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
	HAL082024	A. BUILDING: 01 B. WING _____	10/30/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLING RIDGE ASSISTED LIVING	700 MOUNT OLIVE DRIVE NEWTON GROVE, NC 28366

(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 on 10-30-2018. Records indicate this facility was first licensed on 5-22-1996. A 19 Bed addition was licensed in 2016 making the current capacity 61 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 and the 2012 Editions (for the addition) of the North Carolina Building Code(s), Institutional Occupancy and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	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:	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Laura Anderson TITLE Administrator (X6) DATE 11-26-18

Division of Health Service Regulation

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C 101	Continued From page 1 1. Based on observation, the facility failed to meet the NC State Building Code requirements for fire resistance separation of laundries over 100 feet square. Finding on 10-30-2018; The door from the corridor into the resident laundry is a rated 1 hour fire door and frame. The resident laundry is approximately 120 sq. feet but the door is not equipped with a listed door closer.	C 101	- Closer put on door 11-9-18	11-8-18
	2. Based on observation and interview, staff were not aware of the location or the use of the required central emergency release switch for the Special (magnetic) Locking on all the exit doors. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment.		- done 11-15-18	11-15-18
	3. Based on observation, the facility failed to meet the requirements of NFPA 13 regarding onsite availability of spare sprinkler heads. Failure to maintain spare heads could delay re-activation of the system following a sprinkler activation. Finding on 10-30-2018; There were only 3 spares heads, all attic type, stored onsite. No inside type heads were available.		- ordered today will arrive by 12-01-2018	
	4. Based on observation, the facility failed to meet the requirements of the NC State Electrical Code as relates to required access for electrical panels. The Electrical Code requires the area in front of an electrical panel to remain clear for at least 2.5 feet wide by 3 feet deep. Findings on 10-30-2018; There were 4 mattresses and other items stored directly in front of 2 electrical panels in the file storage room.		- Removed 10-31-18 - nothing in front now	10-31-18

Division of Health Service Regulation

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C 111	Continued From page 2	C 111		
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 a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire. 2. Based on a review of documents, the required annual Fire Marshal building safety inspection report could not be located. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency. 3. Based on a review of documents, the required annual sprinkler system inspection report could not be located. Sprinkler systems that are not inspected and approved as required could result in the system not operating properly in the event of an actual fire.	C 111	- Attached to this report - ~~Approved~~ Attached to this report - ~~Approved~~ Attached to this report	11-26-18
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and	C 166	- Fixed 10-31-18	10-31-18

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C 166	Continued From page 3 orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, there was no documentation of the required in house/owner's monthly inspections since July provided on the inspection tag at the range hood fire suppression system. 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. 2. Based on observation and interview, staff were not aware of the location or use of the system pull for the range hood fire suppression system. Staff must be trained about the range hood fire suppression system and the system pull. 3. 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 10-30-2018: a. Several (5) portable medical oxygen cylinders were stored in no container or rack in room 105. b. Two portable medical oxygen cylinders were stored in no container or rack in the RCD office. 4. 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.	C 166	Done Approved - 10-31-18 Done 11-15-18 Removed 10-31-18 Fixed (moved up) 11-15-18	10-31-18 11-15-18 10-31-18 11-15-18

Division of Health Service Regulation

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C 166	Continued From page 4 5. 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 10-30-2018; a. Items had been stacked all the way to the ceiling in the kitchen storage closet. b. Items had been stacked to within 4 inches the ceiling in the diaper storage room. c. Items had been stacked to within 12 inches the ceiling in the file storage room. 6. Based on observation, the waste trap for the hopper had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Note; This deficiency was corrected during the survey.	C 166	Moved boxes and Supplies 11-14-18 Done (procedure explained to housekeeper) 10-31-18	11-14-18 10-31-18
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.	C 185		

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C 185	Continued From page 5 This Rule is not met as evidenced by: Based on a review of documents, records were not available onsite for rehearsals of the fire plan. At least 12 months of records must be maintained and available for review.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the fire alarm system was showing a "TBL QUEUE" condition. Fire alarms in trouble may fail to operate properly when needed. Note; This deficiency was corrected during the survey. 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 on 10-30-2018; a. One of the 3/4 fire rated doors between the older portion and the addition did not close completely and latch when activated by the fire	C 189	- Done 11-20-18 - Fixed / Adjusted 11-21-18	11-20-18 11-21-18

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C 189	Continued From page 6 alarm system. b. The 20 minute door to the Dietary Director's office was wedged open. c. The door to Activity was propped open. d. There was a 3/8 inch gap between the double doors to the dining room. e. The single door to the dining room is sometimes wedged open. f. The door to housekeeping is sometimes wedged open. g. The door into the living room in the addition was wedged open. Note; This deficiency was corrected during the survey. 3. Based on observation, the battery powered emergency light in the corridor near room 203 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. 4. Based on observation, the warning device, "screamer," protecting the emergency release switch at the exit near room 300 was not working. Malfunctioning warning devices could allow resident elopement. 5. Based on observation the required one-hour fire rated ceilings were compromised in locations because of sprinkler escutcheons missing or not tightly fitted to the ceiling. Sprinkler escutcheons that are not properly mounted present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Improperly mounted escutcheons were found in: a. Dining room, b. Living room, c. Housekeeping. 6. Based on observation, the required one-hour	C 189	- Magnetic Door Stop - Added a Astrigh - Magnetic Door Stop - Removed - Removed - replaced - repaired - recaulked with fire proof caulk	11-7-18 11-7-18 11-19-18 11-2-18

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C 189	Continued From page 7 fire rated walls and/or ceilings were compromised in 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. Unsealed pentration in the ceiling of the Activity room, b. Unsealed pentration in the ceiling of the kitchen at the Ansul system, c. Unsealed pentration in the ceiling of the employee lounge, d. Hole in the ceiling in the main electrical room.	C 189	All Caulked up with fire proof Caulking	11-2-18

DEPAUL ADULT CARE COMMUNITIES
FIRE DRILL/ALARM REPORT

1st

Date of Drill/Alarm: 10-31-18 **Time of Drill/Alarm:** 2:10
a.m. / (p.m.)

Person in charge at time of drill/alarm: Laura Anderson 25 min

Signature of all staff present :
See Roster
Christine Wright
Tonja McLaurin
Tonya Peed.n
Sarah Jackson

Did all staff members act properly and with dispatch? ✓ (Y) ____ (N)
Did all residents act properly and with dispatch? ✓ (Y) ____ (N)
Was the facility evacuated during this drill/alarm? ____ (Y) ✓ (N)
If yes, length of time for evacuation. ____ minutes
Was fire safety policy followed? ____ (Y) ____ (N)

If alarm sounded (unplanned) what was the cause of the alarm?
N/A

Is cause of the alarm corrected and safety restored? ____ (Y) ✓ (N)

Did the fire department respond? ____ (Y) ✓ (N) **If no, what is the reason they did not respond:** Code called in

Were any problems noted that need to be addressed? ____ (Y) ✓ (N) **If yes, list the problems:**

Form completed by:

Laura Anderson, Admin 10-31-18
Signature/Title **Date**

*Fire Drill/Alarm Report should be filled out completely and submitted to the Administrator.

Alarm pulled break room all resident behind fire doors and accounted for.

DEPAUL ADULT CARE COMMUNITIES
FIRE DRILL/ALARM REPORT

Date of Drill/Alarm: 11-8-17 **Time of Drill/Alarm:** 4^00 a.m. / (p.m.) 2nd 3-11 shift lasted 10 min

Person in charge at time of drill/alarm: Laura Anderson \ Cree NewKirk

Signature of all staff present :
See Roster
Christine Wright
Luvia Gonzolas
Latoshia Zachers
MaLinda Knight
Cree NewKirk
Della Bryant

Did all staff members act properly and with dispatch?	✓ (Y)	____ (N)
Did all residents act properly and with dispatch?	✓ (Y)	____ (N)
Was the facility evacuated during this drill/alarm?	____ (Y)	✓ (N)
If yes, length of time for evacuation.	____ minutes	
Was fire safety policy followed?	✓ (Y)	____ (N)

If alarm sounded (unplanned) what was the cause of the alarm?
N/A

Is cause of the alarm corrected and safety restored? N/A ____ (Y) ____ (N)

Did the fire department respond? ____ (Y) ✓ (N) **If no, what is the reason they did not respond:** code called in to prevent

Were any problems noted that need to be addressed? ____ (Y) ✓ (N) **If yes, list the problems:**

Form completed by:

Laura Anderson Admin 11-8-17
Signature/Title Date

*Fire Drill/Alarm Report should be filled out completely and submitted to the Administrator.

Alarm set off in laundry room. all fire doors were closed. Resident were moved behind fire safe doors

DEPAUL ADULT CARE COMMUNITIES
FIRE DRILL/ALARM REPORT

3rd Shift

Date of Drill/Alarm: 12-18-17 **Time of Drill/Alarm:** 6:15 (a.m.) / p.m.

Person in charge at time of drill/alarm: Denesha Owens

lasted 7 min.

Signature of all staff present :

See Roster

Denesha Owens

Hailey SuHon

Linda Palmer

Did all staff members act properly and with dispatch? ✓ (Y) ____ (N)

Did all residents act properly and with dispatch? ✓ (Y) ____ (N)

Was the facility evacuated during this drill/alarm? ____ (Y) ✓ (N)

If yes, length of time for evacuation. ____ minutes

Was fire safety policy followed? ✓ (Y) ____ (N)

If alarm sounded (unplanned) what was the cause of the alarm?

N/A

Is cause of the alarm corrected and safety restored? ____ (Y) ____ (N)

Did the fire department respond? ____ (Y) ____ (N) **If no, what is the reason they did not respond:** N/A Code Called in to Pursue

Were any problems noted that need to be addressed? ____ (Y) ✓ (N) **If yes, list the problems:**

Form completed by:

Laura Anderson Admin 12-18-17

Signature/Title Date

*Fire Drill/Alarm Report should be filled out completely and submitted to the Administrator.

~~We talked about~~ Kitchen fire Symbulated talked about Sypression System. all residents moved behind fire doors.

DEPAUL ADULT CARE COMMUNITIES
FIRE DRILL/ALARM REPORT

1st Shift

Date of Drill/Alarm: 1-22-18 **Time of Drill/Alarm:** 2:00 a.m. / (p.m.)

Person in charge at time of drill/alarm: Latisha Zeches

lasted 20min

Signature of all staff present :

See Roster

Latisha Zeches
Dixie Hall
Christine Wright
Malinda Knight
Luvia Gonzalas
Carman Revels
Tracy Smith

Did all staff members act properly and with dispatch?	✓ (Y)	____ (N)
Did all residents act properly and with dispatch?	✓ (Y)	____ (N)
Was the facility evacuated during this drill/alarm?	✓ (Y)	____ (N)
If yes, length of time for evacuation.	15	minutes
Was fire safety policy followed?	✓ (Y)	____ (N)

If alarm sounded (unplanned) what was the cause of the alarm?

Alarm went off cause unknown warm day we evacuated residents

Is cause of the alarm corrected and safety restored? ✓ (Y) ____ (N)

Did the fire department respond? ✓ (Y) ____ (N) **If no, what is the reason they did not respond:** ____

Were any problems noted that need to be addressed? ✓ (Y) ____ (N) **If yes, list the problems:** faulty fire indicator on smoke dector it was replaced

Form completed by:

Laura Anderson 1-22-18
Signature/Title Date

*Fire Drill/Alarm Report should be filled out completely and submitted to the Administrator.

fire alarm went off on its own Not a planned drill. very warm day we evacuated building fire department Come checked building went back in. was a bad smoke dector head.

DEPAUL ADULT CARE COMMUNITIES
FIRE DRILL/ALARM REPORT

2nd Shift

Date of Drill/Alarm: 2-7-18 Time of Drill/Alarm: 4:10 pm 4:15
a.m. / (p.m.)

Person in charge at time of drill/alarm: Laura Anderson

lasted 10 min

Signature of all staff present :
See Roster Latisha Reeves
Dixie Hall
MaLinda Knight
Cree Newcirk
Della Bryant
Jennifer Jones

Did all staff members act properly and with dispatch? ✓ (Y) ___ (N)
Did all residents act properly and with dispatch? ✓ (Y) ___ (N) Error
Was the facility evacuated during this drill/alarm? ✓ (Y) ___ (N)
If yes, length of time for evacuation. ___ minutes
Was fire safety policy followed? ✓ (Y) ___ (N)

If alarm sounded (unplanned) what was the cause of the alarm?
1

Is cause of the alarm corrected and safety restored? ✓ (Y) ___ (N)

Did the fire department respond? ✓ (Y) ___ (N) If no, what is the reason they did not respond: ___

Were any problems noted that need to be addressed? ___ (Y) ✓ (N) If yes, list the problems: ___

Form completed by:

Laura Anderson 2-7-18
Signature/Title Date

*Fire Drill/Alarm Report should be filled out completely and submitted to the Administrator.

Fire alarm pulled down 200 hall. All resident evacuated to 100 hall behind smoke doors.

DEPAUL ADULT CARE COMMUNITIES
FIRE DRILL/ALARM REPORT

3rd Shift

Date of Drill/Alarm: 3-7-18 **Time of Drill/Alarm:** 5:45 (a.m.) / p.m.

Person in charge at time of drill/alarm: Hailey Sutton

Lasted 15 min

Signature of all staff present :

See Roster
Hailey Sutton
Linda Palmer
Sondra Hicks

Did all staff members act properly and with dispatch? ✓ (Y) ____ (N)
Did all residents act properly and with dispatch? ✓ (Y) ____ (N)
Was the facility evacuated during this drill/alarm? ____ (Y) ✓ (N)
If yes, length of time for evacuation. ____ minutes
Was fire safety policy followed? ✓ (Y) ____ (N)

If alarm sounded (unplanned) what was the cause of the alarm? N/A

Is cause of the alarm corrected and safety restored? ____ (Y) N/A ____ (N)

Did the fire department respond? ____ (Y) ✓ (N) If no, what is the reason they did not respond: Code called in to prevent this

Were any problems noted that need to be addressed? ____ (Y) ✓ (N) If yes, list the problems:

Form completed by:

Laura Anderson Admin 3-7-18
Signature/Title Date

*Fire Drill/Alarm Report should be filled out completely and submitted to the Administrator.

Acted as if a fire was of porch. Made sure residents were safe.

DEPAUL ADULT CARE COMMUNITIES
FIRE DRILL/ALARM REPORT

1st shift

Date of Drill/Alarm: 4-11-18 **Time of Drill/Alarm:** 10:15 (a.m.) / p.m.

Person in charge at time of drill/alarm: Christine Wright

Signature of all staff present :
See Roster
Christine Wright
Tiffany Thornton
Dixie Hall
Tracy Smith
Carman Robles

20 min duration

Did all staff members act properly and with dispatch? ✓(Y) ____ (N)
Did all residents act properly and with dispatch? ✓(Y) ____ (N)
Was the facility evacuated during this drill/alarm? ____ (Y) ✓ (N)
If yes, length of time for evacuation. ____ minutes
Was fire safety policy followed? ✓(Y) ____ (N)

If alarm sounded (unplanned) what was the cause of the alarm? N/A

Is cause of the alarm corrected and safety restored? ____ (Y) N/A ____ (N)

Did the fire department respond? ____ (Y) ✓ (N) **If no, what is the reason they did not respond:** Code called in to prevent

Were any problems noted that need to be addressed? ____ (Y) ✓(N) **If yes, list the problems:**

Form completed by:

Laura Anderson Admin 4-11-18
Signature/Title Date

*Fire Drill/Alarm Report should be filled out completely and submitted to the Administrator.

Fire Pulled in 300 hall All residents moved behind fire doors

DEPAUL ADULT CARE COMMUNITIES
FIRE DRILL/ALARM REPORT

2nd Shift

Date of Drill/Alarm: 5-21-18 **Time of Drill/Alarm:** ~~5-21-18~~ 5:15 pm
a.m. / (p.m.)

Person in charge at time of drill/alarm: Cree NewKirk

Signature of all staff present :
See Roster
Malinda Knight
Della Bryant
Jennifer Jones
Sarah Jackson

20 min length

Did all staff members act properly and with dispatch? ✓ (Y) ____ (N)
Did all residents act properly and with dispatch? ✓ (Y) ____ (N)
Was the facility evacuated during this drill/alarm? ____ (Y) ✓ (N)
If yes, length of time for evacuation. ____ minutes
Was fire safety policy followed? ✓ (Y) ____ (N)

If alarm sounded (unplanned) what was the cause of the alarm?
N/A

Is cause of the alarm corrected and safety restored? ____ (Y) N/A ____ (N)

Did the fire department respond? ____ (Y) ✓ (N) **If no, what is the reason they did not respond:** code called in

Were any problems noted that need to be addressed? ____ (Y) ✓ (N) **If yes, list the problems:**

Form completed by:
Laura Anderson Admin 5-21-18
Signature/Title **Date**

*Fire Drill/Alarm Report should be filled out completely and submitted to the Administrator.

fire Pulled 100hall all residents were in the dining room but all room searched and marked for being Cleared.

DEPAUL ADULT CARE COMMUNITIES
FIRE DRILL/ALARM REPORT

3rd Shift

Date of Drill/Alarm: 6-26-18 Time of Drill/Alarm: 6:50 (a.m.) / p.m.

Person in charge at time of drill/alarm: Norman Futrell / Christine Wright

Signature of all staff present:
See Roster
Christopher Wright SR
DeNisha Owens
Linda Farmer
Sandra Hicks

10 min drill

Did all staff members act properly and with dispatch? ✓ (Y) ____ (N)
Did all residents act properly and with dispatch? ✓ (Y) ____ (N)
Was the facility evacuated during this drill/alarm? ____ (Y) ✓ (N)
If yes, length of time for evacuation. ~~10~~ minutes
Was fire safety policy followed? ✓ (Y) ____ (N)

If alarm sounded (unplanned) what was the cause of the alarm?
N/A

Is cause of the alarm corrected and safety restored? ✓ (Y) ____ (N)

Did the fire department respond? ____ (Y) ✓ (N) If no, what is the reason they did not respond: ____

Were any problems noted that need to be addressed? ____ (Y) ✓ (N) If yes, list the problems: ____

Form completed by:
Norman Futrell Maint. Director 6-26-18
Signature/Title Date

*Fire Drill/Alarm Report should be filled out completely and submitted to the Administrator.

Alarm set from Break room all residents moved behind fire doors

1st

DEPAUL ADULT CARE COMMUNITIES
FIRE DRILL/ALARM REPORT

Date of Drill/Alarm: 7.17.18 **Time of Drill/Alarm:** 11:15 (a.m.) p.m.

Person in charge at time of drill/alarm: Christine Wright

20 min

Signature of all staff present :

See Roster
Tonja McLaurin
Kim Mann
Carmen Robles
Tracy Smith

Did all staff members act properly and with dispatch? ✓ (Y) ____ (N)
Did all residents act properly and with dispatch? ✓ (Y) ____ (N)
Was the facility evacuated during this drill/alarm? ✓ (Y) ____ (N)
If yes, length of time for evacuation. ____ minutes
Was fire safety policy followed? ✓ (Y) ____ (N)

If alarm sounded (unplanned) what was the cause of the alarm? N/A

Is cause of the alarm corrected and safety restored? ____ (Y) N/A (N)

Did the fire department respond? ____ (Y) ✓ (N) **If no, what is the reason they did not respond:** Code called in

Were any problems noted that need to be addressed? ____ (Y) ✓ (N) **If yes, list the problems:**

Form completed by:

Laura Anderson, Admin 7-17-18
Signature/Title Date

*Fire Drill/Alarm Report should be filled out completely and submitted to the Administrator.

Alarm ~~set~~ pulled 300 hall bathroom 306. All residents moved behind fire doors

2nd

DEPAUL ADULT CARE COMMUNITIES
FIRE DRILL/ALARM REPORT

Date of Drill/Alarm: 8-30-18 Time of Drill/Alarm: 4:10 a.m. (p.m.)

Person in charge at time of drill/alarm: Norman Futrell

Signature of all staff present :
See Roster Jorge Peeden
Kimberly Mann
Tonia McLaurin
Joan Moore

20 min duration

Did all staff members act properly and with dispatch? ✓ (Y) ___ (N)
Did all residents act properly and with dispatch? ✓ (Y) ___ (N)
Was the facility evacuated during this drill/alarm? ✓ (Y) ___ (N)
If yes, length of time for evacuation. ___ minutes
Was fire safety policy followed? ✓ (Y) ___ (N)

If alarm sounded (unplanned) what was the cause of the alarm? N/A

Is cause of the alarm corrected and safety restored? ___ (Y) N/A (N)

Did the fire department respond? ___ (Y) ✓ (N) If no, what is the reason they did not respond: ___

Were any problems noted that need to be addressed? ___ (Y) ✓ (N) If yes, list the problems: ___

Form completed by:

Norman Futrell Maint. Director 8-30-18
Signature/Title Date

*Fire Drill/Alarm Report should be filled out completely and submitted to the Administrator.

Alarm Activated Laundry room All residents were relocated behind fire doors

DEPAUL ADULT CARE COMMUNITIES
FIRE DRILL/ALARM REPORT

2nd

Date of Drill/Alarm: 9-27-18 **Time of Drill/Alarm:** 7:40 a.m. (p.m.)

Person in charge at time of drill/alarm: Norman Futrell

Signature of all staff present :

See Roster

Donna Peeden

Betty Madison

Joyce Mallett

Did all staff members act properly and with dispatch? ✓(Y) ____ (N)

Did all residents act properly and with dispatch? ✓(Y) ____ (N)

Was the facility evacuated during this drill/alarm? ____ (Y) ✓(N)

If yes, length of time for evacuation. ____ minutes

Was fire safety policy followed? ✓(Y) ____ (N)

15 min

If alarm sounded (unplanned) what was the cause of the alarm?

Bad smoke detector

Is cause of the alarm corrected and safety restored? ✓(Y) ____ (N)

Did the fire department respond? ✓(Y) ____ (N) **If no, what is the reason they did not respond:** ____

Were any problems noted that need to be addressed? ✓(Y) ____ (N) **If yes, list the problems:** Smoke detector was changed

Form completed by:

Norman Futrell Maint. Director 9-27-18

Signature/Title Date

*Fire Drill/Alarm Report should be filled out completely and submitted to the Administrator.

Bad smoke detector in 200 hall replaced

Sprinkler Inspection Certificate

For

Rolling Ridge Assisted Living
700 Mount Olive Dr
Newton Grove, NC 28366

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Annual Inspection
Inspection Date
Oct 24, 2018

Building: Rolling Ridge Assisted Living
Contact: Laura Anderson
Title: Manager

Company: Fire & Life Safety America, Inc. - Raleigh
Contact: Alexander B. Supel
Title: Inspector Trainee

Executive Summary

Generated by: BuildingReports.com

Building Information

Building: Rolling Ridge Assisted Living	**Contact:** Laura Anderson
Address: 700 Mount Olive Dr	**Phone:** 9105942100
Address:	**Fax:**
City/State/Zip: Newton Grove, NC 28366	**Mobile:**
Country: United States of America	**Email:**

Inspection Performed By

Company: Fire & Life Safety America, Inc. - Raleigh	**Inspector:** Alexander B. Supel
Address: 1731 Round Rock Dr	**Phone:** 919-872-3250
Address:	**Fax:**
City/State/Zip: Raleigh, NC 27615	**Mobile:** 919-812-4452
Country: United States of America	**Email:** ABSupel@flsamerica.com

System Control Unit

System Type	System Location	Protected Area	Devices
Dry Pipe		Attic	4
Dry Pipe		Building-	2
Dry Pipe	sprinkler room	Building-	25

Inspection Summary

Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Valve	7	22.58%	7	100.00%	7	100.00%	0	0%
Hose	1	3.23%	1	100.00%	1	100.00%	0	0%
Device	10	32.26%	10	100.00%	10	100.00%	0	0%
Sprinkler	8	25.81%	8	100.00%	8	100.00%	0	0%
Pump	1	3.23%	1	100.00%	1	100.00%	0	0%
Alarm	4	12.90%	4	100.00%	4	100.00%	0	0%
Totals	**31**	**100%**	**31**	**100.00 %**	**31**	**100.00 %**	**0**	**0%**

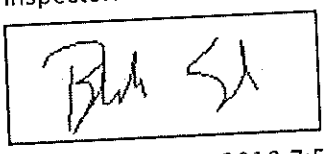
Certification

Company: Fire & Life Safety America, Inc. - Raleigh

Building: Rolling Ridge Assisted Living

Inspector: Alexander B. Supel

Contact: Laura Anderson



Signed: Oct 24, 2018 7:58:53 AM

Signed:

Alexander B. Supel

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level II	144552

Inspection & Testing

Generated by: BuildingReports.com

Building: Rolling Ridge Assisted Living

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
		Passed		
Dry Pipe, Attic				
Fast Response	Attic Corridor by rm206 Full Visuals done by Corey Shirk	Inspected	7:59:18 AM	10/24/2018
Fast Response	Attic Corridor by 309 Full Visuals done by Corey Shirk	Inspected	8:00:02 AM	10/24/2018
Fast Response	Attic Corridor by 107 Full Visuals done by Corey Shirk	Inspected	8:00:17 AM	10/24/2018
Standard Response	Attic Corridor by kitchen/maintena Full Visuals done by Corey Shirk	Inspected	7:59:47 AM	10/24/2018
Dry Pipe, Building-				
Drain	1st Storage rm by exit to riser	Tested	1:11:14 PM	10/19/2018
Dry Sprinkler	Throughout Bldg Full Visuals done by Corey Shirk	Inspected	1:16:59 PM	10/19/2018
sprinkler room Dry Pipe, Building-				
Pressure Switch	1st riser room Air	Tested	1:16:37 PM	10/19/2018
Tamper Switch	1st riser room #2 shut off	Tested	1:11:16 PM	10/19/2018
Tamper Switch	1st riser room #1 shut off	Tested	1:11:29 PM	10/19/2018
Waterflow Switch	1st riser room	Tested	1:13:19 PM	10/19/2018
Drain	1st Riser Rm	Tested	1:24:43 PM	10/19/2018
Drain	1st Wall in rm311	Tested	1:41:34 PM	10/19/2018
Drain	1st Rm304 wall access	Inspected	1:42:35 PM	10/19/2018
Gauge	1st riser room Water pressure	Inspected	1:12:35 PM	10/19/2018
Gauge	1st riser room Priming pressure	Inspected	1:12:44 PM	10/19/2018
Gauge	1st riser room	Inspected	1:13:11 PM	10/19/2018
Gauge	1st riser room Accelerate	Tested	1:14:18 PM	10/19/2018
Quick Opening Device	1st riser room	Tested	1:14:08 PM	10/19/2018
Watermotor Gong	1st riser room	Inspected	1:24:34 PM	10/19/2018
Fire Dep't Connection	1st riser room Air	Tested	1:18:24 PM	10/19/2018
Air Compressor	1st riser room	Inspected	1:16:03 PM	10/19/2018
Dry Sprinkler	1st cooler/ freezer done by Corey Shirk Visuals	Inspected	1:17:10 PM	10/19/2018
Piping	1st throughout building Visuals	Inspected	1:37:26 PM	10/19/2018
Sprinkler Box Spares	1st riser room	Tested	1:36:16 PM	10/19/2018
Backflow Prevention	1st riser room	Tested	1:11:44 PM	10/19/2018
Backflow Prevention	1st riser room	Inspected	1:11:51 PM	10/19/2018
Check Valve	1st riser room	Tested	1:14:02 PM	10/19/2018
Control Valve	1st riser room #2 shut off	Tested	1:11:25 PM	10/19/2018
Control Valve	1st riser room #1 shut off	Tested	1:11:36 PM	10/19/2018
Dry Pipe Valve	1st Riser Room Full Tripped 2017	Tested	1:12:03 PM	10/19/2018

Device Type	Location	Service	Time	Date
Inspector's Test	1st rm 208	Tested	2:14:16 PM	10/19/2018

Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Rolling Ridge Assisted Living — Attic

This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Devices

Fast Response

Qty	Type	Size	KFactor	Finish	Temperature	OK	ScanID
	Upright	.5"	5.6	Brass	200	☑	48047322

Location
Attic Corridor by rm206 Full Visuals done by Corey Shirk

Description

Qty	Type	Size	KFactor	Finish	Temperature	OK	ScanID
	Upright	.5	5.6	Brass	200	☑	48047370

Location
Attic Corridor by 309 Full Visuals done by Corey Shirk

Description

Qty	Type	Size	KFactor	Finish	Temperature	OK	ScanID
	Upright	.5	5.6	Brass	200	☑	48047398

Location
Attic Corridor by 107 Full Visuals done by Corey Shirk

Description

Standard Response

Qty	Type	Size	KFactor	Finish	Temperature	OK	ScanID
	Upright	.5"	5.6	Brass	200	☑	48047339

Location
Attic Corridor by kitchen/maintena Full Visuals done by Corey Shirk

Description

Building: Rolling Ridge Assisted Living Building-

This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Drain

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Low Point	1st Storage rm by exit to riser	1" ball drum					☑	36866336

Dry Sprinkler

Qty	Type	Size	KFactor	Finish	Temperature	OK	ScanID
	Pendant			Chrome	155	☑	30864526

Location	Description
Throughout Bldg Full Visuals done by Corey Shirk	Quick Response

Building: Rolling Ridge Assisted Living sprinkler room, Building-

This section lists out all the devices and components that have been associated with a Dry Pipe System and provides details as to type of component, pressure readings, response time, etc. If a component has an OK checkbox that is checked, then that component was actually tested. However, for Pass/Fail test results, see the Inspection and Testing section.

Air Compressor

Location	Mfr.	Model #	Phase	On psi	Off psi	Serial No.			
1st riser room	Jenny	F12S-30	1	30	40	C15J180090			
Type	**Description**		**Rated Speed**	**Horsepower**		**Volts**	**Amps**	**OK**	**ScanID**
Automatic	Tank			60		115	8.8	☑	36866342

Alarms

Pressure Switch

Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
Pressure Switch	Supervisory	Reliable	09	...	1, L2, 141	☑	36866346

Tamper Switch

Type	Description	Manufacturer	Zone/Address	OK	ScanID
Control Valve	Supervisory	Victaulic	1, L2, 143	☑	36866354
Control Valve	Supervisory	Victaulic	1, L2, 144	☑	36866352

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Pressure Switch	Potter	PS10		.5"	1, I2, 140	☑	36866345

Components

Backflow Prevention

Manufacturer	Model #	Size	Type	Service Type	Install Date
Ames	Colt 300-bf	6"	Double Check	Fire Line By-Pass	06/24/2015
ScanID	**Water Purveyor**	**Location**		**Meter Account #**	**Serial Number**
36866340		1st riser room		68669025	Pg-0477

Initial Test			
Check Valve 1	**Check Valve 2**	**Relief Valve**	**Pressure Vacuum Breaker**

Held At	Repairs or Notes

Final Test			
Check Valve 1	**Check Valve 2**	**Relief Valve**	**Pressure Vacuum Breaker**

Held At	Condition of Control Valve 1	Condition of Control Valve 2

Backflow Prevention

Manufacturer	Model #	Size	Type	Service Type	Install Date
Ames	Colt 300-bf	6"	Double Check	Fire Line	06/24/2015
ScanID	**Water Purveyor**	**Location**		**Meter Account #**	**Serial Number**

				Pg-0477
36866339		1st riser room		

Initial Test			
Check Valve 1	Check Valve 2	Relief Valve	Pressure Vacuum Breaker

Held At	Repairs or Notes

Final Test			
Check Valve 1	Check Valve 2	Relief Valve	Pressure Vacuum Breaker

Held At	Condition of Control Valve 1	Condition of Control Valve 2

Check Valve

Type	Location	Last Service Date	Internal Due Date	Size	OK	ScanID
Grooved	1st riser room	08/22/2015	08/22/2017	4"	☑	36866356

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly	Victaulic	702	1st riser room #2 shut off	6"	Open	Supervised	☑	36866355

Description
Main Control

Control Valve

Type	Manufacturer	Model	Location	Size	Position	Status	OK	ScanID
Butterfly	Victaulic	702	1st riser room #1 shut off	6"	Open	Supervised	☑	36866353

Description
Main Control

Dry Pipe Valve

Manufacturer	Model #	Location	OK	ScanID
Reliable	DDX	1st Riser Room Full Tripped 2017	☑	36866343

Status	Position	Size	Serial #
Supervised	Trim Closed	6"	

Water psi	Trip Air	Trip Time	Total Timing (sec)	Partial Trip Date	Full Trip Date
105	.	.	..	06/25/2016	08/22/2017

Inspector's Test

Manufacturer	Model #	Pressure psi	Trip Time Sec	Flow Sec	OK	ScanID
		.	.		☑	30864522

Devices

Drain

Current Inspection								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Riser Rm	2"	55	55	45	2	☑	30864525

Previous Inspections

June 25, 2018

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Riser Rm	2"	105	70	45	2	☑	30864525

February 22, 2018

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	1st Riser Rm	2"	65	70	45	02	☑	30864525
Type	**Location**	**Size**	**Supply psi**	**Static psi**	**Residual psi**	**Sec**	**OK**	**ScanID**
Low Point	1st Wall in rm311	1.25" ball					☑	47166150
Low Point	1st Rm304 wall access	1.25" globe drum	.	.	.		☑	47166151

Dry Sprinkler

Qty	Type	Size	KFactor	Finish	Temperature	OK	ScanID
2	Horizontal Sidewall			Chrome	200	☑	30864519

Location	Description
1st cooler/ freezer done by Corey Shirk Visuals	Quick Response

Fire Dep't Connection

Location	Type	BallDrip	Rotating Swivels	Size	OK	ScanID
1st riser room Air	Wall	Yes	Yes	4"	☑	47166152

Gauge

Type	Mfr/Model	Location	Static psi	Fill Type	Size	OK	ScanID
	NA / NA	1st riser room Water pressure	55		1/4	☑	36866349
Prime Pressure	NA / NA	1st riser room Priming pressure	55		1/4	☑	36866350
Air Pressure	NA / NA	1st riser room	14	NA	1/4	☑	36866344
QOD	NA / NA	1st riser room Accelerate	14		1/4	☑	36866348

Piping

Location	Type	Size	Last Service Date	Internal Inspection Due Date	
1st throughout building Visuals	Steel	6"	06/25/2015	09/26/2015	
Hangers	**Braces**	**Fittings**	**Identified**	**Antifreeze**	**ScanID**
Normal	Normal	Malleable Iron	Tagged	NA	36866338

Quick Opening Device

Manufacturer	Model #	Serial Number	Low psi	High psi	Air Pressure	OK	ScanID
Reliable	B1	EN12259-3	10	...	14	☑	36866347

Sprinkler Box Spares

Qty	Type	KFactor	Manufacturer	Location	OK	ScanID
2.4	Upright	5.6	Viking	1st riser room	☑	30864532

Watermotor Gong					
Location	Manufacturer	Model #	Size	OK	ScanID
1st riser room	Central	NA		☑	36866337

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Rolling Ridge Assisted Living

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Item	Category	% of Inventory	Quantity
Drain	Device	12.90%	4
Tamper Switch	Alarm	6.45%	2
Control Valve	Valve	6.45%	2
Backflow Prevention	Valve	6.45%	2
Dry Pipe Valve	Valve	3.23%	1
Gauge	Device	12.90%	4
Waterflow Switch	Alarm	3.23%	1
Check Valve	Valve	3.23%	1
Quick Opening Device	Device	3.23%	1
Air Compressor	Pump	3.23%	1
Pressure Switch	Alarm	3.23%	1
Dry Sprinkler	Sprinkler	6.45%	2
Fire Dep't Connection	Hose	3.23%	1
Watermotor Gong	Device	3.23%	1
Sprinkler Box Spares	Sprinkler	3.23%	1
Piping	Sprinkler	3.23%	1
Inspector's Test	Valve	3.23%	1
Fast Response	Sprinkler	9.68%	3
Standard Response	Sprinkler	3.23%	1

Device or Item	Qty	Model #	Type	Description	Install Date
In Service - 2 Years to 3 Years					
sprinkler room Dry Pipe, Building-					
Air Compressor	1	F12S-30	Automatic	Tank	06/24/2016
Tamper Switch	1		Control Valve	Supervisory	06/24/2016
In Service - 3 Years to 5 Years					
Dry Pipe, Attic					
Fast Response	1	F156	Upright		06/24/2015
Standard Response	1	F156	Upright		06/24/2015
Fast Response	2	TY316	Upright		06/24/2015
Dry Pipe, Building-					
Drain	1	Ball	Low Point		06/24/2015
Dry Sprinkler	1	Ty3225	Pendant	Quick Response	06/24/2015
sprinkler room Dry Pipe, Building-					
Inspector's Test	1				06/24/2015
Backflow Prevention	2	Colt 300-bf	Double Check		06/24/2015
Drain	1	Ball	Low Point		06/24/2015
Drain	1	Angle	Main		06/24/2015
Drain	1	Globe	Low Point		06/24/2015

In Service - 3 Years to 5 Years					
Check Valve	1	78FP	Grooved		06/24/2015
Gauge	1	NA			06/24/2015
Gauge	1	NA	Air Pressure		06/24/2015
Gauge	1	NA	Prime Pressure		06/24/2015
Gauge	1	NA	QOD		06/24/2015
Waterflow Switch	1	PS10	Pressure Switch	Alarm	06/24/2015
Dry Pipe Valve	1	DDX	Grooved		06/24/2015
Pressure Switch	1	B1	Pressure Switch	Supervisory	06/24/2015
Quick Opening Device	1	B1			06/24/2015
Control Valve	2	702	Butterfly	Main Control	06/24/2015
Tamper Switch	1		Control Valve	Supervisory	06/24/2015
Dry Sprinkler	1		Horizontal Sidewall	Quick Response	06/24/2015
Sprinkler Box Spares	1	vk100	Upright		06/24/2015
In Service - 25 Years or Older					
sprinkler room Dry Pipe, Building-					
Watermotor Gong	1	NA			06/24/1985
Fire Dep't Connection	1	B1	Wall		06/24/1985
Piping	1	Steel	Steel		06/24/1985

Zone Address Report

Generated by: BuildingReports.com

Building: Rolling Ridge Assisted Living

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location and description are included for your reference. For more information on the device, use the link provided under ScanID.

Address	Device Type	Location	Type	ScanID
		Control Panel 1		
Zone/Address: I2				
140	Waterflow Switch	1st riser room	Pressure Switch	36866345
Zone/Address: L2				
141	Pressure Switch	1st riser room Air	Pressure Switch	36866346
143	Tamper Switch	1st riser room #2 shut off	Control Valve	36866354
144	Tamper Switch	1st riser room #1 shut off	Control Valve	36866352

TOWN OF NEWTON GROVE

PO BOX 4, Newton Grove, North Carolina 28366
(910) 594-0827

Permit No.	**Entered In Computer** ☐	**Privilege License** ☐ Yes ☐ No	**HazMat Box** ☐ Yes ☐ No
Date of Inspection 10/31/18	**Time** 3:00 p	**Correction Date**	**HazMat Box Inventoried** ☐ Yes ☐ No
Address 700 Mount Olive Dr Newton Grove NC		**Status** ☐ Appr. For Release ☐ Not Appr. For Release ☐ Appr. For Conditional Release	**Knox Box** ☐ Yes ☐ No
Zip Code: 28366		**Type of Inspection**	**Knox Box Inventoried** ☐ Yes ☐ No
Suite #		☒ Routine ☐ Re-Inspec ☐ CO ☐ Walk Thru ☐ Residential ☐ Complaint ☐ Permit ☐ Fire Alarm ☐ Sprinkler Sys ☐ Knox Box ☐ Partial CO ☐ Hood Test ☐ Clean Sys ☐ Other	**Sprinkler System** ☒ Yes ☐ No
Occupant Rolling Ridge			**Inspection Schedule** ☒ 1 Year ☐ 2 Year ☐ 3 Year
Telephone 910-594-2100		**Type of Occupancy** ☐ Assembly ☐ Business ☐ Education ☐ Factory Ind. ☐ Hazardous ☐ Institutional ☐ Mercantile ☐ Residential ☐ Storage ☐ Utilities	**Square Foot** 14,885
Manager/Owner Laura Anderson Administrator			**Permit Required** ☐ Yes ☐ No
			Fire Alarm ☒ Yes ☐ No
			Inspection District ☒ Town ☐ ETJ

Fee Schedule

☐	5,000 square foot or less	$50.00
☐	5,001 – 15,000 square foot	$75.00
☒	15,001 – 50,000 square foot	$125.00
☐	50,001 – 100,000 square foot	$175.00
☐	Greater than 100,000 square foot	$250.00
☐	2nd Compliance Inspection	$45.00
☐	3rd Compliance Inspection	$65.00
☐	4th Compliance Inspection	$85.00
☐	5th Compliance Inspection	A Civil Citation will be issued

Other Violations / Comments: No Violations

The Town of Newton Grove will assess Civil Fines if fire prevention code violations are not corrected subsequent to written notice of the original inspection describing the violations.

Copy Received By

Print Laura Anderson

Signature Laura Anderson

Inspector Ken Wilson

Inspection Certificate

For

Rolling Ridge Assisted Living
700 Mount Olive Dr
Newton Grove, NC 28366

This Inspection was performed in accordance with applicable standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Inspection Date
Oct 19, 2018

Building: Rolling Ridge Assisted Living
Contact: Laura Anderson
Title: Manager

Company: Fire & Life Safety America, Inc. - Raleigh
Contact: Corey Shirk
Title: Inspector Trainee

Executive Summary

Generated by: BuildingReports.com

Building Information

Building: Rolling Ridge Assisted Living
Address: 700 Mount Olive Dr
Address:
City/State/Zip: Newton Grove, NC 28366
Country: United States of America

Contact: Laura Anderson
Phone: 9105942100
Fax:
Mobile:
Email:

Inspection Performed By

Company: Fire & Life Safety America, Inc. - Raleigh
Address: 1731 Round Rock Dr
Address:
City/State/Zip: Raleigh, NC 27615
Country: United States of America

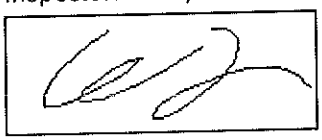
Inspector: Corey Shirk
Phone: 984-222-5685
Fax:
Mobile:
Email: CMShirk@FLSAmerica.com

Inspection Summary

Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Fire	11	100.00%	11	100.00%	8	72.73%	3	27.27%
Totals	**11**	**100%**	**11**	**100.00 %**	**8**	**72.73%**	**3**	**27.27%**

Certification

Company: Fire & Life Safety America, Inc. - Raleigh
Inspector: Corey Shirk



Signed: Oct 19, 2018 11:03:01 AM

Building: Rolling Ridge Assisted Living
Contact: Laura Anderson

Signed:

Inspection & Testing

Generated by: BuildingReports.com

Building: Rolling Ridge Assisted Living

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	ScanID : S/N	Service	Date Time
		Passed		
Fire				
Fire Extinguisher, 10 Lbs, A.B.C.	1st 100 Hall By Room 101 #1 Fire door	36867286 : F940834	Inspected	10/19/18 10:57:26 AM
Fire Extinguisher, 10 Lbs, A.B.C.	1st 100 Hall By Room 109 in Extinguisher Cabinet #2 Fire door	36867285 : B06392131	Inspected	10/19/18 10:58:21 AM
Fire Extinguisher, 10 Lbs, A.B.C.	1st 300 Hall By Room 302 in Extinguisher Cabinet	36867284 : B06392293	Inspected	10/19/18 10:58:40 AM
Fire Extinguisher, 10 Lbs, A.B.C.	1st 300 Hall By Room 306 in Extinguisher Cabinet	36867283 : B06392292	Inspected	10/19/18 10:59:45 AM
Fire Extinguisher, 5 Lbs, A.B.C.	1st Front Desk Front entrance behind main desk	36867291 : G901736	Inspected	10/19/18 10:47:55 AM
Fire Extinguisher, 10 Lbs, A.B.C.	1st Hallway By Activity Room	36867290 : TB738152	Inspected	10/19/18 10:46:19 AM
Fire Extinguisher, 10 Lbs, A.B.C.	1st Kitchen Back of Kitchen by Exit	36867288 : B-71616187	Inspected	10/19/18 10:42:16 AM
Fire Extinguisher, 6 Ltr, Wet Chemical	1st Kitchen Kitchen by Hall entrance and Dishwasher	36867281 : B02073736	Inspected	10/19/18 10:43:08 AM
		Failed/Other		
Fire				
Fire Extinguisher, 10 Lbs, A.B.C.	1st 200 Hall By Room 209 and left side exit	36867289 : PX-073771	Inspected	10/19/18 10:46:01 AM
Fire Extinguisher, 10 Lbs, A.B.C.	1st Hallway By back exit and Electrical closet	36867287 : PU-223781	Inspected	10/19/18 10:41:08 AM
Fire Extinguisher, 10 Lbs, A.B.C.	1st Laundry Main Laundry room	36867282 : PU-223785	Inspected	10/19/18 11:02:12 AM

Service Summary

Generated by: BuildingReports.com

Building: Rolling Ridge Assisted Living

The Service Summary section provides an overview of the services performed in this report.

Device Type	Service	Quantity
	Failed/Other	
Fire Extinguisher, 10 Lbs, A.B.C.	Inspected	3
Total		3
	Passed	
Fire Extinguisher, 10 Lbs, A.B.C.	Inspected	6
Fire Extinguisher, 5 Lbs, A.B.C.	Inspected	1
Fire Extinguisher, 6 Ltr, Wet Chemical	Inspected	1
Total		8