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
	HAL092156	A. BUILDING: **01** B. WING _____	R **05/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTFIELDS AT CARY	**1050 CRESCENT GREEN DRIVE CARY, NC 27511**

(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 Follow Up Survey conducted by Tod Hancock on May 6, 2025. Deficiencies remain incorrected and a new Plan of Correction is required.	{C 000}		
{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. Review of records revealed that the facility did not have current fire and building safety inspection reports available for review. Findings on May 6, 2025: a. A copy of the current Fire Official's Annual Inspection report was not available for review. b. A copy of the current fire alarm system inspection report was not available for review. c. A copy of the current fire sprinkler system inspection report was not available for review. d. A copy of the current health department inspection was not available for review. e. Records of fire drills were not available for review.	{C 111}	C 111 Section .0300- Physical Plant 10A NCAC 13 F. 0302 Design and Construction. The Rule will be met by submitting the current Fire Annual Inspection Report, a copy of the fire alarm system report, a copy of the fire sprinkler system inspection report, and a copy of the health department inspection and a record of the fire drills. Continued compliance will be monitored by the facility director. A binder containing current inspections will be maintained as well as uploaded to TELS .	8/29/25
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS	{C 164}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Diane Beckett Executive Director Diane Beckett | 8/12/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092156	A. BUILDING: **01** B. WING _____	R **05/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTFIELDS AT CARY	**1050 CRESCENT GREEN DRIVE CARY, NC 27511**

(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 164}	Continued From page 1 (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building ceilings are not kept clean and in good repair. Findings on May 6, 2025: a. 3rd. Floor-Housekeeping- There are ceiling tiles that are damaged and are covered with bacterial growth.	{C 164}	C 164 Section .0300- Physical Plant 10a NCAC 13 F .0306 Housekeeping and Furnishings The Rule will be met by replacing all damaged ceiling tiles. Queens Contractor has been retained to complete the work. Compliance will be monitored by Facilities Director. A monthly check of ceiling tiles will be scheduled.	8/29/25

Service Order

PM - Fire Alarm Annual Inspection 100% Devices - Annual

Tech Clock IN/OUT IVR 844-347-3487 IVR# 978602

Service Location:	Service Order No:	Vendor ID:	
Direct Supply - AlerisLife 58258-HeartFields at Cary 1050 Crescent Green Dr Cary, NC 27518 Phone# (919) 852-5757 Fax#	S2411144132 - 1	cintas-33q	
	Customer PO: 85944601	Schedule Date:	Complete By: 1/15/2025

Scope Of Work:

Conduct an Annual Fire Alarm inspection as required by applicable codes & standards. Test all fire alarm devices at this visit. Technician must leave 1 copy of the completed, signed inspection report onsite, and submit 1 copy with your invoice.

Fire Alarm Annual Inspection 100% Devices - Annual - NEED TO PROIVDE LOCATION LIST OF ALL DEVICES

Additional Information

Fire Equipment:

Inspection Results - *Update as Necessary & Complete Blank Fields*

Technician Work Performed:

Fire Panel Make	NOTIFIER
Fire Panel Model	NFS-320
Panel Location	FACP
Annunciator Location	ENTRY
Monitoring Company Name	CINTAS
Monitoring Phone Number	8004829800

Check All That Apply	Y	N
Deficiencies Found?		X
System Red Tagged?		X
System Operable?	X	
All Rooms Entered?	X	

# of Aux Panels	4h
Mall System Y/N	N
# Duct Detectors	0
Battery Manufacture Date	9/2022

Last Sensitivity Test Date	NA
# CO Detectors	0
# Smoke Detectors	92
# Annunciators	1

# Strobes	15
# Heat Detectors	8
# Pull Stations	17
# Horn Strobes	28
# Interfaces	

_____ **Customer's Initial**

Service Order

PM - Fire Alarm Annual Inspection 100% Devices - Annual

CINTAS
READY FOR THE WORKDAY

Tech Clock IN/OUT IVR 844-347-3487 IVR# 978602

Service Location:	Service Order No:	Vendor ID:	
Direct Supply - AlerisLife 58258-HeartFields at Cary 1050 Crescent Green Dr Cary, NC 27518 Phone# (919) 852-5757 Fax#	S2411144132 - 1	cintas-33q	
	Customer PO: 85944601	Schedule Date:	Complete By: 1/15/2025

Inspection Results - *Required*

Technician Comments:

Additional Work Authorization call **866-246-8273**

Cintas Authorizing Agent Name_____

Explanation of Deficiencies:

Technician Acknowledgement - *Required*

Technician Signature	09 *Route*	TRAVIS P *Print Name*	1/6/25 *Date*

My signature represents and warrants that I have personally performed the inspection and/or work specified in this Service Order, supplied the parts indicated above (if any), and notified the customer of deficiencies (if applicable). I hereby certify and warrant that all work was performed in full compliance with all applicable laws, rules, and regulations, including (but not limited to) all local authority having jurisdiction rules and/or requirements, NFPA and/or building code requirements, and local licensing and/or permitting requirements. I further certify and warrant that I and any other technicians who performed the work are properly trained, certified, and licensed to perform the work in the given jurisdiction.

Customer Acknowledgement - *Required*

☒ *I hereby acknowledge the satisfactory completion of the above stated work.*

Store Stamp

Authorized Signature	Steve *Print Name*	MAINTENANCE *Title*	1/6/25 *Date*

My signature indicates that I have reviewed and approved all work done by this technician, and I am satisfied with the work and the final condition of my facility with the respect to this scope of work

Fire Alarm and Signaling Inspection

CINTAS FIRE PROTECTION

4601 CREEKSTONE DRIVE
SUITE #200
DURHAM, NC 27703
USA
27703

READY FOR THE WORKDAY™

Inspection date: 01/06/2025 Inspector: Michael Parsons 0033Q09

Inspection Location
NAF99 HEARTFIELDS AT CAR
1050 CRESCENT GREEN
CARY, NC 275188100
Phone: 9198525757 Fax:

Customer
NAF99 HEARTFIELDS AT CAR
1050 CRESCENT GREEN
CARY, NC 275188100
Phone: 9198525757 Fax:

Inspection performed in accordance with
NFPA 72 National Fire Alarm and Signaling Code, 2013 edition

Monitoring Entity	
Agency name	Security central
Contact	Security central
Telephone	1800-286-5699
Monitoring account number	NA
Type transmission	Cellular

Control Unit and Power Devices Summary

Items	Total Devices	Total Inspected	Total Failed
Main Fire Alarm Control Unit	1	1	0
Remote Annunciator Panel	1	1	0
Total	2	2	0

Control Unit and Power Devices

Remote Annunciator Panel

1st floor Main entrance NOTIFIER FDU-80-RC

Visual Inspection (Table 14.3.1(11))	Pass
Signals display properly. (Table 14.4.2.2(11))	Pass

Main Fire Alarm Control Unit

Exterior door Riser RM NOTIFIER NFS-320

Lamps/LEDs function properly. (Table 14.4.3.2(2))	Pass
Acknowledge/silence button functions properly. (Table 14.4.3.2(2))	Pass
Interfaced equipment signals verified. (Table 14.4.3.2(2))	Pass
Off premise alarm signal verified. (Table 14.4.3.2(2))	Pass
Off premise trouble signal verified. (Table 14.4.3.2(2))	Pass
Off premise supervisory signal verified. (Table 14.4.3.2(2))	Pass
Ground fault monitoring circuit operates properly. (Table 14.4.3.2(3c))	Pass
Fire panel free from all grounds. (Table 14.4.3.2(2))	Pass
Batteries installed and operating properly. (Table 14.4.3.2(2))	Pass
Power supply supervison operating properly. (Table 14.4.3.2(1))	Pass
Correct fuses installed. (Table 14.4.3.2(2b))	Pass
Disconnect switches operating properly. (Table 14.4.3.2(3b))	Pass
Installation documents or location of documents stored at CU. (7.7.2)	Pass
Secondary (standby) power supply (Table 14.4.3.2(2e))	Pass

Batteries

Area/Location	Install Date	Visual Inspection	Discharge Test	Load Voltage	Charger Test
FACP	6/21	Pass	Pass	Pass	Pass
FACP	6/21	Pass	Pass	Pass	Pass

Booster Control Unit and Power Supply Summary

Items	Total Devices	Total Inspected	Total Failed
Booster Power Supply	2	2	0
Booster Power Supply Batteries	4	4	0
Total	6	6	0

Booster Control Unit and Power Supply

Booster Power Supply

Riser RM FIRELITE FCPS-24S8

Lamps/LEDs function properly. (Table 14.4.3.2(2))	Pass
Do trouble conditions annunciate at the main fire alarm panel. (Table 14.4.3.2(d))	Pass
Batteries installed and operating properly? (Table 14.4.3.2(2))	Pass
Ground fault monitoring circuit operates properly. (Table 14.4.3.2(3c))	Pass
Batteries installed and operating properly. (Table 14.4.3.2(2))	Pass
Power supply supervison operating properly. (Table 14.4.3.2(2))	Pass
Secondary (standby) power supply (Table 14.4.2.2(3))	Pass

Booster Power Supply

Riser RM FIRELITE FCPS-24S8

Lamps/LEDs function properly. (Table 14.4.3.2(2))	Pass
Do trouble conditions annunciate at the main fire alarm panel. (Table 14.4.3.2(d))	Pass
Batteries installed and operating properly? (Table 14.4.3.2(2))	Pass
Ground fault monitoring circuit operates properly. (Table 14.4.3.2(3c))	Pass
Batteries installed and operating properly. (Table 14.4.3.2(2))	Pass
Power supply supervison operating properly. (Table 14.4.3.2(2))	Pass
Secondary (standby) power supply (Table 14.4.2.2(3))	Pass

Batteries

Area/Location	Install Date	Visual Inspection	Batt 1 Voltage	Batt 2 Voltage	Charger Test	Discharge Test
Power supply	6/21	Pass	12.5	12.6	26.2	25.3
Power supply	6/21	Pass	12.5	12.7	26.2	25.3
Power supply	6/21	Pass	12.5	12.6	26.3	25.2
Power supply	6/21	Pass	12.6	12.7	26.2	25.3

Fire Alarm Box Summary

Type	Total	Tested	Failed
Pull Station - Manual	17	17	0
Total	17	17	0

Fire Alarm Box Devices

Type	Area/Location	Address	Visual Inspection	Functional Test
Pull Station - Manual NOTIFIER NBG-12LX	2nd floor Elevator lobby	9	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	2nd floor HT stairs exit	22	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	2nd floor Stairs exit	2	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	3rd floor Elevator lobby	31	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	3rd floor HT stairs exit	45	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	3rd floor HT stairs exit	25	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	Ground and 1st floor Dinning room	69	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	Ground and 1st floor HT stairs	81	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	Ground and 1st floor HT stairs exit	82	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	Ground and 1st floor HT stairs exit	34	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	Ground and 1st floor Lobby exit	10	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	Ground and 1st floor Main Dinning room	18	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	Ground and 1st floor Main entrance	29	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	Ground and 1st floor Sitting room 106	45	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	Ground and 1st floor South east terraza	39	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	Ground and 1st floor Stairs exit	41	Pass	Pass
Pull Station - Manual NOTIFIER NBG-12LX	Ground and 1st floor Stairs exit	2	Pass	Pass

Heat and Other Detectors Summary

Type	Total	Tested	Failed
Heat Detector	8	8	0
	8	8	0

Heat and Other Detectors

Type	Area/Location	Address	Visual Inspection	Functional Test
Heat Detector NOTIFIER FST-951R	1st floor Supervisory	19	Pass	Pass
Heat Detector NOTIFIER FST-951R	1st floor and ground floor Elevator equipment rm	79	Pass	Pass
Heat Detector NOTIFIER FST-951R	1st floor and ground floor Main kitchen	46	Pass	Pass
Heat Detector NOTIFIER FST-951R	1st floor and ground floor Main kitchen	53	Pass	Pass
Heat Detector NOTIFIER FST-951R	1st floor and ground floor Main laundry	62	Pass	Pass
Heat Detector NOTIFIER FST-951R	1st floor and ground floor NSG office	26	Pass	Pass
Heat Detector NOTIFIER FST-951R	1st floor and ground floor Supervisory	20	Pass	Pass
Heat Detector NOTIFIER FST-951R	3rd floor Boiler rm 3	46	Pass	Pass

Smoke Detector Summary

Type	Total	Tested	Failed
Smoke Detector	93	93	0
	93	93	0

Smoke Detectors

Area/Location	Address	Visual Inspection	Functional Test
2nd floor Beauty shop NOTIFIER FSP-951	7	Pass	Pass
2nd floor Electrical room NOTIFIER FSP-951	19	Pass	Pass
2nd floor Electrical room NOTIFIER FSP-951	5	Pass	Pass
2nd floor Elevator lobby NOTIFIER FSP-951	8	Pass	Pass
2nd floor Elevator lobby NOTIFIER FSP-951	9	Pass	Pass
2nd floor Elevator lobby NOTIFIER FSP-951	13	Pass	Pass
2nd floor Hall by rm 203 NOTIFIER FSP-951	4	Pass	Pass
2nd floor Hall by rm 205 NOTIFIER FSP-951	6	Pass	Pass

Smoke Detectors

Area/Location	Address	Visual Inspection	Functional Test
2nd floor Hall by rm 208 NOTIFIER FSP-951	14	Pass	Pass
2nd floor Hall by rm 209 NOTIFIER FSP-951	17	Pass	Pass
2nd floor Hall by rm 211 NOTIFIER FSP-951	18	Pass	Pass
2nd floor Hall by rm 212 NOTIFIER FSP-951	20	Pass	Pass
2nd floor Hall by rm 215 NOTIFIER FSP-951	21	Pass	Pass
2nd floor Hall by rm 224 NOTIFIER FSP-951	3	Pass	Pass
2nd floor Lobby NOTIFIER FSP-951	11	Pass	Pass
2nd floor Lobby NOTIFIER FSP-951	10	Pass	Pass
2nd floor Lobby NOTIFIER FSP-951	12	Pass	Pass
2nd floor Tv room NOTIFIER FSP-951	16	Pass	Pass
2nd floor Tv room NOTIFIER FSP-951	15	Pass	Pass
3rd floor Activity office NOTIFIER FSP-951	30	Pass	Pass
3rd floor Electrical room NOTIFIER FSP-951	28	Pass	Pass
3rd floor Electrical room NOTIFIER FSP-951	42	Pass	Pass
3rd floor Elevator lobby NOTIFIER FSP-951	34	Pass	Pass
3rd floor Elevator lobby NOTIFIER FSP-951	33	Pass	Pass
3rd floor Elevator lobby NOTIFIER FSP-951	31	Pass	Pass
3rd floor Elevator lobby NOTIFIER FSP-951	98	Pass	Pass
3rd floor Hall by 309 NOTIFIER FSP-951	38	Pass	Pass
3rd floor Hall by chapel NOTIFIER FSP-951	41	Pass	Pass
3rd floor Hall by chapel NOTIFIER FSP-951	37	Pass	Pass
3rd floor Hall by chapel NOTIFIER FSP-951	40	Pass	Pass

Smoke Detectors

Area/Location	Address	Visual Inspection	Functional Test
3rd floor Hall by rm 303 NOTIFIER FSP-951	27	Pass	Pass
3rd floor Hall by rm 305 NOTIFIER FSP-951	29	Pass	Pass
3rd floor Hall by rm 311 NOTIFIER FSP-951	39	Pass	Pass
3rd floor Hall by rm 312 NOTIFIER FSP-951	43	Pass	Pass
3rd floor Hall by rm 315 NOTIFIER FSP-951	44	Pass	Pass
3rd floor Hall by rm 324 NOTIFIER FSP-951	26	Pass	
3rd floor Riser room NOTIFIER FSP-951	59	Pass	Pass
3rd floor Tv room NOTIFIER FSP-951	35	Pass	Pass
3rd floor Tv room NOTIFIER FSP-951	36	Pass	Pass
Ground floor. 1st floor Admin copy NOTIFIER FSP-951	11	Pass	Pass
Ground floor. 1st floor Admin room NOTIFIER FSP-951	7	Pass	Pass
Ground floor. 1st floor Admin room NOTIFIER FSP-951	8	Pass	Pass
Ground floor. 1st floor Back HH office NOTIFIER FSP-951	72	Pass	Pass
Ground floor. 1st floor Back of HH office NOTIFIER FSP-951	90	Pass	Pass
Ground floor. 1st floor Building hall NOTIFIER FSP-951	64	Pass	Pass
Ground floor. 1st floor By room 103 NOTIFIER FSP-951	4	Pass	Pass
Ground floor. 1st floor By room 104 NOTIFIER FSP-951	6	Pass	Pass
Ground floor. 1st floor By room 124 NOTIFIER FSP-951	3	Pass	Pass
Ground floor. 1st floor Care office NOTIFIER FSP-951	37	Pass	Pass
Ground floor. 1st floor Care office NOTIFIER FSP-951	36	Pass	Pass
Ground floor. 1st floor Care office NOTIFIER FSP-951	38	Pass	Pass
Ground floor. 1st floor Conference room NOTIFIER FSP-951	25	Pass	Pass

Smoke Detectors

Area/Location	Address	Visual Inspection	Functional Test
Ground floor. 1st floor Dinning room NOTIFIER FSP-951	67	Pass	Pass
Ground floor. 1st floor Dinning room NOTIFIER FSP-951	68	Pass	Pass
Ground floor. 1st floor Electrical roo NOTIFIER FSP-951	39	Pass	Pass
Ground floor. 1st floor Electrical room NOTIFIER FSP-951	47	Pass	Pass
Ground floor. 1st floor Electrical room NOTIFIER FSP-951	5	Pass	Pass
Ground floor. 1st floor Elevator equipment rom NOTIFIER FSP-951	80	Pass	Pass
Ground floor. 1st floor Elevator lobby NOTIFIER FSP-951	12	Pass	Pass
Ground floor. 1st floor Elevator lobby NOTIFIER FSP-951	14	Pass	Pass
Ground floor. 1st floor Elevator lobby NOTIFIER FSP-951	63	Pass	Pass
Ground floor. 1st floor Elevator lobby NOTIFIER FSP-951	15	Pass	Pass
Ground floor. 1st floor Elevator lobby NOTIFIER FSP-951	65	Pass	Pass
Ground floor. 1st floor Elevator lobby service hall NOTIFIER FSP-951	51	Pass	Pass
Ground floor. 1st floor FSD office NOTIFIER FSP-951	48	Pass	Pass
Ground floor. 1st floor Hall by 110 NOTIFIER FSP-951	29	Pass	Pass
Ground floor. 1st floor Hall by 111 NOTIFIER FSP-951	31	Pass	Pass
Ground floor. 1st floor Hall by 112 NOTIFIER FSP-951	33	Pass	Pass
Ground floor. 1st floor Hall by 115 NOTIFIER FSP-951	35	Pass	Pass
Ground floor. 1st floor Hall by Dinning room NOTIFIER FSP-951	70	Pass	Pass
Ground floor. 1st floor Hall by rm 12 NOTIFIER FSP-951	83	Pass	Pass
Ground floor. 1st floor Hall by rm 6 NOTIFIER FSP-951	66	Pass	Pass
Ground floor. 1st floor Hall by rm 8 NOTIFIER FSP-951	71	Pass	Pass
Ground floor. 1st floor Hall by rm 9 NOTIFIER FSP-951	89	Pass	Pass

Smoke Detectors

Area/Location	Address	Visual Inspection	Functional Test
Ground floor. 1st floor Hall exit NOTIFIER FSP-951	23	Pass	Pass
Ground floor. 1st floor HT building by room 110 NOTIFIER FSP-951	74	Pass	Pass
Ground floor. 1st floor Library NOTIFIER FSP-951	24	Pass	Pass
Ground floor. 1st floor Lobby exit NOTIFIER FSP-951	27	Pass	Pass
Ground floor. 1st floor Main Dinning NOTIFIER FSP-951	21	Pass	Pass
Ground floor. 1st floor Main Dinning NOTIFIER FSP-951	22	Pass	Pass
Ground floor. 1st floor Main Dinning NOTIFIER FSP-951	16	Pass	Pass
Ground floor. 1st floor Main Dinning NOTIFIER FSP-951	17	Pass	Pass
Ground floor. 1st floor Main entrance NOTIFIER FSP-951	28	Pass	Pass
Ground floor. 1st floor Main storage NOTIFIER FSP-951	60	Pass	Pass
Ground floor. 1st floor Maintenance office NOTIFIER FSP-951	58	Pass	Pass
Ground floor. 1st floor Maintenance office NOTIFIER FSP-951	56	Pass	Pass
Ground floor. 1st floor Reception NOTIFIER FSP-951	13	Pass	Pass
Ground floor. 1st floor Rehab room NOTIFIER FSP-951	9	Pass	Pass
Ground floor. 1st floor Service hall by kitchen NOTIFIER FSP-951	42	Pass	Pass
Ground floor. 1st floor Service hall exit NOTIFIER FSP-951	40	Pass	Pass
Ground floor. 1st floor Sitting room NOTIFIER FSP-951	44	Pass	Pass
Ground floor. 1st floor Staff lounge NOTIFIER FSP-951	52	Pass	Pass
Ground floor. 1st floor Tv room NOTIFIER FSP-951	75	Pass	Pass

Supervisory Summary

Type	Total	Tested	Failed
Fire Extinguishing System Alarm Switch	2	2	0
Total	2	2	0

Supervisory Devices

Type	Area/Location	Address	Visual Inspection	Functional Test
Fire Extinguishing System Alarm Switch NOTIFIER FMM-101	Ground floor Kitchen	55	Pass	Pass
Fire Extinguishing System Alarm Switch NOTIFIER FMM-101	Ground floor Kitchen	84	Pass	Pass

Audio/Visual Device Summary

Type	Total	Tested	Failed
Horn	1	1	0
Horn/Strobe	1	1	0
Strobe	1	1	0
Total	3	3	0

Audio/Visual Devices

Type	Area/Location	Address	Visual Inspection	Functional Test
Horn/Strobe WHEELOCK 241575 horn strobe	All building	28	Pass	Pass
Strobe WHEELOCK S12244-MC	Ground floor and 1st floor	15 Strobes	Pass	Pass
Horn WHEELOCK 24S-R. Mini horn	Suites	80	Pass	Pass

Liability Release Statement:
The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

C NATS 1/6/25

1/6/25

Customer: Direct Supply

Technician: Michael Parsons 0033Q09

Service Order

PM - Fire Sprinkler Annual Inspection 100% Heads -Annual
PM - Standpipe Inspection - Annual

Tech Clock IN/OUT IVR 844-347-3487 IVR# 328140

Service Location:	Service Order No:	Vendor ID:	
Direct Supply - AlerisLife 58258-HeartFields at Cary 1050 Crescent Green Dr Cary, NC 27518 Phone# (919) 852-5757 Fax#	S2505100300 - 1	cintas-33q	
	Customer PO: 92449023	**Schedule Date:**	**Complete By:** 7/15/2025

Scope Of Work:

Conduct Annual Fire Sprinkler inspection as required by applicable codes and standards. Inspect 100% of sprinkler heads during this visit. Technician Must leave 1 copy of complete, signed inspection report onsite, and submit 1 copy with your invoice

Fire Sprinkler Annual Inspection 100% Heads -Annual + Standpipe Inspection if the site has standpipes on site

Additional Information

Fire Equipment:

Inspection Results - *Update as Necessary & Complete Blank Fields*

Technician Work Performed:

Check All That Apply	Y	N
Inspection Successfully Completed?	X	
System Red Tagged?		X
System Operable?	X	
Inspection Form Per System Completed?	X	
Deficiencies Found?	X	

# of Flow/Pressure Switches	7
# of Wet Risers	6
# of Dry Risers	
Anti-Freeze Loop Y/N	
Last 5 Year Inspection	10/27/2022
Fire Sprinkler Backflow Y/N	Y
# of Fire Hoses	
Fire Hose Last Hydro Date	
Fire Pump Electric or Fuel	
Fire Pump GPM	
Last 3 Year Full Trip Test	

_____Customer's Initial

Service Order

PM - Fire Sprinkler Annual Inspection 100% Heads -Annual
PM - Standpipe Inspection - Annual

Tech Clock IN/OUT IVR 844-347-3487 IVR# 328140

Service Location:	**Service Order No:**	**Vendor ID:**	
Direct Supply - AlerisLife 58258-HeartFields at Cary 1050 Crescent Green Dr Cary, NC 27518 Phone# (919) 852-5757 Fax#	S2505100300 - 1	cintas-33q	
	Customer PO: 92449023	**Schedule Date:**	**Complete By:** 7/15/2025

Inspection Results - *Required*

Technician Comments:

Additional Work Authorization call **866-246-8273**

Cintas Authorizing Agent Name_____

Explanation of Deficiencies:

None.

Technician Acknowledgement - *Required*

Technician Signature	20 *Route*	Adrian Blackwell *Print Name*	7/7/2025 *Date*

My signature represents and warrants that I have personally performed the inspection and/or work specified in this Service Order, supplied the parts indicated above (if any), and notified the customer of deficiencies (if applicable). I hereby certify and warrant that all work was performed in full compliance with all applicable laws, rules, and regulations, including (but not limited to) all local authority having jurisdiction rules and/or requirements, NFPA and/or building code requirements, and local licensing and/or permitting requirements. I further certify and warrant that I and any other technicians who performed the work are properly trained, certified, and licensed to perform the work in the given jurisdiction.

Customer Acknowledgement - *Required*

☒ *I hereby acknowledge the satisfactory completion of the above stated work.*

Store Stamp

Authorized Signature	*Print Name*	Maintenance *Title*	7/7/2025 *Date*

My signature indicates that I have reviewed and approved all work done by this technician, and I am satisfied with the work and the final condition of my facility with the respect to this scope of work

Annual
Water-Based Fire Protection Systems Inspection

CINTAS FIRE PROTECTION

215 SOUTH PORT DRIVE SUITE 100A
MORRISVILLE , NC 27560
MORRISVILLE, NC 27560
USA

CINTAS®
READY FOR THE WORKDAY™

Inspector: Adrian Blackwell 0033Q20 Inspection date: 07/08/2025

Inspection Location
NAF99 HEARTFIELDS AT CAR 0033Q10142
1050 CRESCENT GREEN
CARY, NC 275188100
Phone: 9198525757

Customer
NAF99 HEARTFIELDS AT CAR 0033Q10142
1050 CRESCENT GREEN
CARY, NC 275188100
Phone: 9198525757

Inspection performed in accordance with
NFPA 25 Standard for the Inspection, Testing, and Maintenance
of Water-Based Fire Protection Systems, 2017 edition.

System Summary	Number of Systems at Site
Items	**Total Systems**
StandPipe System	**2**

StandPipe System

Standpipe - Wet System	
Stairwell East	
Standpipe System	Automatic Wet
Standpipe Class	Class III
Gauges maintaining air and water pressure at normal level. (13.2.7.1.2)	Pass
System piping free of mechanical damage, leaks, corrosion, or external loads resting on or hung from pipe. (5.2.2)	Pass
Pipe hangers, braces and supports are secure and undamaged. (5.2.3)	Pass
Standpipe - Wet System	
Stairwell West	
Standpipe System	Automatic Wet
Standpipe Class	Class III
Gauges maintaining air and water pressure at normal level. (13.2.7.1.2)	Pass
System piping free of mechanical damage, leaks, corrosion, or external loads resting on or hung from pipe. (5.2.2)	Pass
Pipe hangers, braces and supports are secure and undamaged. (5.2.3)	Pass

Hose Valve Outlets

Area/Location	Outlet parts present & free from damage (6.2.3.1)	Hose connection without damage, leaks or obstruction. (6.2.3.1)	Valve operates smoothly. Valve pressure (6.2.3.1)
Stairwell East	Pass	Pass	Pass
Stairwell East	Pass	Pass	Pass
Stairwell East	Pass	Pass	Pass
Stairwell East	Pass	Pass	Pass
Stairwell West	Pass	Pass	Pass
Stairwell West	Pass	Pass	Pass
Stairwell West	Pass	Pass	Pass
Stairwell West	Pass	Pass	Pass

Liability Release Statement:
The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

NWATS 7/15/25

7/15/25

Customer: NAF99 HEARTFIELDS AT CAR

Tech: Adrian Blackwell 0033Q20

Annual
Water-Based Fire Protection Systems Inspection

CINTAS FIRE PROTECTION

215 SOUTH PORT DRIVE SUITE 100A
MORRISVILLE , NC 27560
MORRISVILLE, NC 27560
USA

READY FOR THE WORKDAY™

Inspector: Adrian Blackwell 0033Q20 Inspection date: 07/08/2025

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of Water-Based Fire Protection Systems, 2017 edition.

System Summary	Number of Systems at Site
Items	**Total Systems**
Antifreeze System	**1**
Wet System	**7**

Wet System

Wet Riser Main Drain/Check Valve

First Floor Stairwell Number 1	
Valves & trim free of physical damage, & valves in normal position. (13.4.1.1)	Pass
Pressure (psi) shown on System side pressure gauge.	95
Hydraulic nameplate, if applicable, securely attached and is legible (5.2.5)	Pass
Size of main drain	1.25"
Pressure (psi) shown on Supply Water pressure gauge. (13.2.5)	85
Residual Pressure with valve open (13.2.5)	80
Static Pressure after valve closed (13.2.5)	85
Main Drain Test Pressure less than 10% reduction in flow from original acceptance test or previous test results (13.2.5.3)	Pass
Valve Status Test - Valves open when returned to service. (13.3.3.4)	Pass
Internal inspection - all components operate properly, move freely and in good condition (13.4.2.1) **Last Answered: 11/3/2023**	
Gauge on valve, when compared to calibrated gauge is error less than 3% full or gauge has been recalibrated or replaced. (13.2.7.2 & 13.2.7.3) **Last Answered: 11/3/2023**	

Wet System

Wet Riser Main Drain/Check Valve

Ground Floor Stairwell Number 1	
Valves & trim free of physical damage, & valves in normal position. (13.4.1.1)	Pass
Pressure (psi) shown on System side pressure gauge.	90
Hydraulic nameplate, if applicable, securely attached and is legible (5.2.5)	Pass
Size of main drain	1.25"
Pressure (psi) shown on Supply Water pressure gauge. (13.2.5)	90
Residual Pressure with valve open (13.2.5)	85
Static Pressure after valve closed (13.2.5)	90
Main Drain Test Pressure less than 10% reduction in flow from original acceptance test or previous test results (13.2.5.3)	Pass
Valve Status Test - Valves open when returned to service. (13.3.3.4)	Pass
Internal inspection - all components operate properly, move freely and in good condition (13.4.2.1) **Last Answered: 11/3/2023**	
Gauge on valve, when compared to calibrated gauge is error less than 3% full or gauge has been recalibrated or replaced. (13.2.7.2 & 13.2.7.3) **Last Answered: 11/3/2023**	

Wet System

Wet Riser Main Drain/Check Valve

Roof Top Stairwell Number One	
Valves & trim free of physical damage, & valves in normal position. (13.4.1.1)	Pass
Pressure (psi) shown on System side pressure gauge.	80
Hydraulic nameplate, if applicable, securely attached and is legible (5.2.5)	Pass
Size of main drain	1.25"
Pressure (psi) shown on Supply Water pressure gauge. (13.2.5)	75
Residual Pressure with valve open (13.2.5)	65
Static Pressure after valve closed (13.2.5)	70
Main Drain Test Pressure less than 10% reduction in flow from original acceptance test or previous test results (13.2.5.3)	Pass
Valve Status Test - Valves open when returned to service. (13.3.3.4)	Pass
Internal inspection - all components operate properly, move freely and in good condition (13.4.2.1) **Last Answered: 1/1/1900**	

Wet Riser Main Drain/Check Valve	
Roof Top Stairwell Number One	
Gauge on valve, when compared to calibrated gauge is error less than 3% full or gauge has been recalibrated or replaced. (13.2.7.2 & 13.2.7.3) **Last Answered: 1/1/1900**	

Wet System

Wet Riser Main Drain/Check Valve	
Second Floor Stairwell Number 1	
Valves & trim free of physical damage, & valves in normal position. (13.4.1.1)	Pass
Pressure (psi) shown on System side pressure gauge.	90
Hydraulic nameplate, if applicable, securely attached and is legible (5.2.5)	Pass
Size of main drain	1.25"
Pressure (psi) shown on Supply Water pressure gauge. (13.2.5)	85
Residual Pressure with valve open (13.2.5)	80
Static Pressure after valve closed (13.2.5)	85
Main Drain Test Pressure less than 10% reduction in flow from original acceptance test or previous test results (13.2.5.3)	Pass
Valve Status Test - Valves open when returned to service. (13.3.3.4)	Pass
Internal inspection - all components operate properly, move freely and in good condition (13.4.2.1) **Last Answered: 11/3/2023**	
Gauge on valve, when compared to calibrated gauge is error less than 3% full or gauge has been recalibrated or replaced. (13.2.7.2 & 13.2.7.3) **Last Answered: 11/3/2023**	

Wet System

Wet Riser Main Drain/Check Valve	
System One Riser Room	
Valves & trim free of physical damage, & valves in normal position. (13.4.1.1)	Pass
Pressure (psi) shown on System side pressure gauge.	90
Hydraulic nameplate, if applicable, securely attached and is legible (5.2.5)	Pass
Size of main drain	2"
Pressure (psi) shown on Supply Water pressure gauge. (13.2.5)	95
Residual Pressure with valve open (13.2.5)	85
Static Pressure after valve closed (13.2.5)	95
Main Drain Test Pressure less than 10% reduction in flow from original acceptance test or previous test results (13.2.5.3)	Pass
Valve Status Test - Valves open when returned to service. (13.3.3.4)	Pass
Internal inspection - all components operate properly, move freely and in good condition (13.4.2.1) **Last Answered: 11/3/2023**	
Gauge on valve, when compared to calibrated gauge is error less than 3% full or gauge has been recalibrated or replaced. (13.2.7.2 & 13.2.7.3) **Last Answered: 11/3/2023**	

Wet System

Wet Riser Main Drain/Check Valve	
System Two Riser Room	
Valves & trim free of physical damage, & valves in normal position. (13.4.1.1)	Pass
Pressure (psi) shown on System side pressure gauge.	90
Hydraulic nameplate, if applicable, securely attached and is legible (5.2.5)	Pass
Size of main drain	2"
Pressure (psi) shown on Supply Water pressure gauge. (13.2.5)	95
Residual Pressure with valve open (13.2.5)	85
Static Pressure after valve closed (13.2.5)	95
Main Drain Test Pressure less than 10% reduction in flow from original acceptance test or previous test results (13.2.5.3)	Pass
Valve Status Test - Valves open when returned to service. (13.3.3.4)	Pass
Internal inspection - all components operate properly, move freely and in good condition (13.4.2.1) **Last Answered: 11/3/2023**	
Gauge on valve, when compared to calibrated gauge is error less than 3% full or gauge has been recalibrated or replaced. (13.2.7.2 & 13.2.7.3) **Last Answered: 11/3/2023**	

Wet System

Wet Riser Main Drain/Check Valve

Third Floor Stairwell Number 1	
Valves & trim free of physical damage, & valves in normal position. (13.4.1.1)	Pass
Pressure (psi) shown on System side pressure gauge.	90
Hydraulic nameplate, if applicable, securely attached and is legible (5.2.5)	Pass
Size of main drain	1.25"
Pressure (psi) shown on Supply Water pressure gauge. (13.2.5)	80
Residual Pressure with valve open (13.2.5)	75
Static Pressure after valve closed (13.2.5)	80
Main Drain Test Pressure less than 10% reduction in flow from original acceptance test or previous test results (13.2.5.3)	Pass
Valve Status Test - Valves open when returned to service. (13.3.3.4)	Pass
Internal inspection - all components operate properly, move freely and in good condition (13.4.2.1) **Last Answered: 11/3/2023**	
Gauge on valve, when compared to calibrated gauge is error less than 3% full or gauge has been recalibrated or replaced. (13.2.7.2 & 13.2.7.3) **Last Answered: 11/3/2023**	

Antifreeze System

Antifreeze System

Shed	
Information sign securely attached and legible. (4.1.10)	Pass
List type of solution in antifreeze system. (5.3.4(1))	Propylene Glycol
Antifreeze specific gravity as measured meet solution requirements. (5.3.3(3))	Pass
Antifreeze tested and results indicate correct freeze points in system. (5.3.3.2.1)	Pass

Fire Service Mains

PIV

In Front of Riser Room	
Valve size	6"
Valve has proper signs, and is accessible. (13.3.2.2)	Pass
Valve is free of external leaks, and appropriate wrench available (13.3.2.2)	Pass
Valve in normal open position and properly secured. (13.3.2.2)	Pass
Valve exercised through full range to ensure proper operation. (13.3.3.2)	Pass
Valve Status Test - Valves open when returned to service. (13.3.3.4)	Pass

Control Valves

Type	Area/Location	Model Size	Accessible	Condition	Secured	Exercised	Seal	Valve Test
Control Valve - locked/tamper	AF Loop	Ball 1"	Pass	Pass	Pass	Pass	NA	Pass
Control Valve - locked/tamper	AF Loop	Ball 1"	Pass	Pass	Pass	Pass	NA	Pass
Control Valve - locked/tamper	Backflow Number One Riser Room	OS and Y 4"	Pass	Pass	Pass	Pass	N/A	Pass
Control Valve - locked/tamper	Backflow Number Two Riser Room	OS and Y 4"	Pass	Pass	Pass	Pass	N/A	Pass
Control Valve - locked/tamper	First Floor Stairwell Number 1	Butterfly 3"	Pass	Pass	Pass	Pass	N/A	Pass
Control Valve - locked/tamper	Ground Floor Stairwell Number 1	Butterfly 3"	Pass	Pass	Pass	Pass	N/A	Pass
Control Valve - locked/tamper	Roof Top Stairwell Number 1	Butterfly 3"	Pass	Pass	Pass	Pass	N/A	Pass
Control Valve - locked/tamper	Second Floor Stairwell Number 1	Butterfly 3"	Pass	Pass	Pass	Pass	N/A	Pass
Control Valve - locked/tamper	System One Riser Room	Butterfly 4"	Pass	Pass	Pass	Pass	N/A	Pass
Control Valve - locked/tamper	System Two Riser Room	Butterfly 4"	Pass	Pass	Pass	Pass	N/A	Pass

Control Valves

Type	Area/Location	Model Size	Accessible	Condition	Secured	Exercised	Seal	Valve Test
Control Valve - locked/tamper	Third Floor Stairwell Number 1	Butterfly 3"	Pass	Pass	Pass	Pass	N/A	Pass

Supervisory Devices

Type	Area/Location	Visual Inspection	Functional Test
Tamper Switch	Backflow Number One Riser Room	Pass	Pass
Tamper Switch	Backflow Number Two Riser Room	Pass	Pass
Tamper Switch	First Floor Stairwell Number 1	Pass	Pass
Tamper Switch	Ground Floor Stairwell Number 1	Pass	Pass
Tamper Switch	PIV Tamper In Front of Riser Room	Pass	Pass
Tamper Switch	Roof Top Stairwell Number 1	Pass	Pass
Tamper Switch	Second Floor Stairwell Number 1	Pass	Pass
Tamper Switch	System One Riser Room	Pass	Pass
Tamper Switch	System Two Riser Room	Pass	Pass
Tamper Switch	Third Floor Stairwell Number 1	Pass	Pass

Alarm Devices

Type	Area/Location	Visual Inspection	Functional Test
Waterflow Alarm - Vane Type	First Floor Stairwell Number 1	Pass	Pass
Waterflow Alarm - Vane Type	Ground Floor Stairwell Number 1	Pass	Pass
Waterflow Alarm - Vane Type	Roof Top Stairwell Number 1	Pass	Pass
Waterflow Alarm - Vane Type	Second Floor Stairwell Number 1	Pass	Pass
Waterflow Alarm - Mechanical	System One Riser Room	Pass	Pass
Waterflow Alarm - Vane Type	System One Riser Room	Pass	Pass
Waterflow Alarm - Mechanical	System Two Riser Room	Pass	Pass
Waterflow Alarm - Vane Type	System Two Riser Room	Pass	Pass
Waterflow Alarm - Vane Type	Third Floor Stairwell Number 1	Pass	Pass

Common Components

Fire Department Connection

FDC In Front of Riser Room

FDC visible and accessible, and signs in place. (13.8.1)	Pass
Couplings and swivels free of damage and rotate smoothly. (13.8.1)	Pass
Caps, plugs and gaskets in place and free from damage. (13.8.1)	Pass
Check valve free from leaks, automatic drain valve and clapper in place and operating properly. (13.8.1)	Pass
Interior of the connection free of obstructions. (13.8.1)	Pass
Visible piping supplying FDC undamaged. (13.8.1)	Pass

Deficiencies

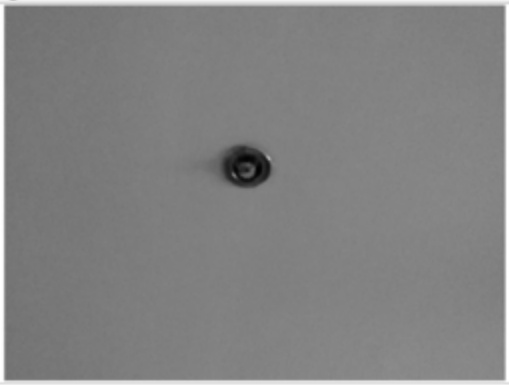
**PAR response indicated "Pass After Repair". Technician notes a deficiency of a device, and repairs the deficiency during inspection.*

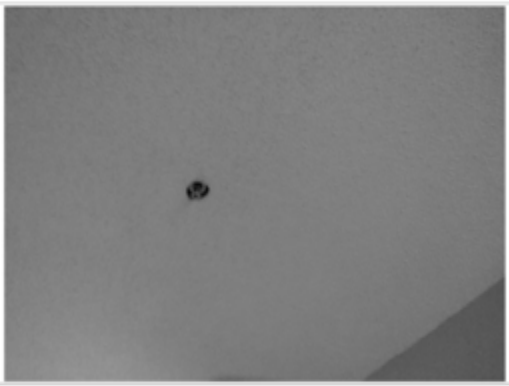
Deficiencies not covered in Questions

Deficiencies

Ques: Deficiencies found, in addition to standard questions.

Technician Response: Painted head in room 301
Missing semi-res chrome escutcheon in room 225.





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CNATS 7/8/25

Customer: NAF99 HEARTFIELDS AT CAR

Adrian 7/8/25

Tech: Adrian Blackwell 0033Q20

Logbook Documentation

HeartFields at Cary - Cary, NC 27518-8100
Fire Drills: Perform a fire drill during 2nd shift - Upload signature sheet to TELS
Due by: August 31, 2025

Completed By: Steven Benedict Date: 2/28/25

Date:	2/28/25
Start Time:	2:00pm
End Time:	2:30pm
Location in Building:	
Drill Initiated By (Name & Position):	
Participants (Names & Positions):	
Response Time:	
911/Monitoring Company Follow-up Call By (Name & Position):	
Resident Head Count:	
Staff Head Count:	
Visitor Head Count:	
All Fire Equipment Functional? (if "No," please describe in the Remarks Section):	☐ Yes ☐ No
Visible/Audio Devices Checked?:	☐ Yes ☐ No
Fire Panel Performed Properly? (if "No," please describe in the Remarks section):	☐ Yes ☐ No
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section):	☐ Yes ☐ No
Ventilation System Shut Down? (if "No," please describe in the Remarks section):	☐ Yes ☐ No
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section):	☐ Yes ☐ No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section):	☐ Yes ☐ No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section):	☐ Yes ☐ No
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section):	☐ Yes ☐ No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section):	☐ Yes ☐ No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section):	☐ Yes ☐ No
Was the building evacuated?:	☐ Yes ☐ No

External Weather Conditions: _____

Remarks of Person Holding Drill: _____

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

Score: 96.5

Establishment Name: HEARTFIELDS AT CARY **Establishment ID:** 4092400085

Location Address: 1050 CRESCENT GREEN DR

City: CARY State: North Carolina

Zip: 27518 County: 92 Wake

Licensee: FIVE STAR CARY HEARTFIELDS LLC

Telephone: (919) 852-5757

Date: 07/23/2025 Status Code: A

Time In: 12:25 PM Time Out: 3:10 PM

⊗ Inspection ○ Re-Inspection

Wastewater System:

⊗ Municipal/Community ○ On-site System

Water Supply:

⊗ Municipal/Community ○ Onsite Supply

				Deductions
	FLOORS: WALLS AND CEILINGS: [.1309, .1310]			
1	Floors and carpets cleanable, clean, good repair; carpet odor free	2	1	0
2	Walls and ceilings clean, good repair	2	X	0
3	Ceiling attachments cleanable, clean, good repair	1	0.5	0
	LIGHTING AND VENTILATION: [.1311]			
4	Lighting at least 10 foot candles, 30 inches above floor	1	0.5	0
5	Ventilation equipment clean, good repair	1	0.5	0
6	Ambient indoor air temperatures maintained	2	1	0
	TOILET: HANDWASHING: AND BATHING FACILITIES: [.1312]			
7	Facilities provided, accessible, clean, good repair	2	X	0
8	Toilet rooms free of storage, handwash signs posted	1	0.5	0
9	Bedpans, urinals, bedside commodes and emesis basins properly cleaned and disinfected	1	0.5	0
10	Handwashing facilities properly located and equipped	3	X	0
11	EPA registered disinfectants used according to manufacturers' instructions; approved testing methods and devices used	2	1	0
12	Bathing facilities properly equipped, equipment cleaned and disinfected	3	1.5	0
	WATER SUPPLY: [.1313]			
13	Approved water supply	4	2	0
14	Bacteriological sampling current as required	2	1	0
15	No cross-connections observed	2	1	0
16	Hot water between 105°F and 116°F	3	1.5	0
17	Back-up water supply plan available and complete	1	0.5	0
	DRINKING WATER FACILITIES: ICE HANDLING: [.1314]			
18	Drinking fountains clean, good repair	1	0.5	0
19	Multi-use utensils for service of ice and water cleaned, sanitized, good repair; single use utensils not reused	2	1	0
20	Ice protected and clean; dispensed properly; ice machines, scoops, containers; clean, good repair	2	1	0
	LIQUID WASTES: [.1315]			
21	Approved sewage disposal	4	2	0
22	Mop basins or mop sinks used for mop waste	3	1.5	0
	SOLID WASTES: PREMISES: MEDICAL WASTES: [.1316]			
23	Solid waste containers properly constructed, covered where required; good repair	1	0.5	0
24	Refuse, recyclables, and returnables properly stored	1	0.5	0
25	Containers and areas clean; sufficient capacity	1	0.5	0
26	Premises properly maintained	2	1	0
27	Medical waste properly handled and disposed of	2	1	0
	PEST CONTROL: PESTICIDES: [.1317]			
28	No pest presence; effective pest control measures	1	0.5	0
29	Pesticides registered and approved for institutional use, properly handled	2	1	0

				Deductions
	MEDICAL SUPPLIES: [.1318]			
30	Medication carts clean; sharps containers attached; food, utensils, medication and medication dispensers properly handled	2	1	0
31	Feeding bags, tubes, syringes and oral suction catheters properly handled	2	1	0
	FURNISHINGS AND LAUNDRY: [.1319]			
32	Furnishings clean and in good repair; mattresses dry, clean, good repair	1	0.5	0
33	Bed linens in good repair; soiled linens changed, properly handled, containers properly labeled	1	0.5	0
34	Linens provided by the institution properly cleaned and sanitized	3	1.5	0
35	Resident's personal laundry properly handled; containers properly labeled; combined resident's laundry properly handled	1	0.5	0
36	Laundry area and equipment kept clean	1	0.5	0
37	Wheelchairs, walkers, lifts, and other mobility equipment properly cleaned and sanitized	1	0.5	0
	ACTIVITY KITCHENS, REHABILITATION KITCHENS, AND NOURISHMENT STATIONS: [.1320]			
38	Food service equipment and utensils clean, good repair	1	0.5	0
39	Utensils properly cleaned and sanitized; approved methods used	3	1.5	0
40	Handwash lavatory provided and properly equipped	2	1	0
41	Food contact surfaces of cooking and baking equipment clean	1	0.5	0
	FOOD SUPPLIES: [.1321]			
42	Food and food supplies from approved sources; properly stored and handled	3	1.5	0
43	Food brought into the institution by employees or visitors of patients or residents properly stored, labeled and dated	1	0.5	0
	FOOD PROTECTION IN ACTIVITY KITCHENS, REHABILITATION KITCHENS, AND NOURISHMENT STATIONS: [.1323]			
44	Time/Temperature Control for Safety (TCS) foods maintained as required	4	2	0
45	Hot and cold holding equipment provided; thermometers provided, accurate	1	0.5	0
46	Food properly stored and protected from contamination	1	0.5	0
47	No live animals where food is prepared or stored; proper measures to prevent contamination	2	1	0
	EMPLOYEES: [.1324]			
48	Clean outer clothing	2	1	0
49	Hands washed when required	3	1.5	0
50	Hands properly washed or decontaminated	3	1.5	0
51	Proper use of restriction, exclusion, and reporting	4	2	0
52	Vomitus and diarrheal clean up supplies; written clean up procedures available and complete	2	1	0

Total Deductions: 3.5

Comment Addendum to Establishment Inspection Report

Establishment Name: HEARTFIELDS AT CARY
Establishment ID: 4092400085
Location Address: 1050 CRESCENT GREEN DR
☒ Inspection ☐ Re-Inspection Date: 07/23/2025
City: CARY State: NC
Comment Addendum Attached? ☒ Status Code: A
County: 92 Wake Zip: 27518
Water sample taken? ☐ Yes ☒ No
Wastewater System: ☒ Municipal/Community ☐ On-Site System
Water Supply: ☒ Municipal/Community ☐ On-Site System
Email 1: Dbeckett@5ssl.com
Permittee: FIVE STAR CARY HEARTFIELDS LLC
Email 2: vfennerii@5ssl.com
Telephone: (919) 852-5757
Email 3: jpalmisano@5ssl.com

Temperature Observations

Effective January 1, 2019 Cold Holding is now 41 degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp

	First	Last	
Person in Charge (Print & Sign):	Diane	Beckett	Victor Fennerii
Regulatory Authority (Print & Sign):	Angela	Myers	Angela L Myers

REHS ID: 1708 - Myers, Angela

REHS Contact Phone Number: (919) 868-9255

Authorize final report to be received via Email: Victor Fennerii

Comment Addendum to Inspection Report

Establishment Name: HEARTFIELDS AT CARY **Establishment ID:** 4092400085

Date: 07/23/2025 **Time In:** 12:25 PM **Time Out:** 3:10 PM

Observations and Corrective Actions

2 .1310 (a) There is a lot of visible damage on ceiling tiles in hallways, closets, etc. Replace damaged, sagging, discolored ceiling tiles. Replace missing ceiling tiles. . . One window in the Tea Room is broken and needs to be replaced. Ceiling Vents are dusty and need cleaning. Walls at the soap dispensers are damaged, not washable. The interior walls of the institution, including windows and window trim, and ceilings, shall be kept clean and in good repair.

7 .1312 (a) Handwashing Sink in the Laundry Room runs constantly; cannot be turned off. Handwashing sinks shall be kept clean and in good repair.

10 .1312 (d) 3rd Floor Restroom has no soap, towels or toilet paper. Handwashing Sink in the dining room server area has no paper towels. This has been observed repeatedly. Handwashing facilities shall be supplied with soap and disposable towels or hand-drying devices. Maintain all toilet rooms ready for use. Encourage handwashing.

Additional Comments

Laundry rooms on the 3rd and 2nd floor do not have laundry detergent. Jugs attached to the washing machines are empty.
Label spray bottles of cleaners and chemicals.
Toilet paper holder is not attached to the wall in the memory care hallway toilet room. Restore toilet paper holder.
Dehumidifiers are in use on all floors, for treatment of flood that occurred on the first floor.

Signatures

	First	Last	
Person In Charge (Print & Sign):	Diane	Beckett	Victor Ferrer II

CDP Inc.

WAKE COUNTY HEALTH DEPT

PUBLIC HEALTH INSPECTIONS

Premises Information

Return to Inspections

Name	HEARTFIELDS AT CARY
Address	1050 CRESCENT GREEN DR
City/State/ZIP	CARY NC 27518
Premise Type	40 - Rest/Nursing Homes
County	Wake
Inspection Date	7/23/2025
Final Score @ Grade	96.50
General Comments	Laundry rooms on the 3rd and 2nd floor do not have laundry detergent. Jugs attached to the washing machines are empty. Label spray bottles of cleaners and chemicals. Toilet paper holder is not attached to the wall in the memory care hallway toilet room. Restore toilet paper holder. Dehumidifiers are in use on all floors, for treatment of flood that occurred on the first floor.

Violations

CDI=Corrected During Inspection R=Repeat Violation VR=Verification Required

Violation Item	Demerits	Violation Description	CDI	R	VR	Comments
2	1	Walls and ceilings clean, good repair	No	No	No	.1310 (a) There is a lot of visible damage on ceiling tiles in hallways, closets, etc. Replace damaged, sagging, discolored ceiling tiles. Replace missing ceiling tiles. . . One window in the Tea Room is broken and needs to be replaced. Ceiling Vents are dusty and need cleaning. Walls at the soap dispensers are damaged, not washable. The interior walls of the institution, including windows and window trim, and ceilings, shall be kept clean and in good repair.
7	1	Facilities provided, accessible, clean, good repair	No	No	No	.1312 (a) Handwashing Sink in the Laundry Room runs constantly; cannot be turned off. Handwashing sinks shall be kept clean and in good repair.
10	1.50	Handwashing facilities properly located and equipped	No	No	No	.1312 (d) 3rd Floor Restroom has no soap, towels or toilet paper. Handwashing Sink in the dining room server area has no paper towels. This has been observed repeatedly. Handwashing facilities shall be supplied with soap and disposable towels or hand-drying devices. Maintain all toilet rooms ready for use. Encourage handwashing.