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
	HAL060152	A. BUILDING: 01 B. WING _____	05/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HEIGHTS SENIOR LIVING COMMUNI	11230 BALLANTYNE TRACE COURT CHARLOTTE, NC 28277

(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 Dennis Harrell and Ed Miller on 5-10-2018. Records indicate this facility was first licensed on 8-16-1996, as a Hone for the Aged. Based on this information we are requiring the facilities to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations" and the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds. The facility must also meet the 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I, Institutional - Unrestrained Occupancy,	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: The deficiencies listed below were found in the Special Care Building.	C 101		6-24-18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dale Ann Putnam, D.D. TITLE: Dep. Dir. (X6) DATE: 6-8-18

Division of Health Service Regulation

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C 101	Continued From page 1 1. Based on observation, the central exits from both the Administrative Wing and the Wellness Wing to the front lobby are not required exits, however both were marked with exit signs but failed to comply with the requirements of the NC State Building Code as relates to exits. Finding on 5-10-2018; Both doors are locked in the direction of exit with electronic strikes that are not equipped with all of the requirements for Special Locking. 2. Based on observation, a Delayed Egress exit door failed to comply with the NC State Building Code. The Building Code requires a sign on each locked door that reads "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS." Finding on 5-10-2018; There is no sign provided on the front door in the Special Care Building.	C 101	C101-1 The Fire Marshall was called to the community regarding the exit signs that were in question. We have approval from the Fire Marshall to remove the two signs above the doors. See attached Fire Marshall inspection paperwork. C101-2 Delayed Egress sign was placed at the front door. All other Delayed Egress doors were checked for signs. Doors will be monitored monthly through the Preventive Maintenance Program. The results of the PM program audits will be reported by the Maintenance Director and/ or Designee to the QA committee quarterly.	
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: All the deciciencies listed below were found in Special Care Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings on 5-10-2018:	C 150	C150 - A. Pipe was removed from behind the door. B. Walker was removed from in front of the door. C. Bags of Linen were removed from the service corridor D. The lift was removed from the hallway. All areas were checked for any obstructions that may appear throughout the community. Staff was inserviced on objects blocking the doors or hallways, to keep them free of any obstructions. The Maintenance Director and/or Maintenance Staff will	6-24-18 Con't

Division of Health Service Regulation

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C 150	Continued From page 2 a. The exit from A Hall was blocked from opening fully by pipes on the ground just outside the door. Note; This Deficiency was corrected during the survey. b. A walker was blocking the smoke barrier doors near the living room from closing completely. Note; This Deficiency was corrected during the survey. c. The service corridor exit was obstructed with several bags of linens. d. A lift was stored in the E Hall corridor reducing the clear width to about 3.5 feet clear. Note; This Deficiency was corrected during the survey.	C 150	Con't monitor daily. Will be monitored monthly through the Safety Committee when doing building rounds. The results of these building round audits will be reported by the Maintenance Director and/or designee to the QA committee quarterly.	
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; (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: Based on observation, the exhaust register and radiation damper in the B Hall laundry in the Special Care Building had an excessive accumulation of lint and dirt.	C 164	C164 - B hall laundry exhaust register was cleaned. Checked vents throughout the community and the vents will be monitored monthly through the Preventive Maintenance Program. The results of these PM program audits will be reported by the Maintenance Director or designee to the QA committee quarterly.	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 166		6-24-18

Division of Health Service Regulation

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C 166	Continued From page 3 (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: The following deficiencies were found in the Assisted Living Building. 1. Based on observation, the locks on both doors to the laundry on F Hall were installed with the key openings inside the laundry with the result that once you entered the laundry, you were trapped unless you had the proper key. 2. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings on 5-10-2018; Items had been stacked all the way to the ceiling in the E Hall maintenance closet. 3. Based on observation, an extension cord was being used in place of permanent wiring in the maintenance office and at the front desk. Extension cords are intended for temporary use only. 4. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 5-10-2018: Several (8) portable medical oxygen cylinders	C 166	C166-1 The lock was removed and a passage door handle was put in place. The door can not be locked that way no one can be trapped in the laundry room. The other doors were checked and are free from being locked in. Will be monitored monthly through the safety committee when doing building rounds. The Maint. Director and/or designee will report audits to the QA committee monthly to assure compliance. C166-2 The top shelves were removed in the E Hall storage closet and the staff have been instructed to maintain the 18 inches below the ceiling for proper storage Will be monitored monthly through the safety committee when doing building rounds. The Maintenance Director and/or designee will report audits to the QA committee to assure compliance. C166-3 The extension cords were removed and replaced with the proper surge protectors. Staff have been advised that only proper surge protectors can be used. Will be monitored monthly through the safety committee when doing building rounds. The Maintenance Director and/or designee will report audits to the QA committee to assure compliance. C166-4 The unapproved crate was removed and replaced with the proper oxygen crate. All vendors have been notified of the proper oxygen crates for the community. Will be monitored weekly by the Maintenance Dir.,	6-24-18 Con't

Division of Health Service Regulation

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C 166	Continued From page 4 were stored in an unapproved beverage crate in room C8. 5. Based on observation, the cover was not properly mounted on an electric baseboard heater in the tub room on C Hall. The protruding cover presented a laceration hazard. 6. Based on observation, the hose on the shower wand at the tub in the A Hall Tub room was long enough to reach the tub basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. 7. Based on observation, the ice machine drain line extended into the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated. 8. Based on observation the toilet was loosely mounted to the floor in the A Hall Tub room. Loose toilets can cause leaking and/or fall hazards. The following deficiencies were found in the Special Care Building. 1. Based on observation, the inside door knob was missing on a storage closet off A Hall. The missing knob could cause someone to be trapped in the room. 2. Based on observation, the facility failed to be maintained free of hazards because of an exit sign directing exiting in the wrong directions. Exit	C 166	Nursing and/or designee and report to QA committee monthly to assure compliance. C166-5 The cover on the electric base-board heater was mounted back properly. All other baseboards were check for safety. Will monitor monthly through the Preventive Maintenance Program. Will report audits to the QA committee monthly to assure compliance. C166-6 A vacuum breaker was installed on the A Hall tub. The other tubs were checked for vacuum breakers. Will be monitored monthly through the Preventive Maintenance Program and when any work is being done. Will report to the QA committee monthly to assure compliance. C166-7 The drain hose on the ice machine has been cut and secured properly. Will be monitored monthly by the Preventive Maintenance Program and report by the Maintenance Director and/or designee to the QA committee to assure compliance. C166-8 Toilet was re-secured to the floor properly and is no longer loose. The other toilets in all areas were checked and they are secured. Will be monitored monthly be the Safety Committee when doing building rounds. The Maintenance director and/or designee will report monthly to the QA committee to assure compliance. C166-1 The door knob was replaced and all other storage closets were checked for proper door knobs. Will be monitored monthly	Cont 6-24-18

Division of Health Service Regulation

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C 166	Continued From page 5 signs that lead in the wrong direction could delay an evacuation in an emergency. Findings on 5-10-2018: The required exit sign at room B1 has the exit arrows pointing in the wrong directions for exiting. 3. Based on observation, there was no documentation of the in house/owner's monthly inspection provided on the range hood fire suppression system inspection tag for the month of April. Range hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull. 4. Based on observation, a floor drain cover was not properly installed in the kitchen. Loose floor drains covers present a trip and fall hazard.	C 166	through the Preventive Maintenance Program. The Maintenance Director and/or disignee will report audits to the QA committee to assure compliance. C166-2 The arrow pointing in the wrong direction was covered up. All other exit signs were checked for proper directions. Will be monitored monthly through the Preventive Maintenance Program. The Maintenance Director and/or designee will report audits to the QA committiee to assure compliance. C166-3 In-serviced the Maintenance staff on proper monthly inspections and documentation. There must be a signature on the suppression system tag monthly. Will be monitored monthly through the Preventive Maintenance program.	
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: The following deficiencies were found in the Assisted Living Building. 1. Based on observation, the fire alarm system was showing a "System Trouble" condition. Fire	C 189	C166-4 Floor drain was proper secured to the floor and all other drains were checked for proper installation. Will monitor monthly through Safety Committee when doing building rounds. Monthly audits will be reported to the QA committe to assure compliance. C189-1 FLSA was called for the "System Trouble" on the Fire Alarm Panel. All troubles were corrected and the system is working properly. The Fire Alarm Panel will be monitored daily by the Maintenance Director and/or Maintenance Staff. See attached paperwork from FLSA. The audits will be reported monthly to the QA committee to assure compliance.	6-24-18

Division of Health Service Regulation

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C 189	Continued From page 6 alarms in trouble may fail to operate properly when needed. Based on interview with staff, "something on the sprinkler system is bypassed." 2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The doors to A7, D4, F7, F8, B Hall to service corridor and main lobby to service corridor did not fit the opening properly to be resistant to the passage of smoke. . b. The door to F Hall Dining was propped open. Note; This deficiency was corrected during the survey. c. The double doors to the Tea Room were wedged open. Note; This deficiency was corrected during the survey. d. The door to second floor Dining was propped open. Note; This deficiency was corrected during the survey. e. The door to E Hall serving kitchen was propped open. f. The doors to A9, B Hall serving kitchen, E Hall serving kitchen and the toilet room on D Hall would not latch when closed. g. The latchset strike is missing on the door to the fire alarm room. h. The doors to the Parlors on A and B Hall were propped open with furniture. Note; These deficiencies were corrected during the survey. 3. Based on observation, the sampling tubes for the duct mounted smoke detectors were not maintained clean and properly installed. Sampling tubes that are not periodically inspected	C 189	C189-2-A Doors A7, D4, F7, F8, and B hall service door were re-adjusted to fit the opening properly. All other doors were inspected for proper fitting. Will be monitored monthly through the Preventive Maintenance Program. C189-2- B,C,D,E and H Removed objects from propping open the doors. Installed a magnet holder on the back of the doors to properly hold them open. Checked all doors to assure they were not propped open. Will monitor monthly through the Safety Committee when doing building rounds. C189-2-F The doors to A9, B hall serving area, E hall serving are and D hall toilet room doors have been re-adjusted to assure proper closer. Will be monitored monthly through the Preventive Maintenance Program. C189-G The latchset strike on the door was replaced and the door closes properly. The other doors in the community were checked Will be monitored monthly through the Preventive Maintenance Program. Deficiency is Complete C189-2 The monthly checks on all doors will be reported by the Maintenance Director and/or designee to the QA committee to assure compliance.	6-24-18

Division of Health Service Regulation

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C 189	Continued From page 7 and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. Findings on 5-10-2018; a. The sampling tubes for the duct mounted smoke detectors in the mechanical closet on F Hall were dirty. b. The sampling tubes for the duct mounted smoke detectors in the mechanical closet off the Tea Room were dirty c. The sampling tube for the duct mounted smoke detector in the "Furnace" closet on E Hall was oriented away from the air flow. 4. Based on observation, the smoke detector in the corridor nearest the reception desk was not sensitive and delayed activation for several minutes when tested with smoke. 5. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. The wall is damaged at the closet in the F Hall laundry, b. The fire collar has slipped down from the ceiling in the mechanical closet off the second floor serving kitchen. c. The ceiling is water damaged in the furnace closet off E Hall housekeeping. d. Hole in the ceiling of the furnace room off the A Hall laundry, e. There were two 4 inch PVC furnace flues in the D Hall furnace closet that extend up through the one-hour fire protected ceiling and were not protected with a listed fire collar as required.	C 189	C189-3 S&S Services was called for the Sample Tubes not being clean and for the Sample Tube oriented away from the air flow. All Sample Tubes throughout the community were cleaned and E Hall furnace was re-positioned in the correct way. This will be a part of S&S Service Preventive Maintenance on the HVAC Systems. See attached paperwork from S&S Services. Will be reported by the Maintenance Director and/or designee to the QA committee to assure compliance. C189-4 The smoke head was replaced and tested for proper activation. All other smoke heads were tested for proper activation. Will be monitored monthly through the Preventive Maintenance Program. The Maintenance Director and/or designee will report audits monthly to the QA committee to assure compliance. C189-5-A The F hall laundry wall was repaired. C189-5-B The fire collar in the mechanical closet was put back into place. C189-5-C The ceiling in E Hall closet was repaired. C189-5-D The holes in the furnace room off of A hall laundry were repaired. C189-5-E and F Fire collars were put into place around the furnace flues that extended through the ceiling. C189-5 All areas will be monitored monthly through the Safety Committee when doing	6-24-18 Cont

Division of Health Service Regulation

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C 189	Continued From page 8 f. There was a 3 inch PVC furnace flue in the D Hall furnace room that extended up through the one-hour fire protected ceiling and was not protected with a listed fire collar as required. g. There was a 3 inch listed fire collar in the D Hall furnace room that was falling apart. 6. Based on observation the required one-hour fire rated ceilings were compromised in locations by improperly fitting or missing sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Findings on 5-10-2018: a. Three escutcheons were not tightly fitted to the ceiling on the front porch. b. The escutcheon was not tightly fitted to the ceiling in bathroom off room C8. c. The escutcheon was missing over the refrigerator in the kitchen. d. The escutcheon does not cover the hole in the D Hall furnace closet. 7. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas: a. D Hall stairwell, b. E Hall stairwell, c. F Hall stairwell. 8. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency.	C 189	building rounds. The Maintenance Director and/or designee will report audits monthly to the QA committee. C189-6 A,B,C,D The escutcheons were replaced and fitted to the ceiling to assure proper fitting. Will be monitored monthly through the Preventive Maintenance Program. The Maintenance Director and/or designee will report audits to the QA committee monthly to assure compliance. C189-7 The emergency lights in D, E and F stairwell were repaired to assure they are working properly. The lights will be tested monthly through the Preventive Maintenance Program. The Maintenance Director and/or designee will report monthly audits to the QA committee to assure compliance.	6-24-18

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C 189	Continued From page 9 Findings include: a. The exit sign at the A Hall exit did not work on battery when tested. b. The exit sign near room A6 did not work on battery when tested. c. The exit sign near room E1 did not work on battery when tested. 9. Based on observation, the junction box on the wet side sprinkler valve was hanging by the wires. The following deficiencies were found in the Special Care Building. 1. Based on observation, the fire alarm system was showing a "System Trouble" condition. Fire alarms in trouble may fail to operate properly when needed. 2. Based on observation, the facility failed to be maintained in a safe and operating condition because of a faulty Delayed Egress lock. Finding on 5-10-2018; The Delayed Egress lock on the exit from F Hall failed to unlock on activation of the fire alarm system. 3. Based on observation, the smoke detector in the corridor nearest the HR office was not sensitive and delayed activation for several minutes when tested with smoke. 4. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;	C 189	C189-A,B and C The batteries were replaced in the exit signs and they are working properly. The exit signs throughout the community were tested and operating correctly. Will be monitored monthly through the Preventive Maintenance Program. The Maintenance Director and/or designee will report monthly audits to the QA committee to assure compliance. C189-9 and C189-1 FLSA was called out for the junction box. FLSA replaced the junction box which was causing the "System Trouble" on the fire alarm panel. Both were corrected and working properly with no troubles on the fire alarm panel. The Panel will be monitored daily by the Maintenance Director and/or the Maintenance Staff. See attached paperwork from FLSA The Maintenance Director and/or designee will report daily audits, monthly to the QA committee to assure compliance. C189-3 FLSA was called out and replaced the smoke head that had a delayed activation. The smoke head was tested and is working properly. All other smoke heads were tested and are in operation. Will be monitored monthly through the Preventive Maintenance Program. The Maintenance Director and/or designee will report audits monthly to the QA committee to assure compliance.	6-24-16

Division of Health Service Regulation

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 10 a. The double doors to the A Hall furnace closet do not latch when closed. b. The double doors to the B Hall furnace closet do not latch when closed. c. The double doors to the C Hall furnace closet do not latch when closed.. d. The double doors to the D Hall furnace closet do not latch when closed. e. The door to the Beauty Salon was wedged open. Note; This deficiency was corrected during the survey. f. The door to A7 dragged and was hard to close and even harder to open. g. The doors to A6, B8, C8, D7 and E2 did not fit the opening properly to be resistant to the passage of smoke. h. The door to B5 would not latch when closed. i. The door to D1 would not latch when closed. j. The double doors to the Den would not latch when closed. k. The rated door to the laundry on D Hall was disabled from closing. Note; This deficiency was corrected during the survey. l. The door to the Activity office is equipped with a deadbolt only and therefore cannot automatically latch when closed. m. The smoke barrier doors near the Family Room do not latch when closed by the fire alarm system. n. The latch strike was missing on the door to E2. 5. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:	C 189	C189-4-A,B,C,D The latches were replaced on the furnace closet doors to assure proper closer. All other doors were inspected for proper closer and operating correctly. C189-4-E The wedge was removed from the beauty salon door and a magnet door holder was put on the door. All other areas were checked for door wedges. C189-4-F The door frame was repaired and the door opens/closes properly. All other doors were checked for proper open/closing. C189-4-G The doors A6, B8, C8, D7 and E2 were adjusted to assure proper closer for no smoke passage. All other doors were inspected. C189-4- H, I, J, M The door were adjusted to assure proper closing and are closing properly. All other doors were inspected and closing correctly. C189-4-K Items were removed to assure the door closed. All other doors were checked. C189-4-N A new latch strike was replaced. All other doors were inspected for latch strikes. C189-4 All doors will be inspected monthly through the Preventive Maintenance Program. The Maintenance Director and/or designee will report monthly audits to the QA committee to assure compliance.	6-24-18

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
	HAL060152	A. BUILDING: 01 B. WING _____	05/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY HEIGHTS SENIOR LIVING COMMUNIT	11230 BALLANTYNE TRACE COURT CHARLOTTE, NC 28277

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C 189	Continued From page 11 a. There were two 3 inch PVC furnace flues in the A Hall furnace closet that extend up through the one-hour fire protected ceiling and were not protected with a listed fire collar as required. b. The fire collar has slipped down from the ceiling in the mechanical closet off the second floor serving kitchen. c. The fire collars have slipped down from the ceiling in the B Hall furnace closet. d. There were four 3 inch PVC furnace flues in the D Hall furnace closet that extend up through the one-hour fire protected ceiling and were not protected with a listed fire collar as required. e. Several holes in the ceiling of the sprinkler room. f. Holes in the walls in the D-E-F storage room. 6. Based on observation the required one-hour fire rated ceilings were compromised in locations by improperly fitting or missing sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Findings on 5-10-2018: a. The escutcheon was not tightly fitted to the ceiling in the storage room on B Hall. b. The escutcheon was not tightly fitted to the ceiling in the C Hall furnace room. c. The escutcheon was not tightly fitted to the ceiling in the Wellness corridor. d. The escutcheon was missing in the housekeeping closet on E Hall. e. The escutcheons (3) were missing in the front lobby. 7. Based on observation, the facility failed to be maintained in a safe condition because of exit signs not working properly. Malfunctioning exit	C 189	C189-5 A and D The fire collars were put around the furnace flues that were missing. All other areas were checked for fire collars. C189-5 B and C The fire collars were secured and put back into place. All other areas were checked for fire collars that may have slipped. C189-5-E The holes in the sprinkler room were sealed with fire caulk. All other areas were checked for any penatration holes. C189-5-F The holes in the DEF storage closet were sealed and all other storage c closets were checked. C189-5 All areas will be monitored monthly through the Preventive Maintenance Program. The Maintenance Director and/or designee will report audits monthly to the QA committee to assure compliance. C189-6 A through E The escutcheon were properly fitted to the ceiling and the missing escutcheons were replaced. All other areas were checked for proper escutcheons. will be monitored by the Safety Committee when doing monthly building rounds. The Maintenance Director and/or designee will report audits monthly to the QA committee to assure compliance.	6.24.18

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
	HAL060152	A. BUILDING: 01 B. WING _____	05/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 189	Continued From page 12 signs could delay or prevent an evacuation in an emergency. Finding on 5-10-2018: The exit sign in the service corridor near the maintenance office did not work on battery when tested. 8. Based on observation, the GFCI type receptacle in the central courtyard and outside the B Hall exit would not trip when tested. GFCI type receptacles that do not work properly present a shock or electrocution risk. 9. Based on observation, an emergency receptacle was hanging partly out of the wall in the corridor near D-E-F Dining.	C 189	C189-7 The battery was replaced in the exit sign and is working properly. The other exit signs were tested and are working properly. Will be monitored monthly through the Preventive Maintenance Program. The Maintenance Director and/or designee will report monthly audits to the QA committee to assure compliance. C189-8 The GFCI was repaired by an electrician and is working properly. All other GFCI were tested and work properly. C189-9 The emergency receptacle was put back into the wall. All other receptacles were inspected and in proper place. C189- 8 and 9 Will be monitored monthly by the Safety committee when doing building rounds. The Maintenance Director and/or designee will report audits monthly to the QA committee to assure compliance.	
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: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility.	C 191	C191 The electric heater was removed from the community. Staff were inserviced on the policy of electric heaters in the community and they are not aloud. All areas were checked to assure there were no electric heaters on property. Will be monitored monthly through the Safety Committee doing building rounds. The results of these audits will be reported by the Maintenance Director and/or designee to the QA committee quarterly.	6-24-18

Division of Health Service Regulation

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C 191	Continued From page 13 Findings include: There was a portable electric heater found in the copy room in the Special Care Building.	C 191		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (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: Based on observation the facility failed to maintain required exhaust in a working condition. Findings include; There was a pattern of the exhaust provided not working including but not limited to the following spaces. a. Bathroom off bedroom D2, b. Bathroom off bedroom E4, c. Housekeeping on E Hall, d. Tub/toilet room on A Hall, e. Laundry on A Hall, f. Soiled linen on A Hall, g. Toilet room off tub room on C Hall, h. Employee bathroom,	C 199	C199 The electrician was called to repair/replace any exhaust ventilation units that were not working properly. All the repairs were done and the exhaust vents are working properly. All other vents were tested and working properly. Will be monitored monthly through the Preventive Maintenance Program. The Maintenance Director and/or designee will report audits monthly to the QA committee to assure compliance.	6-24-18

Division of Health Service Regulation

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C 199	Continued From page 14 i. Mop room off kitchen service corridor.	C 199		6-24-18

Charlotte Fire Department
Fire Inspection Report

Prepare for your next inspection at: http://FirePrevention.CharlotteFire.org

Inspector: Dickson, Ruth **Inspection Date:** 6/7/2018 **Insp Phone Num:** 7046195317

BUSINESS INFORMATION

Contact Name: PATRICIA

Business Name: LEGACY HEIGHTS, 11230 **Occ Use:** Institutional 2 **Inspection Type:** Spot Check Inspection

Address: 11230 BALLANTYNE TRACE CT, Charlotte NC, 28277 Unit: **Property Use:** 311, 24-hour care Nursing homes, 4 or more persons

Permit Due Date: **Inspection District:** IT -South Division Dickson **Frequency Days:** 0

VIOLATIONS

(Office Use Only)

No Violations

ADDITIONAL NOTES

PATRICIA CONTACTED ME TO LOOK AT SOME EXIT SIGNS IN THE ASSISTED LIVING BUILDING. WE DETERMINED THAT THE
TWO IN QUESTION THAT THE DHHS INSPECTOR WANTED REMOVED WERE OK TO REMOVE ON THAT SIDE, THE EXIT
SIGNS HANGING FROM THE ACTIVITY ROOM MUST STAY. PLEASE MOVE BOTH SIGNS TO THE EXITS BESIDE THESE DOORS
SO THAT THESE OTHER EXITS ARE CLEARLY LABELED.
ALSO LOOKED AT THE AREAS IN THE HVAC CLOSETS OF THE MAIN BUILDING THAT THE DHHS INSPECTOR WANTED
FIRE COLLARS ON INSTEAD OF FIRE KAULKING, DETERMINED THAT THE BUILDING INSPECTOR NEEDED TO GIVE THE
APPROVAL ON THIS AFTER SPEAKING WITH MY SUPERVISOR.

THANK YOU!

First Name	Last Name	Primary Phone
PATRICIA	ISENBERG	7049573167
DALE ANN	PUTNAM	7045447220

FLSA FIRE & LIFE SAFETY AMERICA — PROTECTING AMERICA

Service Authorization Agreement No: 290559

Order Date: 5/31/18 Phone:	Customer PO # 46029
FLSA Job No. 503763	Ordered By:
Job Name: Legacy Heights	Bill To:
Job Address: 11230 Ballantyne Trace Crt. Charlotte N.C. 28277	Billing Address:
Contact Name:	Pmt Method: Cash/Chk Visa MC Amex Discover Bill To
Phone:	CC No: Exp Date:
Valve Seal #	CC Signature:

Description of Work: Trouble on Panel in both Buildings 11230 & 11230 had a wrong devire screen for Wet System Tamper ~~Tamper~~ now, correct by changing out Tamper monitor module. 11240 building had a false alarming smoke det. correct by cleaning smoke detector and checking values at panel. Both buildings are System Normal upon departure

Qty	Materials	Unit Price	Amount	Tech(s)	Date on Job	ST	OT	Travel
	Simplex monitor module			David M.	5/31/18			
	P.N							
					TOTAL			

Return Trip Required: Yes ☐ No ☒

Date Completed: 6/31/18

Office Use Only - Cost Summary	
Total Labor	
Total Materials	
Fuel Charge	
Grand Total	

Limitation of Liability: FLSA's liability to Customer shall extend only to personal injury, death, or property damage arising from performance under this Agreement and shall be limited to the payments made to FLSA under this Agreement. Customer shall hold FLSA harmless from any and all third party claims for personal injury, death or property damage arising from Customer's failure to maintain its premises, including but not limited to damages to the fire protection system or Customer's property caused by water leakage, freezing pipes, loss of power, acts of God or other similar causes beyond the control of FLSA. In no event shall FLSA be liable for any special, indirect, incidental, consequential or any other damages of any character, including but not limited to the loss of use of the Customer's property, lost profits or lost production, whether claimed by Customer or by any third party, irrespective of whether claims or actions for such damages are based upon contract, warranty, negligence, tort, strict liability or otherwise

DISCLAIMER OF WARRANTIES: FLSA HEREBY DISCLAIMS ANY AND ALL WARRANTIES NOT EXPRESSLY STATED HEREIN, INCLUDING WARRANTIES OF MERCHANTIBILITY OR FITNESS FOR A PARTICULAR PURPOSE. UNDER NO CIRCUMSTANCES AND IN NO EVENT SHALL FLSA BE LIABLE FOR ANY SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES OR LOST PROFITS INCURRED BY CUSTOMER, WHETHER OR NOT FLSA RECEIVES NOTICE OF THE POTENTIAL FOR SUCH DAMAGES. NOTWITHSTANDING THE FOREGOING, ANY LIABILITY INCURRED BY FLSA SHALL BE LIMITED TO THE AMOUNT OF GOODS AND SERVICES PURCHASED BY CUSTOMER AND CONTAINED WITHIN THIS AGREEMENT.

TERMS AND CONDITIONS ON THE REVERSE SIDE ARE AN INTEGRAL PART OF THIS WORK ORDER. CLIENT ACKNOWLEDGES RECEIPT OF A COPY OF THIS WORK ORDER AND HAS READ THE FRONT AND REVERSE SIDE OF THIS WORK ORDER.

By signing below, the Customer hereby authorizes FLSA to perform the Work described above and certifies that: (i) the information provided above and/or attached to this Agreement is true, accurate, and complete to the best of Customer's knowledge; (ii) the signor has the authority to authorize the Work requested pursuant to this Agreement; and (iii) the Customer has read this entire Agreement and agrees to comply with and by bound by the terms and conditions contained herein.

Customer: Rebecca Estes

Signature:

Print Name:

Title:

Date:

Form 4.5.07

White - Office Yellow - Customer Pink - Technician

HVAC SERVICE INVOICE

704-474-7699
SS SERVICES
HEATING & AIR CONDITIONING
126 N. Main Street
Norwood, NC 28128
www.ssserviceshvac.net
ssserviceshvac@windstream.net

Date	Invoice #
6-4-18	6488

NAME: LEGACY HEIGHTS
STREET:
CITY, STATE, ZIP: CHARLOTTE NC
PHONE: AUTHORIZED BY: TRISH
TECHNICIAN: Sam & Keith

C.O.D. ☐ CASH ☐ CHECK#_____ ☐ CREDIT CARD

SERVICE AGREEMENT OFFERED ☐ YES ☐ NO ☐ PICTURES ☐ STICKERS

MAKE:	MAKE:
MODEL:	MODEL:
SN:	SN:

DESCRIPTION OF WORK PERFORMED

Was Requested By TRISH TO CLEAN And Check All The SMOKE DETECTOR Sample Tubes, IN Both Buildings Cleaned All, And Repositioned one IN The AIR FLOW As DIRECTED Cleaned up work AREA, Locked All Acess DOORS

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
	TOTAL MATERIALS		

HRS.	LABOR DATE	RATE	AMOUNT
	Sam		
	Keith		
	MATERIALS & LABOR MAY BE CONTINUED ON OTHER SIDE	TOTAL LABOR	

RECOMMENDATIONS

FREON INFORMATION
R22 _____ R410 _____
HIGH _____ LOW _____ PSIG
SUPERHEAT _____
SUPERCOOLING _____
SUCTION LINE TEMP _____
LIQUID LINE TEMP _____

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by ***SS Services Heating & Air Conditioning*** is warranted for 30 days or as otherwise indicated in writing. ***SS Services Heating & Air Conditioning*** makes no other warranties, express or implied, and its agents or technicians are not authorized to make such warranties on behalf of ***SS Services Heating & Air Conditioning.***

☒ REGULAR ☐ WARRANTY
☐ SERVICE CONTRACT ☐ QUOTE

WORK PERFORMED

CONDENSING UNIT	COND'SATE DRAINS
LEVELED	REPLACED FLOAT SWITCH
CLEANED COIL	REPAIRED MAIN DRAIN
CHECKED CHARGE	CLEANED PAN DRAIN
REPAIR LEAK IN COIL	REPAIRED PAN DRAIN
REPAIR LEAK IN COPPER	**FURN. OR FAN COIL**
TORCHES	CHECKED GAS PRESSURE
CHANGED TXV	ADJUSTED BELT
SOLDRING	REPLACED IGNITOR
CHECKED MOTOR	REPLACED BOARD
CHANGED MOTOR	CLEANED BLOWER
CLEANED CABINET	REPLACED BEARINGS
CHANGE OUT	CHANGED CAPACITOR
REPLACED CONTACTOR	OILED BEARINGS
REPL. START. RELAY	CHECKED STRIP HEAT
REPL. START. CAPACITOR	REPLACED HEAT EXCHANGE
REPL. RUN CAPACITOR	CLEANED / ADJ. PILOT
CLEAN/ADJUST CONTACTOR	REPLACED NOZZLE
REPAIRED WIRING	STRIP HEAT AMPS
REPLACED FUSE	REPLACED VALVE
REPLACED COMPRESSOR	CLEANED BURNERS
EVAPORATOR COIL	**DUCT**
REPLACED EXP. VALVE	REPAIRED
ADJUSTED EXP. VALVE	ADJUSTED
REPLACED CAP. TUBE	**THERMOSTAT**
CLEARED CAP. TUBE	REPAIRED
REPAIRED COIL LEAK	REPLACED
REPAIRED COPPER CONNECTION	**CLG TOWER**
CLEANED COIL	CLEANED
LEVELED COIL	**PUMP(S)**
ELECTRIC HEATER	GREASED
REPLACED LINK	REPAIRED
REPLACED KLIX.	
REPAIRED WIRE	
REPLACED CONT.	

FILTERS ☐ CLEANED ☐ REPLACED

TOTAL SUMMARY

TOTAL MATERIALS	
TOTAL LABOR	
TRAVEL CHARGE	
TAX	
TOTAL $	

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/material furnished until final payment is made. If payment is not made in 30 days, seller can remove said equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller. Any repairs to equipment that is over 10 years of age will not be warrantied.

X _____ CUSTOMER SIGNATURE

X 6/4/18 DATE