PRINTED: 10/18/2017
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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
	HAL054051	A. BUILDING: 01 B. WING	09/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENOIR ASSISTED LIVING	2773 PINEWOOD HOME ROAD PINK HILL, NC 28572

(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 Suzanna Fay and Billy S. Bryant conducted on September 27, 2017. Based on information gathered from our files, the Facility was first licensed on October 10, 1990 for Sixty (60) residents. A fully sprinkled addition was completed and licensed on February 1, 1996, making a total of Ninety-Four (94) Residents including Thirty-Two (32) Special Care Beds. Based on this information, we are requiring the original facility to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled and the 1978 North Carolina State Building Code, Institutional Occupancy; the addition to meet the 1996 Rules for the Licensing of Adult Care Homes and the 1996 North Carolina State Building Code, Institutional Occupancy; and the entire facility to meet the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds.	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	C 101		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Mitchell Moran — Maintenance Director — 11/1/17

STATE FORM 6899 KHE121 If continuation sheet 1 of 11

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C 101	Continued From page 1 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: 1. Based on observations, the facility did not meet the licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Findings on September 2017: a. The SCU was relocated from the 300 Hall to the 200 Hall. The maglock system for the SCU did not have a master manual override. b. There was not a schematic diagram for the maglock system posted at the fire alarm panel.	C 101 A B	Master manual override switch add outside of med rooms Schematic diagram will be posted at alarm panel	11/24/17 11/24/17
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 maintain current sanitation and fire and building safety inspection reports. Findings on September 27, 2017: a. The current building sanitation inspection was dated August 22, 2016. b. The kitchen sanitation inspection report was not available for review.	C 111 A B-C	Have call for inspection will send update when done Reports are attached	10/31/17

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C 111	Continued From page 2 b. There was not a current fire alarm system inspection report available for review.	C 111		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observations, the exterior grounds were not maintained in a clean condition. Findings on September 27, 2017: a. Exit at Activity Room - there is a large section, approximately 24", of the exterior soffit that has fallen out leaving a hole for pests to enter the overhang.	C 160 A	Soffit was repaired	9/28/17
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the walls and	C 164		

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C 164	Continued From page 3 furnishings were not maintained in good repair. Findings on September 27, 2017: a. Room 116 - the door hardware was loose. 2. Observations revealed that the ceilings were not maintained clean and in good repair. Findings on September 27, 2017: a. Janitor closet by Guest bath - there are large brown water stains from a prior roof leak on the wall and ceiling around the exhaust fan and in the back corner. b. Kitchen - there are large patched areas on the ceiling that have not been sanded and painted.	C 164	A Door knob was tightened A-B Janitor closet and Kitchen will be repaired and painted as the whole building is being painted contractor is working on now and will be done by the end of the year	10/23/17
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards. Oxygen bottles that are improperly stored without any means of restraint to keep them from falling or being knocked over may present a danger to the occupants of the facility. Findings on September 27, 2017: a. Administrative Office had one unrestrained oxygen tank. The tank was removed at the time	C 166	A was removed at time of survey	9/27/17

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	HAL064081	A. BUILDING: 01 B. WING	09/27/2017

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C 166	Continued From page 4 of survey. b. Copier Room had three unrestrained oxygen tanks and the other tanks were stored in an inappropriate container. c. 200 Hall Janitor Closet - the oxygen bottles were stored in a plastic beverage rack. 2. Based on observation there is a failure to maintain the facility free from hazards. Padlocked rooms or areas pose a risk of entrapment. Findings on September 27, 2017: a. The kitchen freezer unit had a hasp latch with a padlock. The padlock was removed at the time of survey. 3. Observations revealed that the flooring was not maintained in good repair and free of hazards. Findings on September 27, 2017: a. Room 310 - the carpet is unraveling down the middle of the room creating a trip hazard. b. 200 Hall, Med tech room - the carpet at the entry is heavily damaged creating a trip hazard. c. Room 207 - the carpet is unraveling in the bedroom creating a trip hazard.	C 166 B-C A A-C	all oxygen tanks are in approved racks was removed at time of survey all flooring is going to be replaced by the end of the year	10/3/17 9/27/17
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)	C 189		

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C 169	Continued From page 5 which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on September 27, 2017: a. Room 105 - there is a gap around the heat detector in the bathroom. b. Room 108 - the is a small hole at the nurse call light. c. Room 115 - there is a gap in the ceiling at the nurse call light. d. Main Electrical room: 1) The ceiling is damaged and there are mildew stains at the first electrical panel. 2.) There is a large hole in the ceiling where the freezer condensate lines penetrate. 3.) There is damage to the ceiling at the heat detector leaving a large hole. 4.) There are open penetrations for the electrical conduit at the second electrical panel. 5.) There is an open cable penetration at the Galaxy control panel. e. 300 Hall lobby by curved wall - one of the sprinkler head escutcheon plates has dropped leaving a gap at the ceiling. 2. Based on observation electrical equipment has not been maintained in a safe manner. Failure to maintain ground fault circuits is an operating manner could effect the safety of the residents, staff and visitors. Findings on September 27, 2017:	C 169 A-C D-1 D-2 D-3 D-4&5 E	Holes was repaired ceiling was repaired hole was filled with fire sealant hole was repaired penetration was filled with fire sealant escutcheon was pushed back up to ceiling	9/28/17 10/3/17 10/3/17 10/3/17 10/3/17 10/3/17

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C 189	Continued From page 6 a. Room 110 Bath - the GFCI outlet did not trip when tested. b. Bath 3A - the GFCI outlet did not work when checked with a GFCI tester. c. Old dining room at 300 Hall - the GFCI outlet to the left on the counter is broken. 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect the safety of the occupants of the facility. Findings on September 27, 2017: a. Room 115 - the heat detector was not secure to its base. b. Room 115 - the heat detector is missing from its base. c. The kitchen range hood suppression system did not have an inspection tag. d. Exit by Room 310 - the exterior sprinkler head is completely covered in spider webs and debris. There is a 1/2" hole in the soffit at the sprinkler head. It appears that the escutcheon plate is missing as well. e. Water heater room at 300 ramp - the flange around the sprinkler head is broken and no longer covers the penetration for the sprinkler head. f. Water heater room at 300 ramp - there are open penetrations at the piping and the ceiling is damaged. 4. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. The absence of the plumbing safety devices or equipment could cause the domestic water supply to become contaminated. Findings on September 27, 2017:	C 189 A-C A-B C D E F	GFCI outlets was replaced 10/31/17 Heat detector was secure to base and replaced 9/28/17 missing detector hood suppression system will be updated and 11/29/17 inspection tag replaced sprinkler head was cleaned and escutcheon has been ordered 11/29/17 escutcheon has been ordered 11/29/17 penetration and ceiling has been repaired 9/28/17	

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C 159	Continued From page 7 a. 100 Hall HC bath adjacent to janitor's closet - the shower does not have a vacuum breaker. b. Kitchen - the drain line for the icemaker was not over the drain and it did not have a minimum 1 1/2" air gap. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on September 27, 2017: a. Beauty Parlor - the corridor door catches on the frame and does not close and latch. b. Room 200 - the corridor door does not latch when closed. 6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Fire resistant rated cross corridor doors are required to close completely and latch in the event of a fire to help limit the spread of smoke and/or fire to the area of origin. Findings on September 27, 2017: a. The fire door separating the 300 was propped open and did not close during the fire alarm. Further observation revealed that the door and wall magnetic catches did not align and did not allow the door to stay open. b. 300 Hall - none of the cross corridor doors latched when the fire alarm was activated. c. 300 Hall - the latching hardware was missing from right leaf of the cross corridor door by Room 302 and the wall magnet is loose.	C 159	A vacuum breaker was add to shower 10/3/17 B drain has been cut to have a 2' air gap 10/3/17 A-B Doors has been adjusted so they will latch now 10/3/17 A magnetic was adjusted to hold door open and dose not need to be propped open 10/4/17 B doors has been adjusted so they will latch 10/24/17 C Magnet was tightened up 10/24/17	

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C 189	Continued From page 8 7. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain emergency lighting in operating condition could affect occupants of the facility by not providing adequate lighting and direction in the dark. Findings on September 27, 2017: a. Activity Room - the exit light/sign did not light on battery backup. b. The exit lights at the cross corridor doors by Room 304 are not working. c. 300 Hall Living room - the emergency light is not working properly. d. 200 Hall - the exit light at the cross corridor doors outside of the janitor closet was not lit.	C 189	exit light signs and emergency lights was repaired ar replaced	A_D 10/30/17
	8. Based on observation there is a failure to maintain the facility in a safe manner. Emergency means of egress must not be blocked. Findings on September 27, 2017: a. There was a mattress partially blocking the path of egress from the exit by Room 310.	A	Mattress was removed from blocking path of exit	9/28/17
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 118 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing	C 195		

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C 195	Continued From page 9 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the water temperature was not maintained between 100 and 116 degrees F at all fixtures used by residents. Findings on September 27, 2017: a. 200 Hall - the water temperature readings at two locations were 118 degrees F and 120 degrees F.	C 195	A water heater was turned down and now the water reads between 100 and 116	10/3/17
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. Observations revealed that the facility did not provide exhaust ventilation in required areas at the rate of two cubic feet per minute per square	C 199	(Attached is temperature test done)	

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C 199	Continued From page 10 foot. Findings on September 27, 2017: a. Room 110 Bath - the fan was not working when tested with a thin sheet of plastic. b. Laundry Room - the exhaust fan was not working at the time of survey. c. 300 Hall right side janitor/housekeeping closet did not have an exhaust fan. d. 200 Hall Utility room - the exhaust fan was not working at the time of survey. e. Room 207 Bath - the fan was not working and the cover was askew leaving an opening in the ceiling.	C 199 A-E	have order replacement fans will repair when fans are in	11/29/17

Food Establishment Inspection Report

Score: 97.5

Establishment Name: Lenoir Assisted Living **Establishment ID:** 260541600014

Location Address: 2773 Pinewood Home Dr.
City: Pink Hill State: North Carolina
Zip: 28572 County: Lenoir
Permittee: Victorian Senior Care
Telephone:

☒ Inspection ○ Re-Inspection

Wastewater System:
☒ Municipal/Community ○ On-Site

Water Supply:
☒ Municipal/Community ○ On-Site

Date: 6/26/17 Status Code: A
Time In: 10:15 Time Out: 11:30
Category#: 4
FDA Establishment Type: ZES

No. of Risk Factor/Intervention Violations: 0
No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.
Public Health Interventions: Control measures to prevent foodborne illness or injury.

Compliance Status					OUT	CDI	R	VR
Supervision .2652								
1	IN		N/A	PIC Present; Demonstration - Certification by accredited program & performs duties	2		0	
Employee Health .2652								
2	IN			Management, employees knowledge; responsibilities & reporting	3	1.5	0	
3	IN			Proper use of reporting, restriction & exclusion	3	1.5	0	
Good Hygienic Practices .2652, .2653								
4	IN			Proper eating, tasting, drinking or tobacco use	2	1	0	
5	IN			No discharge from eyes, nose or mouth	1	0.5	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656								
6	IN			Hands clean & properly washed	4	2	0	
7	IN		N/A	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	1.5	0	
8	IN		N/A	Handwashing sinks supplied & accessible	2	1	0	
Approved Source .2653, .2655								
9	IN			Food obtained from approved source	2	1	0	
10	IN			Food received at proper temperature	2	1	0	
11	IN			Food in good condition, safe & unadulterated	2	1	0	
12	IN		N/A	Required records available: shellstock tags, parasite destruction	2	1	0	
Protection from Contamination .2653, .2654								
13	IN		N/A	Food separated & protected	3	1.5	0	
14	IN			Food-contact surfaces: cleaned & sanitized	3	1.5	0	
15	IN			Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0	
Potentially Hazardous Food Time/Temperature .2653								
16	IN		N/A	Proper cooking time & temperatures	3	1.5	0	
17	IN		N/A	Proper reheating procedures for hot holding	3	1.5	0	
18	IN		N/A	Proper cooling time & temperatures	3	1.5	0	
19	IN		N/A	Proper hot holding temperatures	3	1.5	0	
20	IN		N/A	Proper cold holding temperatures	3	1.5	0	
21	IN		N/A	Proper date marking & disposition	3	1.5	0	
22	IN		N/A	Time as a public health control: procedures & records	2	1	0	
Consumer Advisory .2653								
23	IN		N/A	Consumer advisory provided for raw or undercooked foods	1	0.5	0	
Highly Susceptible Populations .2653								
24	IN		N/A	Pasteurized foods used; prohibited foods not offered	2	1.5	0	
Chemical .2653, .2657								
25	IN		N/A	Food additives: approved & properly used	1	0.5	0	
26	IN		N/A	Toxic substances properly identified stored & used	2	1	0	
Conformance with Approved Procedures .2653, .2654, .2655								
27	IN		N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0	

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status					OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2656								
28	IN		N/A	Pasteurized eggs used where required	1	0.5	0	
29	IN			Water and ice from approved source	2	1	0	
30	IN		N/A	Variance obtained for specialized processing methods	1	0.5	0	
Food Temperature Control .2653, .2654								
31	IN			Proper cooling methods used; adequate equipment for temperature control	1	0.5	0	
32	IN		N/A	N/O	Plant food properly cooked for hot holding	1	0.5	0	
33	IN		N/A	N/O	Approved thawing methods used	1	0.5	0	
34	IN				Thermometers provided & accurate	1	0.5	0	X
Food Identification .2653								
35	IN				Food properly labeled: original container	2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2655, .2657								
36	IN				Insects & rodents not present; no unauthorized animals	2	1	0	
37	IN				Contamination prevented during food preparation, storage & display	2	1	0	
38	IN				Personal cleanliness	1	0.5	0	
39	IN				Wiping cloths: properly used & stored	1	0.5	0	X
40	IN		N/A		Washing fruits & vegetables	1	0.5	0	
Proper Use of Utensils .2653, .2654								
41	IN				In-use utensils: properly stored	1	0.5	0	
42	IN				Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0	
43	IN				Single-use & single-service articles: properly stored & used	1	0.5	0	
44	IN				Gloves used properly	1	0.5	0	
Utensils and Equipment .2653, .2654, .2663								
45	IN				Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	2	1	0	
46	IN				Warewashing facilities: installed, maintained & used; test strips	1	0.5	0	
47	IN				Non-food contact surfaces clean	1	0.5	0	
Physical Facilities .2654, .2655, .2656								
48	IN		N/A		Hot & cold water available; adequate pressure	2	1	0	
49	IN				Plumbing installed; proper backflow devices	2	1	0	
50	IN				Sewage & waste water properly disposed	2	1	0	
51	IN		N/A		Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0	
52	IN				Garbage & refuse properly disposed; facilities maintained	1	0.5	0	
53	IN				Physical facilities installed, maintained & clean	1	0.5	0	X
54	IN				Meets ventilation & lighting requirements; designated areas used	1	0.5	0	
					TOTAL DEDUCTIONS:				2.5

Comment Addendum to Food Establishment Report

Establishment Name: Lenoir Assisted Living
Location Address: 2273 Pinewood Home Dr
City: Pink Hill State: NC
County: Zip: 28572
Wastewater System: ☒ Municipal/Community ○ On-Site
Water Supply: ☒ Municipal/Community ○ On-Site
Permittee: Victorian Senior Care
Telephone:

Establishment ID: 04259160014
☒ Inspection ○ Re-Inspection
○ Visit
○ Verification
○ Name Change
○ Status Change
○ Pre-Opening Visit
○ Other

Date: 6/26/17
Status Code: A
Category#: 4

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hamburger Steak/Steam well	166°	Beans/Steam well	165°	Soup/Steam well	165°
Corn/Steam well	172°	Cheese/walk-in	44°	Pasta Salad/walk-in	44°
Chili/walk-in	43°				

Observations and Corrective Actions

Item Number	Food Code Citation	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the Food Code.
34)	4-502.11(B)	Thermometer was not calibrated proper. Ensure that thermometer is calibrated to 32°
36)	6-501.111	Several flies observed in Kitchen. Be vigilant about pest control.
39)	3-304.14	Wet wiping cloths in empty bucket. Store wet wiping cloths in sanitizer 200-400 ppm QUAT.
52)	5-501.16	Dumpster missing drain plug. Needs to be replaced.
53)	6-501.11	Ceiling above prep sink is in disrepair and wall/baseboard next to back door is in disrepair. Needs to be repaired.

Person in Charge (Print & Sign): Ashley Sawyer Ashley Sawyer
Regulatory Authority (Print & Sign): LuKe Baird Luke Baird, REHS
Verification Required Date: N/A
REHS ID: 2500
REHS Contact Phone Number: (252) 526-4248 Ext. 2258

INSPECTION AND TESTING FORM

DATE: 1/17/17

TIME:

SERVICE ORGANIZATION

Name: Williams Fire Sprinkler Co. Inc.

Address: P.O. Box 1048 - 14677 U.S. Highway 64 West, Williamston, No 27892

Representative: Pedro Rojas

License No.:

Telephone: 252-792-8196

PROPERTY NAME (USER)

Name: Lenoir Assisted Living, LLC

Address: 2773 Pinewood Home Road, Pink Hill, NC 28572

Owner Contact: Randy

Telephone: 252-568-6187

MONITORING ENTITY

Contact: Security Central

Telephone: 800-428-4171

Monitoring Account Ref. No.: CX / 2483

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

- ☒ McCulloh
- ☐ Multiplex
- ■ Digital / POTS Lines
- ☐ Reverse Priority
- ☐ RF
- ☐ Other (Specify)

SERVICE

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ■ Annually
- ☐ Other (Specify)

Control Unit Manufacturer: Silent Knight / 6128 Communications

Model No.: 5208

Circuit Styles: 4 & Y

Number of Circuits: 20 Zones & 2 NACS

Software Rev.: 1.4

Last Date System Had Any Service Performed:

Last Date That Any Software or Configuration Was Revised:

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
11	4	11	Manual Fire Alarm Boxes
			Ion Detectors
44	4	44	Photo Detectors
7	4	7	Duct Detectors
74	4	74	Heat Detectors
1	4	1	Waterflow Switches
2	4	2	Supervisory Switches
			Other (Specify):

Alarm verification feature is disabled ✓ enabled ____.

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
2	Y	2	Bells
			Horns
			Chimes
			Strobes
			Speakers
13	Y	13	Other (Specify): Horn/Strobes

No. of alarm notification appliance circuits: 2

Are circuits monitored for integrity? ■ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
N/A	N/A	N/A	Building Temp.
N/A	N/A	N/A	Site Water Temp.
N/A	N/A	N/A	Site Water Level
N/A	N/A	N/A	Fire Pump Power
N/A	N/A	N/A	Fire Pump Running
N/A	N/A	N/A	Fire Pump Auto Position
N/A	N/A	N/A	Fire Pump or Pump Controller Trouble
N/A	N/A	N/A	Fire Pump Running
N/A	N/A	N/A	Generator in Auto Position
N/A	N/A	N/A	Generator or Controller Trouble
N/A	N/A	N/A	Switch Transfer
N/A	N/A	N/A	Generator Engine Running
N/A	N/A	N/A	Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:

Quantity N/A Style(s) N/A

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 VAC Amps 20 Amps

Overcurrent Protection: Type Breaker Amps 20 Amps

Location (of Primary Supply Panelboard): Electrical Room

Disconnecting Means Location: Panel Breaker #

(b) Secondary (Standby):

Sealed Battery Storage Battery: Amp-Hr Rating 7 Ah

Calculated capacity in 5.1 Amp-Hrs to operate system for 24 hours

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage:

TYPE BATTERY

☐ Dry Cell ☐ Lead-Acid

☐ Nickel-Cadmium ☐ Other (Specify):

■ Sealed Lead-Acid

(a) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

_____ Emergency system described in NFPA 70, Article 700

✓ Legally required standby described in NFPA 70, Article 701

_____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

FIGURE 10.6.2.3 *Continued*

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☑	☐	Security Control	
Building Occupants	☑	☐	Management	
Building Management	☑	☐	[illegible]	
Other (Specify)	☐	☐		
AHJ Notified of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☐	☐	
Lamps/LEDs	☑	☑	
Fuses	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☐	
Disconnect Switches	☐	☐	
Ground-Fault Monitoring	☑	☑	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	☑		
Load Voltage		☑	
Discharge Test		☐	
Charger Test		☐	
Specific Gravity		☐	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	
NOTIFICATION APPLIANCES			
Audible	☑	☑	
Visible	☑	☑	
Speakers	☐	☐	
Voice Clarity		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
Smoke S	Halls	☑	☑			☑	☐
Heats	Rooms	☑	☐			☑	☐
Pulls	Exits	☑	☑			☑	☐
Tampers	Riser Room	☑	☑			☑	☐
Flow Switch	Riser Room	☑	☑			☑	☐
		☐	☐			☐	☐

Comments: [illegible]

FIGURE 10.6.2.3 *Continued*

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	☐	☐	
Phone Jacks	☐	☐	
Off-Hook Indicator	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

	Visual	Device Operation	Simulated Operation
COMBINATION SYSTEMS			
Fire Extinguisher Monitoring Device/System	☐	☐	☐
Carbon Monoxide Detector/System	☐	☐	☐
(Specify) _____	☐	☐	☐
INTERFACE EQUIPMENT			
(Specify) Door Release	☑	☑	☐
(Specify) AHU Shutdown	☑	☑	☐
(Specify) _____	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(Specify) Kitchen Hood	☐	☐	☑
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Trouble Signal Restoration	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☑	☐	Management	
Monitoring Agency	☐	☐	Security Control	
Building Occupants	☐	☐	Management	
Other (Specify)	☐	☐		

The following did not operate correctly: _____

System restored to normal operation: Date: 1/17/17 Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Rodney Pierce S Date: 1/17/17 Time: _____

Signature: _____

Name of Owner or Representative: Chris Bass Date: 1 17 17 Time: _____

Signature: _____

FIGURE 10.6.2.3 *Continued*

Victorian
SENIOR CARE

Hot Water Temperatures

Weekly Inspection

Location	Temperature (Degrees F.)	Time	Date	Tested By
200 SCU	100°	9:30 Am	10-3-2017	Justin
100 Hall	110°	9:35 Am	10-3-2017	Justin
300 Hall	115°	9:45 Am	10-3-2017	Justin
Kitchen	125°	10:30 Am	10-3-2017	Justin
200 SCU	100	11:56 Am	10-12-2017	Justin
100 Hall	112°	12:30 pm	10-12-2017	Justin
300 Hall	110°	12:45 pm	10-12-2017	Justin
Kitchen	120-125°	1:00 pm	10-12-2017	Justin
200 SCU	101°	9:50 am	10-25-2017	Justin
100 Hall	99°		10-25-2017	
300 Hall	120°	9:55 Am	10-25-2017	
Kitchen	126°		10-25-2017	