Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(Xl) PROVIDER}SUPPLIERJCL IA IDENTIFICATION NUMBER:	0<2) MULTIPLE CONSTRUCTION	0<3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: 01 B. WING	1 1/07/2023

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 7.tP CODE	5809 OLD OAK RIDGE ROAD
BROOKDALE NORTHWEST GREENSBORO	GREENSBORO, NC 27410

PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BF. PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
c 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on November 7, 2023. This facility was first licensed January 8, 1997, fbr Eighty-One (81) Beds. Based on this information, are requiring the facility to meet the 1996 Homes for the Aged and Disabled Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the N01th Carolina State Building Code, Section 409. l , Group I Unrestrained Occupancy. Deficiencies were cited that require a Plan of Correction. Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT IOA NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and tire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on an interview with the Executive Director and Maintenance Director the facility thiled to maintain in the facility, current (completed within the last twelve months) sanitation and fire and building safety inspection reports available for review. Findings on November 7, 2023: a. There was no Fire Official (Fire Marshal) report available for review. b. There was no Building Sanitation Inspection report available for review. c. There was no Kitchen Sanitation Inspection	c 000	In accordance with the rule .0300 Physical Plant IOA NCAC 13 F. 0302 Design and Construction. I (A) Fire Marshall has been contacted and inspection completion date 03/01/24 I (B) Completed see attachment. I (C) Completed see attachment. I (D)Completed see attachment I (E)Completed see attachment	

Division of Health Service Regulation

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | 0<6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETED
	HAL041031	A.BUILDING: 0] B. WING _____	1 1/07/2023

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD
BROOKDALE NORTHWEST GREENSBORO GREENSBORO, NC 27410

PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ESC IDENTIFYENG INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR\ATE DEFICIENCY)	COMPLETE DATE
	Continued From page I report available for review. d. There was no National Fire Alarm and Signaling Code (NFPA 72) report available for review. e. There was no Standard for the Inspection, Testing, and Maintenance of Water-Base Fire Protection System (NFPA 25) report available for review.			

It-continuation

c 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT IOA NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, and interview with Maintenance Director, corridors were not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on November 7, 2023: a. Hall 3, Corridor near Bedroom 33 - there was an unattended housekeeping cart and large armchair, obstructing the required six feet wide corridor to three feet and two inches. Facility Staff corrected the deficiency before"the Construction Surveyor left the site. b. Main Hall, Corridor near Bedroom 44 - there •was an unattended linen cart, obstructing the required six feet wide corridor to four feet and six inches. c. Hall 2, Corridor near Bedroom 18 - there was an unattended med cart, obstructing the required six feet wide corridor to four feet and three inches.	c 150	In accordance with rule .0305 Physical Environment. (a) This deficiency was corrected 1 1/07/23. (b) This deficiency was correctéd 1/07/23. (c) This deficiency was corrected 1/07/23.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/C1.i IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	0<3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: 01 B. WING_____	1/07/2023

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD
BROOKDAI,F, NORTHWEST GREENSBORO GREENSBORO, NC 27410

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFI(JENCY)	COMPLETE DATE
		32GZ21	If	

c 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT IOA NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (l) 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 observation, the outside grounds were not maintained in a clean and safe condition. Findings on November 7, 2023: a. Exterior, Bedroom 32 - the window's wood trim under the metal cladding appears to have rotted and water was infiltrating the wall. b. Exterior, Back Perimeter Concrete Sidewalk this sidewalk has many (10+) uneven walking surfaces varying from 3/8 inch to 2 inches vertically. Outside Premises-Outdoor Lighting SECTION•OOO - PHYSICAL PLANT IOA NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: E. Based on observation, the outdoor lighting of the walkways and drives did not have five-foot candles of illumination at ground level. This could affect all residents, staff and visitors if walkways and drives are not properly illuminated, warning of	c 162	I (a) Maintenance Tech has contacted area support/and outside vendor to repair and 01 replace the wood trim under the metal cladding, with a completion date 03/01/24. (b) The Maintenance Tech wil] highlight areas of concerns with yellow paint until weather permits to even out concrete. Painting to identify areas of concerns completion date 03/01/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: 01 B. WING	1 1/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NORTHWEST GREENSBORO	5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410

(X,t) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR L.sc IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BF. CROSS-REFERENCED TO THE APPROPRåATE DEFICIENCY)	COMPLETE DATE

C 164	Continued From page 3 tripping hazards or obstructions. Findings on November 7, 2023: a. Exterior, Walkway Around the Building there was no illumination of the walkway around the building. The pagoda lantern light fixtures have been removed and were laying around the entrance to the basement. Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT IOA NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (l) 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 mechanical systems were not kept clean and in good repair. Findings on November 7, 2023: Kitchen, Office - the HVAC return grille with its radiation damper had an excessive accumulation of dust/lint. b. Hall l, Corridor near Sales Office - the ceiling around the supply grille has a black substance on it. C. Hall 3, Bedroom 43, Bathroom - the exhaust ventilation system grille with its radiation damper had an excessive accumulation of dust/lint. d. Hall 3 Corridor, near Bedroom 32 - the HVAC return grille with its radiation damper had an excessive accumulation of dust/lint.	c 164	I(a) Maintenance tech has removed light fixtures that were laying around the entrance to the basement. Deficiency corrected 01/1 1/24. Maintenance Tech scheduled support with area team to assist with correcting deficiency. I (a) completion date 03/01/24 I (b)completion date 03/01/24 (c)completion date 03/01 /24 I (d)completion date 03/0124	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER]CLIA IDENTIFICATION NUMBER:	0<2) MULTIPLE CONSTRUCTION	0<3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: 01 B. WENG	11/07/2023

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE. ZIP CODE 5809 OLD OAK RIDGE ROAD
BROOKDALE NORTHWEST GREENSBORO
GREENSBORO, NC 27410

PREFIX TAG	SUMMARY STATEMENT OF DEFECIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REF ERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
C 164	Continued From page 4 2. Based on observation, and interview with the Maintenance Director, the ceilings were not kept clean and in good repair. Findings on November 7, 2023: Hall l, Corridor near Bedroom 2 - the textured ceiling was detaching from the gypsum ceiling. b. Main Hall, Bedroom 43 - the textured ceiling was detaching from the gypsum ceiling. C. Hall 2, Corridor - the Maintenance Director could not open the attic access door to inspect the attic. d. Hall 3, Corridor - the Maintenance Director could not open the attic access door to inspect the attic. 3. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or has not been completed. This could affect all residents, staff, and visitors if items were broken or partially removed and left "'here they could harm all. Findings on November 7, 2023: Hall l, Bedroom 13, Corridor Side Closet the closet rod & shelf bracket was not secured to the wall. 4. Based on Observation, the plumbing systems were not kept clean and in good repair. Findings on November 7, 2023: a. Hall 3, Bedroom 42, Bathroom - the commode was not secure to the floor. 5. Based on observation, the handrails were not kept clean and in good repair. Findings on November 7, 2023: a. Dining Room Exterior Deck - the guardrail's wooden top rails have deteriorated to where the wood was decomposing and produces splinters.		2(a) Maintenance Tech has schedule support from area team. Deficiency correction date 03/01/24. (b)Maintenance Tech has support from area team Deficiency correction date 03/01/24 (c,d) Maintenance Tech will provide in service to additional staff to assist Surveyor with opening the attic for inspection.03/ 10/24 3 (a)Deficiency corrected 11/30/23. 4(a) Maintenace Tech has secured commode to the floor. Deficiency corrected 12/01/23. 5(a)Deficiency corrected 12/12/23.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDERJSUPPLIER/CLIA IDENTIFICATfON NUMBER:	0<2) MULTIPLE CONSTRUCTION	0<3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: 01 B, WING	1 1/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOK DALE NORTHWEST GREENSBORO	5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410

PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BF, PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLEFE DATE

	Continued From page 5 6. Based on observation, and interview with Maintenance, the facility was not free of chronic odors. Findings on November 7, 2023: a. Hall 3, Bedroom 32 - the room smells of urine. Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT IOA 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: Based on Observation and interview with Maintenance Director, the Building was not completely accessible for inspections. This "'ill prevent any deficiency that may be discovered with regular inspections from being corrected. Keeping the area free of hazards. Findings on November 7, 2023: a. Hall l , Bedroom 10 - the window side closet was locked and there was no key onsite to allow access ihto this area for inspection. 2. Based on observation, the building's electrical system was not free of all obstructions and hazards. Findings on November 7, 2023: a. Hall 2, Mech Room - maintenance cart and supplies were stored in front of the electrical panels, limiting the required minimum 36-inches	c 166	6(a) Deficiency corrected 1 1/07/23. I(a)Deficiency corrected 1 1/20/23 2(a) Maintenance cart have been removed from in front of the electrica\ panels. Maintenance Director and/or designee will implement daily checks to insure carts are not placed in front of any electrical panels. Deficiency correction completed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER_/CLI IDENTIFICATION NUMBER:	(X'2) MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETED
	HALO,i 1031	A. BUILDING: 01 B. WING	11/07/2023

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD
BROOKDALE NORTHWEST GREENSBORO
GREENSBORO, NC 27410

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)	COMPLETE DATE
c 166	Continued From page 6 by 30-inches clear working space to zero. 3. Based on Observation, the Building was not maintained free of hazards because the compressed gas cylinders were not properly secured. They may fall and break their valves off. This would turn the compressed gas cylinder into a dangerous projectile. Findings on November 7, 2023: a. Hall 2, Bedroom 23, Closet - four portable oxygen cylinders were standing up on the floor not properly chained or supported by the wall or in a purposely designed holder or trolley. b. Hall 2, Bedroom 26, Closet - one portable oxygen cylinder was standing up on the floor not properly chained or supported by the wall or in a purposely designed holder or trolley.	c 166	3(a) The Portable oxygen cylinders were placed in a designed holder. Maintenance Director or designee will implement weekly checks to insure that 02 portable cylinders are in correct holders. Deficiency corrected 1 1/07/23. (b)Deficiency corrected 1 1/07/23.	
c 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT IOA NCAC 13F .0309 PLAN FOR EVACUATION (a) A •written fire evacuation plan (including a diagrammed drawing) which has the •written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Facility failed to properly post and maintain the evacuation diagrams. This would affect all by not providing proper guidance during an emergency.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0<2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAI,041031	A. BUILDING: 01 B. WING	11/07/2023

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD ,

BROOKDALE NORTHWEST GREENSBORO

GREENSBORO, NC 27410

PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR Exsc IDENTIFYING ENFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
c 184 c 189	Continued From page 7 Findings on November 7, 2023: . Hall 2 - the mounted evacuation diagram was not oriented for where it was located in the facility. The diagram must be properly oriented. As you stand tooking at the diagram, the evacuation route shown on the right shall be to your right etc. Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT IOA 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: Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activation of the fire alarm system; Findings on November 7, 2023: Hall l , Red Parlor/Office - the fire alarm system's smoke detector had dropped from the ceiling. b. Hall l, Staff Break-room, Mech Room - the duct detector's sampling tubes for the HVAC unit were dirty and may not detect the existence of smoke in the I air stream. c. Main Hall, Mech Room B - the duct detector's sampling tubes for the back HVAC unit were dirty and may not detect the existence of smoke in the air stream.	c 189	1 (a)Maintenance Director corrected the evacuation display. During daily building rounds Maintenance Director and /or designee will ensure evacuation displays are correct .Deficiency corrected 1 1/07/23. I (a,b,c,d,e)Deficiency corrected 1 1/10/23	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER]SUPPLIER/CLIA IDENTIFICATION NUMBER:	(YO) MULTIPLE CONSTRUCTION	0<3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: 01 B. WING	1 1/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NORTH WEST GREENSBORO	5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410

PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR E.sc IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS.REFERENCED TO THE APPROPRIATE DEFICIENCY)	(4X5) COMPLETE DATE
PREFIX TAG				

C 189	Continued From page 8 d. Hall 3, Mech Room C - the duct detectors sampling tubes for the HVAC unit were dirty and may not detect the existence of smoke in the air stream. e. Hall 2, Mech Room - the duct detector's sampling tubes for the HVAC unit were dirty and may not detect the existence of smoke in the air stream. 2. Based on observation, the Building was not maintained in a safe and operating condition, because maintenance was not performed in a timely manner leaving the facility without proper fire sprinkler protection. This would affect all residents, staff, and visitors, by not providing the protection fire sprinklers provide. Findings on November 7, 2023: a. Hall l , Staff Breakroom, Mech Room examination of the fire sprinkler riser revealed the pressure gauge on the accelerator line was registering O psi, the valves were shut off and the accelerator was out of service. 3. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on November 7, 2023: a. Hall l, Red Parlor/Office - both exit signs (at exterior door and corridor door) did not illuminate on backup power when tested. b. Dining, Left Exterior Exit - the exit sign did not illuminate on backup power when tested. c. Lobby, above Front Door - the ceiling mounted remote headlight, on the emergency lighting system did not illuminate on backup power when tested. d. Hall 3, Mech Room B - the equipment mounted remote headlight, on the emergency	c 189	2(a) Maintenance Tech contacted outside vendor the deficiency corrected 12/20/23. 3(a,bc,d,e,f) New batteries were ordered deficiency correction completion date 01/20/24.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	0<3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: 01 B. WING	11/07/2023

NAME OF PROV\DER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NORTHWEST GREENSBORO	5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410

Division of Health Service Regulation

PREFIX TAG	SUMMARY STATEMENT OF DEFtCIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
C 189	Continued From page 9 lighting system did not illuminate on backup power when tested. Bistro, Exit to porch - the exit sign did not illuminate on backup power when tested. Main Hall, Corridor near Staff Restroom - the exit sign did not illuminate on backup when tested. 4. Based on observations, the fire-resistance rated construction enclosures providing protection from hazardous areas were not being maintained in a safe and operating condition by not providing I -hour rated construction and 45-minute rated self-closing doors. This could affèct all if smoke/tlames are not contained to the room of origin. This could affect all if smoke/flames are not contained to the room of origin. Findings on November 7, 2023: a. Main Hall, Mech Room - this room with its furnaces and water heaters has a total capacity of over 400,000 BTU, making it a Heater Room. Heater Rooms must be protected with I-hour fire-resistance rated construction. This includes having opening protection. The door must be a minimum of 45-minute fire-rated door that is self-closing or automatically closes on fire alarm activation. 5. Based on Observation, smoke tight doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or putl of the door to limit the spread of smoke and fire to the area of origin. Findings on November 7, 2023: a. Kitchen - the Kitchen to Dining Room door was held open with an electromagnetic hold-open	c 189	4(a) Maintenance tech has scheduled support with area team to correct defiency with a correction date 03/01/24. 5(a)Mainteance Tech has schedule support with area team to correct deficiency with a correction date 03/01/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDERJSUPPLIERJCE,IA EDENTIFICATIONNUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: 01 B.WING	1 1/07/2023

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD

BROOKDALE NORTHWEST GREENSBORO

GREENSBORO, NC 27410

PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR I.SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFECIENCY)	COMPLETE DATE
		(S99		I E E 5

c 189	Continued From page 10 device that releases on fire alarm activation, allowing the door to close and latch into its frame. This door, when released hits the floor and does not close and latch. 6. Based on observation, the building i',ras not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be accomplished without the use of keys, tools, or special knowledge, or effort. This could affect all if the exit cannot be opened frapping someone inside. Findings on November 7, 2023: a. Hall 1, Red Parlor/Oftice - the exterior exit door handle requires special knowledge to open the exit. The handle must be rotated up, to release the latch. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on November 7, 2023: a. Hall l , End Porch - a joint between two gypsum ceiling panels has opened. This opening is a breech in the fire-resistance-rated ceiling assembly. b. Hall l, Staff Breakroom, Mech Room - the flue shaft's gypsum construction was damaged at the intersection with the ceiling. C. Hall l , Staff Breakroom, Mech Room - there was a cable bundle not firestopped as it penetrates the fire-resistance-rated ceiling assembly. d. Hall l , Staff Breakroom, Mech Room - there •was an open-ended sleeve not firestopped as it penetrates the fire-resistance-rated ceiling assembly. Hall I, Staff Breakroom, Mech Room - a joint between several gypsum ceiling panels has		6(a) Deficiency corrected 12/20/23 7(a,b,c,d,e,f,g,h,l,j) Maintenance Tech has scheduled support with area team to correct deficiency with a correction date of 03/01/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLfEfUCLl IDENTIFICATION NUMBER:	(X) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1 IAL041031	A. BUILDING: 01 B. WING	1 1/07/2023

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NORTHWEST GREENSBORO	5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410

PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGÙLATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE

C 189	Continued From page 1 1 opened and several holes "'ere not firestopped as they penetrate the fire-resistance-rated ceiling assembly. Kitchen, Mech Closet - part of the gypsum ceiling was missing where the sprinkler line was repaired. This opening is a breech in the fireresistance-rated ceiling assembly. Kitchen, Mech Closet - there was a refrigerant line not firestopped as it penetrates the fire-resistancerated ceiling assembly. h. Kitchen, Back Door - there was a conduit not firestopped as it penetrates the fire-resistance-rated ceiling assembly. i. Kitchen, Mech Closet - there was a refrigerant line not firestopped as it penetrates the fire-resistancerated ceiling assembly. j. Main Hall, Mech Room - there was a conduit not firestopped as it penetrates the fire-resistance-rated wall assembly. 8. Based on observation, the smoke tight corrid01 doors are not maintained in a safe and operating condition. Findings on November 7, 2023: a. Dining Room - the pair of doors to the corridor are not smoke tight. The wooden astragal between the door's meeting stiles did not cover the gap between these doors. b. Hall 3, Activity Room - a plastic trash bag tied from the inside handle to the outside handle, crossing over the latch bolt, did not allow the door to latch into its frame. 9. Based on observation, the building was not maintained in a safe manner by failing to ensure that clothes dryer duct can exhaust freely to an open free area. This could affect all by allowing lint to accumulate (fuel for a fire). Findings on November 7, 2023: a. Main Hall, Bulk Laundry - behind the washer,		8(a) Deficiency corrected 01/04/24. (b)Deficiency corrected 11/07/23. 9(a) Maintenance tech contacted outside vendor behind the washer and dryer. Deficiency corrected 11/30/23.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATfON NUMBER:	0<2) MULTIPLE CONSTRUCTION	0<3) DATE SURVEY COMPLETED
	HAL041031	A. BUILDING: 01 B. WING	1 1/07/2023

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5809 OLD OAK RIDGE ROAD
BROOKDALE NORTHWEST GREENSBORO
GREENSBORO, NC 27410

PREFIX' TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFECIENCY)	COMPLETE DATE
	6899			
C 189	Continued From page 12 and dryer there was a build-up of lint. The dryer exhaust duct was stretched out in this space and must be leaking. 10. Based on observation the safety equipment was not being maintained to ensure safety. This could hamper the staffs ability to extinguish a small fire, permitting it to grow. Findings on November 7, 2023: a. Hall l, Red Parlor/Office - in February 2023 the portable fire extinguisher had its annual maintenance performed. Since that time there has been no documentation of the monthly in-house/owner inspections except for September & October. b. Main Hall, Mech Room - in February 2023 the portable fire extinguisher had its annual maintenance performed. Since April there has been no documentation of the monthly in-house/owner inspections. I l . Based on observations, the building was not maintained in a safe and operating condition, because some fire sprinkler components are missing or in disrepair. This could affect all residents, staff, and visitors if the fire sprinkler system does not function or was delayed in responding as design. Findings on November 7, 2023: a. Exterior, Front, FDC inlet connection area one of the fire département Siamese inlet connections was missing its protective cap. 1 2. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on November 7, 2023: Exterior, Front, near FDC Sign - the light sensor has fallen out of the wall and is dangling by its wires. In addition, there is now a hole in the		IO(a,b) Deficiency corrected 12/14/23. Il(A) Maintenance Tech Wilf replace protective cap with a correction date 01/19/24. 12(a) Deficiency corrected 11/08/23.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDERJSUPPLIER/CLIA IDENTIFICATION NUMBER:	0<2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	llAL04103f	A.BUILDING: 01 B. WING	11/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NORTHWEST GREENSBORO*	5809 OLD OAK RIDGE ROAD GREENSBORO, NC 27410

PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORIMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
			T	
c 189	Continued From page 13 exterior wall.	c 189	C199 1(a-e) Deficiency corrected 12/14/23 by outside vendor.	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT IOA 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 betòre April l, 1984, with natural ventilation in these specified spaces: (l) 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 and testing with a thin plastic sheet, the facility did not provide working exhaust ventilation in required spaces. Findings on November 7, 2023: Hall l , Bedroom 10, Bathroom - the exhaust ventilation system i','as not removing any air. b. Hall l , Bedroom 13, Bathroom - the exhaust ventilation system was not removing any air. C. Hall l , Sales Office, Bathroom - the exhaust ventilation system was not removing any air. d. Main Hall, Staff Restroom - the exhaust ventilation system was not running. Hall 3, Bedroom 43, Bathroom - the exhaust ventilation system was not removing any air.			

5899 32G7,,2] If

Fire Sprinkler Systems Winterization Checklist

Job Name: RL Northwest Gladstone **Date:** 10/20/22

Street: 5891 old oak Ridge Rd. **FLSA Work Order No:** 447703

City/State/Zip: Gladstone NC 27401 **Inspector:** S. LaPradd

Contact Name: Edward Cessna **Phone:** 336-908-555-39

Item Name	Initials of Inspector	Comments or Recommendations
Dry Pipe/ Pre-Action S stem(s) Total # of Systems:		
Check all dry pipe and pre-action systems to make sure they are not flooded		
Drain ALL low point drains. & record location of all drains with Owner/Occupant. No. of Low Point Drains:		
Verifr' proper operation, function and settings for the air compressor or alternate air supply. Drain condensation from air com ressor tank.		
AntifreeŽe System(s) Total # of S stems:		
Check the antifreeze systems by testing the .concenb•ation of the antifreeze solution. Adjust the level of antifreeze solution in the systems when necessary.		
Valve Room(s) Total # of Rooms:		
Check valve rooms, pump rooms, stair enclosures and areas with exposed piping for the following:		
Heaters are working properly		
Dampers are closed		
No un rotected openings are present		
Fife Department Connection(s) Total # of FDC's:		
Verify FDC is not full of water and ball drips are working roperly		
[ise Additionàl Items:		
Check water storage tank heaters for proper operation where present		
Detamine if heat tracing is intact and operating prbperly — including monitoring systems for heat trace systems		
Visually inspect the integrity of any pipe iñsulation where rovided.		
Visually inspect any wet pipe in attic areas to determine if required insulation is in place, or if the insulation has been disturbed		

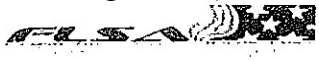
v' Provide the Customer with a copy of the completed inspection checklist (if requested) and attach a copy to the work order. v"
Provide the Customer with at least one copy of the Drum Drip Assembly Instruction Sheet

✓ Reiterate the importance of the owner/occupant to periodically inspect these items throughout cold weather months ✓
Document all deficiencies/recommended repairs or modifications. (Attach additional pages if needed)

Important Note: This inspection service is performed for the purpose of preventive maintenance, testing of equipment and review of changes or recommended service which should be performed. The work Is not intended to be a guarantee of equipment or a guarantee against malfunction of equipment. Periodic inspections are the responsibility of the building owner or a designated representative of the owner of the property,

Edward Cossin Date: 10/20/22

Owner's Signature (or Authorized Representative)



Winterizing Fire Sprinlder Systems

Introduction:

Winterizing fire spñnkler systems is a critical service needed to reduce the chance of water damage issues associated with damage to piping caused by freezing. FLSA :may provide wintelization services as a standalone service call or as a part of annual and/or quarterly inspection services agreement. Winterization should always be performed prior to the on-set of cold weather and may be perfotmed by the customer (owner) or by FLSA Technicians or Inspectors.

When performing this service, refer to the checklist provided below for the specific items to be perfonned. This checklist is not considered proprietary or confidential infonnation and may be shared with our customers who choose to self-perfonn some or all of the services noted.

As with any inspection service provided by FLSA, it is critical that the Technician or Inspector check each item on the list and make notes related to any deficiencies or recommendations for corrective action as well as note any corrective actions provided during the inspection. FLSA offers no guarantee or warrantee with inspection services of any kind, The work is being performed for the purpose of preventive maintenance, testing of equipment and review of changes or recommended service which should be performed. This work is not intended to be a guarantee of equipment or a guarantee against malfunction of equipment.

A copy of the attached completed checklist must be returned to the office with the corresponding work order so that a record of the inspection and any resulting recommendations may be transmitted to the owner or occupant of the building/facility and so we can maintain records for our future needs.

The owner/occupant will be provided with a copy of the winterization checklist attached to the invoice however, they are entitled to a copy upon completion of the work if they desire one.

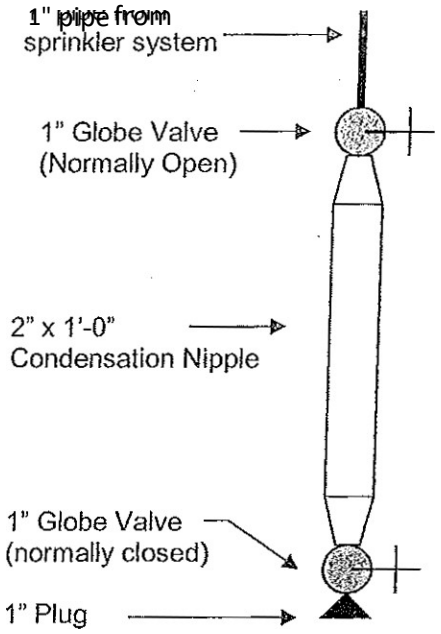
NFPA 25 establishes the responsibility for fire sprinkler system inspection, testing and maintenance as the owner's responsibility. We must limit our liability by ensming the customer understands everyone's role in system maintenance and we must be clear in communicating the customer's obligation to check all items on the check list throughout the cold months.

FLSA Technicians and Inspectors should instruct the owner/occupant on how to perform the minimum level of maintenance required for their system and document such instruction on ihe winterization checklist and familiarize them with NFPA 25 requirements.

Inform the client ofpotentialfailures 01' causes offreezingproblems. Note that air compressors and unit heaters can fail after the inspection so they must be periodically checked hy the owner or occupant to ensure proper operation. Condensation can and will continue to collect in low point drains and mayfreeze ifnot drained,

Procedure for Winterization Inspection:

- Inspect and check those components visible from the floor level and/or are accessible,
- Attest to the condition or operation of the items we check at the time of the inspection.
- Provide the customer with a copy of the Dmm Drip Assembly Instmction Sheet



Typical Drum Drip Assembly / Condensation Nipple

Dry pipe sprinkler systems are required to be installed with the piping pitched to drain, such that water will not accumulate at low points and freeze, causing split pipe or broken fittings. The low points in a system should normally be equipped with a Drum Drip Assembly or Condensation Nipple similar to the one depicted above.

The 1" globe valve on the top or inlet side is left open to allow condensation to collect in the larger nipple. Periodically, especially prior to and during cold weather conditions, the condensation must be drained to avoid freezing and breaking of this assembly, which will result jn a tripped valve and flooded sprinkler system.

This is done by following these steps:

1. Close the top valve to seal off the air within the sprinkler system,
2. Remove the 1" plug and open the bottom valve and drain any water into a bucket.

3. Close the lower valve and replace the plug.
4. Re-open the top valve.

CAUTION: Opening bottom valve with top valve open may cause dry pipe valve to trip and flood the system.

INSPECTION AND TESTNG FORM

SERVICE ORGANIZATION
Name: Advanced Fire & Communication, Inc
Address: PO Box 336
Cooleemee, NC 27014-0336
Representative: Jimmy McLeod
License No: 23237-SP-FA/LV
Telephone: 336-776-0302

MONITORING ENTITY
Contact: Loss Prevention Services
Telephone: 1-800-526-8781
Monitoring Account Ref. No: 76D1

TYPE TRANSMISSION
McCulloh
Multiplex
Digital
C] Reverse Priority

Other (Specify)

Control Unit Manufacturer: Pyrotronics
Circuit Styles: Y class B Number of Circuits: 16 Software Rev. :
Last Date System Had Any Service Performed:
Last Date That Any Software or Configuration Was Revised:

Date: 03/03/2021
Time:

PROPERTY NAME (USER)
Name: Brookdale Ñorthwest
Address: 5809 Old Oak Ridge Rd.
Greensboro, NC 27410 Owner Contact:
Telephone: 336-297-9900

APPROVING AGENCY Contact:
Telephone:

SERVICE
☐ Weekly
☐ Monthly
☒ Quarterly 2
☐ Semiannually
[2 Annually
Other (Specify)

Model No: C[I]P-35 System 3

ALARM-INITIATING DEVICES AND CIRCUIT nFORMATION

Quantity	Circuit Style	
9		Manual Fire Alarm Boxes
28	Y class B	Ion Detectors
2	Y class B	Photo Detectors
.8	Y class B	Duct Detectors
		Heat Detectors .

1 Y class B Waterflow Switches 5 Y class B Supervisory Switches 1 Y class B Other (Specify):

Alarm verification feature is disabled enabled .

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
22	Y class B	Bells Horn/Strobes Chimes
13	Y class B	Strobes Speakers Other (Specify):

No. of alarm notification appliance circuits:

Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
	Building Temp. Site Water Temp. Site Water Level Fire Pump Power Fire Pump Running Fire Pump Auto Position Fire Pump or Pump Controller Trouble Fire Pump Running Generator in Auto Position Generator or Controller Trouble Switch Transfer Generator Engine Running Other:

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6. l):

Quantity	Style(s)

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120V?tc Amps 20 ˛ Overcurrent Protection: Type Circuit Breaker Amps 20

Location (of Primary Supply Panelboard): E

Disconnecting Means Location: 41 (b) Secondary (Standby):

Storage Battery: Amp-Hr. Rating

Calculated capacity to operate system, in hours: x 24 60 Engine-driven generator dedicated to fire alarm system: Location of fuel storage:

TYPE BATTERY

DIY Cell

Nickel-Cadmium

Sealed Lead-Acid

C] Lead-Acid

C] Other (Specify)

(c)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.

NOTIFICATIONS ARE MADE	Specific Gravity PRIOR TO ANY TESTING			
Monitoring Entity	Yes		Who	Time
Building Occupants	☒	☐		
Building Management	☒	☐		
Other (Specify)	☒	☐		
AHJ Notified of Any Impairments	☐	☐		

SYSTEM TESTS AND INSPECTIONS

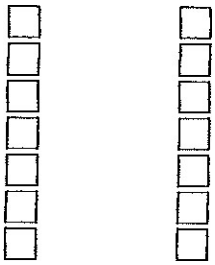
Control Unit	Visual	Functional	COMMENTS
Interface Equipment	☒	☒	
Lamps/LEDS	☒	☒	
Fuses	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground-Fault Monitoring	☒	☒	

SECONDARY POWER TYPE	Visual	Functional	COMMENTS
Battery Condition		☒	
Load Voltage		☒	
Discharge Test		☒	
Charger Test		☒	

TRANSIENT SUPPRESSORS		
REMOTE ANNUNCIATORS		
NOTIFICATION APPLIANCES		
Audible	☒	
Visible	☒	
Speakers	☐	
Voice Clarity	☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & SIN	Device	Visual Functional • peCheck	Test	Factory Setting	Measured Setting	Pass	Fail



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

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify)			
(Specify)			
(Specify)			

SPECIAL HAZARD SYSTEMS

(Specify)
(Specify)
(Specify)

Special Procedures:

Comments: 1 : All smoke doors released on general alarm.
2: All HVAC shutdown on general alarm.
3: All outside doors released on general alarm.

	Yes	No
	☒	☐
	☒	☐
	☒	☐
	☒	☐
	☒	☐

SUPERVISING STATION MONITORTh4G	Yes	N o	Time	Comments
Alarm Signal				
Alarm Restoration				
Trouble Signal				
Supervisory Signal				
Supervisow Restoration				

NOTIFICATIONS THAT TESTING IS COMPLETE	Who		Time
Building Management	☒	☐	
Monitoring Agency	☒	☐	
Building Occupants	☒	☐	
Other (Specify)	☐	☐	

The following did not operate correctly:

System restored to normal operation: Date 03/03/2021 Time

THIS TESTING WAS PERFORMED IN AC RDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Jeff Ìv L Date 03/03/2021 Time

. Signature

Name of Owner or Re r

. Date: Time: Signature:

Signature: Edward Cessier

** Advanced Fire & Commmnication, Inc certifies that the alarm system is above as of this day. We are not responsible if someone other than Advanc Communication, Inc works on/modifies/tampers with said system after this in lhc order detailed Advanced Fire 8', date and time.

Initial: B)

~~Inspection of Hospitals* Nursing Homes, Adult Care Homes and Other Institutions Score: 935~~

Establishment Name: BROOKDALE NORTHWEST GREENSBORO

Establishment ID: 3041400078

Address: 5809 OLD OAK RIDGE RD

City: GREENSBORO State: North Carolina

Zip: 27410 County: 41 Guilford

Licensee: BROOKDALE SENIOR LIVING (336) 297-9900

Telephone:

06/14/2023 Status Code: A Time In: 11:50AM

Time Out:

Inspectian

◯ Re-Inspection

Wastewater System:
(X) Municipal/Community ( ) On-site System

Water Supply:
(X) Municipal/Community ( ) Onsite Supply

		Deductions		
FLOORS, WALLS AND CEILINGS: [.1309 - .1310]				
1	Floors and carpets cleanable, clean, good repair; carpet odor free	2	1	X
2	Walls and ceilings clean, good repair	2	1	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	X
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	1	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	1.5	0
11	EPA registered disinfectants used according to manufacturers' instructions; approved testing methods and devices used	2	X	0
12	Bathing facilities properly equipped, equipment cleaned and disinfected	3	0.5	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	X
16	Hot water between 105°F and 116°F	3	0.5	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	X

		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: 6.5

Comment Addendum to Establishment Ins ection Re ort

Establishment Name.'BR00KDALE NORTHWEST GREENSBORO Establishment ID: 3041400078

Location Address:5809 OLD OAK RIDGE RD Inspection DRe-lnepection Date: 06/14/2023

City: GREENSBORO State:NC Comment Addendum Attached? Status Code: A

County: 41 Guilford Zip: 27410 Water sample taken? Yes [E] No

Wastewater System: M¿mclpaycommunlty [D On-Site System Email 1:

Water Supply: On-Site Sys(em

Permittee: BROOKDALE SENIOR LIVING Email 2:

Tetephone: (336) 297-9900 Emall 3:

Tem erature Observations

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

Lccation Temp Item Location Temp Item Location Temp hot water tow 81de 109

hot water

high side 120

First Last

Person In Charge (Print & Sign):

First Last Regulatory Authority (Print &

Slgn):J. Taylor Weavil

REHS ID:2924 - Weavill J. Taylor

Contact Phone Number:(336) 580-8266

Authorize final report to be received via Email:

REHS
Contact Phone

Comment Addendum to Inspection Report

Establishment Name: BROOKDALE NORTHWEST GREENSBORO Establishment ID: 3041400078

Date: 06/14/2023 Time In: 11:50AM Time out:

Observations and CorrectiveActions

.1309 Cove base in spa needs to be repaired. Floors of storage rooms need to be cleaned.

4 .1311 Lighting in spa area needs to be increased.

5 .1311 Ventilation covers in hallways and filters in some resident rooms need to be cleaned.

11 .1312 Disinfectants end cleaners need to be kept separate from resident care items.

12 .1312 Shower chair needs to be cleaned to remove soil accumulation.

15 .1313 Hose hanging into service sink creates cross connection. Hose vacuum breaker needs to be installed.

16 .1313 Hot water tested at 120F in multiple rooms.

25 .1316 Dumpster area needs to be kept clean.

29 .1317 Pesticide observed on shelf in resident room. Must be handled according to manufacturer's specifications.

32 .1319 Mattress provided by facility observed soiled and needed to be cleaned.

38 .1320 Refrigerator and microwave in activity kitchen need to be cfeaned.

43 .1321 Employee refrigerator needs to be labeled and designated as such to prevent use for residents.

Additional Comments

Though not provided by facility, disposable basins and urinals need to be tabeled to prevent them from being moved to incorrect room. Lock in spa area for chemicals needs to be repaired.

Food Establishment Inspection Report Score: 94.5

Establishment Name:BROOKDALE NORTHWEST GREENSBORO Establlshment ID: 3041160063

LocationAddress: 5809 OLD OAK RIDGE RD
City: GREENSBORO State: North Carollna
Zip: 27410 County: 41 Guilford
Permittee: BROOKDALE SENIOR LIVING Telephone:
Inspection O Re-inspection Wastewater System:
@MunicipaHCommunity O On-Sitg System Water Supply:
Ø MunicIpaVCommuníty O On-Site Supply

Date: 07/2512022 Status Code: A
Time In: 1:00 PM Time out: 4:00 PM
Category#: I
FDA Establlshment Type: Nursing Home

No. of Risk Façtor/lnterventlon Violations: 2
No. of Repeat Risk Factor/lnterventionViolations:

Foodborne Illness Risk Factors änd Public Health Interventions

Rtsk d-e90£-p4h-g
PubflQ Heatth Intarva-nti-ons; Conuo-' meascres to ptevent k'3dbome Nness

Compliance Status	our	COI	R	VR
PIC Present, demonstrates & peyforrns duties				
Certified Food Protectlon Manager				
Management, rood & conötfone' emNoyee;				
Proper use of reporting, vestEiçtiori exclusion Pvocedures &	3 fe5	0		
or respond ng to diarrhea! events				
Góod				
Proper eating, tasting, thinklng Of tobacco use				
No d.scharge from nose. and mouth				
Hands cÅean & propeHy wash6d	2			
No bare hand with RTE foodg or preapptoved attemate procedure property & accessible 2	2	0		
fA Handwashing Sinks supplied				
Food o source				
FO trom apptoved at proper.				
In sate &				
Required recosds availab!e: sheltsloek tags, parasite destruction				
FOOC sepa(ated & protected				
Food-contact suffeces: cleaned & sanitized				
Proper dìspostìon retumed, gygçóously se•ved, recondiüoned unsata				
Potenllali				
19 Prcpsr coo ng t me & temperatures Proper reheating procedures for hot ho\dina				
20 UT •u •u Proper coeljng time & temperatures				
Proper hot holding temperatures Proper co'd temperatures				
Proper data marklfig df$pogition				
T'me as a Pubt'o Hea'th Contro}.• procedures & racorag				
go-nsümar ory:_- _				
Congurner advigon• fY0Vlded tor utxlercooked foods				
Highly susc$ßbk - 12653:-_				

Cood Retall Practices

Good Retall Practlces: PreventatÑe megs-ute-e to conttc\
afVj phy-3$c-al Oects into bods.

Compliance Status	OUT	DI	R V
S9feF0Qd and			
eggs us WhäEe Water and Ice from approved source			
2 IN o Vangnce obtained tor processing mathods	2 1 0		
43 ConFol -,2653,- 12654			
Psoper cooiing methods used; adequate equipment for tempefatere control			
N O N'A Plant food propaflY cooked for hot holding			
IN Approved thawing methods used			
e IN our Thermometers provided & accurate			
-Edehi:ŽfiGaËun - -265-3 -			
Food rxopeñy labeled: original container ana			
Insects & rodents not present; no unauthorized			
8 IN Contamination prevented dudng food prepa(atton, storage & (figplay			
0 1 OUT Personal cteantlneeg '*Aping Olothg: propeny oged & etored			
2 our Washing fruits & vegetables			
ü653i -.5eb41			
Iß•Use utensils; properly stored			
Ulansils, equipment & linens: propedy stored, & handled			
Single-LM & single-service articles: ptoperIY stored & used			
6 IN our Gtovag usad propeny			
Ota-niiig:ana Eqúipmõnt			
Equlpment. food & non-food contact surfaces app\ove-d, ptopEdy designed.			
Werewashfnq recitities: InetaHed, matntained & used; test stops			
Non-food contact Clean			
backflow devices			
2 IN OUT Plumb!ng Installed; proper Sewage & wastewater disposed			

				Pgs!eurized foods u$ed; ptohibited foods not offeled					a H				Tol)eŽ faeilltles: prepeñY coti$ttuctedt supplied & cleaned			
				Food addiËves: approvad & propafly used									Garbage & refuse properly dlsposed; tadlftjes maintained			
2B				Identified stored u ged z									PhY5tcal taci[ities Installed. maintained & Glean			
				ÀñbtóVéd - CompSance with variance, Specialized process,									Maets vanthation & lighting requirements; used			
				oxygen paclqglng HACCP Plan 2									TOTAL DEDUCTIONS.	.5		

NCIt_n Cazclma HeaRn & Ht_hôãñ SGñtiEêS • • -S-act_kû-n • F-õ-ùd gaaa I of Fnüs•i Eätä-bl[xhrnari Raport.

Comment Addendum to Inspection Report

Establishmånt Name: BROOKDALE NORTHWEST GREENSBORO Establishment ID: 3041160063

Date: 07/2512022 Time In: 1:00 PM Time Out: 4:00 PM

Observations and Corrective Actions

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.

5 No points taken.
Paperwork left for new regulations.

22 milk and yogurt in nutrition refrigeration unit at 60F - door cracked - keep closed - potentially hazardous food removed. Door gasket preventing unit from closing - repair and verify betow 41F before reuse.
3-501.16 - Potentially Hazardous Food (Time[Temperature Control for Safety Food), Hot and Cold Holding: Maintain T CS foods in cold holding at 4 IF or less. P

39 Do not place food items, lettuce, in contact with reachin shelves - keep in original package, clean sanitized containers or food wrap / plastic wrap.

3-305.11 - Food Storage: Store food in e clean, dry location, not exposed to contamination. Keep at least 6 inches above the floor.

47 Replace the shield to the splash guard at sink, and metal holders - rust.
Repair door handtes to freezer unit.
Replace the shelves in reachins where the coating is off - rusting. Cant clean properly.

Cabinets in dining room are beginning to be rough, repair rough areas.
4-501.11 - Good Repair and Proper Adjustment: Equipment shall be maintained in good repair. Reseat the gasket to the reaching refrig unit in dining.

49 Clean fronts and sides of equipment, remove the travel film to hot holding base unit, clean top of one dry storage unit in storage room. Clean at air conditioners, Clean cartèused for clean plate storage. Clean areas in reachins.
4-601.11 - Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils: Non-food contact surfaces and utensils shall be clean to sight and touch.

54 Remove the grease bin if not used, top open also.
The top to the dumpster is broken, replace lid.
5-501.113 - Covering Receptacles: Keep dumpster and other outside waste handling containers for refuse, recyclables, and returnables covered with tight-fitting fids or doors.

55 Repair any broken floor and wall coving tiles, clean floors better under equipment and in corners. Repaint several areas of the kitchen and storage room. Clean ceiling at HVAC vents - dirty. Replace the window blinds - poor repair.
6-501.12 - Cleaning, Frequency and Restrictions: All physical facilities shall be maintained in good repair and shall be cleaned as often as necessary to keep them clean and by methods that prevent contamination of food products.

56 Clean fire suppression arms - dusty at hood.
Clean hood filters.

4-204.11 - Ventilation Hood Systems, Drip Prevention: Exhaust ventilation hood systems in food preparation and warewashing areas, including components such as hoods, fans, guards, and ducting shall be designed to prevent grease or condensation from .draining or dripping onto food, equipment, utensils, linens, and single-service and single-use articles.

Comment Addendum to Food Establishment Ins ection Re ort

Establishment Name: BROOKDALE NORTHWEST GREENSBORO Establishment ID: 3041160063

Location Address: 5809 OLD OAK RIDGE RD X] Inspection a Re-Inspection Date: 0712512022

City: GREENSBORO GREENSBORO State: NC Comment Addendum Attached? [X] Status Code: A

County: 41 Guilford Zip: 27410 Water sample taken? Yes No Category

Wa5tewater Ñ] Muntdp9tlCornmunIty on-Site Sygtem

Water Supply: (k] Munldpal/Q.ornmunIty C] System E-mail 1:

Permittee: BROOKDALE SENIOR LIVING Email 2:

Telephone: Email 3:

Temperature Observations

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

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
soup	hh	176						
milk	ri	60						
yogurt	ri	60						
cheese	ri	39						
beef	ri	38						
cut fruit	ri	38						

First Last Person In Charge

(Print & Sign):

Last

Regulatory Authority (Print & Sign): Brian Burton

RE-HS 01498 - Burton, Brian Verification Required Date:

REHS Contact Phone Number: (336) 601-5829 Authorlze final report to be received via Email:

Greensboro Fire and life Safety Division

1512 N Church Street
Greensboro, NC 27405

Inspection Summary

FIR*"

Contact : Cession, Edward
Address : 5809 Old Oak Ridge Rd
Greensboro, NC 27410
Phone : 336-297-9900
Email : ecession@brookdale . com

Business: BROOKDALË NORTHWEST GREENSBORO
Address: 5809 OLD OAK RIDGE RD
Greensboro, NC 27410

Inspection Type : IA3-3 Institutional / Group Home Inspection 51 •to 100
Inspection Date : Fri Jul 2, 2021
Fire Inspector: Stu It z, D. G.
Fire Inspector Email : DG . Stultz@greensboro-nc . gov
Fire Inspector Phone : 336-430-6026

For questions, about your inspection or other fire code inquiries, please contact your Fire Inspector by the email or phone number listed above. Or you may contact the Greensboro Fire and Life Safety Division by calling (336) 373—2177.

Order to Comply :

Since these conditions are• contrary to law, you must correct them upon receipt of this notice. Failure to correct these violations can result in re—inspection fees and/or fines.

The Fire Code Official can, at any time, conduct a re—inspection to ensure compliance .

003—001 — Chape. 03 — General Safety Precautions Repaired; 07 / 02/2021

009-001 — Chapt. 09 — Fire :2rotection Systems

Need to Label Both Sprinkler Riser Room Doors

This chapter prescribes the minimum requirements for active systems of fire protection equipment to perform the functions of detecting a fire, alerting the occupants or fire department of a fire emergency, controlling smoke and controlling or extinguishing the fire.

010—001 — Chapt.IO — Means of Egress

Keep ALL Rolling Carts from Blocking Egress Path to Exits jn Dinning Room

This chapter regulates the design of means of egress including but not limited to; exit access, exits and exit discharge, size of exits, arrangement, number and protection of egress.

903.5 - Testing and maintenance Repaired; 07/02/2021

Greensboro Fire and life Safety Division

1512 N Church Street
Greensboro, NC 27405

Inspection Summary

COOI-0007 - GSO-0007 — Exit/Emergency lighting Repaired: 07 /02/2021 GOOI-0008 — GSO—OOOB — Fire

Protection System: Repaired: 07/02/2021

GOOI-0008 — GSO—0008 — Tire Protection System:

*****Need to have Sprinkler System NFPA25 Completed, Per Edward on site they are Scheduled to come out 71612021 to Complete Sprinkler Inspection*****

07/02/2021 Inspect1D:

Greensboro Fire and Life Safety Division

1512 N Church Street
Greensboro, NC 27405

Inspection Summary

Fire detection, alarm and extinguishing systems shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. All fire protection systems shall be inspected, tested and maintained in accordance with their applicable standard. Example (Fire alarm- NFPA 72) If at the time of inspection, any system that is found outside of its scheduled inspection/testing date the owner/occupant shall be issued a citation in the amount of ($150.00 per system, per occurrence).

GOOI-OOIO - GSO-0010 - Fire & Smoke Repaired: 07/02/2021

GOOI-0013 — GSO—0013 - Maintenance of Extinguishers Repaired: 07 / 02/2021

GOOI-0014 — GSO—0014 — Electrical hazards Repaired: 07/02/2021

GOOI-0014 - GSO-0014 — Electrical hazards

*****

*****Med Supply Room--Removed Multi Plug Adaptor at time of Inspection by Edward

A working space of 30 inches in width. 36 inches in depth, and 78 inches in height shall be provided in front of electrical service equipment. Doors to electrical rooms shall be marked ?ELECTRICAL ROOM?.***Multi plug adapters, including cube adapters and unfused plug strips are prohibited. ***Extension cords shall not be substituted for permanent wiring, be affixed to the structure, extended through walls, ceilings or floors, under doors or floor coverings, or be subjected to environmental damage or physical impact. Extension cords can only be used with portable appliances. Extensions cords shall be plugged directly into an outlet. Piggybacking of surge protectors is prohibited,***Open junction boxes and open-wiring splices are prohibited.

GOOI-0014 — GSO—0014 — Electrical hazards

*****Nurse Station/Med Room Near Room 23--Remove Piggy Backing Power Strips, Power Srips Must be Plugged Directly into Approved Outtet*****.

A working space of 30 inches in width. 36 inches in depth, and 78 inches in height shall be provided in front of electrical service equipment. Doors to electrical rooms shall be marked ?ELECTRICAL.***Multi plug adapters, including cube adapters and unfused plug strips are prohibited. *"Extension cords shall not be substituted for permanent wiring, be affixed to the structure, extended through walls, ceilings or floors, under doors or floor coverings, or be subjected to environmental damage or physical impact. Extension cords can only be used with portable appliances. Extehsions cords shall be plugged directly into an outlet. Piggybacking of surge protectors is prohibited.***Open junction boxes and open-wiring-splices are prohibited.

Greensboro Fire and life Safety Division

1512 N Church Street
Greensboro, NC 27405

Inspection Summary

07/02/2021 Inspect ID: 2

There is no permit linked to thig inspection.

Inspection Fees:	
Violation Fines:	$0
Permit Fees:	$0
-T_OtãEÉCharge-s_:	

The Greensboro Fire and Life Safety Division has contracted with Fire Recovery USA to provide electronic invoicing and collections .

Inspection notices and invoices will be electronically delivered and tracked to the email address you provide the fire inspector .

Bbs iness owners without email addresses will still receive their bills through traditional mail .

You will have the option of several payment methods. Please follow the instructions provided in your emailed invoice.
For invoicing and payment inquiries, you may contact Fire Recovery USA at (888) 640—7222, ext. 103.

Invoice 22-2300-3710
BROOKDALE NORTHWEST GREENSBORO
5809 OLD OAK RIDGE RD
GREENSBORO, NC 27410-9265 Invoice Date:
2022-10-25

Please make checks payable to:
PLEASE NOTE THIS REMITTANCE
ADDRESS;
CITY OF GREENSBORO
C/O FIRE RECOVERY USA, LLC
PO BOX 435667
ATLANTA, GA 31193-5667

Total Due Upon Receipt:	$475.00
Enclosed:	

0230003252590004750O

(If paying by check please cut on the dotted IEne and enclose with your check)

Type	Detail	Total
Inspection	Institutional / Group Home Inspection - 51 to 100 Inspected 10/24/2022 30610 sqft.	$175.00
Fine	009-001 - Chapt.09 - Fire Protection Systems	$150.00
Fine	006-001 - Chapt.06 - Building Services & Systems	$150.00
	Total Due:	**$475.00**

*There will be a fee of $35 for all returned NSF checks, e•checks or credit card payments

INVOICE 22-2300Z710

Re:BROOKDALE NORTHWEST GREENSBORO
5809 OLD OAK RIDGE RD
GREENSBORO, NC 27410-9265

(309 T3 B7 2635

Brqokdale Northwest Greensboro
5809 Old oak Ridge Rd

Greensboro, NC 27410-9265

PLEASE NOTE THIS REMITTANCE ADDRESS:
CITY OF GREENSBORO
C/O FIRE RECOVERY USA, LLC
PO BOX 935667
ATLANTA, GA 31 193-5667

Invoice Date:10/25/2022

Due By:1112412022

. The City of Greensboro is committed to the safety of its local businesses,their employees and customers. Therefore, your business was recently Inspected to ensure compliance with provisions of the International Fire Code and other local/state requiretnents. The City of Greensboro selected Fire Recovery USA, LLC to help automate the inspection payment process. On 10/25/2022 you were invoiced for the inspection. This is a friendly reminder that your inspection fee is now due. If you have already made the payment, please disregard this notice. You may pay by visiting our secured site and pay by credit card or e-check: https://theinspectionhub.com//fdiis12n.You may also pay by check (do not mail cash). Make your check payable to: "Greensboro Fire Department". Note your invoice number on your check, detach the payment advice provided below and mail to the P.O. Box. Your payment is now due but must be received by 1 1124/2022 or your account may be subject to additional fees. Should you have any questions or

concerns you may contact us by e-mail at inspections@firerecoveryusa.com or by phone at (888) 650 5320.

òennce t-qepon

WORK ORDER

Service Order Number Report 01663570

Service Territory 840 Biscayne Dr Concord, North Carolina

Address 28027-8441

SUMMIT

F 1 k E & S E C U R I T Y

Account & Contact Information

nformation

Account	BLINORTHWEST GREENSBORO	Contact	
Address	5809 OLD OAK RIDGE ROAD GREENSBORO, North Carolina 27410-9265 United States	Billing Address	COMMUNITY #18350, 5809 OLD OAK RIDGE ROAD GREENSBORO, North Carolina 27401 United States
Phone		Phone	336-297-9900

Description of Service

Description ASI

Work Order Details

Work

Work Type	Inspection - Sprinkler	Work Order Number	01663570
Problem Type	INSPECTION	Reference Work Order Number	
Status	Onsite	Customer PO Number	3953042

Work Order Line Items

Description	Customer Facing Note	Bill Quantity	Bill Rate	Billing Subtotal
ANNUAL SPRINKLER SYSTEM INSPECTION		1.00	$850.00	$850.00

The following parts and material were included above as part of this work orders line item detail. They are broken out in this section for quick

reference.

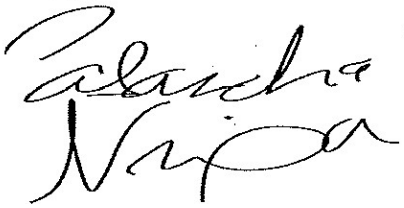
This IS NOT AN INVOICE. Pricing provided is an estimation and is subject to change. Adjustments, taxes, additional charges or fees may be incurred and included at time of invoice.

Billing Subtotal	$850.00
Total Sales Tax	$0.00
Total Bitt	$850.00

Notes

Signature

Customer Signature



Signature

Signed By Csasandra Nixon

Date 12/812023 10:59 AM

Default

bervlce «epon

WORK ORDER

Service Report 01663570
Order Number
Service Territory 840 Biscayne Dr Conco'dl North Carolina
Address 28027-8441

SUMMIT

F I R E & S E C U R I T Y

7. Taxes. Any applicable taxes or other governmental charges related to the Work shall be paid by Customer to Summit and shall be in addition to the Contract Price. In addition, if any fees or permits (such as one or more building permits) are required in connection with the Work, Customer shall secure and pay for any such fees and permits, the cost of which shall be in addition to the Contract Price.

8. Access. Customer shall allot" Summit Fire & Security to have reasonable access to the job site to allow the completion of the Work on the dates and at the times requested by Summit Fire & Security personnel.

9. Risk of Loss. Risk of loss shall pass to Customer at the time the equipment and other materials that are part of the Work are delivered to the job site. This means that, for example, in the event of damage or destruction due to casualty, or in the event of theft, Customer shaft be responsible for payment for such equipment and materials even if the Work has not been completed. Titte to the equipment and other materials shall be held by Summit until payment in full of the Contract Price, at which time title shall pass to Customer.

Summit shall have the right to remove the equipment and other materials that are a part of the Work if payment of the full Contract Price is not made by Customer immediately upon completion of the Work. That right shall be in addition to, and not in limitation of, Summit other rights and remedies.

10. Limitation of Liability and Remedies. The Work is not an insurance policy or a substitute for an insurance policy. In the event of any breach, default or negligence by Summit under this Contract, Customer agrees that the maximum liability of Summit shall not exceed an

amount equal to the Contract Price. Customer expressly waives any right to make any thim more than that amount. IN NO EVENT SHALL SUMMIT BE LIABLE FOR ANY SPECIAL, INDIRECT, INCIDENTAL. CONSEQUENTIAL OR ANY OTHER DAMAGES OF ANY CHARACTER,
INCLUDING BUT NOT LIMITED TO THE LOSS OF USE OF THE CUSTOMER'S PROPERTY, LOST PROFITS OR LOST PRODUCTION, WHETHER CLAIMED BY CUSTOMER OR BY ANY THIRD PARTY. Customer shall provide summit with reasonable notice of any claim for breach and a reasonable opportunity to cure the alleged breach or default.

11. INDEMNIFICATION FOR CLAIMS BY THIRD PARTIES. In the event any person, not a to this agreement, shatt make any claim ot file any lawsuit against Summit or its assignees or subcontractors for any reason relating to Summit's performance pursuant to this agreement, Customer agrees to indemnify, defend and hold harmless Summit against all claims, demands, suits, toss, liability,

expenses and damages (including without limitation reasonable attorney's fees and costs). No part of this agreement should be read to seek indemnification for Summit's own negligence.

12. Customer's Failure to Pay. If Customer fails to pay any amount due to Summit as and when required, Summit Fire & Security shall have the right, but not the obligation, to immediately stop WO(k on the Work and Summit Fire & Security may pursue any and all available remedies, including the right to place a lien against the Work site. In addition, Customer shall be obligated to reimburse Summit Fire & Security for reasonable legal fees and costs incurred by Summit Fire & Security in the enforcement of this Contract.

13. Attorneys' FeesNVaiver of Jury. If Summit engages counsel to enforce any rights or defenses provided for in this Contract, Summit shall be entitled to recover from Customer the costs and expenses associated with such enforcement, including without limitation, its reasonable attorney's fees, and costs. THE PARTIES AGREE TO WAIVE A JURY TRIAL FOR ANY DISPUTE ARISING FROM THIS AGREEMENT.

14. Governing Law, Jurisdiction. Agreement shall be governed exclusively by, and construed exclusively in accordance with, the taws of the Commonwealth of Virginia. Customer irrevocably agrees to the exclusive jurisdiction of the state or federal courts of such state in all proceedings between the parties hereto, and Customer irrevocably agrees to service of process via certified mait, return receipt requested, to.Customer at the address set forth herein. The courts within the County of Henrico, Virginia, shall be the proper forum and preferred venue for any such legal action or proceedings that arise hereunder. However, nothing stated herein shall in any manner prevent or preclude Summit from bringing any one or more actions against Customer in any jurisdiction in the United States in which Customer conducts business. If Summit engages counsel to enforce any rights or defenses provided for in this Agreement, Summit shall be entitled to recover from Subscriber the costs and expenses associated with such enforcement, including without limitation, its reasonable attorney's fees, and costs.

15. Waiver. Customer further agrees to waive any claims against Summit known or unknown that exist as of the date of executing this proposal as further consideration for Summit performing this work.

16. Force Majeure Events. Summit shall not be liable or responsible to Customer, or be deemed to have defaulted under or breached this Agreement, for any failure or delay in fulfilling or performing any term of this Agreement, when and to the extent such failure or delay is caused by or results from acts beyond Summit's control, including without limitation the following force majeure events ("Force Majeure Events"): (a) acts of God; (b) flood, fire, earthquake, hurricane, or tornado or catastrophe, (c) wars invasion, hostilities (whether war is declared or not), terrorist threats or acts, riot, or other civil unrest; (d) government order, law, or actions; (e) embargoes or blockades in effect on or after the date of this Agreement; (f) national or regional emergency; (g) strikes, tabor stoppages or slowdowns, or other industrial disturbances; (h) telecommunication breakdowns, power outages or shortages, tack of warehouse or storage space, inadequate transportation services, or inability or delay in obtaining supplies of adequate or suitable materials; and (i) other events beyond Summit's control.

17. Miscellaneous. The headings used herein are for convenience only and are not to be used in interpreting this Contract. Neither party shall be deemed to have waived any rights under this Contract unless such waiver is given in writing and signed by such party. If any provision of this Contract is invalid or unenforceable, such provision shall be deemed to be modified to be within the limits of enforceability or validity, if feasible; however, if the offending provision cannot be so modified, it shall be stricken and all other

Service Report

WORK ORDER

SUMMIT

FIRE&SECURITY

Service Repod Order Number	01663570
Service Territory	
Address	840 Biscayne Dr Concord, North Carolina 28027-8441

between the parties regarding the subject matter of this Contract; any prior or simultaneous oral or written agreement regarding the subject matter hereof is superseded by this Contract.