8-1-19

THE LAURELS & THE HAVEN
IN HIGHLAND CREEK

FIVE STAR SENIOR LIVING

Plan of Correction for the Haven in Highland Creek.

This information was emailed faxed + fed Ex to the correct address on or before 8-1-19.

Thank You.

Mashanda Patterson
704-947-8050
mgraham1@5ssl.com

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

July 17, 2019
Mashanda Patterson (via e-mail only)
5920 McChesney Drive
Charlotte, NC 28269

RE: The Haven In Highland Creek - HA Biennial Survey
5920 McChesney Drive
Charlotte Mecklenburg County
FID #970716 Hal060108

Dear Ms. Patterson:

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 July 11, 2019. 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 August 1, 2019. 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 August 1, 2019. 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 August 1, 2019. 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,

Ed Miller

Ed Miller
Biennial Institutional Engineering Surveyor
DHSR - Construction Section

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

Haven in Highland Creek

Plan of Correction

ID Prefix Tag – C 101	Page 2 of 13	Date

- Training complete 7/31/19 to all BTR employees
- Keys will be provided and labels put on master key switch
- Keys provided to Med-Tech's , SIC, Nurse and all BTR managers

ID Prefix Tag – C 101	Page 3 of 13	Date - 7/12/19

Continuing from page 2

- Lock has been removed and approved by HT. Ins. George Lutz – C.F.D.

ID Prefix Tag – C 111	Page 3 of 13	Date – 7/12/19

- Fire alarm Inspection has been completed. Report attached

ID Prefix Tag – C 143	Page 3 of 13	Date – 7/12/19

- Janitor closets shall be locked and door stops removed

ID Prefix Tag – C 143	Page 4 of 13	Date – 7/12/19

Continuing from page 3

- Door frame will be adjusted to allow proper latching
- Med carts to be locked

ID Prefix Tag – C 160	Page 5 of 13	Date –

Continuing from page 4

- Low area will be filled with cement and leveled. Roots shall be removed and 2" of gravel installed along path.
- T-N-T (landscaping addressing and completed within 30 days) 8/12/19

ID Prefix Tag – C 164	Page 5 of 13	Date – 7/12/19

- SS HVAC come and repair leak
- Ceiling to be patched and painted
- Asheville roof to be repaired, ceiling to be patched and painted – 7/19

ID Prefix Tag – C 166	Page 6 of 13	Date –

- Helium cylinder secure to wall – 7/12/19
- Wilmington - 403, New oxygen rack ordered – 7/18/19
- Wilmington – 402, new lock set ordered - 7/19/19

ID Prefix Tag – C 185	Page 7 of 13	Date – 7/22/19

- 2nd shift fire drill will be rescheduled
- Staff participation list will be attached to drill response sheet

ID Prefix Tag – C 188	Page 8 of 13	Date – 7/22/19

- GFCI shall be replaced

ID Prefix Tag – C 189	Page 9 of 13	Date –

- Accelerator assembly has been repaired – 7/12/19
- New exit light being purchased and replaced – 7/19/19
- Tape has been removed. Instructed staff to never leave smokes covered – 7/12/19

ID Prefix Tag – C 189	Page 10 of 13	Date –

Continuing from page 9

- Janitor door frame will be adjusted to allow for proper closing -7/22/19
- Door frame to be straightened to remove gap – 7/22/19
- Cable shall be fine caulked – 7/22/19
- Multiplug has been removed. Instructed not to use – 7/11/19

ID Prefix Tag – C 189	Page 11 of 13	Date –

Continuing from page 10

- Cord shall be removed whenever not used – 7/12/19
- All escutcheon have been replaced – 7/15/19
- All door wedges have been removed and disposed of. – 7/12/19

ID Prefix Tag – C 195	Page 12 of 13	Date – 7/12/19

- Mixing valves have been adjusted to provide 100 to water to 201 public bath
-

ID Prefix Tag – C 199	Page 13 of 13	Date – 7/12/19

- SS HVAC adjusted fan and replaced belts
- SS HVAC adjusted vents replaced belts

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
	HAL060108	A. BUILDING: 01 B. WING	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 Construction Section Biennial Survey by Ed Miller, conducted on July 11, 2019. Records indicate this facility was first licensed on June 25, 1997. The facility is currently licensed as a 60 Bed Special Care Unit. Therefore, the facility was surveyed for conformance with 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, 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. Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060108	A. BUILDING: 01 B. WING	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the required components or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on July 11, 2019: a. MCU Exits - 0 of 4 staff interviewed has a key to operate the on/off emergency release switches at the unit's exit doors and three central the on/off emergency release switches. This is not in accordance with the NC State Building Code requirement that if on/off emergency release switches are of the keyed type, then all staff responsible for evacuation of the locked units must carry emergency release switch keys. b. Nurse Stations in the three-bedroom wings - the central on/off emergency release switch for the "Special Locking System" are not labeled. c. Entire Building - 0 of 4 staff interviewed revealed that they are not aware of the location or the use of the central emergency release switches as well as the local emergency release switch at the individual exit doors. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and be familiar with all equipment. 2. Based on observation and interview with Maintenance Director, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the required components or procedures to properly operated doors equipped with locked exits. This could affect all occupants who would need to evacuate through the door(s).	C 101	C 101 Keys will be Provided and labels put on Master Key Switches	

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
	HAL060108	A. BUILDING: 01 B. WING	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 101	Continued From page 2 Findings on July 11, 2019: a. Community Room - the back-exit discharges into a locked courtyard and there is no "safe dispersal area" in the courtyard. The courtyard gate is locked with a metal keyed pad lock and no keys were available.	C 101	C 101 Lock has been removed Approved By Lt. Ins. George Lutz C.F.D.	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Maintenance Director the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. Findings on July 11, 2019: a. The current Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, is not available for review by the Surveyor.	C 111	C 101 Fire Alarm Inspection has Been Completed 7/12/19 Report Attached	
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if	C 143	C 143 Janitor Closets Shall Be locked and Door Stops Removed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060108	A. BUILDING: 01 B. WING	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 143	Continued From page 3 ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who my accidently use or come in contact with one of these hazardous substances. Findings on July 11, 2019: a. Laundry - the corridor door does not latch and lock without special attention, and the attendant left leaving access to cleaning agents, and other hazardous substances. 2. Based on observation, the Facility failed to secure the medication storage area. Findings on July 11, 2019: a. Med Room - the corridor door does not latch and lock without special attention and the attendant left, losing direct physical supervision of the room. Cabinets containing medication are in this room and unlocked.	C 143	C 143 Door Frame will Be adjusted To allow Proper latching Door Frame will Be ~~loct~~ Adjusted To allow For Proper latching Med Carts To Be locked	7/12
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds	C 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060108	A. BUILDING: 01 B. WING	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 160	Continued From page 4 are not maintained in a clean and safe condition. Findings on July 11, 2019: a. Right front Sidewalk at Curb Inlet - the sidewalk is sinking, creating a 2-inch tripping hazards. b. Left Side Front Court Yard - between the sidewalk and the outer gate the are roots crossing this path creating multiple tripping hazards.	C 160	C160 Low area will be Filled with Cement & leveled Roots shall be Removed and 2" of Gravel Installed along Path	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building Ceilings are not kept clean and in good repair. Findings on July 11, 2019: a. Maintenance Shop - there is an active leak from above damaging the ceiling. b. Asheville Wing Therapy/Library - there is an leak from above damaging the ceiling.	C 164	C164 SS HVAC Come and Repair leak Ceiling To Be Patched and Painted Ashville Roof To Be Repaired, Ceiling To Be Patched and Painted	7/12 7/19
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060108	A. BUILDING: 01 B. WING	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 166	Continued From page 5 (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, the Building was not maintained free of hazards, if oxygen and helium cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on July 11, 2019: a. Community Room Third Closet from the front - a portable helium cylinder is standing up on the floor not physically secured in a rack, stand or chained to the structure. b. Willington Wing Bedroom 403 - four portable medical oxygen cylinders are standing up on the floor in an unapproved plastic crate not physically secured in racks, stands or chained to the structure. 2. Based on observations, this facility has failed to maintain the physical condition of the Resident Room entry door hardware. Findings on June 13, 2019: a. Willington Wing Bedroom 402 - the keyway opening on the door handle is damaged, exposing sharp and jagged edge to all.	C 166	Helium Cylinder secured To Wall 7/12 Wilmington 403 New Oxygen Mask ordered 7/18 Wilmington 402 new locksets ordered 7/19	
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	C 185		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060108	A. BUILDING: 01 B. WING	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 185	Continued From page 6 Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review of the last 12 months of rehearsals and interview with Maintenance Director, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on July 11, 2019: a. In the 1st quarter for the last 12 months, no rehearsals occurred during 2nd shift. 2. Based on Record review of the last 12 months of rehearsals, and interview with Maintenance Director the Facility failed to fully document the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. This deficiency affects all by not finding weakness or opportunities for improving evacuation responses. Findings on July 11, 2019: a. Some quarters had no list of staff members present.	C 185	C 185 2nd Shift Fire Drill will be Mescheduled 7/22 C 185 Staff Participation list will be attached 7/22 to Drill Response Sheet	
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.	C 188		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060108	A. BUILDING: 01 B. WING	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 188	Continued From page 7 This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on July 11, 2019: a. Willington Wing Kitchenet - the toaster ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester.	C 188	C-188 GFCI Shall be replaced	7/22
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, interview with Maintenance director, the Building was not maintained in a safe and operating condition; because maintenance was not performed in a timely manner leaving the facility without proper fire sprinkler protection. This would affect all residents, staff and visitors, by not providing the protection fire sprinklers provide. Findings on July 11, 2019:	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060108	A. BUILDING: 01 B. WING _____	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 8 a. Examination of the fire sprinkler riser revealed the accelerator had been by-passed The Fire Prevention Office of Charlotte was contacted with this information. On July 12, 2019 at 2:30 PM the system was fixed and back to normal. 2. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on July 11, 2019: a. Corridor between Kitchen and Housekeeping - the exit sign did not illuminate on backup power when tested. b. Main Street Play Ground Exit - the exit sign did not illuminate on backup power when tested. c. Asheville Wing Back Courtyard Exit - the exit sign did not illuminate on backup power when tested. d. Charlotte Wing Exit near Bedroom 309 - the exit sign did not illuminate on backup power when tested. e. Charlotte Wing Exit near Spa - the exit sign did not illuminate on backup power when tested. f. Between Asheville and Charlotte Wings near File Room both Exit - the exit signs do not illuminate on backup power when tested. 3. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on July 11, 2019: a. Asheville Wing Bedroom 314 - a smoke detector is covered with blue painter's tape. 4. Based on Observation, fire rated doors in the one-hour fire-resistance-rated Incidental areas	C 189	C 189 Accelerator Assembly has been Repaired 7/12 C-189 New Exit light being purchased and replaced 7/19 C-189 Tape has been removed 7/12 Instructed staff to never leave smokes covered	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060108	A. BUILDING: 01 B. WING	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 9 are not being maintained in a safe and operating condition. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on July 11, 2019: a. Between Asheville and Charlotte Wings Janitor - the corridor door, part of a fire-resistance-rated enclosure (45 min rated door and self-closing), hit its frame and will not latch. In addition, the door closer arm is detached. 5. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on July 11, 2019: a. Maintenance Shop - the corridor door has a large gap near the strike between the frame's stop and the face of the door were the CFD previously enter the room. 6. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on July 11, 2019: a. Between Charlotte and Willington Wings Phone/Cable Room- there is a cable bundle not completely firestopped as it penetrates the fire-resistance-rated ceiling assembly. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on July 11, 2019: a. Asheville Wing Kitchenet - there is a GFCI that is not secured to the wall. b. Charlotte Wing Kitchenet - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle. c. Between Charlotte and Willington Wings	C 189	C-189 Janitor Door Frame will Be Adjusted To allow For Proper Closing C-189 Door Frame To Be Straightened To Remove Gap 7/22 C-189 Cable Bundle Shall Be Fire Caulked 7/22 Multiplug has been removed 7/11 Instructed Not To use	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060108	A. BUILDING: 01 B. WING	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 10 Phone/Cable Room - an extension cord is being used to power a scale under the door. Extension cords cannot substitute for permanent wiring and can near be run under a door. 8. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room or compartment of origin. Findings on July 11, 2019: a. Lobby Vestibule - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. b. Sales & Marketing - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. c. Kitchen Pantry - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 9. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on July 11, 2019: a. Associates Lounge - the corridor door has a wedge holding the door open. b. Maintenance Shop - the corridor door has a wedge holding the door open. c. Between Charlotte and Willington Wings Phone Activities Storage - the corridor door has a wedge holding the door open.	C 189	C-189 Cord Shall Be Removed 7/12 whenever not used all escutcheon have 7/15 been replaced All door wedges 7/12 have been removed and disposed of.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060108	A. BUILDING: 01 B. WING	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Facility failed to maintain the hot water temperature at all fixtures used by residents to be a minimum of 100 degrees Fahrenheit and shall not exceed 116 degrees Fahrenheit. Findings on July 11, 2019: a. Right Public Half Bath - the sink's hot water temperature reached 96 degrees Fahrenheit, after running for more than 5 minutes. b. Asheville Wing Bedroom 201 Bathroom - the sink's hot water temperature reached 98 degrees Fahrenheit, after running for more than 5 minutes.	C 195	C-195 Mixing Valves have been adjusted 7/12 To Provide 100+o water to 2010 Public Moth	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060108	A. BUILDING: 01 B. WING	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN IN HIGHLAND CREEK	5920 MCCHESNEY DRIVE CHARLOTTE, NC 28269

(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	Continued From page 12 two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on July 11, 2019: a. Spa between Asheville and Charlotte Wings - in the Commode Room required exhaust ventilation system is running but is not removing any air. b. Staff Half Bath between Charlotte and Willington Wings - the required exhaust ventilation system is running but is not removing any air. c. Janitor between Charlotte and Willington Wings - the required exhaust ventilation system is running but is not removing any air.	C 199	C-199 SS HVAC Adjusted Fans and Replaced Belts C-199 SS HVAC Adjusted Vents Replaced Belts	7/12 7/12

Fire Alarm and Life Safety System Inspection Certificate

For

The Haven at Highland Creek
6101 Clarke Ceek Parkway
Charlotte, NC 28269

Tested to NFPA 72 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.

Inspection Date
Jul 12, 2019

Building: The Haven at Highland Creek
Contact: TBD TBD
Title: TBD

Company: Fire & Life Safety America, Inc. - Charlotte
Contact: Kevin M. Mullis
Title: Inspector

Executive Summary

Generated by: BuildingReports.com

Building Information

Building: The Haven at Highland Creek	**Contact:** TBD TBD
Address: 6101 Clarke Ceek Parkway	**Phone:** 704-947-8050
Address:	**Fax:**
City/State/Zip: Charlotte, NC 28269	**Mobile:**
Country: United States of America	**Email:**

Inspection Performed By

Company: Fire & Life Safety America, Inc. – Charlotte	**Inspector:** Kevin M. Mullis
Address: 812 Biscayne Drive	**Phone:** 704-635-0516
Address:	**Fax:**
City/State/Zip: Concord, NC 28027	**Mobile:**
Country: United States of America	**Email:** Kmmullis@flsamerica.com

System Control Unit

Manufacturer: Notifier	**Inspection Date:** 07/12/2019	**IDC Style:**
Model Number: 320	**Install Date:** 07/12/2019	**SLC Style:**
Software Version:	**Version Date:** 07/12/2019	**NAC Style:**
Location: FACP electrical	**Current Protection:**	

Monitoring

Company:	**Phone:**	**Account #:**

Central Station Signal Verification

Type:	**Mfg:**	**Model #:**
Test Time/Date:	**Restore Time**	

Inspection Summary

Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Sound Test	1	0.78%	1	100.00%	1	100.00%	0	0%
Control	10	7.75%	10	100.00%	10	100.00%	0	0%
Initiating	118	91.47%	118	100.00%	118	100.00%	0	0%
Totals	129	100%	129	100.00%	129	100.00%	0	0%

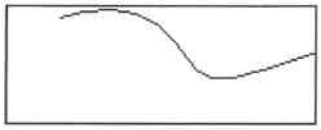
Certification

Company: Fire & Life Safety America, Inc. – Charlotte

Building: The Haven at Highland Creek

Inspector: Kevin M. Mullis

Contact: TBD TBD



Signed:

Signed: Jul 12, 2019 2:24:33 PM

Kevin M. Mullis Certifications

Certification Type	Number
NICET Inspection and Testing of Water-Based Systems Level I	144871

Inspection & Testing

Generated by: BuildingReports.com

Building: The Haven at Highland Creek Control Panel: 1

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			
Control				
Annunciator	hall By room 206	Tested	12:29:32 PM	07/12/2019
Annunciator	hall by room 303	Tested	12:50:29 PM	07/12/2019
Annunciator	main entry	Tested	12:12:42 PM	07/12/2019
Annunciator	room 405	Tested	1:20:38 PM	07/12/2019
Battery	FACP electrical	Tested	11:57:06 AM	07/12/2019
Battery	FACP electrical	Tested	11:58:12 AM	07/12/2019
Battery	FACP electrical	Tested	12:01:09 PM	07/12/2019
Battery	FACP electrical	Tested	12:01:25 PM	07/12/2019
Initiating				
Heat Detector	kitchen	Tested	12:05:36 PM	07/12/2019
Heat Detector	kitchen	Tested	12:05:55 PM	07/12/2019
Pull Station	by FACP	Tested	12:02:47 PM	07/12/2019
Pull Station	conference	Tested	12:14:49 PM	07/12/2019
Pull Station	conference	Tested	12:15:43 PM	07/12/2019
Pull Station	hall By room 208	Tested	12:31:06 PM	07/12/2019
Pull Station	hall By room 209	Tested	12:32:45 PM	07/12/2019
Pull Station	hall by room 308	Tested	12:51:18 PM	07/12/2019
Pull Station	hall by room 310	Tested	12:52:41 PM	07/12/2019
Pull Station	main entry	Tested	12:12:12 PM	07/12/2019
Pull Station	room 407	Tested	1:21:50 PM	07/12/2019
Pull Station	room 409	Tested	1:23:40 PM	07/12/2019
Smoke Detector	FACP electrical	Tested/Cleaned	12:02:16 PM	07/12/2019
Smoke Detector	hall Buy ice cream shop	Tested/Cleaned	12:17:38 PM	07/12/2019
Smoke Detector	hall By Charlotte	Tested/Cleaned	12:25:52 PM	07/12/2019
Smoke Detector	hall By ice cream shop	Tested/Cleaned	12:24:46 PM	07/12/2019
Smoke Detector	hall By ice cream shop	Tested/Cleaned	12:25:17 PM	07/12/2019
Smoke Detector	hall By ice cream shop	Tested/Cleaned	12:25:45 PM	07/12/2019
Smoke Detector	hall By room 201	Tested/Cleaned	12:27:16 PM	07/12/2019
Smoke Detector	hall By room 201	Tested/Cleaned	12:27:45 PM	07/12/2019
Smoke Detector	hall By room 201	Tested/Cleaned	12:34:58 PM	07/12/2019
Smoke Detector	hall By room 203	Tested/Cleaned	12:29:49 PM	07/12/2019
Smoke Detector	hall By room 203	Tested/Cleaned	12:30:15 PM	07/12/2019
Smoke Detector	hall By room 206	Tested/Cleaned	12:30:36 PM	07/12/2019
Smoke Detector	hall By room 208	Tested/Cleaned	12:30:50 PM	07/12/2019
Smoke Detector	hall By room 208	Tested/Cleaned	12:32:08 PM	07/12/2019
Smoke Detector	hall By room 209	Tested/Cleaned	12:32:31 PM	07/12/2019
Smoke Detector	hall By room 211	Tested/Cleaned	12:33:31 PM	07/12/2019
Smoke Detector	hall By room 214	Tested/Cleaned	12:33:54 PM	07/12/2019

Device Type	Location	Service	Time	Date
		Passed		
Smoke Detector	hall By room 216	Tested/Cleaned	12:34:16 PM	07/12/2019
Smoke Detector	hall By room 216	Tested/Cleaned	12:34:33 PM	07/12/2019
Smoke Detector	hall By wellness doctor	Tested/Cleaned	12:23:19 PM	07/12/2019
Smoke Detector	hall By wellness doctor	Tested/Cleaned	12:23:55 PM	07/12/2019
Smoke Detector	hall By wellness doctor	Tested/Cleaned	12:24:10 PM	07/12/2019
Smoke Detector	hall by room 301	Tested/Cleaned	12:48:51 PM	07/12/2019
Smoke Detector	hall by room 301	Tested/Cleaned	12:49:19 PM	07/12/2019
Smoke Detector	hall by room 303	Tested/Cleaned	12:49:47 PM	07/12/2019
Smoke Detector	hall by room 303	Tested/Cleaned	12:50:03 PM	07/12/2019
Smoke Detector	hall by room 303	Tested/Cleaned	12:50:51 PM	07/12/2019
Smoke Detector	hall by room 308	Tested/Cleaned	12:50:58 PM	07/12/2019
Smoke Detector	hall by room 308	Tested/Cleaned	12:52:15 PM	07/12/2019
Smoke Detector	hall by room 310	Tested/Cleaned	12:52:25 PM	07/12/2019
Smoke Detector	hall by room 311	Tested/Cleaned	12:53:48 PM	07/12/2019
Smoke Detector	hall by room 311	Tested/Cleaned	12:54:00 PM	07/12/2019
Smoke Detector	hall by room 313	Tested/Cleaned	12:54:12 PM	07/12/2019
Smoke Detector	hall by room 315	Tested/Cleaned	12:54:41 PM	07/12/2019
Smoke Detector	Hall by conference	Tested/Cleaned	12:14:10 PM	07/12/2019
Smoke Detector	hall by Service hallway	Tested/Cleaned	12:10:13 PM	07/12/2019
Smoke Detector	hall by Service hallway	Tested/Cleaned	12:10:53 PM	07/12/2019
Smoke Detector	hall by Service hallway	Tested/Cleaned	12:11:03 PM	07/12/2019
Smoke Detector	main entry	Tested/Cleaned	12:11:20 PM	07/12/2019
Smoke Detector	main entry	Tested/Cleaned	12:11:42 PM	07/12/2019
Smoke Detector	Office area	Tested/Cleaned	12:13:02 PM	07/12/2019
Smoke Detector	Office area	Tested/Cleaned	12:13:16 PM	07/12/2019
Smoke Detector	Office area	Tested/Cleaned	12:13:27 PM	07/12/2019
Smoke Detector	Service hall sprinkler room	Tested/Cleaned	12:04:48 PM	07/12/2019
Smoke Detector	Service hall	Tested/Cleaned	12:04:17 PM	07/12/2019
Smoke Detector	Service hallway	Tested/Cleaned	12:06:48 PM	07/12/2019
Smoke Detector	Service hallway	Tested/Cleaned	12:10:03 PM	07/12/2019
Smoke Detector	room 201	Tested/Cleaned	12:35:38 PM	07/12/2019
Smoke Detector	room 202	Tested/Cleaned	12:36:11 PM	07/12/2019
Smoke Detector	room 203	Tested/Cleaned	12:36:47 PM	07/12/2019
Smoke Detector	room 204	Tested/Cleaned	12:37:10 PM	07/12/2019
Smoke Detector	room 205	Tested/Cleaned	12:38:13 PM	07/12/2019
Smoke Detector	room 206	Tested/Cleaned	12:38:51 PM	07/12/2019
Smoke Detector	room 207	Tested/Cleaned	12:39:16 PM	07/12/2019
Smoke Detector	room 208	Tested/Cleaned	12:39:55 PM	07/12/2019
Smoke Detector	room 209	Tested/Cleaned	12:40:59 PM	07/12/2019
Smoke Detector	room 210	Tested/Cleaned	12:41:49 PM	07/12/2019
Smoke Detector	room 211	Tested/Cleaned	12:42:30 PM	07/12/2019
Smoke Detector	room 212	Tested/Cleaned	12:42:51 PM	07/12/2019
Smoke Detector	room 213	Tested/Cleaned	12:43:26 PM	07/12/2019
Smoke Detector	room 214	Tested/Cleaned	12:44:02 PM	07/12/2019
Smoke Detector	room 215	Tested/Cleaned	12:44:30 PM	07/12/2019
Smoke Detector	room 216	Tested/Cleaned	12:44:56 PM	07/12/2019
Smoke Detector	room 301	Tested/Cleaned	12:55:05 PM	07/12/2019
Smoke Detector	room 302	Tested/Cleaned	12:55:23 PM	07/12/2019
Smoke Detector	room 303	Tested/Cleaned	12:55:40 PM	07/12/2019
Smoke Detector	room 304	Tested/Cleaned	12:55:59 PM	07/12/2019

Device Type	Location	Service	Time	Date
		Passed		
Smoke Detector	room 305	Tested/Cleaned	12:56:16 PM	07/12/2019
Smoke Detector	room 306	Tested/Cleaned	12:56:47 PM	07/12/2019
Smoke Detector	room 307	Tested/Cleaned	12:57:13 PM	07/12/2019
Smoke Detector	room 308	Tested/Cleaned	12:57:32 PM	07/12/2019
Smoke Detector	room 309	Tested/Cleaned	12:58:20 PM	07/12/2019
Smoke Detector	room 310	Tested/Cleaned	12:59:15 PM	07/12/2019
Smoke Detector	room 311	Tested/Cleaned	12:59:54 PM	07/12/2019
Smoke Detector	room 312	Tested/Cleaned	1:07:09 PM	07/12/2019
Smoke Detector	room 313	Tested/Cleaned	1:07:49 PM	07/12/2019
Smoke Detector	room 314	Tested/Cleaned	1:08:09 PM	07/12/2019
Smoke Detector	room 315	Tested/Cleaned	1:09:31 PM	07/12/2019
Smoke Detector	room 316	Tested/Cleaned	1:09:45 PM	07/12/2019
Smoke Detector	room 401	Tested/Cleaned	1:26:15 PM	07/12/2019
Smoke Detector	room 402	Tested/Cleaned	1:18:49 PM	07/12/2019
Smoke Detector	room 402	Tested/Cleaned	1:19:05 PM	07/12/2019
Smoke Detector	room 402	Tested/Cleaned	1:27:01 PM	07/12/2019
Smoke Detector	room 403	Tested/Cleaned	1:27:29 PM	07/12/2019
Smoke Detector	room 404	Tested/Cleaned	1:19:36 PM	07/12/2019
Smoke Detector	room 404	Tested/Cleaned	1:20:11 PM	07/12/2019
Smoke Detector	room 404	Tested/Cleaned	1:27:56 PM	07/12/2019
Smoke Detector	room 405	Tested/Cleaned	1:29:17 PM	07/12/2019
Smoke Detector	room 406	Tested/Cleaned	1:29:37 PM	07/12/2019
Smoke Detector	room 407	Tested/Cleaned	1:22:15 PM	07/12/2019
Smoke Detector	room 407	Tested/Cleaned	1:23:06 PM	07/12/2019
Smoke Detector	room 407	Tested/Cleaned	1:30:28 PM	07/12/2019
Smoke Detector	room 408	Tested/Cleaned	1:31:20 PM	07/12/2019
Smoke Detector	room 409	Tested/Cleaned	1:23:16 PM	07/12/2019
Smoke Detector	room 409	Tested/Cleaned	1:31:58 PM	07/12/2019
Smoke Detector	room 410	Tested/Cleaned	1:32:37 PM	07/12/2019
Smoke Detector	room 411	Tested/Cleaned	1:33:33 PM	07/12/2019
Smoke Detector	room 412	Tested/Cleaned	1:24:28 PM	07/12/2019
Smoke Detector	room 412	Tested/Cleaned	1:34:44 PM	07/12/2019
Smoke Detector	room 413	Tested/Cleaned	1:43:18 PM	07/12/2019
Smoke Detector	room 414	Tested/Cleaned	1:24:44 PM	07/12/2019
Smoke Detector	room 414	Tested/Cleaned	1:43:37 PM	07/12/2019
Smoke Detector	room 415	Tested/Cleaned	1:25:01 PM	07/12/2019
Smoke Detector	room 415	Tested/Cleaned	1:44:10 PM	07/12/2019
Smoke Detector	room 416	Tested/Cleaned	1:18:30 PM	07/12/2019
Smoke Detector	room 416	Tested/Cleaned	1:25:15 PM	07/12/2019

Building: The Haven at Highland Creek Control Panel: 2 - Notifier 320

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			
Control				
Control Panel	FACP electrical	Tested	11:59:09 AM	07/12/2019
Power Supply	FACP electrical	Tested	12:00:45 PM	07/12/2019

Service Summary

Generated by: BuildingReports.com

Building: The Haven at Highland Creek

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

Device Type	Service	Quantity
	Passed	
Annunciator	Tested	4
Battery	Tested	4
Control Panel	Tested	1
Heat Detector	Tested	2
Power Supply	Tested	1
Pull Station	Tested	10
Smoke Detector	Tested/Cleaned	106
Total		128

Sound and Visual Testing

Generated by: BuildingReports.com

Building: The Haven at Highland Creek

The Sound and Visual Testing section lists various points throughout your building where audible and visual alarm notification devices were tested. Any bar-coded audible and visual devices will appear in the Inspection and Testing section of this report. Items in this section are grouped by Passed or Failed/Other. Where specific decibel readings were recorded, they will appear under the ambient and alarm columns. The Voice column indicates whether the Sound Test Point passed the Voice Intelligibility requirements. The STI or Sound Transmission Index is shown if recorded.

Location	Comment	Ambient dB	Alarm dB	Intelligibility		Sound Test
				Voice	STI	
Passed						
Sound Test Points						
	Passed			☐		0001

Battery & Power Supply Testing

Generated by: BuildingReports.com

Building: The Haven at Highland Creek Control Panel: 1

The Control & Power Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.

Type	Location	Rated Ah	Rated Volts	Pre Test	Post Test	Min Ah	Tested Ah
		Passed					
Battery							
	FACP electrical	18	12				
	FACP electrical	18	12				
	FACP electrical	8	12				
	FACP electrical	8	12				

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: The Haven at Highland Creek Control Panel: 1

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
Battery	Control	3.10%	4
Control Panel	Control	0.78%	1
Power Supply	Control	0.78%	1
Smoke Detector	Initiating	82.17%	106
Pull Station	Initiating	7.75%	10
Heat Detector	Initiating	1.55%	2
Annunciator	Control	3.10%	4

Type	Qty	Model #	Description	Install Date
New (under 90 days)				
Battery	4			07/12/2019
Heat Detector	2			07/12/2019
Pull Station	2			07/12/2019
Smoke Detector	10			07/12/2019
Notifier				
Annunciator	4			07/12/2019
Pull Station	8			07/12/2019
Smoke Detector	96			07/12/2019

Building: The Haven at Highland Creek — Control Panel: 2 - Notifier 320

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.

Type	Qty	Model #	Description	Install Date
New (under 90 days)				
Notifier				
Control Panel	1	320		07/12/2019
Power Supply	1	FCPS-24		07/12/2019