PRINTED: 08/28/2017
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
	HAL039009	A. BUILDING: 01 B. WING _____	07/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANVILLE HOUSE	200 COVENTRY DRIVE OXFORD, NC 27565

(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 Construction Section Biennial Survey by Ed Miller on July 27, 2017. Records indicate this facility was first licensed on 11/25/1997 as a HA. This facility is currently licensed for 80 Beds with a 14 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1998 Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1998 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. Deficiencies were cited that require a 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;	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 9-13-2017

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all of the required components for doors equipped with Special Locking Arrangements. Findings on July 27, 2017: a. AL Nurse Station - the special locking system does not have a wiring diagram and a system components location map posted at the Fire Alarm Control Panel.	C 101	made name plate for HVAC cut off. Completed by maint. man Granville House Josh Hall Drawing will be made	9/5/17 10/15/17
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 record review, and interview with Director of Residence Care, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all by preventing any deficiency that may be discovered with annual inspections from being corrected. Findings on July 27, 2017: a. The current annual Building Sanitation Inspection Report was last performed on July 6, 2016. b. The current annual Kitchen Sanitation Inspection Report was last performed on July 6,	C 111	County Inspector has not come to facility yet.	

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C 111	Continued From page 2 2016. c. The current annual Fire Marshal Inspection Report was not available for review. d. The current annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review. e. The current annual Sprinkler System Inspection and Testing Report in accordance with NFPA 25, was not available for review.	C 111	C. Fire Report Completed D. Fire alarm inspection completed E. Sprinkler system test completed	9-1-17 3-28-17 8-3-17
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that resident toilet rooms and bathrooms are not utilized for storage. Findings on July 27, 2017: a. 200 Hall Spa - this area was being utilized to store housekeeping equipment, supplies, wheelchairs, and other items.	C 135	Spa/Bathroom has been cleaned out and removed all objects in the bathroom completed by Josh Hall	9-5-17
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		

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C 164	Continued From page 3 (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to keep the ceiling clean and in good repair. Findings on July 27, 2017: a. 300 Hall Women - the texture ceiling was in disrepair and falling off the ceiling. 2. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on July 27, 2017: a. Dining Room - the HVAC return and ventilation grilles with their radiation dampers have an excessive accumulation of dust/lint. b. Bedroom 215 - the PTAC units cover was loose. c. Beauty Shop - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. d. SCU Restroom near Smoke Barrier - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. e. Kitchen Mop Room - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. f. Kitchen - the ventilation grills with its radiation damper has an excessive accumulation of dust/lint.	C 164	A. removed popcorn ceiling and repaint. Completed by Josh Hall A. taking vent down in dining room and cleaned. Completed by Josh Hall B. repaired by Josh Hall C. vent taken down and cleaned by Josh Hall D. vent taken down and cleaned by Josh Hall E. Kitchen - taken down and cleaned by Josh Hall F. cleaned both vent in Kitchen by Josh Hall	9-15-17 9-13-17 9-13-17 9-13-17 9-13-17 8-17-17 8-17-17
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	C 175		

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C 175	Continued From page 4 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 failed to provide residents areas, with the required individual towels and/or towel bars for each resident. Findings on July 27, 2017: a. Bedroom 215 - this double occupant bedroom had one of its two towel bars broken.	C 175	A. Replace towel rack completed by Josh Hall	9-5-17
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Director of Residence Care, the facility failed to maintain in the facility, rehearsal records. Findings on July 27, 2017:	C 185	Fire Drills provided Jan - Aug 2017 See copy attached. plan provided	

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C 185	Continued From page 5 a. There were no records available for review.	C 185	Record covered - see attached.	
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 (a) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on July 27, 2017: a. 400 Hall Smoke Barrier Wall - the right leaf of the double-egress cross-corridor doors, hits the floor, and did not close when the fire alarm system released the doors.	C 189	A. Door removed and replaced by maint. to assure compliance by Josh Hall and Dan Kuon	9-27-17
	2. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff, and visitors if they could not promptly find their way to an exit during an emergency. Findings on July 27, 2017: a. 400 Hall Smoke Barrier - the exit sign on the backside did not illuminate on backup power		A. Exit lights checked for battery and bulb replaced by Josh Hall	8-15-17

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C 189	Continued From page 6 when tested. b. SCU Corridor near Bedroom 511 - the back headlight on the wall-mounted self-contained emergency light did not illuminate on backup power when the test button was pushed. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacked the inspections, maintenance, and documentation required to ensure a properly working system. Findings on April 19, 2017: a. Kitchen - the fryer unit is not under the commercial kitchen's hood so there no hood suppression system protection, and no nozzles are aimed at the fryer. b. Kitchen -since the last semi-annual maintenance of the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly inspections. 4. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on July 27, 2017: a. Bedroom 215 - the corridor door hits the doorframe preventing it from closing and latching. b. Bedroom 311 - the corridor door's latch bolt was retracted, not allowing the door to latch. c. Living Room- the back leaf of the pair of corridor doors, hit the detached door closer arm and will not close and latch. d. Bedroom 402 - the corridor door did not close and latch. 5. Based on Observation, the Building was not maintained in a safe condition. This could affect all by not containing smoke and fire in the room of origin. Findings on July 27, 2017:	C 189	replace and fix by Josh Hall/Dan Koon A. nozzle has been repositioned to cover fryer. completed by Josh Hall B. maint. has been instructed to monitor the suppression system each month A, B, D > door has been adjusted + is able to close properly. C was told if door is left open closer arm could be disconnected.	9-15-17 9-5-17 8-1-17 8-15-17

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C 189	Continued From page 7 a. Bedroom 206 - the corridor door had a wedge holding the door open, preventing the rapid release of the door with a light push or pull of the door, to close and latch. 6. Based on observation, the building was not maintained in a safe manner by failing to ensure that clothes dryer duct is not damaged. This could affect all residents, staff and visitors by allowing lint to accumulate (fuel for a fire) Findings on July 27, 2017: a. Beauty Shop - the clothes dryer transition duct is disconnected from the dryer outlet. 7. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room or compartment of origin. Findings on July 27, 2017: a. AL Med Room - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Private Dining - the HVAC grille did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. 8. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on July 27, 2017: a. Living Room Porch - two-fire sprinkler escutcheon plate do not cover the complete holes through the fire-resistance-rated ceiling. 9. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on July 27, 2017:	C 189 A.	removed wedge to assure proper closing by Josh Hall B. Maint. reconnected the vent. Housekeeping cleaned area by Josh Hall 7A. Fire caulked hole in med room. by Josh Hall B. Maint. fixed grill in private dining room. by Josh Hall 8A. Fire Caulk Sprinklers on porch completed by Josh Hall	9-5-17 9-5-17 9-1-17 9-13-17 9-10-17

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C 189	Continued From page 8 a. Living Room Porch - the GFCI electrical outlet's weatherproof cover was missing. b. SCU Side Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.	C 189	A. replace weather proof cover completed by Josh Hall B. Maint. man to investigate issue and fix	9-15-17 10/15/17
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 facility failed to prevent the use of portable electric space heater(s) in an Adult Care Home. This could affect residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on July 27, 2017: a. Bedroom 311 Bathroom - a portable electric space heater was found in this room.	C 191	removed heater in bathroom - explained fire code to resident. Completed by- Josh Hall	9-5-17
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 199		

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C 199	Continued From page 9 REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on July 27, 2017: a. Bedroom 215 Bathroom - the exhaust ventilation system did not work, and there was a musty odor. b. SCU Restroom near Smoke Barrier - the exhaust ventilation system did not work, and there was a musty odor.	C 199	A. took vent down and vaccumed area inside the exhaust for better airflow. B. took down vent + vaccumed area inside the exhaust for better airflow	9-30-17 9-30-17

OFFICIAL USE ONLY: DATE PAID / /20 INITIAL: ____

FD 0079

Page 1 of 3
Square Footage 26,242
Number of Units
Occupant Load Residential

City of Oxford
Fire Department
112 E. McClanahan St.
Oxford, N.C. 27565

PAYMENT IS DUE WITHIN 30 DAYS OF INSPECTION DATE

Business Name:	Briarwille House	**Phone:**	919-693-1315
Address:	200 Courtney Dr.		
Emergency Contact:	Sarah Cable / Josh Hall	**Phone:**	919-539-9550
Mailing Address:	same as above		
Property Mgmt.:		**Phone:**	

704 Placard Red | Yellow | White | Blue

Inspection Type	Occ. Class	Date	Time In	Time Out	Fee Applied	Next Reinspection Date
Annual	Assembly	9 / 1 / 17	9:45	10:30	$ 200.00	10 / 2 / 17

☐ No Deficiencies Noted ☐ Please correct the listed violation(s) on or before the date listed

ITEM	LOCATION	VIOLATIONS: CODE/DESCRIPTION
1	Dr. Hall	Emergency Light
1	Living Rm	Emergency Light
1	Bedroom Unit	Emergency Light 1/2 working
1	Kitchen	Food Bin to close to sprinkler
1	Activity Rm - Door	Fire Door 1/2 not closing

Inspected By: JPW Shift / Admin Violations corrected on ____

Extinguishers: 11 / 16 Extinguishing Sys: / / Sprinklers: 8 / 31 / 17 Fire Alarm: 3 / 28 / 17 Kitchen Hood Cleaned: 4 / 2017

Methods of Payment:

Pay In Person: City Municipal Building, 300 Williamsboro St. The City accepts cash, checks, or money orders.
Please make check payable to *City of Oxford* and note invoice # on check.
By Mail: to P.O. Box 506, Oxford, N.C. 27565.

The City of Oxford is mandated to conduct periodic inspections of all commercial, institutional, and multi-family residential buildings to ensure compliance with fire and life safety regulations and per City Ordinance 8-42. You will be charged the applicable fee. Its purpose is to identify violations of the State of North Carolina Fire Prevention Code, and activities and conditions in buildings, structures and premises that pose dangers of fire, explosions or related hazards. The inspection was intended to be thorough and complete; however, not all violation of the code may have been identified. Failure to comply may result in civil penalties as per City Ordinance 8-44. The Fire Department and City assumes no responsibility for damages or injuries from violations of the North Carolina State Fire Code.

By signing this report, you are acknowledging that these violations have been brought to your attention and that you will comply or forward this report to the appropriate representative for compliance.

Owner/Occupant (Print Name) ____ Signature ____ Date: 9/1/17

ALARM & DETECTION EQUIPMENT TEST REPORT

Test Report No. _____ **Contract No.** _____

Property Name: Granville House Assisted Living
Street: 200 Coventry Drive
City & State: Oxford, NC 27566

Contact: Sarah Gables
Phone No.: 919-692-1315

	NAME	PHONE NO.
1. Before Test Notify Proper Authorities		
A. Owner or Owner's Rep.	Sarah Gables	919-692-1315
B. Fire Dept.		
C. Central Station	Security Central (CJ 6962)	800-286-5699

2. Control Panel Status Before Test

	YES	N.A.	NO
A. Is the Panel connected to the Fire Dept. Master Box ☐ Lease Line ☐			
B. Is the Power Light On?	X		
C. Does the Panel indicate Normal Conditions?	X		
D. Are all Indicating Lamp Bulbs in Operating Order?	X		
E. Does the Trouble Light Operate?	X		
F. Does the Silence Switch Operate?	X		
G. Does the Panel have Active Zones? No. 0			X
H. Does the Panel have Inactive Zones? No. 0			X
I. Does the Panel have Battery Backup?	X		
J. Do the Batteries indicate they are Properly Charged?	X		
K. Have Fire Dept. and/or Lease Lines been disconnected before continuing tests?	X		

Comments: This system includes a Firelite 9200 panel and a Notifier FCPS-24S8 supply located in Nurses Station. 411UD dialer located in Janitors closet behind Nurses Station

3. Extinguishing Systems

	YES	N.A.	NO
A. Are Halon Systems installed on Property? No. 0			X
Is Halon at Recommended Pressure?		X	
B. Are C02 Systems installed on Property? No. 0			X
Is C02 at recommended pressure?		X	
C. Are any other Type Systems installed on Property? No. 1	X		

Comments: This building has a wet sprinkler system

Test Verification (By owner or owner's rep.)

Name _____ (signature) _____ (printed)

Title _____ Date _____

Inspector: Patterson Group Services, Inc. Date: 3/28/17

Phone Number: 919-776-2403

cc: Owner (Name) _____ Address _____
Insurance Co. _____ Address _____
Fire Marshall _____ Address _____
ISO _____ Address _____

ALARM & DETECTION EQUIPMENT TEST REPORT

Equipment	Total Number	No. Tested Prev. Reports	No. Tested This Report	Operational Yes	Operational N.A	Operational No
4. Remote Annunciators	1	1	1	1		
5. Zones						
6. Manual Stations (Pull)						
A. Coded						
B. NonCoded	13	13	13	13		
7. Detectors (See #13)						
A. Photoelectric	88	88	88	88		
B. Ionization						
C. Thermal	3	3	3	3		
D. Flame						
E. Duct (See # 14)	8	8	8	8		
8. Audible Alarms						
(Remote & at base)						
A. Bell						
B. Strobe Strobe only	8	8	8	8		
C. Horn Mini	28	28	28	28		
D. Horn and Light	27	27	27	27		
9. Video Alarms						
(Remote & at base)						
10. Automatic Door Release	2	2	2	2		
11. Water Flow Switches						
A. Paddle	1	1	1	1		
B. Pressure						
12. Tamper Switches	1	1	1	1		
13. Were Tested Detectors Cleaned? No						X
If "no" answer, explain under comments						
14. Were Tested Detectors Calibrated? No						X
If "no" answer, explain under comments						
15. Did test of Duct Detectors shut down air handling units?				X		
16. Did the monitoring center (Fire Dept. Central Station, Lease-Line) receive signal?				X		
17. Is system reset for normal conditions?				X		
18. Is system restored to operational service?				X		
19. Have proper authorities (See #1) been notified system is back in service?				X		
20. Indicate % of equip. tested this report	25	50	75		100 ✓	
21. Indicate % of equip. tested YTD	25	50	75		100 ✓	

Comments for any "No" answers or explanations:

System smoke detectors are self monitoring/adjusting and will generate a trouble signal when cleaning is required

FACP Batteries were load tested and labeled with the test date

(1) pull station (M06) at back exit is not working -- REPLACED 4/11/17

The fire alarm panel needs needs to be replaced as the 24volt nonresetable power on panel is not working. REPLACED 4/11/17

(2) 12v12ah batteries were replaced in the fire alarm panel.

PIEDMONT FIRE PROTECTION SERVICES, LLC

Report of Inspection, Testing and Maintenance
For Wet, Dry, Preaction and Deluge Systems

Property Being Inspected: Coventry House of Oxford
366 Coventry Drive
Oxford, NC

Systems: DRY SYSTEM
Contact: Josh Hall

A. Inspections

1. Daily, or weekly if low temperature alarms are installed
Enclosures around dry-pipe, preaction or deluge valves maintaining a minimum of 40 deg. F? ☐ Yes ☐ No ☑ N/A

2. Weekly Items
Relief port on reduced pressure backflow prevention assemblies free of continuous discharge? ☐ Yes ☐ No ☑ N/A

3. Weekly inspection items which can be performed monthly if the items are electrically supervised or secured with locks
A. Gauges on dry, preaction and deluge systems in good condition and showing normal air and water pressure? ☑ Yes ☐ No ☐ N/A
B. Control valves and isolation valves on backflow prevention devices
1. In correct (open/closed) position? ☑ Yes ☐ No ☐ N/A
2. Sealed, locked or supervised and accessible?

4. Monthly Inspection Items
A. Preaction and Deluge Valves
1. Free from physical damage? ☐ Yes ☐ No ☑ N/A
2. Trim valves in (open/closed) position? ☐ Yes ☐ No ☑ N/A
3. Electrical components in service? ☐ Yes ☐ No ☑ N/A
B. Dry Pipe Valves
1. Free from physical damage? ☑ Yes ☐ No ☐ N/A
2. Trim valves in (open/closed) position? ☑ Yes ☐ No ☐ N/A
3. No leakage from interim chamber? ☑ Yes ☐ No ☐ N/A
C. Sprinkler wrench with spare sprinklers? ☑ Yes ☐ No ☐ N/A
D. Gauges on wet-pipe system in good condition and showing normal water supply pressure? ☐ Yes ☐ No ☑ N/A
E. Alarm Valves
1. Gauges show normal supply water pressure? ☐ Yes ☐ No ☑ N/A
2. Free from physical damage? ☐ Yes ☐ No ☑ N/A
3. Valves in (open/closed) position? ☐ Yes ☐ No ☑ N/A

5. Quarterly Inspection Items
A. Sprinkler Pressure Regulating Control Valves
1. In open position and not leaking? ☐ Yes ☐ No ☑ N/A
2. Maintaining downstream pressure per design criteria? ☐ Yes ☐ No ☑ N/A
3. In good condition with handwheels not broken? ☐ Yes ☐ No ☑ N/A
B. Fire Department Connections:
1. Visible and accessible? ☑ Yes ☐ No ☐ N/A
2. Couplings and swivels not damaged and rotate smoothly? ☑ Yes ☐ No ☐ N/A
3. Plugs/caps in place and undamaged? ☑ Yes ☐ No ☐ N/A
4. Gaskets in place & good condition? ☑ Yes ☐ No ☐ N/A
5. Identification signs in place? ☑ Yes ☐ No ☐ N/A
6. Check valve is not leaking? ☑ Yes ☐ No ☐ N/A
7. Automatic drain valve in place and operating properly? ☑ Yes ☐ No ☐ N/A

Note: If plugs or caps are not in place, inspect the interior for obstructions and verify that the valve clapper is operational over its full range)

C. Alarm devices free of physical damage? ☐ Yes ☐ No ☑ N/A
D. Hydraulic nameplate, if provided, securely attached to riser and legible? ☑ Yes ☐ No ☐ N/A

6. Annual Inspection Items
A. Proper # and type of spare sprinklers? ☑ Yes ☐ No ☐ N/A
B. Visible sprinklers:
1. Free of corrosion? ☑ Yes ☐ No ☐ N/A
2. Free of obstructions to spray patterns? ☑ Yes ☐ No ☐ N/A
3. Free of foreign materials including paint? ☑ Yes ☐ No ☐ N/A
4. Free of physical damage? ☑ Yes ☐ No ☐ N/A

6. Annual Inspection Items (Continued)
C. Visible Pipe
1. In good condition? ☑ Yes ☐ No ☐ N/A
2. Free of mechanical damage & leaking? ☑ Yes ☐ No ☐ N/A
3. No external corrosion? ☑ Yes ☐ No ☐ N/A
4. Properly aligned? ☑ Yes ☐ No ☐ N/A
5. No external loads? ☑ Yes ☐ No ☐ N/A
D. Visible pipe hangers and seismic braces not damaged or loose? ☐ Yes ☐ No ☑ N/A
E. Must be done before cold weather
1. Adequate heat in areas with wet piping? ☐ Yes ☐ No ☑ N/A
2. Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning? ☐ Yes ☐ No ☑ N/A
3. Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage? ☑ Yes ☐ No ☐ N/A

7. Annual, or every Fifth Year for Valves which can be reset without opening:
Interior of dry pipe, preaction and deluge valves passed internal inspection? ☐ Yes ☐ No ☑ N/A

8. Fifth Year Inspection Items
A. Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection? ☐ Yes ☐ No ☑ N/A
B. Check valves internally inspected and all parts operate properly, move freely and in good condition? ☐ Yes ☐ No ☑ N/A
C. Strainers, filters, restricted orifices and diaphragm chambers on dry pipe, preaction and deluge valves passed internal inspection? ☐ Yes ☐ No ☑ N/A

9. Testing
The following tests are to be performed at the noted intervals. Report any failures on sheet 2 under comments.

1. Quarterly Testing
A. Sprinkler system main drain test: static residual
1. Record Static Pressure 65 psi and Residual Pressure 55 psi
Was flow observed? ☑ Yes ☐ No ☐ N/A
2. Are results comparable to previous test? ☑ Yes ☐ No ☐ N/A
1. Record Static Pressure _psi and Residual Pressure_ psi
Was flow observed? ☐ Yes ☐ No ☐ N/A
2. Are results comparable to previous test? ☐ Yes ☐ No ☐ N/A
1. Record Static Pressure_ psi and Residual Pressure_ psi
Was flow observed? ☐ Yes ☐ No ☐ N/A
2. Are results comparable to previous test? ☐ Yes ☐ No ☐ N/A
B. Waterflow alarm devices passed tests? ☐ Yes ☐ No ☑ N/A
1. Inspectors test connection opened? (wet pipe when not in freezing weather). ☐ Yes ☐ No ☑ N/A
2. Bypass connection opened? (wet pipe in freezing weather dry pipe preaction or deluge) ☐ Yes ☐ No ☑ N/A
3. Alarms activated and flow observed? ☐ Yes ☐ No ☑ N/A
C. Control valves (OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in rod then closed back one quarter of a turn? ☑ Yes ☐ No ☐ N/A
D. Dry pipe and preaction systems:
1. Priming water level correct? ☑ Yes ☐ No ☐ N/A
2. Low air pressure signal passed test? ☑ Yes ☐ No ☐ N/A
E. Quick opening devices passed test? ☑ Yes ☐ No ☐ N/A
F. Valve supervisory switches indicate movement? ☑ Yes ☐ No ☐ N/A

2. Annual Tests
A. Are all sprinklers in service dated 1920 or later? ☑ Yes ☐ No ☐ N/A
B. Fast response sprinklers in service for less than 20 years? If no, test sample now and every 10 yrs ☑ Yes ☐ No ☐ N/A

Piedmont Fire Protection Services, LLC

C. Standard sprinklers less than 50 yrs old?
If no has a sample been tested in 10 yr? ☑ Yes ☐ No ☐ N/A
If no test sample now and every 10 yrs ☑ Yes ☐ No ☐ N/A

D. Specific gravity of antifreeze correct? ☐ Yes ☐ No ☑ N/A

E. All control valves operated through full range and returned to normal position? ☑ Yes ☐ No ☐ N/A

F. Low temperature alarms in dry pipe, preaction and deluge valve enclosures passed tests? ☐ Yes ☐ No ☑ N/A

G. Preaction and deluge test full flow trip test (except deluge valves where water can't be discharged) ☐ Yes ☐ No ☑ N/A

1. Water discharge from all nozzles unimpeded? ☐ Yes ☐ No ☑ N/A
2. Pressure reading at hydraulically most remote nozzle _____ psi PSI
3. Residual Pressure reading at valve _________ PSI
4. Are above readings comparable to design valves? ☐ Yes ☐ No ☑ N/A

1. Water discharge from all nozzles unimpeded? ☐ Yes ☐ No ☑ N/A
2. Pressure reading at hydraulically most remote nozzle _______ psi
3. Residual pressure reading at valve _________ PSI
4. Are above readings comparable to design valves? ☐ Yes ☐ No ☑ N/A
5. Manual activation devices passed test? ☐ Yes ☐ No ☑ N/A
6. Automatic air pressure maintenance devices passed test? ☐ Yes ☐ No ☑ N/A

H. Dry Pipe Valve Partial Flow Trip Test:

1. Record initial air pressure psi and water pressure psi
2. Record tripping air pressure psi and tripping time sec
3. Are above results comparable to previous tests? ☐ Yes ☐ No ☑ N/A

1. Record initial air pressure psi and water pressure psi
2. Record tripping air pressure psi and tripping time sec.
3. Are above results comparable to previous tests? ☐ Yes ☐ No ☑ N/A

1. Record initial air pressure______psi and water pressure_______psi
2. Record tripping air pressure______psi and tripping time________psi
3. Are above results comparable to previous tests? ☐ Yes ☐ No ☑ N/A

I. Automatic air maintenance devices on dry pipe and preaction systems passed test?

J. Backflow devices passed backflow test? ☐ Yes ☐ No ☑ N/A

K. Backflow devices passed full flow test? ☐ Yes ☐ No ☑ N/A

L. All sprinkler pressure regulating control valves passed full flow test? ☐ Yes ☐ No ☑ N/A

B. Dry pipe full flow trip test to be done every third year

1. Record initial air pressure______psi and water pressure_____psi
2. Record tripping air pressure______psi and tripping time______(sec)
3. Was water delivered to inspectors test connection? ☐ Yes ☐ No ☑ N/A
4. Are above results comparable to previous tests? ☐ Yes ☐ No ☑ N/A

1. Record initial air pressure______psi and water pressure_____psi
2. Record tripping air pressure_____psi and tripping time______(sec)
3. Was water delivered to inspectors test connection? ☐ Yes ☐ No ☑ N/A
4. Are above results comparable to previous tests? ☐ Yes ☐ No ☑ N/A

1. Record initial air pressure______psi and water pressure_____psi
2. Record tripping air pressure_____psi and tripping time______(sec)
3. Was water delivered to inspectors test connection? ☐ Yes ☐ No ☑ N/A
4. Are above results comparable to previous tests? ☐ Yes ☐ No ☑ N/A

A. Extra high, very extra high, ultra high temperature sprinklers tested? ☐ Yes ☐ No ☑ N/A

B. Gauges checked against calibrated gauge or replaced? ☑ Yes ☐ No ☐ N/A

C. Maintenance

1. Regular Maintenance Items

A. If sprinklers have been replaced, were they proper replacements? ☑ Yes ☐ No ☐ N/A

B. Air leaks in dry pipe system resulting in air pressure loss more than 10 psi/week repaired? ☑ Yes ☐ No ☐ N/A

1. Regular Maintenance Items (Continued)

C. Dry pipe systems being maintained in dry condition? ☑ Yes ☐ No ☐ N/A

D. If any of the following were discovered was an obstruction investigation conducted and the system flushed? ☐ Yes ☐ No ☑ N/A

Explain reason(s) and obstruction investigation findings in Part III

1. Defective intake screen for pumps taking suction from open sources
2. Obstructive material discharged during water flow tests.
3. Foreign materials found in dry pipe valves, check valves or pumps
4. Heavy discoloration of water during drain test or plugging of inspectors test connection.
5. Plugging of sprinkler found during activation or alteration
6. Plugging found in piping dismantled during alterations.
7. Failure to flush yard piping or surround public mains following new installation or repairs.
8. Record of broken mains in the vicinity
9. Abnormally frequent false tripping of dry pipe valves.
10. System is returned to service after an extended period out of service (greater than one year)
11. There is reason to believe the system contains sodium silicate or its derivatives.

Annual Maintenance Items ☐ Yes ☐ No ☑ N/A

A. Operating stem of all OS&Y valves lubricated, completely closed, and reopened? ☐ Yes ☐ No ☑ N/A
Pipe, preaction and deluge valves cleaned? ☐ Yes ☐ No ☑ N/A

B. Interior of dry pipe, preaction and deluge valves cleaned? ☐ Yes ☐ No ☑ N/A

C. Low points drained in dry pipe, preaction and deluge systems prior to the onset of freezing weather? ☑ Yes ☐ No ☐ N/A

D. Sprinkler and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb type which show no signs of grease buildup? ☐ Yes ☐ No ☑ N/A

Comments (Any "no" answers, test failures or other problems found with the sprinkler system must be explained here).

Inspector's Initial: WPD Owner/Designated Rep. Initial: Date 8/31/2017

GRANVILLE HOUSE

Fire Drill Record

Date January 17, 2016
Time 1800
Area 2nd Hall
Duration 10 minutes

✓ 7 - 3 SHIFT
3 - 11 SHIFT
11 - 7 SHIFT

Response of personnel	(GOOD)	FAIR	NOT ACCEPTABLE
Attitude of personnel	GOOD	(FAIR)	NOT ACCEPTABLE
Efficiency of personnel	(GOOD)	FAIR	NOT ACCEPTABLE

Personnel instructed as follows:

Transmission of alarm	(YES)	NO
Response to alarm	(YES)	NO
Isolation of area	(YES)	NO
Use of fire safety equipment	(YES)	NO
Preparing building for evacuation	(YES)	NO
Evacuation of area	(YES)	NO

Discussion after drill (list any questions asked by personnel)
Fire drill conducted on 7-3 shift. All staff/employees participated. Minimum time period for residents & weather conditions. Staff expressed understanding of getting residents out of building in a timely manner.

Signature of Person Conducting Drill

To residents importance of fire drills and practicing drills as part of a real emergency.

Signature of Person Conducting Drill

GRANVILLE HOUSE

Fire Drill Record

Date May 17, 2017
Time 9pm
Area Kitchen
Duration 12 minutes

_____ 7 - 3 SHIFT
✓ 3 - 11 SHIFT
_____ 11 - 7 SHIFT

Response of personnel	(GOOD)	FAIR	NOT ACCEPTABLE
Attitude of personnel	GOOD	(FAIR)	NOT ACCEPTABLE
Efficiency of personnel	(GOOD)	FAIR	NOT ACCEPTABLE

Personnel instructed as follows:

Transmission of alarm	(YES)	NO
Response to alarm	(YES)	NO
Isolation of area	(YES)	NO
Use of fire safety equipment	(YES)	NO
Preparing building for evacuation	(YES)	NO
Evacuation of area	(YES)	NO

Discussion after drill (list any questions asked by personnel)
Conducted a fire drill on 3-11 shift. Residents instructed to stand at door 2 raining outside. No issues noted.

Deborah Gabel
Signature of Person Conducting Drill

GRANVILLE HOUSE
Fire Drill Record

Date: June. 20, 2017
Time: 12 mn
Area: 400 Hall
Duration: 15 minutes

____ 7 - 3 SHIFT
____ 3 - 11 SHIFT
✓ 11 - 7 SHIFT

Response of personnel	(GOOD)	FAIR	NOT ACCEPTABLE
Attitude of personnel	GOOD	(FAIR)	NOT ACCEPTABLE
Efficiency of personnel	(GOOD)	FAIR	NOT ACCEPTABLE

Personnel instructed as follows:

Transmission of alarm	(YES)	NO
Response to alarm	(YES)	NO
Isolation of area	(YES)	NO
Use of fire safety equipment	(YES)	NO
Preparing building for evacuation	(YES)	NO
Evacuation of area	(YES)	NO

Discussion after drill (list any questions asked by personnel)
Residents stood at doors inside during drill.
NO issues noted.

Sarah Gabel
Signature of Person Conducting Drill

GRANVILLE HOUSE
Fire Drill Record

Date: July 18, 2017
Time: 2:30p
Area: Lobby
Duration: 12 minutes

✓ 7 - 3 SHIFT
___ 3 - 11 SHIFT
___ 11 - 7 SHIFT

Response of personnel	(GOOD)	FAIR	NOT ACCEPTABLE
Attitude of personnel	GOOD	(FAIR)	NOT ACCEPTABLE
Efficiency of personnel	(GOOD)	FAIR	NOT ACCEPTABLE

Personnel instructed as follows:

Transmission of alarm	(YES)	NO
Response to alarm	(YES)	NO
Isolation of area	(YES)	NO
Use of fire safety equipment	(YES)	NO
Preparing building for evacuation	(YES)	NO
Evacuation of area	(YES)	NO

Discussion after drill (list any questions asked by personnel)
Fire drill protocol reviewed with staff and residents.
No issues noted.

Sarah Graber
Signature of Person Conducting Drill

GRANVILLE HOUSE

Fire Drill Record

Date: August 9, 2017
Time: 3pm
Area: DB alarm pulled
Duration: 4

___ 7 - 3 SHIFT
✓ 3 - 11 SHIFT
___ 11 - 7 SHIFT

Response of personnel	GOOD	FAIR	NOT ACCEPTABLE
Attitude of personnel	GOOD	FAIR	NOT ACCEPTABLE
Efficiency of personnel	GOOD	FAIR	NOT ACCEPTABLE

Personnel instructed as follows:

Transmission of alarm	YES	NO
Response to alarm	YES	NO
Isolation of area	YES	NO
Use of fire safety equipment	YES	NO
Preparing building for evacuation	YES	NO
Evacuation of area	YES	NO

Discussion after drill (list any questions asked by personnel)
Currently on Fire watch 2 Mechanical issue with fire alarm. Verbal instruction provided by D.C. and LLA by staff. Reviewed policies and procedures & staff

Susan Gabel
Signature of Person Conducting Drill

PNC –

Mike Baumnit