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
	HAL090035	A. BUILDING: 01 B. WING _____	12/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF INDIAN TRAIL	5306 SECREST SHORT CUT ROAD MONROE, NC 28110

(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 Tod Hancock, conducted on December 18, 2023. This facility was licensure on December 3, 2009 for Ninety-Six (96) Beds, of which Thirty-Six (36) are Special Care Beds. Based on the above information, the facility is required to meet the 2005 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirmed and the 2006 North Carolina State Building Code, Section 407, Institutional Occupancy, Group I-2. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule Is not met as evidenced by:	C 101	Emailed Securitas for repair/resolution request. Recommend 1/20/2024 and referred to local Partner: Amplified. Issue resolved.	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X8) DATE

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
	HAL090035	A. BUILDING: 01 B. WING _____	12/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF INDIAN TRAIL	5306 SECREST SHORT CUT ROAD MONROE, NC 28110

(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 1. Based on observation, and interview with Maintenance Director, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all the components required to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through the door(s). Findings December 18, 2023: a. C Hall--Nurse Station- Upon test, via the master override switch, the magnetic locks failed to disengage.	C 101		
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 staff, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this rule. Findings December 18, 2023: a. There were no records available to indicate the Fire Marshall had inspected the facility.	C 111	Current San. + Fire Safety Reports are maintained in the community in the anterior of the building. Fire Marshall inspection performed 9/13/2023. Please find attached in addition to a picture of report kept in binder up front.	12/19/2023
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION	C 185		

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
	HAL090035	A. BUILDING: 01 B. WING _____	12/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF INDIAN TRAIL	5306 SECREST SHORT CUT ROAD MONROE, NC 28110

(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 2 (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: 1.Review of records revealed the facility did not have a record of fire rehearsals being conducted quarterly on each shift. Findings December 18, 2023: 1.Review of records revealed the facility did not have a record of fire rehearsals being conducted quarterly on each shift.	C 185	Facility has record of fire rehearsals conducted quarterly in a binder in the entrance of the building. Please find attached fire rehearsals for 2023. 12/19/2023	
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. This Rule is not met as evidenced by: 1. Based on observation the facility is not maintaining the electrical components located near a water source in a safe manner. Findings on December 18, 2023: a. D Hall-Laundry- The receptacle behind the	C 188	Electric company scheduled to come out to address issues regarding GFIs, receptacles, and test/trip capability on or by 1/16/2024	

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
	HAL090035	A. BUILDING: 01 B. WING _____	12/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF INDIAN TRAIL	5306 SECREST SHORT CUT ROAD MONROE, NC 28110

(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 3 washing machine did not trip on test indicating the lack of ground fault protection. b. C Hall-Laundry- The receptacle behind the washing machine did not trip on test indicating the lack of ground fault protection.	C 188		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility failed to maintain the fire safety systems in a safe operating condition. This could endanger all occupants by delaying the signaling of first responders in an emergency. Findings on December 18, 2023: a. The Fire Alarm Control Panel (FACP) is indicating trouble. The panel is indicating trouble with a duct detector at Air Handling Unit #3 located above the Kitchen in the attic. 2. Based on observation, the buildings plumbing system is not maintained in a safe manner. Findings December 18, 2023: a. Kitchen- The Ice machine drain does not have a 2" air gap 3. Based on observation, the buildings'	C 189	The Fire Alarm Control Panel was serviced on 1/24/2024. Ice machine drain has a 2" air gap.	1/24 1/4

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
	HAL090035	A. BUILDING: 01 B. WING _____	12/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF INDIAN TRAIL	5306 SECREST SHORT CUT ROAD MONROE, NC 28110

(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 4 emergency equipment is not maintained in a safe operating condition. This could affect all if they could not promptly find their way to the exit during an emergency. Findings on December 18, 2023: a. B Hall-At Employee Break Room- The Exit sign is not illuminated. 4. Based on observation, the building fire safety components were not maintained in a safe and effective condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on December 18, 2023: a. A- Hall- Electrical Room- There is a hole in the rated wall assembly. b. D-Hall- Electrical Room- There is a hole in the rated ceiling assembly. c. Exterior- Mechanical Room- There is a large hole in the rated ceiling assembly. 5. Based on observation and interview with the Maintenance Director, the facility is not maintaining its electrical system in a safe and operational manner. Findings on December 18, 2023: a. Foyer-The lights in the foyer are not operational. They appear to be fed from panel A2, circuit #12. b. Building System Closet- The overhead light is not operational. 6. Based on observation, the building was not maintained in a safe operating condition, because the portable fire extinguishers lacked the routine inspections documentation required to ensure a proper performance. Failure to maintain fire safety equipment could affect occupants of the facility if the equipment does not function to suppress a fire. Findings on December 18, 2023:	C 189	New exit sign purchased and installed Holes to be patched/filled Contacted electric company to address lights in foyer, closet, and operation	1/10 1/10 1/15

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
	HAL090035	A. BUILDING: 01 B. WING _____	12/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF INDIAN TRAIL	5306 SECREST SHORT CUT ROAD MONROE, NC 28110

(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 5 a. There was no documentation of the required monthly fire extinguishers inspections.	C 189		
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 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, the facility is not maintaining its exhaust fan in an operable condition. This could cause unnecessary odors as well as mildew. Findings December 18, 2023: a. C-Hall 400- Utility Closet- The exhaust fan is not working. b. C-Hall 400- Janitor Closet- The exhaust fan is not working.	C 199	Impaired exhaust ventilation fans replaced.	1/24

Monroe Fire Department

Occupancy: **The Addison of Indian Trail**
Occupancy ID: **07027033B**
Address: **5306 Secrest Short Cut RD MONROE NC 28110**

Form: MFD-Bus/Ed/Assem/Resid/Merc/Permit-Billable

Inspection Type: **Institutional - 12 Month**
Inspection Date: **9/13/2023** By: Philemon, Kevin (57)
Time In: **16:09** Time Out: **16:19**
Authorized Date: **09/13/2023** By: Philemon, Kevin (57)

Inspection Description:

MFD 2018 Code Business-Education/Assembly/Residential/Mercantile/Permit-Billable

Inspection Topics:

FIRE PROTECTION SYSTEMS Chapter #9

Fire Protection Systems shall be maintained in accordance with the original installation standards for that system.

901.4 Installation. Fire protection systems shall be maintained in accordance with the original installation standards for that system. Required systems shall be extended, altered or augmented as necessary to maintain and continue protectionwhenever the building is altered, remodeled or added to. Alterations to fire protection systems shall be done in accordance with applicable standards.

Status: Corrected
Notes: Follow Up Inspection performed by C. Plyler. Sprinkler Paperwork - Provided 9-13-23. Still Need Fire Alarm Paperwork. - Fire Alarm Paperwork Provided 9-13-23

Additional Time Spent on Inspection:

Category	Start Date / Time	End Date / Time

Notes: No Additional time recorded

Total Additional Time: 0 minutes
Inspection Time: 10 minutes
Total Time: 10 minutes

Summary:

Overall Result: Passed - Fire Code Approved

All requirements of the NC Fire Code met - Approved for Occupancy

Inspector Notes:

Inspector:

Name: Philemon, Kevin
Rank: Fire Marshal
Work Phone(s): 704-282-4741
Email(s): kphilemon@monroenc.org, permitcenter@monroenc.org
Philemon, Kevin:

Kevin Philemon

Signed on: 09/13/2023 16:10

Signature *Date*

Representative Signature

Signature of: Ian Grant on 09/13/2023 16:11

By Phone

Signature

Date

Monroe Fire Department

Occupancy: The Addison of Indian Trail
Occupancy ID: 07027033B
Address: 5306 Secrest Short Cut RD MONROE NC 28110

Form: MFD: Bus/Ed/Assem/Resid/Merc/Permit-Billable

Inspection Type: Institutional - 12 Month
Inspection Date: 9/13/2023 By: Philemon, Kevin (57)
Time In: 16:09 Time Out: 16:19
Authorized Date: 09/13/2023 By: Philemon, Kevin (57)

Inspection Description

MFD 2018 Code Business-Education/Assembly/Residential/Mercantile/Permit-Billable

Inspected Topics

FIRE PROTECTION SYSTEMS Chapter 9

Fire Protection Systems shall be maintained in accordance with the original installation standards for that system.

901.4 Installation. Fire protection systems shall be maintained in accordance with the original installation standards for that system. Required systems shall be extended, altered or augmented as necessary to maintain and continue protectionwhenever the building is altered, remodeled or added to. Alterations to fire protection systems shall be done in accordance with applicable standards.

Status: Corrected

Notes: Follow Up Inspection performed by C. Plyler. Sprinkler Paperwork - Provided 9-13-23. Still Need Fire Alarm Paperwork. - Fire Alarm Paperwork Provided 9-13-23

Additional Time Spent on Inspection

Category	Start Date / Time	End Date / Time

Notes: No Additional time recorded

Total Additional Time: 0 minutes
Inspection Time: 10 minutes
Total Time: 10 minutes

Summary

Overall Result: Passed - Fire Code Approved

All requirements of the NC Fire Code met - Approved for Occupancy

Inspector Notes:

Inspector

Name: Philemon, Kevin
Rank: Fire Marshal
Work Phone(s): 704-282-4741
Email(s): kphillemon@monroenc.org, permitcenter@monroenc.org
Philemon, Kevin

Kevin Philemon

Signed on: 09/13/2023 16:10

Signature: _____ Date: _____

Printed on 01-24-[illegible] 05:53

Page 1 of 2

Logbook Report

Addison of Indian Trail - Monroe, NC 28110-9173
Task Name: Fire Drill
Last 12 Months
Report Generated: 2023-12-19

Due Date	Completed By	Building/Location	Task	Date	Start Time	End Time	Location in Building	Initiated By
11/30/2023	Ian Grant	Main Building	2nd	11/16/2023	3 PM	3:15 PM	B Hall	Ian Grant MD
10/31/2023	Ian Grant	Main Building	1st	10/17/2023	10 AM	10:15 AM	Front Lobby	Ian grant MD
9/30/2023	Ian Grant	Main Building	3rd	9/14/2023	11 PM	11:30 PM	A Hall	Ian Grant
8/31/2023	Ian Grant	Main Building	2nd	8/16/2023	330 PM	345 PM	A Hall	Ian Grant
7/31/2023	Ian Grant	Main Building	1st	7/24/2023	2 PM	3 PM	B6	Ian G
6/30/2023	Ian Grant	Main Building	3rd	6/14/2023	630am AM	645am AM	B Hall	Ian G MD
5/31/2023	Ian Grant	Main Building	2nd	5/3/2023	11 AM	1130 AM	B Hall	Ian G
2/28/2023	Ian Grant	Main Building	2nd	2/12/2023	620 PM	640 PM	main	Ian Grant
1/31/2023	Ian Grant	Main Building	1st	2/10/2023	900 AM	930 AM	main	IG
12/31/2022	Ian Grant	Main Building	3rd	12/22/2022	6p	8p	front	Ian

Logbook Documentation

Addison of Indian Trail - Monroe, NC 28110-9173
Task Name: Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Ian Grant on 12/19/2023.

Date	11/16/2023
Start Time	3 PM
End Time	3:15 PM
Location in Building	B Hall
Drill Initiated By (Name & Position)	Ian Grant MD
Participants (Names & Positions)	Nicole BaileyIan GrantCissie VeraTuisha Duff
Response Time	10 seconds
911 Follow-up Call By (Name & Position)	Ian Grant Director of Facilities
Resident Head Count	42
Staff Head Count	10
Visitor Head Count	0
Number of residents evacuated	0
Verified that the alarm company received the signal and system reset?	Yes
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace	No

Defective Equipment (if "Yes," please describe in the Remarks section)	
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Remarks of Person Holding Drill	No Issues
External Weather Condition	57

Logbook Documentation

Addison of Indian Trail - Monroe, NC 28110-9173
Task Name: Perform a fire drill during 1st shift- (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Ian Grant on 12/19/2023.

Date	10/17/2023
Start Time	10 AM
End Time	10:15 AM
Location in Building	Front Lobby
Drill Initiated By (Name & Position)	Ian grant MD
Participants (Names & Positions)	Monica AdamsClssie VeraNicole Bailey
Response Time	15 seconds
911 Follow-up Call By (Name & Position)	Ian Grant MD
Resident Head Count	44
Staff Head Count	9
Visitor Head Count	0
Number of residents evacuated	0
Verified that the alarm company received the signal and system reset?	Yes
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace	No

Defective Equipment (If "Yes," please describe in the Remarks section)	
Follow-Up Corrective Action - Install/Modify Safety Device (If "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (If "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Remarks of Person Holding Drill	No Issues
External Weather Condition	60

Logbook Documentation

Addison of Indian Trail - Monroe, NC 28110-9173
Task Name: Perform a fire drill during 3rd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Ian Grant on 12/19/2023.

Date	9/14/2023
Start Time	11 PM
End Time	11:30 PM
Location in Building	A Hall
Drill Initiated By (Name & Position)	Ian Grant
Participants (Names & Positions)	Mary JonesTuisha DuffIan Grant
Response Time	15 seconds
911 Follow-up Call By (Name & Position)	Ian Grant
Resident Head Count	44
Staff Head Count	8
Visitor Head Count	0
Number of residents evacuated	0
Verified that the alarm company received the signal and system reset?	Yes
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (If "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (If "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (If "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace	No

Defective Equipment (if "Yes," please describe in the Remarks section)	
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Remarks of Person Holding Drill	Issue with fire panel. I already reached out to fire protection.
External Weather Condition	60

Logbook Documentation

Addison of Indian Trail - Monroe, NC 28110-9173
Task Name: Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Ian Grant on 9/6/2023.

Date	8/16/2023
Start Time	330 PM
End Time	345 PM
Location in Building	A Hall
Drill Initiated By (Name & Position)	Ian Grant
Participants (Names & Positions)	Monica Adams EDSheryl HRTulsha MCDCissie
Response Time	30 seconds
911 Follow-up Call By (Name & Position)	Tulsha
Resident Head Count	37
Staff Head Count	12
Visitor Head Count	0
Number of residents evacuated	0
Verified that the alarm company received the signal and system reset?	Yes
All Fire Equipment Functional? (If "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (If "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (If "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (If "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace	No

Defective Equipment (if "Yes," please describe in the Remarks section)	
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Remarks of Person Holding Drill	None
External Weather Condition	93

Logbook Documentation

Addison of Indian Trail - Monroe, NC 28110-9173
Task Name: Perform a fire drill during 1st shift- (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Ian Grant on 9/7/2023.

Date	7/24/2023
Start Time	2 PM
End Time	3 PM
Location in Building	B6
Drill Initiated By (Name & Position)	Ian G
Participants (Names & Positions)	Cissie VMonica Alan GTuishaNicole B
Response Time	30 seconds
911 Follow-up Call By (Name & Position)	Monica A
Resident Head Count	41
Staff Head Count	7
Visitor Head Count	0
Number of residents evacuated	0
Verified that the alarm company received the signal and system reset?	Yes
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (If "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (If "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace	No

Defective Equipment (if "Yes," please describe in the Remarks section)	
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Remarks of Person Holding Drill	None
External Weather Condition	83

Logbook Documentation

Addison of Indian Trail - Monroe, NC 28110-9173
Task Name: Perform a fire drill during 3rd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Ian Grant on 9/6/2023.

Date	6/14/2023
Start Time	630am AM
End Time	645am AM
Location in Building	B Hall
Drill Initiated By (Name & Position)	Ian G MD
Participants (Names & Positions)	Mary Jonesian Grant
Response Time	30 seconds
911 Follow-up Call By (Name & Position)	Mary Jones
Resident Head Count	40
Staff Head Count	10
Visitor Head Count	0
Number of residents evacuated	0
Verified that the alarm company received the signal and system reset?	Yes
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (If "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace	No

Defective Equipment (if "Yes," please describe in the Remarks section)	
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Remarks of Person Holding Drill	None
External Weather Condition	72

Logbook Documentation

Addison of Indian Trail - Monroe, NC 28110-9173
Task Name: Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Ian Grant on 8/28/2023.

Date	5/3/2023
Start Time	11 AM
End Time	1130 AM
Location in Building	B Hall
Drill Initiated By (Name & Position)	Ian G
Participants (Names & Positions)	See Attachment
Response Time	20 seconds
911 Follow-up Call By (Name & Position)	Nicole B
Resident Head Count	44
Staff Head Count	14
Visitor Head Count	00
Number of residents evacuated	00
Verified that the alarm company received the signal and system reset?	Yes
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace	No

Defective Equipment (if "Yes," please describe in the Remarks section)	
Follow-Up Corrective Action - Install/Modify	No
Safety Device (if "Yes," please describe in the Remarks section)	
Follow-Up Corrective Action - Modify	No
Environment (if "Yes," please describe in the Remarks section)	
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Remarks of Person Holding Drill	N/A
External Weather Condition	75

Logbook Documentation

Addison of Indian Trail - Monroe, NC 28110-9173
Task Name: Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Ian Grant on 3/15/2023.

Date	2/12/2023
Start Time	620 PM
End Time	640 PM
Location in Building	main
Drill Initiated By (Name & Position)	Ian Grant
Participants (Names & Positions)	see upload
Response Time	30 seconds
911 Follow-up Call By (Name & Position)	n/a
Resident Head Count	38
Staff Head Count	8
Visitor Head Count	0
Number of residents evacuated	0
Verified that the alarm company received the signal and system reset?	Yes
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace	No

Defective Equipment (if "Yes," please describe in the Remarks section)	
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Remarks of Person Holding Drill	See upload
External Weather Condition	41

Logbook Documentation

Addison of Indian Trail - Monroe, NC 28110-9173
Task Name: Perform a fire drill during 1st shift- (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Ian Grant on 3/15/2023.

Date	2/10/2023
Start Time	900 AM
End Time	930 AM
Location in Building	main
Drill Initiated By (Name & Position)	IG
Participants (Names & Positions)	see back page
Response Time	30 seconds
911 Follow-up Call By (Name & Position)	n/a
Resident Head Count	38
Staff Head Count	10
Visitor Head Count	0
Number of residents evacuated	0
Verified that the alarm company received the signal and system reset?	Yes
All Fire Equipment Functional? (If "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace	No

Defective Equipment (if "Yes," please describe in the Remarks section)	
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Remarks of Person Holding Drill	none
External Weather Condition	38

Logbook Documentation

Addison of Indian Trail - Monroe, NC 28110-9173
Task Name: Perform a fire drill during 3rd shift - (Upload copy of drill with signature sheet to TELS when complete)
Main Building
Marked done on-time by Ian Grant on 1/11/2023.

Date	12/22/2022
Start Time	6p
End Time	8p
Location in Building	front
Drill Initiated By (Name & Position)	Ian
Participants (Names & Positions)	see attachment
Response Time	30 seconds
911 Follow-up Call By (Name & Position)	Cissie Vera
Resident Head Count	30
Staff Head Count	6
Visitor Head Count	0
Number of residents evacuated	0
Verified that the alarm company received the signal and system reset?	Yes
All Fire Equipment Functional? (if "No," please describe in the Remarks Section)	Yes
Visible/Audio Devices Checked?	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section)	Yes
Fire/Smoke Damper Performed Property? (if "No," please describe in the Remarks section)	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section)	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Repair/Replace	No

Defective Equipment (if "Yes," please describe in the Remarks section)	
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section)	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section)	No
Remarks of Person Holding Drill	Ian Grant
External Weather Condition	nice