STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068034	A. BUILDING: 01 B. WING _____	10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADORABLE SENIOR LIVING	401 WEST QUEEN STREET HILLSBORO, NC 27278

(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 Billy S. Bryant conducted on 10-8-2019. Records indicate this facility was first licensed 12-1-1964, as a Home for the Aged. In the early 1970's an addition was constructed adding 9 Beds to the original 8 Beds increasing the capacity to 17 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 1967 Edition of the North Carolina Building Code(s), Group D-2 Occupancy and the 1971 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;	C 101		

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	HAL068034	A. BUILDING: 01 B. WING _____	10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADORABLE SENIOR LIVING	401 WEST QUEEN STREET HILLSBORO, NC 27278

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C 101	Continued From page 1 This Rule is not met as evidenced by: Section 1104.7 (a), of the 1967 NC State Building Code required, "Every interior corridor of Group C, D (Institutional) and E occupancy shall be of not less than 1-hour fire resistive construction, and all openings therein protected accordingly. Room doors may be 1 ¾ inch solid bonded wood core doors or the equivalent." This Code is not met as evidenced by: The door to the storage room near the right front exit appeared to have been replaced. The door was a different color than others on the hall and is hollow and does not properly fit the opening to allow it to close and latch.	C 101	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 Door has been replaced with a solid bonded wood door and now fits properly to allow it to close and latch.	10/18/19
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: 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.	C 111	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) Reports have been located and are now readily available in the home. They were previously inspected.	10/18/19
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are:	C 148		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL068034	A. BUILDING: 01 B. WING _____	10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADORABLE SENIOR LIVING	401 WEST QUEEN STREET HILLSBORO, NC 27278

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C 148	Continued From page 2 (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: Based on observation, the corridor handrails failed to meet the Rule listed above. Findings on 10-8-2019; a. The handrail in the corridor between rooms 1 and 3 lacked enough supports to be capable of supporting a 250 pound concentrated load. b. The handrail in the corridor between rooms 2 and 4 lacked enough supports to be capable of supporting a 250 pound concentrated load.	C 148	SECTION .0300- PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT The hand rails between rooms 1 and 3 have been reinforced. The handrail between rooms 2 and 4 have been reinforced.	10/18/19
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: Based on observation, a small tree had grown across and blocked an exterior exit ramp. Note; This deficiency was corrected during the survey.	C 160		
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	C 164		

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	HAL068034	A. BUILDING: 01 B. WING _____	10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADORABLE SENIOR LIVING	401 WEST QUEEN STREET HILLSBORO, NC 27278

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C 164	Continued From page 3 coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on 10-8-2019: The HVAC exhaust grill in the laundry had an excessive accumulation of dust/lint.	C 164	SECTION .0300-PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS Walls, ceiling, floors,and furniture have been cleaned. Repairs have been made. Cleaning and service were made to the buildings mechanical system area and laundry room.	10/18/19
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 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: Based on a review of documents, records were not available onsite for the rehearsals of the fire plan. Records must be maintained and available for review.	C 185	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) Quarterly rehearsals were performed. The records have been located and will be attached. They are available on site for review.	10/18/19

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	HAL068034	A. BUILDING: 01 B. WING _____	10/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADORABLE SENIOR LIVING	401 WEST QUEEN STREET HILLSBORO, NC 27278

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C 189	Continued From page 4	C 189		
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, 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 10-8-2019; a. The smoke barrier door did not close completely and latch when activated by the fire alarm system. b. The door to the Men's bathroom does not latch when closed. c. The door to room 3 does not fit the opening properly to be resistant to the passage of smoke. d. The door to room 4 does not fit the opening properly to be resistant to the passage of smoke. e. The door to bedroom 1 was propped open. 2. Based on observation, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas:	C 189	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS 1. Corridor doors have been repaired. A. Smoke barrier door has been repaired to latch completely. B. The latch to the door in the Men's bathroom has been repaired. C. The door to room 3 has been repaired to close properly. D. The door to room 4 has been repaired to close properly. E. Door can stay opened without prop.	10/18/19

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C 189	Continued From page 5 a. Corridor near the main entrance, b. Kitchen, c. Combination emergency light/exit sign near the right front exit not working on normal or battery, d. Combination emergency light/exit sign near the right back exit not working on normal or battery. 3. Based on observation, the required one-hour fire rated 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. Finding on 10-8-2019: a. The ceiling was damaged in the storage room near the right front exit. b. There was a hole above the exit sign at the right front exit. 4. Based on observation, the kichen range hood was last professionally inspected in October of 2018. There was no documentation of any inspections since, either professional or the required in house/owner's monthly inspections provided on the inspection tag at the range hood fire suppression system. Range hood fire suppression systems must be inspected and the inspections must be documented somewhere such as on the tag provided at the system pull. 5. Based on observation, the electric panel in the basement was severely obstructed with several boxes. A clear access of at least 30 inches wide and 3 feet deep must be maintained in front of electric panels.	C 189	cont. 2. A. Light near main entrance has been replaced. B. Kitchen light is new and will be checked regularly. C. Combination emergency light/exit sign near the right back exit is new and will be checked regularly. D. Combination emergency light/exit sign near the right back exit battery has been replaced and will be checked regularly. 3. A. The ceiling in the storage room near the right front exit has been repaired. B. The hole above the exit sign at the right front exit has been repaired. 4. The kitchen range hood was inspected. The report is attached and placed in the home. 5. Boxes were removed to make electrical panel accessible.	10/18/19 10/18/19 10/24/19 10/18/19

- Raleigh - 918-779-4010
  832-101 Pursef Drive, Raleigh, NC 27603
- Rocky Mount - 252-985-4545
  710 Porter Rd., Rocky Mount, NC 27803
- Durham - 919-220-3265
  130 Wolfpack Lane, Durham, NC 27704

PYE • BARKER FIRE & SAFETY
Since 1946

DATE 10-24-19
TECH R32
W/O # 163949

KITCHEN HOOD FIRE SYSTEM REPORT

PROPERTY INSPECTED: Adaptable Senior Living
ADDRESS: 401 W Queen Street
CITY/STATE: Hillsborough NC ZIP: 27278
CONTACT: _____ PHONE: 919-732-4701

OWNER: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____
CONTACT: _____ PHONE: _____

THIS INSPECTION IS ☐ ANNUAL ☒ SEMI-ANNUAL ☐ RECHARGE ☐ INSTALL ☐ RENOVATION ☐ OTHER _____

MANUFACTURER/MODEL Pyro Chem PCL-300 LOCATION Storage Area
CYLINDER SIZE(S) 3 gal HYDRO DATE(S) 2015 (Tank)
EQUIPMENT SHUTDOWN (YES / NO) ELECTRIC (YES / NO) GAS (YES / NO)
MONITORED FIRE ALARM (YES / NO) ACCOUNT # N/A PASSWORD N/A
APPLIANCE NOZZLES (QTY) 3 PLENUM NOZZLES (QTY) N/A (4H) DUCT NOZZLES (QTY) 1 (1) 2D
FUSIBLE LINKS (QTY) 360° _____ 450° _____ 500° _____ OTHER _____
HOOD SIZE(S) _____ DUCT SIZE(S) _____

COOKING APPLIANCE LOCATION / SIZE LEFT TO RIGHT

1 Flat-Griddle 24x24 (2H)	2 (2) Charbroiler 36x24 (2H) (1)	3 (24, 1H)
4	5	6
7	8	9

	Y	N/A	N		Y	N/A	N
WAS SYSTEM PLACED ON TEST?	X			EQUIPMENT SHUTDOWN PROPERLY?	X		
ALL AREAS PROTECTED WITH PROPER NOZZLES?	X			FANS OPERATE PROPERLY?	X		
SYSTEM PIPING/CONDUIT SECURE?	X			ALARMS ACTIVATE?		X	
ARE BLOWOFF CAPS/SEALS IN PLACE	X			FUSIBLE LINKS REPLACED?	X		
CYLINDER(S) SECURE/ACCESSIBLE?	X			SYSTEM RESET PROPERLY?	X		
PROPER GAUGE PRESSURE?	X			SAFETY DEVICES REMOVED?	X		
CARTRIDGE WEIGHED? 16 OZ/GR	X			SYSTEM TAGGED COMPLIANT?	X		
OPERATE REPLACED? DATE 10-19	X			HOOD(S)/FILTERS CLEAN?	X		
OPERATE MANUAL PULL (YES / NO) SYSTEM ACTIVATE?	X			CLASS K PRESENT?	X		
TERMINAL LINK CUT (YES / NO) SYSTEM ACTIVATE		X		SYSTEM UL300?	X		

COMMENTS: Replaced System Actuator, (8) Fuse Points.

RESET INSTRUCTIONS:

I UNDERSTAND THAT IT IS THE RECOMMENDATION OF THE MANUFACTURER, NFPA 96 & 17A THAT THIS SYSTEM BE INSPECTED/MAINTAINED EVERY 6 MONTHS. FAILURE TO DO SO MAY RESULT IN A FAILURE OF THIS SYSTEM TO OPERATE PROPERLY. IN THIS INSTANCE, WE ASSUME NO OBLIGATION FOR ANY LOSS RESULTING FROM THE FAILURE OF THIS FIRE SYSTEM TO FUNCTION PROPERLY.

X _____ 10-24-19 _____ 10-24-19
CUSTOMER SIGNATURE DATE TECHNICIAN SIGNATURE DATE

Town of Hillsborough Fire Inspection Report

Inspection No. 004429

Name of Business/Facility	Owner or Manager
Adorable Senior Living	Patrick Ogbonna
Address 401 W. Queen street Hillsborough, NC 27278	**Telephone** 919 732-4201
	Inspection Date 10-28-2019 / **Time Start** / **Time Finish**

TYPE OF FACILITY

- ☐ Assembly
- ☐ Business
- ☐ Church
- ☐ Educational, Private
- ☐ Foster Care Home
- ☐ Hazardous
- ☐ Industrial
- ☑ Institutional
- ☐ Mercantile
- ☐ Residential
- ☐ Storage
- ☐ C.O. Inspection
- ☐ Acceptance Test
- ☐ Complaint Inspection
- ☐ 1st Inspection
- ☐ 2nd Inspection
- ☐ 3rd or Subsequent

COMPLIANCE

BUILDING	N/A	YES	NO	CORRECTIONS COMPLETE
Exits Access		✓		
Exits Signs/Lights		✓		
Emergency Lighting		✓		
Aisle Space		✓		
Door Locks		✓		
ELECTRICAL				
Circuit Panel		✓		
Fixtures		✓		
Permanent Wiring		✓		
Extension Cords		✓		
FIRE PROTECTION				
Fire Extinguishers		✓		
Sprinkler/Standpipe	✓			
F.D. Connection	✓			
Fire Alarm System		✓		
Hood System		✓		
Booth System	✓			
Fire Doors	✓	✓		

FLAMMABLE LIQUIDS/GASES	N/A	YES	NO	CORRECTIONS COMPLETE
Excessive Amounts		✓		
Storage Practices		✓		
Hazardous Chemicals		✓		
Compatibility		✓		
Ventilation		✓		
HEATING EQUIPMENT				
Appliances		✓		
Vents		✓		
Combustible Clearances		✓		
Shut-off Valve		✓		
Water Heater Relief Valve		✓		
Inspection Date	✓			
HOUSEKEEPING				
Rubbish		✓		
Inside Combustible Storage		✓		
Outside Combustible Storage		✓		
Attic	✓			
Idle Pallets	✓			

Comments/Corrections: In Compliance

SQUARE FOOTAGE _____

☑ In Compliance

☐ Not in Compliance
Reinspection Date _____

AMOUNT DUE TO TOWN OF HILLSBOROUGH
FOR FIRE INSPECTION $ -0-
☐ In Town ☐ ETJ

For more information regarding the Town of Hillsborough's fire inspection program or the State Fire Prevention Code, contact the Hillsborough Fire Marshal's Office at 732-1270, ext. 76, Monday through Friday, 8:00 AM until 5:00 PM.

Owner / Occupant

Fire Marshal

PYE • BARKER
FIRE & SAFETY, LLC
Since 1948

832-101 PURSER DRIVE • RALEIGH, NC 27603
OFFICE 919 779-4010 • FAX 919 779-4014

R1 163949

DROP OFF DATE 10-24-19

PURCHASE ORDER NO.

DATE / PICK UP DATE 919-732-4201

SLSM	SHIP VIA	LOCATION
K02		

Bill To Account No.

SOLD TO

PHONE:

Ship To Account No. Adorable Senior living

SHIP TO
401 W Queen Street
Hillsborough NC 27278
Marcia 919-732-4201

ORD'D	SHIPPED	PART NO.	DESCRIPTION	UNIT PRICE	AMOUNT	ORD'D	SHIPPED	PART NO.	DESCRIPTION	UNIT PRICE	AMOUNT
			MAINTENANCE					5ABC	5# ABC RECHARGE		
			INSPECTION					5CO2	5# CO2 RECHARGE		
		SY	6 YEAR MAINT. -INTERNAL					10ABC	10# ABC RECHARGE		
		__HRC	HALON RECYCLE/RECOVER					10CO2	10# CO2 RECHARGE		
1		INSPSYS	SYSTEM INSP	115.00	115.00			20ABC	20# ABC RECHARGE		
		INSPSYS	SYSTEM INSP					20CO2	20# CO2 RECHARGE		
		15CO2	15# CO2 RECHARGE					50CO2	50# CO2 RECHARGE		
			HYDROSTATIC TESTING					2H20	2.5 GAL. RECHARGE		
		HST230DC	2-30# DC HYDROTEST						**REPLACEMENT PARTS**		
		HST220CO2	2-20# CO2 HYDROTEST						VALVE STEM		
		HST50CO2	50# CO 2 HYDROTEST						VALVE STEM		
		HSTDT	DIVE TANK HYDROTEST						O-RING PKG.		
		HSTSA	AIR PAK HYDROTEST						O-RING PKG.		
		HSTH20	2.5 GAL. HYDROTEST						PRESSURE GAUGE		
		HSTH	HALON HYDROTEST						LOCK PIN		
			RECHARGES					VC1	VERIF/SERV COLLAR		
		2ABC	2.5# ABC RECHARGE					TGF1	TAMPER SEALS		

ORD'D	SHIPPED	B/O	PART NO.	DESCRIPTION	UNIT PRICE	AMOUNT
2	AR400030 EA (LINK)			360° Fuse Link	12.50	25.00
1	RS5005 EA (RESMAT)			System Actuator	14.95	14.95

☐ MONTHLY ☐ SEMI ☐ QTLY ☐ ANNUAL ☐ EXT ______ # ☐ SYSTEM ☐ NR

☐ ENV ______ ☒ HAZMAT ______ ☐ FMPR ______ / ☐ BATT DIS $2.50 ☐ CHEM DISP $1.00 LB ☒ FUEL CHARGE ______

SVC CHARGE	45.00
SUB TOTAL	202.95
TAX	
TOTAL	

This material sold and delivered to the Purchaser named under this order shall remain the property of PYE-BARKER FIRE & SAFETY(PYE-BARKER) Roswell, Georgia, (Vendor), until the specified Purchase Price is paid in full. In case of default in payment the Purchaser agrees to return all equipment upon demand to PYE-BARKER without legal process.

RETURNED MERCHANDISE: No returned merchandise will be accepted for Credit without prior permission of PYE-BARKER, Roswell, Georgia. A 20% handling charge will be made on all returns.

BY MAKING THIS INSPECTION, WE ASSUME NO OBLIGATION FOR ANY LOSS RESULTING FROM THE FAILURE OF THE FIRE EXTINGUISHERS TO FUNCTION PROPERLY. THERE IS NO WARRANTY OF MERCHANTABILITY, EXPRESS OR IMPLIED, RESULTING FROM THE INSPECTION MADE. THE OWNER OF THESE FIRE EXTINGUISHERS IS CAUTIONED TO MAINTAIN AND INSPECT THESE FIRE EXTINGUISHERS ACCORDING TO NFPA 10, PORTABLE FIRE EXTINGUISHERS.

NFPA®

PLEASE REMIT TO:
P.O. BOX 714812
CINCINNATI, OH 45271-4812
1-800-927-8610

REC'D BY ______ SIGNATURE DEL'D BY ______ SIGNATURE

Thank You For Your Business!

E & W ELECTRICAL, LLC
515 Meadowland Dr.#100
Hillsborough, NC 27278
Telephone (919) 245-0200

schedule warranty (2)

GENERATOR SERVICE REPORT

Confirmed: left message about service with receptionist — Msg:

Adorable

401 W Queen Street
Hillsborough, NC 27278

Home #
Work # (919) 732-4201
Cell # (919) 606-2013

Service #: 2 of 2
Next Svc Due: Sep. 2019
Contract Term Date: AUTO 2016
THIS SERVICE DATE: 3/28/19
Svc. Tech: SF
Time Start 1:30 Finish
Lst. Svc. Date: 3/14/2019
Lst. Svc. Tech: Matt

From office turn left on 70 . At the light turn right and follow it through town. After you go through light @ Tryon St you will take the next the left on W Queen St.

Last Svc Notes:
General Maintenance - Tested Sensors. Checked wiring connections. Performed Operational & Load Tests. Cleane Chassis grounds.

Gen Size:	13/15 KW	Fuel Type:	NG	LP / NG	**Start-up Date:** 5/10/2005
Model #	47602	Air Flow:	YES	YES / NO	**Warranty Exp:**
Serial #	3912968	Drip - T:	YES	YES / NO	
T-Switch Size:	100 Amp	Gas Test Pt:	YES	YES / NO	
T-Switch Serial #:	3989619	Type/Size (P	Bl 34	Length (P): 60	PSI (P): 2
NEMA:	3R	Type/Size (S):	Bl 34	Length (S 9	PSI (S): 14
Engine Size:	990	**Load Test:**	Difficult	Easy / Difficult	**Pictures:** Yes
Hardware:		**120 VAC:**	No	YES / NO	
Version:					

Battery (New)	5/11/2017
Lst. Load Test:	3/14/2019
Lst. Oil Chg:	6/14/2018
Lst. Air Filter:	5/18/2016
Lst. Plug Chg:	12/28/2016
Lst. Opt. Test:	3/14/2019
Exercise Time:	Thurs. 11:00 AM
Block Heater:	N/A
Lst. Run Time:	N/A
Run Time	N/A
Radiator Flush:	N/A
Magnetos:	
Blk Htr Chk'd:	N/A
Slip Rings Cleaned	8/2/2012
ChasisGround:	
Brush Assy (New):	8/2/2012

Gen Location: Back side of structure in front of existing gas meter **T-Switch Loc** Right of meterbase at back of structure

THIS SVC (to do):
General Maintenance - Oil R&R typical service

Customer Authorization

Generator Condition: FLT (OK) / OFF Ambient Temp ______ Sensors Tested: (P) / F
Battery Chg Amp 1.5 Battery VDC 13.3 Alt Chg Amp 1.5 Alt VDC 13.3
Cranking Amps 144.3 VDC @ Crank 11.6 Specific Gravity Checked Yes / No
Battery (New) 5/11/2017 (GOOD) / NEW / MARGINAL Electrolyte level Checked Yes / No

Special Notes:
formerly (Villines Rest Home)

Coolant (boil pt) ______ / (freeze pt) ______ PH Level: ______
Radiator Flush: N/A YES / NO / NEEDED / N/A — Fan belt condition tension checked Yes / No / Needs New
Block Heater: OPR / NR / NA / RECOMMENDED
Freeze Plugs GOOD / NEED REPLACED / N/A — N/A

Parts Changed
Battery Chgr 4/22/10, Brush Assy (066386) 8/2/12, (2) Fuses 12/I

No Load VAC 246 / No Load Hz 60 VAC ______ Amp 80-100% ______ / Hz ______ Amp 80-100% ______ Transient ______ @ ALD 80-100% ______
Is engine response to load attachment across all load stages stable Yes / No Bkr. Tmp ______ Snsr Tmp ______ Hse Tmp ______
Engine recovery time to load attachment and dettachment in seconds [ ] seconds Magnetos (GOOD) / NEED REPLACED / N/A
AC excitation current .4 @ 80-100% Load ______ **Excitation Histor** 1.8 @ .52 Gas Pressure (NL) ______ / (FL) ______
Rotor Resistance: 4.2 Ohms Rotor Resistance: 22.8 Brush Assy 8/2/2012 (GOOD) / NEED REPLACED / N/

Wiring Connections Ck'd: (YES) / NO — Oil & Filter Chg'd: (YES) / NO — Were any gas leaks found ? YES / (NO) / CORRECTED
Check chasis ground (Yes) / No — Air Filter Chg'd: YES / (NO) — Is the generator level? (YES) / NO /
Load Test Performed: YES / (NO) — Plugs Changed: YES / (NO) — Verify ATS E1 E2 Lugs (Good) / Needs Work
Operational Test: (YES) / NO — Oil Pressure ______ / (Good) — **Exercise Time Re-Set:** ______ **AM / PM**
REPAIR(s) / REPAIR TIME: Mock
MON / TUES / WED / THURS / FRI / SAT / SUN
Pictures YES / (NO)

MATERIALS USED (Repairs):

MATERIALS USED (SVC
1270450115305YN
070155DS

NOTES:
Rotor VDC = 19.4
Stator VAC = .8
Rotor R = 24.2 ohm

SYSTEM RECORD OF COMPLETION

This form is to be completed by the system installation contractor at the time of system acceptance and approval.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to provide a complete record.

Form Completion Date: 3/6/2019 Supplemental Pages Attached: no

1. PROPERTY INFORMATION

Name of property: Adorable Senior Living

Address: 401 West Queen Street Hillsborough NC 27278

Description of property: Adult Care

Name of property representative: N/A

Address: N/A

Phone: N/A Fax: N/A E-mail: N/A

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: First Security Service Inc

Address: 4318 Western Park Place

Phone: 919-383-7810 Fax: E-mail:

Service organization: First Security Service Inc.

Address:

Phone: Fax: E-mail:

Testing organization: First Security Service Inc.

Address:

Phone: Fax: E-mail:

Effective date for test and inspection contract:

Monitoring organization: Security Central

Address: 316 Security Dr, Statesville, NC 28677

Phone: (704) 838-9000 Fax: E-mail:

Account number: HU-7786 Phone line 1: Phone line 2:

Means of transmission: POTS line

Entity to which alarms are retransmitted: Central Comm Phone: 919-732-7830

3. DOCUMENTATION

On-site location of the required record documents and site-specific software:

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: ☐ New system ☒ Modification to existing system Permit number: FA-10112

NFPA 72 edition: 2013

4.1 Control Unit

Manufacturer: Firelite Model number: 9050

4.2 Software and Firmware

Firmware revision number: N/A

4.3 Alarm Verification

☒ This system does not incorporate alarm verification.

Number of devices subject to alarm verification: Alarm verification set for seconds

SYSTEM RECORD OF COMPLETION *(continued)*

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120 VAC Control panel amps: 3

Overcurrent protection: Type: Amps:

Branch circuit disconnecting means location: Kitchen Pantry Number: 1

5.1.2 Secondary Power

Type of secondary power: Sealed Lead Acid Battery

Location, if remote from the plant:

Calculated capacity of secondary power to drive the system:

In standby mode (hours): 24 In alarm mode (minutes): 5

5.2 Control Unit

☒ This system does not have power extender panels

☐ Power extender panels are listed on supplementary sheet A

6. CIRCUITS AND PATHWAYS

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line		yes	B	0
Device Power		yes	B	0
Initiating Device		yes	B	0
Notification Appliance		yes	B	0
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	5	Addressable	Alarm	
Smoke Detectors	16	Addressable	Alarm	Photo
Duct Smoke Detectors	1	Addressable	Supervisory	Photo
Heat Detectors	16	Addressable	Alarm	Fixed/ROR
Gas Detectors				
Waterflow Switches				
Tamper Switches				

SYSTEM RECORD OF COMPLETION *(continued)*

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible		
Visible	2	Strobes
Combination Audible and Visible	8	Horn Strobes

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	
HVAC Shutdown	1
Fire/Smoke Dampers	
Door Unlocking	
Elevator Recall	
Elevator Shunt Trip	

11. INTERCONNECTED SYSTEMS

☒ This system does not have interconnected systems.

☐ Interconnected systems are listed on supplementary sheet _____.

12. CERTIFICATION AND APPROVALS

12.1 System Installation Contractor

This system as specified herein has been installed according to all NFPA standards cited herein.

Signed: Mike Hill Printed name: Michael Hill Date: _____

Organization: FSS Title: VP Phone: 919-383-7610

12.2 System Operational Test

This system as specified herein has tested according to all NFPA standards cited herein.

Signed: Mike Hill Printed name: Michael Hill Date: _____

Organization: FSS Title: VP Phone: 919-383-7610

12.3 Acceptance Test

Date and time of acceptance test: 3/6/2019 6:30am

Installing contractor representative: _____

Testing contractor representative: _____

Property representative: _____

AHJ representative: _____

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions

Score 96.5

Date of Insp/Chg: 08 / 28 / 2019

Status Code: A

Health Department 68

Current Facility ID 4068400005

Old Facility ID

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

Wastewater: ☒ Municipal/Community ☐ On-Site System

Capacity 17

Water sample taken today? ☐ Yes ☒ No

☒ Inspection ☐ Re-inspection ☐ Visit

☐ Name Change ☐ Verification of Closure ☐ Status Change

Name of Establishment: ADORABLE SENIOR LIVING

Permittee: ADORABLE SENIORL LIVING LLC

Location Address: 401 W QUEEN ST

Mailing Addr. 401 W QUEEN STREET

City: HILLSBOROUGH State: NC Zip: 27278

City: HILLSBOROUGH State: NC Zip: 27278

	Deductions Full/Half (circle one)
FLOORS, WALLS AND CEILINGS: [.1309, .1310]	
1. Floors easy to clean, no obstacles, drains where needed .	☐2 ☐1
2. Floors clean, carpet clean, dry, odor free	☐2 ☐1
3. Walls and ceilings cleanable, clean, good repair	☐2 ☐1
LIGHTING,VENTILATION,MOISTURECONTROL: [.1311]	
4. Lighting at least 10 foot candles 30 inches above floor	☐2 ☐1
5. Ambient air temperature 65° to 85° F, equipment clean	☐2 ☐1
6. No evidence of microbial growth	☐3 ☐1.5
7. Indoor smoking limited to dedicated smoking rooms	☐2 ☐1
TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES: [.1312]	
8. Facilities conveniently located, clean and in good repair .	☐2 ☐1
9. Toilet rooms free of storage, handwash signs posted	☐1 ☐.5
10. Bedpans, urinals, bedside commodes and emises basins properly cleaned and disinfected	☒1 ☐.5
11. Hand sinks used only for intended purpose	☐2 ☐1
12. Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device	☐3 ☐1.5
13. Lavatory and bathing hot water between 100° and 116° F	☐2 ☒1
14. Disinfectant accessible, properly used	☐2 ☒1
WATER SUPPLY: [.1313]	
15. Approved water supply, no cross-connections	☐4 ☐2
16. Quantity and hot water sufficient, backup water supply plan	☐2 ☐1
DRINKINGWATERFACILITIES,ICEHANDLING: [.1314]	
17. Water fountains clean, good repair, properly regulated	☐2 ☐1
18. Drinking utensils properly handled	☐2 ☐1
19. Ice protected, dispensed, equipment clean, in good repair	☐2 ☐1
LIQUID AND SOLID WASTES [.1315, .1316]	
20. Wastewater disposed of properly	☐4 ☐2
21. Solid waste stored properly, areas clean, facilities for cleaning	☐4 ☐2
22. Solid waste disposed of frequently, no insect breeding or nuisance	☐2 ☐1
23. Medical wastes handled and disposed of properly	☐2 ☐1
VERMIN CONTROL, PREMISES: [.1317]	
24. Vermin excluded	☐3 ☐1.5
25. Approved pesticides properly stored and handled	☐2 ☐1
26. Premises clean, no breeding places or rodent harborage	☐2 ☐1
27. Pet areas clean, veterinary records available	☐2 ☐1

	Deductions Full/Half (circle one)
MISCELLANEOUS: [.1318]	
28. Adequate storage, area clean, items properly stored	☐1 ☐.5
29. Mop sinks provided and used	☐1 ☐.5
30. Medication carts clean, sharps containers affixed, food and utensils handled properly	☐2 ☐1
31. Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions	☐2 ☐1
FURNISHINGS AND PATIENT CONTACT ITEMS: [.1319,.1312]	
32. Furniture clean and in good repair. Mattresses clean, dry, odor free	☐2 ☐1
33. Linen changed when soiled. Soiled linen handled properly	☐2 ☐1
34. Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately.	☐2 ☐1
35. Patient contact items in good repair, properly stored, cleaned and disinfected	☐1 ☒.5
FOOD SERVICE UTENSILS AND EQUIPMENT: [.1320]	
36. Approved utensils and equipment, cleaned and sanitized	☐2 ☐1
37. Activity kitchens used only for approved activities	☐1 ☐.5
38. Handwash lavatory provided wherever food is handled .	☐2 ☐1
FOOD SUPPLIES AND PROTECTION: [.1321, .1322, .1323]	
39. Food supply complies with 15A NCAC 18A .2600	☐4 ☐2
40. Food brought by employees or visitors handled properly	☐1 ☐.5
41. Milk and milk products comply with 15A NCAC 18A .1200	☐2 ☐1
42. Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control	☐4 ☐2
43. Food storage units with thermometers, maintain temperatures	☐1 ☐.5
44. Food stored above floor	☐1 ☐.5
45. No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals	☐2 ☐1
EMPLOYEES: [.1324]	
46. Clothing clean, no tobacco used while handling food	☐1 ☐.5
47. Hands properly washed or decontaminated	☐3 ☐1.5
48. Persons with infections excluded from food service work	☐2 ☐1

TOTAL 3.5

Rept Received by: Austin Davis

Additional Comment Sheet Attached

☒ Yes ☐ No

Inspection by: Wendy Thigpen

EHS I.D. # 1505 - Thigpen, Wendy

INSTRUCTIONS: Purpose: General Statute 130A-235 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1304 specifies the contents of an inspection form to record the results of inspections made of institutional facilities. This form is developed to be used in making inspections of orphanages, children's homes, and similar institutions. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the administrator or manager. 2. Copy for the local health department. 3. Copy for the Environmental Health Services Section, Division of Environmental Health. **Disposition:** This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Archives and History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632. (Courier 52-01-00)

N.C. Department of Environment and Natural Resources Division of Environmental Health **COMMENT ADDENDUM**	Name: ADORABLE SENIOR LIVING ID: 4068400005 Street: 401 W QUEEN ST City: HILLSBOROUGH	Time In: 02 : 00 ☐am ☒pm Time Out: 03 : 20 ☐am ☒pm Total Time: 1 hr 20 minutes Spell

10 Bedpans and bed side commodes shall be covered and carried to the laundry room for proper cleaning Where disposable bedpans, urinals, in rooms drinking container are reused, they shall be labeled with the patient's name and date and shall not be used by more than one patient Where facilities for cleaning bedpans are not provided in patient rooms, bedpans shall be taken to a soiled utility room and be cleaned and disinfected using an EPA registered hospital disinfectant after each use. Where disposable bedpans are reused, they shall be labeled with the patient's name and date and shall not be used by more than one patient. Bedside commodes shall be cleaned after each use and shall be cleaned and disinfected before use by successive patients. Hand sinks shall not be used for cleaning bedpans or bedside commodes.

13 Hot water in hallway restroom was 118F (hot water is to be between 100-116F)

14 Maintain a disinfectant for disinfecting all patient contact items (no disinfectant was available)Bathing facilities as required by the licensing agency shall be provided, maintained and kept clean. Bathing facilities shall be supplied with hot and cold running water and a mixing device, or tempering device. Shared bathing equipment that has contact with patient's skin shall be cleaned with detergent and an EPA registered hospital disinfectant between patient uses. Manufacturer's instructions shall be followed for cleaning equipment with pumps. A supply of cleaning and disinfectant agents shall be accessible to bathing areas

35 If hot water is used, linen including sheets, pillow cases, absorbent pads, towels and wash cloths provided by the facility shall be washed with a detergent in water at least 71°C (160°F) for 25 minutes. If low temperature (less than 71° C) laundry cycles are used, linens shall be washed in at least 50 parts per million chlorine or an EPA Listed laundry sanitizer shall be used in accordance with the manufacturer's instructions. The wash temperatures and chemicals required for linens shall not apply to personal laundry provided and used by a resident. Store all items in hallway closet above the floor level (bed covers, sheets on floor) POST PROCEDURES FOR LAUNDRY

Spell check complete

N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: ADORABLE SENIOR LIVING

ID: 4068400005

Street: 401 W QUEEN ST

City: HILLSBOROUGH

Spell

N.C. Department of Environment and Natural Resources
Division of Environmental Health

COMMENT ADDENDUM

Name: ADORABLE SENIOR LIVING

ID: 4068400005

Street: 401 W QUEEN ST

City: HILLSBOROUGH

Spell

N.C. Department of Environment and Natural Resources

Division of Environmental Health

COMMENT ADDENDUM

Name: ADORABLE SENIOR LIVING

ID: 4068400005

Street: 401 W QUEEN ST

City: HILLSBOROUGH

Spell

General Comments:

Please provide information on emergency water supply. WILL REVIEW DURING NEXT INSPECTION See rule (Each institution shall have a plan to obtain a backup water supply in the event that the water supply is lost for more than four hours. The backup water supply plan shall provide for two liters of water per day per person for drinking. The backup water supply plan shall include a plan for either relocating residents or providing
an alternative source of water for essential functions such as food preparation, hand washing, bathing, cleaning, dish washing, laundry and disposal of bodily waste. The amount of water provided for uses other than drinking may be reduced if the plan includes alternatives for water use for services such as laundry and dish washing. If an assessment determines that tap water is not to be used for drinking, sources shall be prominently labeled or hooded to restrict use and potable water shall be provided.

Detail clean and sanitize the water fountain on a regular basis. Drinking fountains shall be of sanitary angle-jet design, kept clean, and properly regulated
Clean the basement storage area
Post sanitizing instructions for laundry
Post instructions for cleaning bath pans
Clean floors behind the beds where needed

Spell check complete

FIRE DRILL SCHEDULE

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

Name of Adult Care Home: Adorable Senior Living

Address: 401 W. Queen Street, Hillsborough, NC 27278

Date of rehearsal: 7-17-19 Time of rehearsal: 3:10 Shift 1st (2nd) 3rd
(Circle any that apply)

Person in charge: Maria Martin

Other staff members present: Ann Horton, Myda Archelus

Time for evacuation: 6:56

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ✓

Other: Fire simulated in Main Living Area

FIRE DRILL SCHEDULE

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

Name of Adult Care Home: Adorable Senior Living

Address: 401 W. Queen St, Hillsborough, NC 27278

Date of rehearsal: 11-9-18 Time of rehearsal: 9:41 Am Shift (1st) 2nd 3rd
(Circle any that apply)

Person in charge: Maria Martin

Other staff members present: LaTanya May, Ashley Martin

Time for evacuation: 4:57

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for

Other: All resident Removed to evacuation area

Date of rehearsal: 11-9-18 Time of rehearsal: 6:32 pm Shift 1st 2nd 3rd
(Circle any that apply)

Person in charge: Maria Martin

Other staff members present: Ann Horton, Diane Corbett

Time for evacuation: 5':18.

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps _____ Discuss fire hazards to look for ✓

Other: Fire Simulated in Laundry Area

FIRE DRILL SCHEDULE

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

Name of Adult Care Home: Adorable Senior Living

Address: 401 W Queen St.

Date of rehearsal: 11-12-18 Time of rehearsal: 6:45 AM Shift 1st-2nd-3rd (Circle any that apply)

Person in charge: Maria Martin

Other staff members present: Abby Davis, Gladys Ratliff

Time for evacuation: 4:42

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ✓

Other: All residents moved to designated areas

FIRE DRILL SCHEDULE

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

Name of Adult Care Home: Adorable Senior Living

Address: 401 W Queen St Hillsborough, NC 27278

Date of rehearsal: 3-8-19 Time of rehearsal: 6:54 AM Shift 1st-2nd-3rd

(Circle any that apply)

Person in charge: Maria Martin

Other staff members present: Abby Davis, Lydia Kawanda

Time for evacuation: 5:41

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ✓

Other: Fire simulated in Quiet Room

****

Date of rehearsal: 3-8-19 Time of rehearsal: 6:57 pm Shift (1st) 2nd 3rd
(Circle any that apply)

Person in charge: Maria Martin

Other staff members present: Mary Baldwin, LaTonya May
Lamont Crisp

Time for evacuation: 5:12

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ____

Other: Fire was simulated in Kitchen

FIRE DRILL SCHEDULE

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

Name of Adult Care Home: Adorable Senior Living

Address: 401 W Queen Street, Hillsborough, NC 27278

Date of rehearsal: 3-11-19 Time of rehearsal: 3:15pm Shift 1st-2nd-3rd
(Circle any that apply)

Person in charge: Maria Martin

Other staff members present: Ann Horton, Myda Archelus

Time for evacuation: 5:39

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ✓

Other: Fire Simulated in Front Office area

****

FIRE DRILL SCHEDULE

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

Name of Adult Care Home: Adorable Senior Living

Address: 401 W Queen Sto, Hillsborough, NC 27278

Date of rehearsal: 5-13-19 Time of rehearsal: 9:15AM Shift (1st)-2nd-3rd
(Circle any that apply)

Person in charge: Maria Martin

Other staff members present: Anita Aiken, Henry Morgan

Time for evacuation: 6:12

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps _____ Discuss fire hazards to look for _____

Other: Fire was simulated in Kitchen

****

Date of rehearsal: 5-13-19 Time of rehearsal: 3:50 Shift 1st 2nd 3rd
(Circle any that apply)

Person in charge: Maria Martin

Other staff members present: Diane Corbett, Abby Davis

Time for evacuation: 5:49

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps _____ Discuss fire hazards to look for _____

Other: All residents moved to Evacuation Areas

Date of rehearsal: 5-13-19 Time of rehearsal: 6:45 AM Shift 1st-2nd 3rd
(Circle any that apply)

Person in charge: Maria Martin

Other staff members present: Myda Archelus, Omoyemi Harris

Time for evacuation: 6:26

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ✓

Other: Fire simulated in resident Room

****

Date of rehearsal: 7-17-19 Time of rehearsal: 7:10 Shift (1st) 2nd 3rd
(Circle any that apply)

Person in charge: Maria Martin

Other staff members present: Mary Baldwin, Anita Aiken

Time for evacuation: 5:42

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for

Other: All residents moved to Disignated areas

FIRE DRILL SCHEDULE

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

Name of Adult Care Home: Adorable Senior Living

Address: 401 W. Queen St, Hillsborough, NC 27278

Date of rehearsal: 7-17-19 Time of rehearsal: 6:50AM Shift 1st-2nd-(3rd)
(Circle any that apply)

Person in charge: Abby Davis, Ojugo Adigwe, Henry Morgan

Other staff members present: Maria Martin

Time for evacuation: 6:05

Areas covered: (check any that apply)

Fire extinguishers instructions ✓ Fire alarm operation ✓

Fire evacuation maps ✓ Discuss fire hazards to look for ✓

Other: Fire simulated in Kitchen