NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 1, 2018

Tokesha Gilchrist
P.O. Box 588
Red Springs, NC 28377

RE: Red Springs Assisted Living - HA Biennial Survey
1301 E. Fourth Avenue
Red Springs Robeson County
FID #960772 Hal078083

Dear Ms. Gilchrist:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on October 18, 2018. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by November 16, 2018. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction".

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by November 16, 2018. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by November 16, 2018. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Steven C. Lewis, Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

*Suzanna Fay*

Suzanna Fay
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Robeson County DSS - with attachment-(via e-mail only)

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 |
|---|---|---|---|
| | HAL078083 | A. BUILDING: 01<br>B. WING _____ | 10/18/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RED SPRINGS ASSISTED LIVING | 1301 E. FOURTH AVENUE<br>RED SPRINGS, NC 28377 |

| (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 |
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| C 000 | Initial Comments<br><br>Report of a Construction Section Biennial Survey by Suzanna Fay and Dennis Harrell conducted on October 18, 2018.<br><br>Records indicate this facility was first licensed on October 8, 1996 with a capacity of 81 beds. Therefore the 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 1996 Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. | C 000 | | |
| C 101 | Existing Licensed Fac- No less than '71 Rules<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS<br>The physical plant requirements for each adult care home shall be applied as follows:<br>(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;<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility does | C 101 | | |

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| C 101 | Continued From page 1<br>not meet all of the NC Fire Code requirements.<br><br>Findings on October 18, 2018:<br>a. The riser room is located in an exterior building behind C and D Halls. The building does not have a sign indicating where the FDC (Fire Department Connection) is located. Also, since the location is not visible from the road (direction of approaching Fire Department apparatus) , there was also a label missing from the street front or side of the building. | C 101<br><br>A | will add signs to show FDC | 12/14/18 |
| C 111 | Must Have Current San. & Fire Safety Reports<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(<br>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.<br><br>This Rule is not met as evidenced by:<br>1. Review of records revealed that the facility did not maintain all fire safety inspection reports available for review.<br><br>Findings on October 18, 2018:<br>a. A copy of the current fire alarm inspection report was not available for review. | C 111<br><br>A | New Fire alarm will be inspected on 11-26-18 (paper work attached) | 11/26/18 |
| C 160 | Outside Premises-Clean, Safe<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(m) The requirements for outside premises are:<br>(1) The outside grounds of new and existing facilities shall be maintained in a clean and safe | C 160 | | |

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| C 160 | Continued From page 2<br>condition;<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the outside premises were not maintained in a clean and safe condition.<br><br>Findings on October 18, 2018:<br>a. One of the gates has fallen off and is lying on the ground in the back yard fenced-in area. The fence is leaning where the gate came off. | C 160<br><br>A | called fence company to repaired gate and fences | 12/14/18 |
| C 164 | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the furnishings are not kept in good repair.<br><br>Findings on October 18, 2018:<br>a. The Activity Office bathroom door has two small holes in the door. The edges are rough and splintered and could cause injury.<br>b. Room B-11 - the door to the bathroom is damaged.<br>c. Activity Office - one of the windows is full of dirty green water and there are black mildew | C 164<br><br>A<br><br>B<br><br>C | filled holes and repired edge of door<br><br>Repaired door<br><br>Window will be replaced | 11/24/18<br><br>12/14/18<br><br>12/14/18 |

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| C 164 | Continued From page 3<br>stains in the water.<br><br>2. Observations revealed that the ceilings are not kept clean and in good repair.<br><br>Findings on October 18, 2018:<br>a. B-5 Bath - the ceiling around the sprinkler head is spalling.<br>b. C Hall Water heater room - there is a large yellow water stain along the back wall. The ceiling is spalling and the popcorn finish is falling off in large sections.<br><br>3. Observations revealed that the walls and floors are not kept clean and in good repair.<br><br>Findings on October 18, 2018:<br>a. B-15 Toilet - the wall base behind the toilet is falling off of the wall. This was repaired at the time of survey.<br>b. Kitchen - there is a 3" diameter hole in the wall behind the pantry door.<br>c. C Hall Living Room - the carpet is worn, stained and buckling which creates a tripping hazard.<br>d. C Hall Files Storage - there is a 14"x14" hole cut into the wall to conduct repairs.<br>e. Outside Electrical Room - water is dripping down the wall and onto the floor from a condensate line run through the wall. The moisture is causing mildew to grow on the wall and floor and the wall is deteriorating along the bottom. | C 164<br><br>A<br><br>B<br><br>A<br><br>B<br><br>C<br><br>D<br><br>E | repaired ceiling<br><br>repaired back wall and ceiling<br><br>repaired time of survey<br><br>repaired hole in walll<br><br>will repair carpet so it is not trip hazard until flooring is replaced getting quotes now<br><br>repaired wall<br><br>repaired condensate line so water will run out the building | 12/14/18<br><br>12/14/18<br><br>10/18/18<br><br>11/30/18<br><br>12/14/18<br><br>11/30/18<br><br>11/24/18 |
| C 166 | Housekeeping-Maintained Free of Hazards<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS | C 166 | | |

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| C 166 | Continued From page 4<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility was not maintained free of hazards.<br><br>Findings on October 18, 2018:<br>a. At the time of survey, the medication room was unlocked and there were no staff near the room. Further observations revealed aspirin and other medication in an unlocked cabinet in the med room. After notifying staff, the med room was locked.<br>b. B Hall Shower Room - one of the shower chairs has a broken wheel which could cause a resident to slip and injure themselves. Also the metal at the chair leg is rusting and staining the tub where it is sitting. | C 166 | A Staff was re-trained on making sure the med room stays locked<br><br>B replaced shower chair and cleaned tub | 10/18/18<br><br>10/18/18 |
| C 185 | Fire Safety-Rehearsals on Each Shift<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0309 PLAN FOR EVACUATION<br>(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.<br>(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 | C 185 | | |

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| C 185 | Continued From page 5<br>description of what the rehearsal involved.<br>(f) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Review of records revealed that the facility did not have adequate records for the fire rehearsals.<br><br>Findings on October 18, 2018:<br>a. There was not a drill conducted on the second shift for the second quarter of this year. Some of the times were not designated to verify which shift the drill was conducted on.<br>b. The drill logs did not list the staff members present.<br>c. The drill logs did not provide a short description of what the rehearsal involved which shall include: the location of the simulated fire, the time duration of the drill and how the staff responded. | C 185<br><br>A-C | All has been corrected<br>Drill has been done on all shifts , staff members and short description have been add to paper work<br>(paper work attached) | 10/18/18 |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety | C 189 | | |

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| C 189 | Continued From page 6<br>equipment in operating condition could effect occupants of the facility if the equipment did not function during a fire or other emergency.<br><br>Findings on October 18, 2018:<br>a. At the time of survey, staff revealed that the fire alarm panel was in trouble mode as it had been damaged during a lightning strike. They were waiting on a new panel. The fire alarm did sound upon activation of a smoke detector.<br>b. Due to the damage to the fire alarm panel, the interior magnetic hold open devices were not working.<br>c. The fire alarm was tested by spraying canned smoke in one of the smoke detectors. None of the exterior magnetic locks released. All of the manual override switches released the doors as well as the master manual override. The facility filled out a Plan of Protection designating that they would hold an all staff meeting to inform the staff of the problem and make sure they knew how to manually release the exit doors. The Fire Marshal was also contacted. Based on a phone conversation with the administrator at 4:30 pm on Monday, October 22, the fire alarm panel had been replaced and the system was working properly.<br>d. Riser Room - the tamper switches have been removed.<br><br>2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.<br><br>Findings on October 18, 2018:<br>a. Observation at the time of survey revealed the facility was not equipped with the typical battery backed up emergency lighting. Staff indicated | C 189<br><br>A-C<br><br>D<br><br>A | New Fire panel was installed all magnetic door holder and exterior magnetic locks was repaired and work as they should(Paper work Attached)<br><br>Tamper switches was replaced<br><br>Generator will be replaced | 10/19/18<br><br>10/23/18<br><br>12/7/18 |

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| C 189 | Continued From page 7<br>that the emergency lighting is tied into a generator. However, according to staff, the generator has been down for about a year.<br><br>Note: Review of DHSR Construction Records indicated that there is no evidence the generator meets the requirements for an emergency generator therefore battery units are required.<br><br>3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the event of an emergency evacuation.<br><br>Findings on October 18, 2018:<br>a. Observation at the time of survey revealed the facility does not have battery backed up emergency exit lighting. Staff indicated the facility's exit signs/lights (with one exception) receive emergency power from the building generator. However, according to staff, the generator has been down for about a year.<br><br>Note: Review of DHSR Construction Records indicated that there is no evidence the generator meets the requirements for an emergency generator, therefore battery units are required.<br><br>4. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.<br><br>Findings on October 18, 2018:<br>a. Administrator's Office - one of the sprinkler head escutcheon plates has dropped leaving a | C 189 | Generator was order on 10/24/18 should be installed by 12/7/18 (notice of shipment paper included with POC) | 12/7/18 |
| | | A | Generator will be replaced | 12/7/18 |
| | | A | Escutcheon was fixed | 10/18/18 |

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| C 189 | Continued From page 8<br>gap at the ceiling. This was corrected at the time of survey.<br>b. Administrator's Office - there is a small hole in the fire caulk patch at the corridor wall.<br>c. Outside Electrical Room - there are three open sleeves that do not have fire sealant. There are two unsealed cable bundle penetrations over the data system.<br>d. Outside Electrical Room - there are two unsealed conduit penetrations above the Altronix panel.<br><br>5. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.<br><br>Findings on October 18, 2018:<br>a. Room A-5 - the door was propped open using a laundry basket.<br>b. Living Room - the door was propped open using a chair.<br>c. Rooms B-6, B-10 and B-21 were all propped open with garbage cans or shoes.<br>d. Vending Room - the door was propped open using a bench.<br><br>6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.<br><br>Findings on October 18, 2018: | C 189<br><br>B-D<br><br>A-D | All holes was sealed with fire caulk<br><br>door have been adjusted | 10/18/18<br><br>11/13/18 |

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|---|---|---|---|---|
| C 189 | Continued From page 9<br>a. A Hall - Room A-7: the door does not latch when closed.<br>b. B Hall - Rooms B-8, B-11, B-12, B-18 and B-19 doors do not latch when closed.<br>c. C Hall - Room C-3: the door does not latch when closed.<br>d. Water Heater Room - the door drags on the frame making it difficult to close.<br>e. D Hall Community Bath - the door is difficult to close and does not latch.<br>f. D Hall - Rooms D-18 and D-25 doors do not latch when closed.<br><br>7. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have gaps between the door and the door frame stops.<br><br>Findings on October 18, 2018:<br>a. A Hall Living Room - there is a small gap between the top of the door and the door frame.<br>b. Room B-12 - there is a gap between the door and the door frame at the top corner of the door.<br>c. Room B-13 - there is a gap around the door hardware.<br>d. Room B-17 - there is a gap around the door hardware.<br>e. B Hall Living Room - there is a gap around the door hardware.<br>f. Vending Room - the door has a hole at door hardware.<br><br>8. Observations revealed that the mechanical equipment is not maintained in a safe and operating condition.<br><br>Findings on October 18, 2018:<br>a. Laundry - the exterior exhaust has a heavy accumulation of lint. | C 189<br><br>A-F<br><br>A-E<br><br>F<br><br>A | all doors was adjusted to latch and not drag<br><br>doors has been adjusted to close gap<br><br>Hardware will be replaced<br><br>exhaust has been cleaned | 10/22/18<br><br>11/9/18<br><br>11/24/18<br><br>10/18/18 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL078083 | A. BUILDING: 01<br>B. WING _____ | 10/18/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RED SPRINGS ASSISTED LIVING | 1301 E. FOURTH AVENUE<br>RED SPRINGS, NC 28377 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 199 | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility did not maintain exhaust ventilation in required areas.<br><br>Findings on October 18, 2018:<br>a. Kitchen Housekeeping - the exhaust fan is not working.<br>b. Beauty Shop - the exhaust fan is not working.<br>c. D Hall Community Bath - the exhaust fan is not working.<br>d. D Hall Guest Bath - the exhaust fan is not working.<br>e. Utility Closet off of Laundry - the exhaust fan is not working.<br>f. D-20 - the exhaust fan is not working. | C 199 | A Exhaust fans was repaired 10/18/18<br><br>B-C Exhaust fans will be replaced or repaired 12/14/18<br><br>D Exhaust fans was repaired 11/9/18<br><br>E-F Exhaust fans will be replaced or repaired 12/14/18 | |

## *FIRE DRILL SCHEDULE*

***(Drills must be conducted once a quarter on each shift)***

Name of Adult Care Home: Reed Springs Assisted Living

Addres: 1301 east 14th Ave Reed Springs NC 28377

Date of rehearsal: 10/18/18 Time of rehearsal: 4:15pm Shift 1st-(2nd)-3rd (Circle any that apply)

Person in charge: Tokeshia Gilchrist

Other staff members present: Amy Pena, Charita Westfield, RaShanna Lowe Brandy Lockrear, Lynia McPhail, Whitney Carter, James McLean

Time for evacuation: Did not Evacuate

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ✓

Other: Protocal of fire Alarm Panel & the importance to remain calm and Assist residents to Safety

**********

Date of rehearsal: 10/18/18 Time of rehearsal: 11:05 Shift 1st-2nd-(3rd) (Circle any that apply)

Person in charge: Brandy Lockrear / Carolyn McCollam

Other staff members present: Anthony Sinclair, Mackenzie Davis

---

Time for evacuation: Did Not Evacuate

Areas covered: (check any that apply)

Fire extinguishers instructions _____ Fire alarm operation ✓

Fire evacuation maps _____ Discuss fire hazards to look for ✓

Other: Timeleness of responding

## *FIRE DRILL SCHEDULE*

***(Drills must be conducted once a quarter on each shift)***

Name of Adult Care Home RSAL

Addres: 1301 east 4th ave Red Springs

Date of rehearsal: 10/19/10 Time of rehearsal: 9:30am Shift 1st-2nd-3rd (Circle any that apply)

Person in charge: Tokesha Gilchrist

Other staff members present: Deidre, Rose, Johnnie, Shakeila, Billie, Amanda Jemecka, Tomeeka C, Latasha, Amy, Chamika, Brenda S., Shamaine, Rod.

Time for evacuation: 5min, 30 sec. Effectuated All residents and Staff to parking Lot

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ✓

Other: Went over All exits, and the importance of remaining Calm to make sure Everyone is accounted for and safe

**********

Date of rehearsal: _____ Time of rehearsal: _____ Shift 1st-2nd-3rd (Circle any that apply)

Person in charge: _____

Other staff members present: _____

_____

Time for evacuation: _____

Areas covered: (check any that apply)

Fire extinguishers instructions _____ Fire alarm operation _____

Fire evacuation maps _____ Discuss fire hazards to look for _____

Other: _____

## INSPECTION AND TESTING FORM

DATE: 11/26/18
TIME: 10:30A

**SERVICE ORGANIZATION**
Name: Patriot Systems, LLC
Address: 7339 F W. Friendly Ave, Greensboro, NC 27410
Representative: Alex Williamson
License No.:
Telephone: 336.297.2171

**PROPERTY NAME (USER)**
Name: Red Springs Assisted Living
Address: 1301 E. Fourth Ave, Red Springs
Owner Contact:
Telephone: Mitchell Moran

**MONITORING ENTITY**
Contact: Security Central
Telephone: 800-286-5699
Monitoring Account Ref. No.:

**APPROVING AGENCY**
Contact:
Telephone:

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

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

Control Unit Manufacturer: Silent Knight
Model No.: 5208
Circuit Styles: 4
Number of Circuits: 10
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 of Devices Installed | Circuit Style | Quantity of Devices Tested | |
|---|---|---|---|
| 8 | 4 | 8 | Manual Fire Alarm Boxes |
| | | | Ion Detectors |
| 26 | 4 | 26 | Photo Detectors |
| | | | Duct Detectors |
| | | | Heat Detectors |
| 2 | 4 | 2 | Waterflow Switches |
| 5 | 4 | 5 | Supervisory Switches |
| | | | Other (Specify): |

Alarm verification feature is disabled ✓ enabled ____.




FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

## ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

| Quantity of Appliances Installed | Circuit Style | Quantity of Appliances Tested | |
|---|---|---|---|
| | | | Bells |
| 5 | 4 | 5 | Horns - Strobes |
| | | | Chimes |
| | | | Strobes |
| | | | Speakers |
| | 2 | | Other (Specify): |

No. of alarm notification appliance circuits: 2

Are circuits monitored for integrity? ☑ Yes ☐ No

## SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

| Quantity of Devices Installed | Circuit Style | Quantity of Devices Tested | |
|---|---|---|---|
| N/A | N/A | N/A | 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 8 Style(s) 4

### SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120Vac Amps 20

Overcurrent Protection: Type Breaker Amps 20

Location (of Primary Supply Panelboard):

Disconnecting Means Location:

(b) Secondary (Standby): 2* 12V Storage Battery: Amp-Hr Rating 7.5

Calculated capacity in 7 Amp-Hrs to operate system for 24 hours

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage:

### TYPE BATTERY

☐ Dry Cell ☐ Lead-Acid

☐ Nickel-Cadmium ☐ Other (Specify):

☑ Sealed Lead-Acid

(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

 

FIGURE 10.6.2.3 *Continued*

## PRIOR TO ANY TESTING

| NOTIFICATIONS ARE MADE | Yes | No | Who | Time |
|---|---|---|---|---|
| Monitoring Entity | ☑ | ☐ | SEC. Control | 10:30A |
| Building Occupants | ☑ | ☐ | All | |
| Building Management | ☑ | ☐ | All | |
| 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 |
|---|---|---|---|---|---|---|---|
| | | ☐ | ☐ | | | ☐ | ☐ |
| | | ☐ | ☐ | | | ☐ | ☐ |
| | | ☐ | ☐ | | | ☐ | ☐ |
| | | ☐ | ☐ | | | ☐ | ☐ |
| | | ☐ | ☐ | | | ☐ | ☐ |
| | | ☐ | ☐ | | | ☐ | ☐ |

Comments: _____





FIGURE 10.6.2.3 *Continued*

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

| COMBINATION SYSTEMS | Visual | Device Operation | Simulated Operation |
|---|---|---|---|
| Fire Extinguisher Monitoring Device/System | ☐ | ☐ | ☐ |
| Carbon Monoxide Detector/System | ☐ | ☐ | ☐ |
| (Specify) _____ | ☐ | ☐ | ☐ |
| **INTERFACE EQUIPMENT** | | | |
| (Specify) Door Holders | ☑ | ☑ | ☑ |
| (Specify) Mag locks | ☑ | ☑ | ☑ |
| (Specify) Hook | ☐ | ☐ | ☐ |
| **SPECIAL HAZARD SYSTEMS** | | | |
| (Specify) _____ | ☐ | ☐ | ☐ |
| (Specify) _____ | ☐ | ☐ | ☐ |
| (Specify) _____ | ☐ | ☐ | ☐ |

Special Procedures: _____

Comments: _____

| SUPERVISING STATION MONITORING | Yes | No | Time | Comments |
|---|---|---|---|---|
| Alarm Signal | ☑ | ☐ | 11:40 A | |
| Alarm Restoration | ☑ | ☐ | | |
| Trouble Signal | ☑ | ☐ | | |
| Trouble Signal Restoration | ☑ | ☐ | | |
| Supervisory Signal | ☑ | ☐ | | |
| Supervisory Restoration | ☑ | ☐ | | |

| NOTIFICATIONS THAT TESTING IS COMPLETE | Yes | No | Who | Time |
|---|---|---|---|---|
| Building Management | ☑ | ☐ | AH | 11:40 P |
| Monitoring Agency | ☑ | ☐ | | |
| Building Occupants | ☑ | ☐ | | |
| Other (Specify) | ☑ | ☐ | | |

The following did not operate correctly: one smoke on '73" Hall - 11-3 has No wires - ~~alarm~~

System restored to normal operation: Date: 11/26/18 Time: 11:40A

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**

Name of Inspector: Alex Williamson Date: 11/26/18 Time: 11:45A

Signature: Alex

Name of Owner or Representative: Amy Pena Date: 11/26/18 Time: 11:47am

Signature: Amy Pena

 

FIGURE 10.6.2.3 *Continued*

# Patriot Systems, LLC

**7339 West Friendly Avenue, Suite F**
**Greensboro, North Carolina 27410**
**Phone (336) 297-2171 Fax (336) 297-2174**
**www.patriotsystems.biz**


# Invoice

| Date | Invoice # |
|---|---|
| 10/23/2018 | **38069** |

| Customer | Reference |
|---|---|
| Therapeutic Alternatives<br>P.O. Box 814<br>Randleman, NC 27317 | Red Springs Assisted Living<br>Emergency FACP Replacement |

| Project | Terms | Work Order Number |
|---|---|---|
| 2365 - Red Springs A.L. | Net 30 | |

| Item | Qty | Description | Rate | Amount |
|---|---|---|---|---|
| Per Quote | | Replace Silent Knight Fire Alarm Control Panel | 675.50 | 675.50 |
| Per Quote | 23 | Smoke Detectors (Replaced as Needed) | 85.00 | 1,955.00 |
| Per Quote | 1 | Heat Detector | 60.00 | 60.00 |
| Per Quote Parts | | | 2,037.00 | 2,037.00T |
| | | REVISED 11-8-18 TO REFLECT SALES TAX ON EQUIPMENT | | |
| | | Sales Tax | 6.75% | 137.50 |

**Total** **$4,865.00**

**Balance Due** **$4,865.00**

*For questions regarding this invoice or other general accounting issues, please contact Gina Williamson at (336)297-2171 ext. 602 or gina.williamson@patriotsystemsllc.com*

A MONTHLY 1.5% LATE FEE WILL BE ADDED TO PAST DUE ACCOUNTS.

FIRE ALARM - AREA OF RESCUE - SECURITY - ACCESS CONTROL - SOUND & PAGING - NURSE CALL - CCTV - VOICE & DATA
LOW VOLTAGE SYSTEMS - SALES - SERVICE - INSTALLATION - INSPECTIONS - SERVICE CONTRACTS - CENTRAL MONITORING

*Patriot Systems, LLC is a Minority Business Enterprise under the WBE Classification*

***Celebrating our 15th Anniversary! 2003 - 2018***