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 |
|---|---|---|---|
| | HAL023041 | A. BUILDING: 01<br>B. WING _____ | 09/19/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOLDEN YEARS REST HOME | 630 SUGAR HILL ROAD<br>LAWNDALE, NC 28090 |

| (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<br><br>Report of a Construction Section Biennial Survey by Ed Miller, conducted on September 19, 2019.<br><br>Records indicate that this facility was licensed as a Home for the Aged with a capacity of 12 residents on 10/01/1976. Based on this information, this facility was surveyed using the 1967 N.C. State Building Code Section 407-Group "D"- Institutional Occupancy, the 1971 Minimum and Desired Standards and Regulation for Homes for the Aged and Infirm and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven of More Beds.<br><br>Deficiencies were cited that require a Plan of Correction. | C 000 | RECEIVED<br>OCT 10 2019<br>CONSTRUCTION SECTION | |
| C 111 | Must Have Current San. & Fire Safety Reports<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(<br>f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.<br><br>This Rule is not met as evidenced by:<br>1. Based on record review, and interview with Manager, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule.<br>Findings on September 19, 2019:<br>a. The current Fire Alarm annual inspectiuon and test in accordance with NFPA 72, is not available for review by the Surveyor. | C 111 | a The facility did not fail at this 9-19-19<br>the Surveyor did not see it!<br><br>This was hanging in the hall 9-19-19<br>at the front door. | |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Paulette Wellmon — TITLE: owner/administrator — (X6) DATE: 10/7/19

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| C 150 | Continued From page 1 | C 150 | | |
| C 150 | Corridors-Free of equipment and Obstructions<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(g) The requirements for corridors are:<br>(4) Corridors shall be free of all equipment and other obstructions.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency.<br>Findings on September 19, 2019:<br>a. Right Ext Pathway - there is an unattended large plumber's drain cleaning machine and trash can, obstructing the required six feet width corridor to three feet.<br>b. Right Ext - the corridor near the exit has a two TV tray and two chairs obstructing the required six feet width corridor to three feet six inches. | C 150 | a This was removed while inspector was here!<br><br>b This was removed by the resident that sit it there the day the surveyor was here! | 9-19-19<br><br>9-19-19 |
| C 183 | Fire Extinguishers<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0308 FIRE EXTINGUISHERS<br>(a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof.<br>(b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staff's | C 183 | | |



Paulette Willmon 10/1/19

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| C 183 | Continued From page 2<br>ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order.<br>Findings on September 19, 2019:<br>a. Entire Building - since the last annual maintenance, performed in June 2019, there has been no documentation of the portable fire extinguishers monthly in-house/owner inspections. | C 183 | a I cannot find any Rule pertaining to this deficiency! | |
| C 185 | Fire Safety-Rehearsals on Each Shift<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0309 PLAN FOR EVACUATION<br>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.<br>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.<br>(f) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Record review and interview with Manager, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter.<br>Findings on September 19, 2019:<br>a. In the 4th quarter for the last 12 months, no rehearsal occurred during 2nd shift. | C 185 | b This was done and was hanging in my office!<br>Fire Rehearsal DONE!<br><br>a. Is NOT TRUE Fire drills are done on every Shift | 9-19-19<br><br>9-19-19 |



Pamela Wellmon 10/7/19

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| C 189 | Continued From page 3 | C 189 | | |
| C 189 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the 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.<br>Findings on September 19, 2019:<br>a. Front Door - the exit sign does not illuminate on backup power when tested.<br><br>2. 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.<br>Findings on September 19, 2019:<br>a. Pantry - there are to conduits not firestopped as they penetrate the fire-resistance-rated ceiling assembly.<br>b. Shared Bathroom between Bedroom 3 & 4 - there is a pipe not firestopped as it penetrates the fire-resistance-rated ceiling assembly.<br><br>3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.<br>Findings on September 19, 2019: | C 189 | a I tried every Breaker even the Main And the Lights Stayed on they Have a Battery Back up<br><br>a. Replaced fire Chalke<br><br>b Replaced fire Chalk | 9-30-19<br><br>9-30-19<br><br>9-30-19 |

Backup power

Fire chalk



Paulette Wellmon 10/1/19

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| C 189 | Continued From page 4<br>a. Pantry - a bread cart is stored in front of the electrical panel, limiting the required 36-inches by 30-inches minimum clear working space. Deficiency corrected before Construction Surveyors departed site.<br>b. Front Corridorn - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle.<br><br>4. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition.<br>Findings on September 19, 2019:<br>a. Bedroom 1 - the corridor door latches to its frame, but a very light touch will cause the door to release.<br><br>5. Based on observations, the Facility's method of storing material in the facility was not maintained in a safe and proper operating condition for a non-sprinklered building. High storage could hinder firefighter availability to effectively provide manual hose streams of water to a fire.<br>Findings on September 19, 2019:<br>a. Linen Closet - materials are being stored within 24-inches of the ceiling.<br>6. Based on Observation and interview with Manager, the Building is not accessible for inspections. This will prevent any deficiency that may be discovered with regular inspections from being corrected.<br>Findings on September 19, 2019:<br>a. Camera Room - there is no key onsite to allow access into this area for inspection. | C 189 | a moved<br><br>b Could NOT find this Rule!<br><br>a. I could NOT find a Rule pertaining to this, but latch was ajusted<br><br>a Could NOT find this Rule<br>But Linens were moved the day Surveyor was here<br><br>a Xtra Key Located in Medicine Room | 9-19-19<br><br>9-30-19<br><br>9-30-19<br><br>9-30-19<br>9-19-19<br><br>9-24-19 |
| C 191 | Unvented & Portable Elec. Heaters Prohibited<br><br>SECTION .0300 - PHYSICAL PLANT | C 191 | | |



Paulette Wellmon 10/7/19

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| C 191 | Continued From page 5<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.<br>(2) Unvented fuel burning room heaters and portable electric heaters are prohibited.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation, the facility failed to prevent portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if heater is the ignition source of a fire. The danger increases if used by resident or combustible material is near.<br>Findings on September 19, 2019:<br>a. Administrator Office - a portable electric heater was found in this room. | C 191 | Removed from Home | 9-30-19 |
| C 199 | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and | C 199 | | |



Paulette Wellmon 10/1/19

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| C 199 | Continued From page 6<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted.<br>Findings on September 19, 2019:<br>a. Half Bath - the required exhaust ventilation system does not work.<br>b. Staff Bath - the required exhaust ventilation system does not work. | C 199 | a Repaired on 10-7-19<br><br>b Repaired on 10-7-19 | |

Exhaust FANS



Paulette Willmon 10/7/19

2019

# FIRE AND DISASTER PLAN REHEARSAL SCHEDULE

Name of Home: Golden Years Rest Home FCH/HA/DDA

Address: 630 Sugar Hill Rd Kannapolis NC. 28090

1. Date of Rehearsal: 1-7-19 Time of Rehearsal: 10:10 Shift: (1st) - 2nd - 3rd
(circle one)

Person in Charge: Paulette Wellmon

Other Staff Members Present: _____

Time for Total Evacuation: 2:50

Brief Description of What Was Involved: Residents were laying down Resting at the time of Fire drill. Residents went out to parking lot

2. Date of Rehearsal: 1-13-19 Time of Rehearsal: 5:55 Shift: 1st - 2nd - (3rd)
(circle one)

Person in Charge: Tonya Towery

Other Staff Members Present: _____

Time for Total Evacuation: 2.45

Brief Description of What Was Involved: Resident's were Dressing for the day so when alarm went off Resident finished and went to parking lot

(over)

# FIRE AND DISASTER PLAN REHEARSAL SCHEDULE

Name of Home: Golden Years Rest Home FCH/HA/DDA

Address: 630 Sugar Hill Rd Hiddenite NC. 28636

1. Date of Rehearsal: 1-26-19 Time of Rehearsal: 5:00 Shift: 1st (2nd) 3rd (circle one)

Person in Charge: Melony Downs

Other Staff Members Present:

Time for Total Evacuation: 2 min

Brief Description of What Was Involved: Most Residents were in living Room at the time alarm sounded everyone was out and to the parking lot

2. Date of Rehearsal: 4-3 Time of Rehearsal: 3:10 Shift: 1st (2nd) 3rd (circle one)

Person in Charge: Melony Downs

Other Staff Members Present:

Time for Total Evacuation: 2 min

Brief Description of What Was Involved: Resident were all about the home, but went out in a hurry

(over)

FIRE AND DISASTER PLAN REHEARSAL SCHEDULE

2019

Name of Home: Golden Years Rest Home FCH/HA/DDA

Address: 630 Sugar Hill Rd Hiddenite NC. 28636

1. Date of Rehearsal: 4-16-19 Time of Rehearsal: 10:45 Shift: 1st - 2nd - (3rd)
(circle one)

Person in Charge: Tonya Towery

Other Staff Members Present: _____

Time for Total Evacuation: 1.5 min

Brief Description of What Was Involved: Residents were all up and Dressed and left home in a orderly Way

2. Date of Rehearsal: 4-25-19 Time of Rehearsal: 1:30 Shift: (1st) - 2nd - 3rd
(circle one)

Person in Charge: Paulette Wellmon

Other Staff Members Present: _____

Time for Total Evacuation: 1 Min

Brief Description of What Was Involved: Some Residents were in their Rooms but went outside as soon as Alarm Sounded

(over)

FIRE AND DISASTER PLAN REHEARSAL SCHEDULE

2019

Name of Home: Golden Years Rest Home FCH/HA/DDA

Address: 630 Sugar Hill Rd Lincolnton NC. 28090

1. Date of Rehearsal: 8-17-19 Time of Rehearsal: 4:10 Shift: 1st - (2nd) - 3rd (circle one)

Person in Charge: Crystal Maddox

Other Staff Members Present: Paulette Wellmon

Time for Total Evacuation: 1 min

Brief Description of What Was Involved: Some Residents were outside others were in living Room. All Residents rushed out the front door to the parking lot

2. Date of Rehearsal: 8-21-19 Time of Rehearsal: 10:00 Shift: (1st) - 2nd - 3rd (circle one)

Person in Charge: Paulette Wellmon

Other Staff Members Present: Sue Reeder

Time for Total Evacuation: 2min

Brief Description of What Was Involved: Some Residents Were laying down others wer in living Room All residents Went to parking lot

(over)

# FIRE AND DISASTER PLAN REHEARSAL SCHEDULE

2019

Name of Home: Golden Years Rest Home FCH/HA/DDA

Address: 630 Sugar Hill Rd Kannapolis NC. 28090

1. Date of Rehearsal: 8-29-19 Time of Rehearsal: 6:45 Shift: 1st - 2nd - 3rd (circle one)

Person in Charge: Tonya Towery

Other Staff Members Present: _____

Time for Total Evacuation: 1.45 min.

Brief Description of What Was Involved: Residents calmly went outside to front parking lot

2. Date of Rehearsal: 12- 19 Time of Rehearsal: _____ Shift: 1st - 2nd - 3rd (circle one)

Person in Charge: _____

Other Staff Members Present: _____

Time for Total Evacuation: _____

Brief Description of What Was Involved: _____

(over)

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

# Inspection of Residential Care Facility

(For facilities, as defined, with not more than 12 residents)

Demerit Score: 8

Date of Insp/Chg: 01 / 11 / 2019

Status Code: A

Health Department: 23 Cleveland

Current Facility ID: 2023430187

Old Facility ID:

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

Wastewater: ☐ Municipal/Community ☒ On-Site System

Water sample taken today? ☐ Yes ☒ No

☒ Inspection ☐ Re-inspection ☐ Visit ☐ Name Change ☐ Verification of Closure ☐ Status Change

Name of Establishment: GOLDEN YEARS

Permittee: ROBERT WELLMON ,Paulette Wellmon

Location Address: 630 SUGAR HILL RD

Number of Residents: 12

City: LAWNDALE State: NC Zip: 28090

Mailing Addr.

City: State: Zip:

**Classification**

☒ Approved (20 or less demerits, and no 6-point demerits) ☐ Disapproved (More than 40 demerits or failure to improve provisional classification)

☐ Provisional (more than 20, but 40 or less demerits, or a 6-point demerit)

| | Demerits | Comments |
|---|---|---|
| 1. **WATER SUPPLY: Public supply; private supply approved 6 (.1611)** | | |
| 2. **LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (.1613)** | | ** SEE COMMENT SHEET ATTACHED ** |
| 3. **FOOD SUPPLIES AND PROTECTION:** **Supplies: All food clean, wholesome, no spoilage 6 (.1619)** **Protection**: Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2: pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620) | | Hot water - Kitchen 140 F Bathrooms 113 F |
| 4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6; disposable items properly stored and handled, used only once 2 (.1618) | 4 | |
| 5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (.1621) | | |
| 6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4: ice. if provided, handled and dispensed in a sanitary manner 2 (.1612) | | |
| 7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (.1611) | | |
| 8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610) | 2 | |
| 9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617) | | |
| 10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616) | | |
| 11. FLOORS: In good repair 1; kept clean 2 (.1607) | 1 | |
| 12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1608) | 1 | |
| 13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (.1609) | | |
| 14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 (.1615) | | |
| 15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614) | | |

**Comment Sheet Attached** ☐ Yes ☒ No

Rept Received: Crystal Maddox

TOTAL DEMERIT SCORE: 8

Inspection by: Michelle S. Ford, REHS

EHS I.D.#: 1218 - Ford, Michelle

**Purpose:** General Statute 130A-235 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1605 specifies the contents of an inspection form to record the results of inspections made of residential care facilities. This form is to be used in making inspections of residential care facilities. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and three copies for: 1. Original to the person in charge. 2. One copy for the supervising agency (or more as requested). 3. Copy for the local health department. **Disposition:** Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. **Additional forms may be ordered from:** Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)

# FIRE AND BUILDING SAFETY INSPECTION REPORT
## NORTH CAROLINA DIVISION OF SOCIAL SERVICES

### INSTITUTIONAL BUILDING

FOR: ☐ CHILD CARING INSTITUTION ☐ MATERNITY HOME ☑ HOME FOR THE AGED

NAME OF FACILITY: Golden Years ADMINISTRATOR: Paulette Wellman

STREET ADDRESS: 630 Sugar Hill Rd

CITY: Lawndale STATE: NC ZIP: 28090 PHONE: 704-538-8855

TYPE OF POPULATION ADMITTTED: Aged & Infirm AGE RANGE OF POPULATION: _____

TYPE OF CONSTRUCTION: Masonry NUMBER OF STORIES: 1

TYPE OF HEATING SYSTEM: Heat Pump LOCATION: Outside

NUMBER OF U/L APPROVED FIRE EXTINGUISHERS: 4 PROPERLY LOCATED: ☑ YES ☐ NO PROPERLY MAINTAINED: ☑ YES ☐ NO

PROPER TYPE FIRE EXTINGUISHERS: ☑ YES ☐ NO PERSONNEL FAMILIAR WITH USE: ☑ YES ☐ NO

SMOKE DETECTION SYSTEM: ☑ YES ☐ NO U/L APPROVED: ☑ YES ☐ NO MAINTENANCE CONTRACT: ☑ YES ☐ NO

MANUAL FIRE ALARM: ☑ YES ☐ NO TYPE: Pull Station IN WORKING ORDER: ☑ YES ☐ NO

EVACUATION PLAN POSTED: ☑ YES ☐ NO FIRE DRILLS: ☑ YES ☐ NO HOW OFTEN: Quarterly

NUMBER OF APPROVED TYPE FIRE ESCAPES: 3 PROPERLY LIGHTED: ☑ YES ☐ NO SPRINKLER SYSTEM: ☐ YES ☑ NO

FIRE RATING OF WALLS AND PARTITIONS: Good CEILINGS: Good FURNACE ROOM WALLS AND CEILINGS: Good

INTERIOR STAIRWELLS INCLOSED: ☐ YES ☐ NO N/A EXIT DOORS SWING OUT: ☑ YES ☐ NO

DOORS UNLOCKED AND READILY OPENABLE FROM INSIDE: ☑ YES ☐ NO U/L EMERGENCY LIGHTING IN CORRIDORS: ☑ YES ☐ NO

TYPE OF EQUIPMENT PROVIDED FOR EMERGENCY POWER: Generator CONDITION: Good

CONDITION OF BASEMENT: N/A USE: _____

CONDITION OF ATTIC: N/A USE: _____

CONDITION OF BUILDING: ☐ SATISFACTORY ☐ UNSATISFACTORY

TYPES OF HAZARDS (please check those which apply)

**HEATING**
- ☐ Defective Furnace
- ☐ Defective Flue
- ☐ Defective Smoke Pipe
- ☐ Unsatisfactory Storage of Ashes
- ☐ Portable Heaters Used

**ELECTRICAL**
- ☐ Defective Fixtures
- ☐ Defective Wiring
- ☐ Defective Fuses
- ☐ Defective Lighting in Stairways and Halls

**EXITS**
- ☐ Halls Blocked
- ☐ Exits Blocked
- ☐ Unsatisfactory Fire Exits
- ☐ Storage on Escapes
- ☐ Inadequate Exit Lighting

**MISCELLANEOUS**
- ☐ Rubbish and Trash
- ☐ Unsatisfactory Fire Extinguishers
- ☐ Improper Storage and Use of Flammable Materials
- ☐ Defective Water Heater
- ☐ Storage of Mower and Garden Tractor
- ☐ Unsupervised Smoking of Residents

LOCATION OF HAZARDS FOUND: _____

REQUIREMENTS TO CORRECT ABOVE AND PROVIDE ADEQUATE SAFETY: _____

INSPECTOR: Josh Queen Terry Davis TITLE: Fire Inspector

ADDRESS: PO Box 2232 Shelby NC 28151 DATE OF INSPECTION: 9/13/19

THIS FIRE INSPECTION IS VALID UNTIL (DATE): 9/13/20