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
	HAL041030	A. BUILDING: 01 B. WING _____	R 01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT	201 WEST HARTLEY DRIVE HIGH POINT, NC 27265

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Ed, conducted on January 3, 2019. Deficiencies were cited that will require a new Plan of Correction..	{C 000}		
{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 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, this facility has failed to be maintained to prevent obstructions and hazards. Findings on 01/03/2019: The following locations have doors that drag on the floor and fail to latch. (f) Beauty Shop	{C 166}	Beauty Shop door was repaired on Jan. 14,2019 No longer drags and latches properly.	
{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.	{C 189}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Alicia Mills | TITLE: Executive Director | (X6) DATE: 2/1/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041030	A. BUILDING: 01 B. WING _____	R 01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE HIGH POINT	201 WEST HARTLEY DRIVE HIGH POINT, NC 27265

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	Continued From page 1 (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: 2-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings on 01/03/2019: b. The building's main fire sprinkler lines are being replaced. The Facility is performing a fire watch. 3-Based on observation, this facility has failed to maintain the fire safety components in a safe and operating condition. Findings on 01/03/2019: The emergency light that is located the Resident Program Coordinator's Office, Supply Closet did not operate.	{C 189}	Simplex completed sprinkler repair on 1/24/2019 It is fully operable Fire Marshall was out, inspected and passed on 1/24/2019 Advance Fire & Communications, Inc. repaired emergency lighting In supply closet on 1/08/2019 and is fully operable	

WORK ORDER

WO 7396

ADVANCED FIRE & COMMUNICATION, INC.

PO BOX 336
COOLEEMEE, NC 27014
TEL: (336) 776-0302
FAX (336) 284-5221

JOB PHONE#	DATE OF ORDER 04-08-2019
CUSTOMER CONTACT	CUSTOMER'S ORDER NUMBER

☐ DAY WORK ☐ WARRANTY ☐ EXTRA

JOB NAME/MUMBER Brookdale High Point

ADDRESS 1837 G

CITY,STATE,ZIP

TERMS:

DESCRIPTION OF PROBLEM

DESCRIPTION OF WORK PERFORMED

changed Battery in Emergency Lite

QTY.	MATERIAL	PRICE	AMOUNT
1	6V 4.5 AH		
	Battery		

LABOR	HRS.	RATE	AMOUNT
Tech	1		
Travel	1		

DATE COMPLETED

TOTAL MATERIALS

TOTAL LABOR

TOTAL MATERIALS

TOTAL OTHER

TAX

TOTAL

Thank You

Work ordered by

Signature

I hereby acknowledge the satisfactory completion of the above described work.

INVOICE TO FOLLOW

Tyco Fire & Security
SimplexGrinnell

Contractor's Material and Test Certificate for Aboveground Piping

Procedure

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

Property Name:	Brookdale High Point	Date:	12-26-18
Property Address:	201 W. Hartley Drive, High Point, NC		

PLANS

Accepted by Approving Authorities (Names):

Address:

Installation conforms to accepted plans ☐ Yes ☐ No

Equipment used is approved ☐ Yes ☐ No

If no, explain deviations:

INSTRUCTIONS

Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment? ☐ Yes ☐ No

If no, explain

Have copies of the following been left on the premises:

1. System components instructions ☐ Yes ☐ No
2. Care and maintenance instructions ☐ Yes ☐ No
3. NFPA 25 ☐ Yes ☐ No

LOCATION

Supplies Buildings: Mains

SPRINKLERS

STYLE	MANUFACTURER	YEAR	MODEL	FINISH	K-FACTOR	TEMP.	QUANTITY
						°F	
						°F	
						°F	
						°F	
						°F	
						°F	
						°F	
						°F	
						°F	

PIPE AND FITTINGS

Type of pipe: Allied Dynflow, Schedule 10, & Schedule 40

Type of fittings: Cast Iron, Grooved, & Welded

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
TYPE	MAKE	MODEL	MINUTE	SECOND

DRY PIPE OPERATING TEST

DRY VALVE			QUICK OPENING DEVICE		
MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.

	TIME TO TRIP THROUGH TEST CONNECTION		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPER	
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO
WITHOUT Q.O.D									
WITH Q.O.D									

If no, explain:

ADDITIONAL NOTES

DELUGE & PREACTION VALVES

Method of operation: ☐ Pneumatic ☐ Electric ☐ Hydraulics

Is piping supervised? ☐ Yes ☐ No | Is detecting media supervised? ☐ Yes ☐ No

Does valve operate from the manual trip and or remote control stations? ☐ Yes ☐ No

Is there an accessible facility in each circuit for testing? ☐ Yes ☐ No | If no, explain:

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE	
		YES	NO	YES	NO	MIN.	SEC.

PRESSURE REDUCING VALVE TEST

LOCATION & FLOOR	MAKE & MODEL	SETTINGS	STATIC PRESSURE		RESIDUAL PRESSURE FLOOWING		FLOW RATE
			INLET (PSI)	OUTLET (PSI)	INLET (PSI)	OUTLET (PSI)	FLOW (GPM)

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.

PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1 ½ psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1 ½ psi (0.1 bars) in 24 hours.

TESTS

All piping hydrostatically tested at: 200 PSI FOR 2 HRS. | If no, state reason:

Dry piping pneumatically tested at: ☐ Yes ☐ No

Equipment operates properly: ☐ Yes ☐ No

Do you certify as the sprinkler contractor that additives and corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals were not used for testing systems or stopping leaks? ☐ Yes ☐ No

DRAIN TEST | Reading of gauge located near water supply test connection: psi | Residual pressure with valve in test connection open wide: psi

Underground mains and lead in connections to system risers flushed before connections made to sprinkler piping:

Verified by copy of the U Form No. 85B ☐ Yes ☐ No ☐ Other, explain

Flushed by installer of under ground sprinkler piping ☐ Yes ☐ No

If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? ☐ Yes ☐ No. If no, explain

BLANK TESTING GASKETS

Number Used: | Locations: | Number Removed:

WELDING

Welded piping ☐ Yes ☐ No If yes

Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? ☐ Yes ☐ No

Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? ☐ Yes ☐ No

Do you certify that welding was carried out in compliance with a documented quality control procedure to insure that all discs are retrieved, that openings in piping are smooth, that slag and other welding residue are removed, and that the internal diameters of piping are not penetrated? ☐ Yes ☐ No

CUTOUTS (DISCS)

Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? ☐ Yes ☐ No

HYDRAULIC NAMEPLATE

Nameplate provided ☐ Yes ☐ No If no, explain

REMARKS

Date left in service with all control valve open:

SIGNATURES

Name of sprinkler contractor:

SimplexGrinnell 540 Civic Blvd. Suite 105, Raleigh NC 27610

TESTS WITNESSED BY

For property owner (signed) | Title: Maintenance Super. | Date: 1/24/19

For sprinkler contractor (signed) | Title: Foreman | Date: 1-24-19

Additional explanation and notes: