly that are not fire caulked.	{C 164}	hole was repaired 7-6-17 with fire caulking	
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the cross corridor doors were not maintained in a safe and operating condition. Findings on June 27, 2017: b. The front leaf of the cross corridor doors outside of Room 118 had a 3/4" gap at the top edge when closed. The foam material used as a smoke seal is not approved for fire-resistance-rated door construction	{C 189}	(Bob). Heritage Repairs will return on 7-19-17 to complete repairs.	

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{C 189}	Continued From page 3 3. Based on observation, the mechanical exhaust system was not maintained in operating condition. Findings on June 27, 2017: a. Four of four Resident bathrooms tested using a thin plastic sheet revealed that the mechanical exhaust system was not working. Per the Maintenance Director, replacement fan motors arrived today. Motors will be replaced next week. b. In the right housekeeping closet near the sunroom, the mechanical exhaust fan was not working based on testing with a thin plastic sheet. Per the Maintenance Director, replacement fan motors arrived today. Motors will be replaced next week. c. In the left housekeeping closet near the sunroom, the exhaust fan had a heavy accumulation of dust and the cover was missing. Per the Maintenance Director, the exhaust fan and radiation damper will be cleaned next week. 4. Based on observation, three toilet fixtures were not maintained in a safe and operating condition. Findings on June 27, 2017: a. Room 02 - the tank on the Resident toilet fixture was loose and leaning against the wall. Per the Maintenance Director, this room is now vacant and is having an update, which includes replacing the toilet. Time line not established except update will be completed before occupying. Replacement toilet is located in room. 5. Based on observation, equipment was not maintained in a safe condition. Findings on June 27, 2017: a. Room 06 - an unsecured oxygen tank was	{C 189}	dust was removed from fan installed new bolts in the toilet tank to stop from leaning. tank was removed	7-7-17 7-3-17

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{C 189}	Continued From page 4 observed sitting on the floor in the first closet. 10. Observations revealed that the exterior facade was not maintained in good condition. Findings on June 27, 2017: a. Outside the sunroom, a portion of the exterior aluminum soffit had fallen off where the roof lines intersect. b. Outside the sunroom, a panel covering the exterior sheathing had fallen off where the roof lines intersect.	{C 189}	soffit was repaired by James Pickett	7-13-17
	16. Based on observation, the ice machine in the kitchen was not maintained in a safe and operating condition. Findings on June 27, 2017: a. The drain line was dripping directly into the drain and did not have a minimum 1 1/2" vacuum break. Per the Maintenance Director, another drain line was adjusted.		removed old return line a replaced with new line. line is now 1½ off floor.	7-7-17
{C 169}	Building Service Equipment-Ventilation IV. The Building D. Building Service Equipment (10 NCAC 42D .1605) 7. Ventilation The spaces listed below must 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 adequate natural ventilation in these specified spaces. a. soiled linen storage; b. soil utility room; c. bathrooms and toilet rooms; d. housekeeping closet; and	{C 169}	Exhaust fan was installed on	7-14-17

eyrb

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{C 169}	Continued From page 5 e. laundry area. This Rule is not met as evidenced by: 1. Observations revealed that required ventilation was not provided in one space. Findings on June 27, 2017: a. Mechanical Room/Housekeeping 4 - did not have mechanical exhaust. The room contained a mop sink and had bleach and other cleaning supplies stored in the room. The chemical have been removed but the room still has an odor.	{C 169}	Exhaust fan was installed in mechanical Room.	7/14/17

Pre-Engineered Restaurant Fire Suppression Systems Report

SERVICE COMPANY

CFE&S
704-718-0040

DATE OF SERVICE	TIME	A.M.	P.M.
7-11-17			

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION

LOCATION OF SYSTEM CYLINDERS: Wall Rt. of Hood — UL 300 ☐ YES ☐ NO

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Pyrochem	PCL 300	✓	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
3.0		

FUSE LINKS 360° F.	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER
2			

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
Mechanical micro switch	—	—	

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	12	

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER: DATE

CUSTOMER

Name 18400 Brookdale Hi Point North

Address 1564 Skeet Club Rd.

City High Point State NC ZIP

Telephone Store No.

Owner or Manager Juan Maint.

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

fryer / Flat grill

1.	All appliances properly covered w/correct nozzles	✓	20.	Replaced fuse links	2017
2.	Duct and plenum covered w/correct nozzles	✓	21.	Check travel of cable nuts/S-hooks	✓
3.	Check positioning of all nozzles. System installed in accordance w/MFG UL listing	✓	22.	Piping & conduit securely bracketed	✓
5.	Hood/duct penetrations sealed w/weld or UL device	✓	23.	Proper separation between fryers & flame	Recommend Splash Guard
6.	Check if seals intact, evidence of tampering	✓	24.	Proper clearance-flame to filters	✓
7.	If system has been discharged, report same	✓	25.	Exhaust fan in operating order	✓
8.	Pressure gauge in proper range (If gauged)	✓	26.	All filters in place	✓
9.	Check cartridge weight (If applicable)	Replaced	27.	Fuel shut-off in on position	✓
10.	Hydrostatic test date	2024	28.	Manual & remote set/seals in place	✓
11.	6 year maintenance date	N/A	29.	Replace systems covers	✓
12.	Inspect cylinder and mount	✓	30.	System operational & seals in place	✓
13.	Operate system from terminal link	✓	31.	Slave system operational	N/A
14.	Test for proper operation from remote	C-14	32.	Clean cylinder & mount	✓
15.	Check operation of micro switch Alarm	✓	33.	Fan warning sign on hood	✓
16.	Check operation of gas valve	✓	34.	Personnel instructed in manual operation of system	✓
17.	Clean nozzles	✓	35.	Proper hand portable extinguishers	✓
18.	Proper nozzle covers in place	✓	36.	Portable extinguishers properly serviced	✓
19.	Check fuse links and clean	✓	37.	Service & Certification tag on system	✓
				NOTE DISCREPANICES OR DEFICIENCIES BELOW	

COMMENTS: (14) In Case of fire pull Remote to Activate System.

(32) Hood Cleaned ON 7-11-17

CFE&S not Responsible for Accidents.

On this date, this pre-engineered fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA17 or 17A, 96 and the manufacturer's manual with the results indicated above.

X						
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM	CUSTOMER'S AUTHORIZED AGENT

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

Pre-Engineered Restaurant Fire Suppression Systems Report

SERVICE COMPANY

CFEAS
704-717-0040

DATE OF SERVICE	TIME	A.M.	P.M.
1-9-17			

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION

LOCATION OF SYSTEM CYLINDERS: Wall Rt of Hood

UL 300: ☒ YES ☐ NO

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Pyro Chem	KL 300	✓	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
3.0		

FUSE LINKS 360° F.	FUSE LINKS 450° F.	FUSE LINKS 500° F.	OTHER
2			

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
mechanical pneumatic	—	—	

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE
	12	

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER: DATE

CUSTOMER

Name Brookdale High Point North

Address 1564 Skeet Club Road

City High Point State NC ZIP

Telephone Store No.

Owner or Manager

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

Fryer	Flat grill		

All appliances properly covered w/correct nozzles	—	20. Replaced fuse links	2017
2. Duct and plenum covered w/correct nozzles	—	21. Check travel of cable nuts/S-hooks	✓
3. Check positioning of all nozzles.	—	22. Piping & conduit securely bracketed	✓
4. System installed in accordance w/MFG UL listing	—	23. Proper separation between fryers & flame	Recommend Splash * Guard.
5. Hood/duct penetrations sealed w/weld or UL device	—	24. Proper clearance-flame to filters	✓
6. Check if seals intact, evidence of tampering	—	25. Exhaust fan in operating order	✓
7. If system has been discharged, report same	—	26. All filters in place	✓
8. Pressure gauge in proper range (If gauged)	—	27. Fuel shut-off in on position	✓
9. Check cartridge weight (If applicable)	—	28. Manual & remote set/seals in place	✓
10. Hydrostatic test date	2024	29. Replace systems covers	✓
11. 6 year maintenance date	N/A	30. System operational & seals in place	✓
12. Inspect cylinder and mount	✓	31. Slave system operational	N/A
13. Operate system from terminal link	✓	32. Clean cylinder & mount	✓
14. Test for proper operation from remote	C-14	33. Fan warning sign on hood	✓
15. Check operation of micro switch	—	34. Personnel instructed in manual operation of system	?
16. Check operation of gas valve	—	35. Proper hand portable extinguishers	✓
17. Clean nozzles	—	36. Portable extinguishers properly serviced	✓
18. Proper nozzle covers in place	—	37. Service & Certification tag on system	✓
19. Check fuse links and clean	—	NOTE DISCREPANICES OR DEFICIENCIES BELOW	—

COMMENTS: (10) In Case of fire pull Remote to Activate System.

(*) Hood Cleaned on 1-9-17

CFEAS not Responsible for Accidents.

On this date, this pre-engineered fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA17 or 17A, 96 and the manufacturer's manual with the results indicated above.

X						
SERVICE TECHNICIAN	PERMIT NO.	DATE:	TIME:	AM	PM	CUSTOMER'S AUTHORIZED AGENT

Fire & Life Safety America, Inc
812 Biscayne Drive Concord ,NC 28027
Tel:(704) 886-5733 Fax:(704) 886-5750

Fire Protection Systems Report of Inspections

Work Order #: _____ Date: 6-15-17

Site Name: BL/Claire Bridge High Point
Address: 1564 Skeet Club
City: High Point State: NC
Zip: _____ Phone: _____

Owner: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____

PART I INSPECTOR'S SECTION (all responses reference current inspection)	Yes	N/A	No
A. General			
1. Is the hydraulic data plate in place, permanently marked and securely attached?	✓		
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?	✓		
3. Has the system check valve(s) been internally inspected within in the last 5 years? (Date 2015)			
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked 2017)	✓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked 2017)	✓		
6. Are system gauges (water/air) in good condition and showing normal pressures?	✓		
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date 2014)	✓		
B. Wet Systems			
1. Are areas protected by wet systems inside the property properly heated?		X	
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?		X	
3. Are inspection and flow test tags in place and filled out completely?		X	
4. Was a flow test performed from inspector's test valve and did the alarms operate?		X	
5. Are cold weather valves in the appropriate (open) / (closed) position?		X	
6. Are antifreeze test results satisfactory?		X	
Test Results: Solution Type _____ Freeze Point _____		X	
C. Dry Systems (see trip test report dated _____)			
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?	✓		
2. Is the air (compressor) or nitrogen supply in service and operating properly?	✓		
3. Are quick-opening devices in service? (Semiannual test performed on N/A)		✓	
4. Are air maintenance device(s) installed and operating properly?	✓		
5. Is the intermediate chamber free from leakage and the velocity check free & clear?	✓		
6. Were low points drained during this inspection? (Quantity Drained 3) (see Part III.J)	✓		
7. Did the heating equipment in the valve enclosure operate at the time of inspection?	✓		
D. Special Systems (Deluge, Preaction) (see trip test report dated _____)			
1. Did detection devices test satisfactorily during this inspection?		X	
2. Did the release/activation devices operate properly during detection testing?		X	
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?		X	
E. Alarms (Wet, Dry, Preaction & Deluge)			
1. Are the alarm trim valves in the proper position, sealed and/or locked?	✓		
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?	✓		
3. Did the central station/monitoring system receive all alarms?	✓		
4. Did the low/high air alarms for the system piping/detection operate properly?	✓		
5. Did tamper devices operate properly?	✓		
F. Sprinklers			
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?	✓		
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	✓		
3. Are standard sprinklers in service for less than 50 years / dated after 1920?	✓		
4. Are fast response sprinklers in service for less than 20 years?	✓		
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?	✓		
6. Are sprinklers near heating devices of proper temperature rating?	✓		
G. Control Valves (see Item G.1)			
1. Are sprinkler system control valves in the appropriate position?	✓		
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date _____)		✓	
3. Were all control valves operated through full range and returned to normal position? (Date 6-15-17)	✓		
4. Are valves free from external leaks?	✓		
5. Are valves properly identified with signs?	✓		
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)		✓	

Fire & Li Safety America, Inc

MULTI-RISER INSPECTION REPORT

Site Name: BL/Claire Bridge High Point

Address: 1564

City: State:

Phone:

Date: 6-13-17

Work Order #:

Page ____ of ____

Riser #	Location	Dry	Wet	Air Press	Valve Model, Mfg, Size, Year	Seal #	Flow Test Static	Flow Test Flow	Flow Test Static	Alarm Oper (Y/N)
1	Kitchen	X			Central 4"		85	70	85	yes

Billy Buchanan
Lead Inspector Printed Name

Billy Buchanan
Signature

Form SR20, Rev Level 2, 1/10/2001

Fire & Life Safety America, Inc

Addendum Report of Inspection

Pg _____ of _____

Work Order #: _____

Location: _____

Test Date: _____

SUMMATION ITEMS

Form #	Corrections *, Comments & Suggestions - *All items marked with an asterisk (*) are required corrections*
	All System Normal

System restored to normal operation, alarm panel is clear, all parties on Summary Inspection Form notified, and any required corrections, comments and suggestions fully explained except as noted above.

Billy Buchanan
Lead Inspector/Technician:

Billy Buchanan
Signature

6.13.17
Date

Owner Representative

Signature

Date

Form SR8, Rev Level 1, 2/28/2000

Food Establishment Inspection Report

Score: 95.5

Establishment Name: CLAIRE BRIDGE OF HIGH POINT **Establishment ID:** 3041160075

Location Address: 1564 SKEET CLUB RD ☒ Inspection ☐ Re-Inspection

City: HIGH POINT State: NC Date: 01 / 24 / 2017 Status Code: A

Zip: 27265 County: 41 Guilford Time In: 08 : 00 ⊗ am ○ pm Time Out: 10 : 30 ⊗ am ○ pm

Permittee: BROOKDALE SENIOR LIVING Total Time: 2 hrs 30 minutes

Telephone: Category #: I

Wastewater System: ☒ Municipal/Community ☐ On-Site System FDA Establishment Type: Nursing Home

Water Supply: ☒ Municipal/Community ☐ On-Site Supply No. of Risk Factor/Intervention Violations: 2

No. of Repeat Risk Factor/Intervention Violations: 1

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.

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

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

Total Deductions: 4.5

I PECTION AND TESTING FO M

Date 03/17/2017
Time:

SERVICE ORGANIZATION
Name: Advanced Fire & Communication, Inc
Address: PO Box 336
Cooleemee, NC 27014
Representative: Jimmy McLeod
License No: 23237-SP-FA/LV
Telephone: 336-776-0302

PROPERTY NAME (USER)
Name: Clare Bridge at High Point Place
Address: 1564 Skeet Club Rd. 18400
High Point, NC 27265
Owner Contact:
Telephone: 336.869.4188

MONITORING ENTITY
Contact:
Telephone:
Monitoring Account Ref. No: F9F8

APPROVING AGENCY
Contact: Loss Prevention Services
Telephone: 1.800.526.8781

TYPE TRANSMISSION
☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify)

SERVICE
☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify)

Control Unit Manufacturer: FireLite
Model No: MS9600UDLS
Circuit Styles:
Number of Circuits:3
Software Rev.:
Last Date System Had Any Service Performed:
Last Date That Any Software or Configuration Was Revised:

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
9	Manual Fire Alarm Boxes
82	Ion Detectors
14	Photo Detectors
10	Duct Detectors
1	Heat Detectors
4	Waterflow Switches
1	Supervisory Switches
	Other (Specify): Kitchen Hood

Alarm verification feature is disabled ☐ enabled ☒ .

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
20	Bells
	Horn/Strobes
10	Chimes
	Strobes
	Speakers
	Other (Specify):

No. of alarm notification appliance circuits:
Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
	Building Temp.
	Site Water Temp.
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Generator or Controller Trouble
	Switch Transfer
	Generator Engine Running
	Other:

SIGNALING LINE CIRCUITS
Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity	Style(s)

SYSTEM POWER SUPPLIES
(a) Primary (Main): Nominal Voltage 120vac Amps 20
Overcurrent Protection: Type Circuit Breaker Amps 20
Location (of Primary Supply Panelboard): D
Disconnecting Means Location: 12
(b) Secondary (Standby):
2 – 12v 25AH Storage Battery: Amp-Hr. Rating
Calculated capacity to operate system, in hours: X 24 60
Engine-driven generator dedicated to fire alarm system:
Location of fuel storage:

TYPE BATTERY
☐ Dry Cell
☐ Nickel-Cadmium
☒ Sealed Lead-Acid
☐ Lead-Acid
☐ Other (Specify)

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☒	☐		
Building Occupants	☒	☐		
Building Management	☒	☐		
Other (Specify)	☐	☐		
AHJ Notified of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	COMMENTS
Control Unit	☒	☒	
Interface Equipment	☒	☒	
Lamps/LEDS	☒	☒	
Fuses	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground-Fault Monitoring	☒	☒	

SECONDARY POWER TYPE	Visual	Functional	COMMENTS
Battery Condition	☒		
Load Voltage		☒	
Discharge Test		☒	
Charger Test		☒	
Specific Gravity		☒	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☒	☒	
NOTIFICATION APPLIANCES			
Audible	☒	☒	
Visible	☒	☒	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☒	☒	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☒	☒	
System Performance	☒	☒	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

Special Procedures:

Comments: 1. All smoke doors closed on general alarm.
2. All HVAC shutdown on general alarm.
3. All outside doors released on general alarm.
4. all emergency & exit lights passed 90 minute test.

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☒	☐		
Alarm Restoration	☒	☐		
Trouble Signal	☒	☐		
Supervisory Signal	☒	☐		
Supervisory Restoration	☒	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☒	☐		
Monitoring Agency	☒	☐		
Building Occupants	☒	☐		
Other (Specify)	☐	☐		

The following did not operate correctly:

System restored to normal operation: Date 03/17/2017 Time

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Jeff McLeod Date 03/17/2017 Time

Signature Jeff McLeod

Name of Owner or Representative:

Date: Time:

Signature: T L S

** Advanced Fire & Communication certifies that the alarm system is in the order detailed above as of this day. We are not responsible if someone other than Advanced Fire & Communication works on/modifies/tampers with said system after this date and time.

Initial: TLS.

INSPECTION AND TESTING FORM

Date 03/17/2017
Time:

SERVICE ORGANIZATION
Name: Advanced Fire & Communication, Inc
Address: PO Box 336
Cooleemee, NC 27014
Representative: Jimmy McLeod
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Contact:
Telephone:
Monitoring Account Ref. No: F9F8

APPROVING AGENCY
Contact: Loss Prevention Services
Telephone: 1.800.526.8781

TYPE TRANSMISSION
☐ McCulloh
☐ Multiplex
☒ Digital
☐ Reverse Priority
☐ RF
☐ Other (Specify)

SERVICE
☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☒ Annually
☐ Other (Specify)

Control Unit Manufacturer: FireLite
Model No: MS9600UDLS
Circuit Styles:
Number of Circuits:3
Software Rev.:
Last Date System Had Any Service Performed:
Last Date That Any Software or Configuration Was Revised:

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
9		Manual Fire Alarm Boxes
		Ion Detectors
82		Photo Detectors
14		Duct Detectors
10		Heat Detectors
1		Waterflow Switches
4		Supervisory Switches
1		Other (Specify): Kitchen Hood

Alarm verification feature is disabled ☐ enabled ☒ .

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style
20	Bells
	Horn/Strobes
10	Chimes
	Strobes
	Speakers
	Other (Specify):

No. of alarm notification appliance circuits:
Are circuits monitored for integrity? ☒ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
	Building Temp.
	Site Water Temp.
	Site Water Level
	Fire Pump Power
	Fire Pump Running
	Fire Pump Auto Position
	Fire Pump or Pump Controller Trouble
	Fire Pump Running
	Generator in Auto Position
	Generator or Controller Trouble
	Switch Transfer
	Generator Engine Running
	Other:

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Engine-driven generator dedicated to fire alarm system:
Location of fuel storage:

TYPE BATTERY
☐ Dry Cell
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☐ Lead-Acid
☐ Other (Specify)

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
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Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☒	☐		
Building Occupants	☒	☐		
Building Management	☒	☐		
Other (Specify)	☐	☐		
AHJ Notified of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	COMMENTS
Control Unit	☒	☒	
Interface Equipment	☒	☒	
Lamps/LEDS	☒	☒	
Fuses	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground-Fault Monitoring	☒	☒	

SECONDARY POWER TYPE	Visual	Functional	COMMENTS
Battery Condition	☒		
Load Voltage		☒	
Discharge Test		☒	
Charger Test		☒	
Specific Gravity		☒	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☒	☒	
NOTIFICATION APPLIANCES			
Audible	☒	☒	
Visible	☒	☒	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☒	☒	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☒	☒	
System Performance	☒	☒	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐
(Specify)	☐	☐	☐

Special Procedures:

Comments: 1. All smoke doors closed on general alarm.
2. All HVAC shutdown on general alarm.
3. All outside doors released on general alarm.
4. all emergency & exit lights passed 90 minute test.

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☒	☐		
Alarm Restoration	☒	☐		
Trouble Signal	☒	☐		
Supervisory Signal	☒	☐		
Supervisory Restoration	☒	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☒	☐		
Monitoring Agency	☒	☐		
Building Occupants	☒	☐		
Other (Specify)	☐	☐		

The following did not operate correctly:

System restored to normal operation: Date 03/17/2017 Time
THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.
Name of Inspector: Jeff McLeod Date 03/17/2017 Time
Signature
Name of Owner or Representative:
Date: Time:
Signatures:

** Advanced Fire & Communication certifies that the alarm system is in the order detailed above as of this day. We are not responsible if someone other than Advanced Fire & Communication works on/modifies/tampers with said system after this date and time.

Initial: TL, S