

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 10/11/2017
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NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
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(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
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C 000	<p>Initial Comments</p> <p>Construction Section Biennial Survey report by Frank Strickland and Billy Bryant on 10/11/2017:</p> <p>This facility was first licensed on 10/25/1991 for One hundred ten (110) residents, including Fifty-Three (53) Special Care Residents. Based on this information, we are requiring the facility to meet the 1991 Rules for the Licensing of Domiciliary Homes and the 1991 North Carolina State Building Code, Section 409- Institutional Occupancy, and the applicable portions of the 2006 Rules for Adult care Home of Seven or More Beds.</p> <p>Deficiencies have been cited and a Plan of Correction.</p>	C 000	<p>Morningside of Raleigh Construction Survey 10/11/17 Plan of Correction</p> <p>Tag C13 Must Have Current San. & Fire Safety Reports Correction: Current Fire Marshal inspection report, Fire Alarm Testing Report and Sprinkler System Testing Report are attached. Requested sanitizer and fire safety reports will be kept onsite at community for immediate availability. Correction date is 11/24/17.</p> <p>Tag C164 Housekeeping and Furnishings-Clean, Repaired Correction: All of the following areas have been corrected in the kitchen: (a) Grease build-up around the stove top cooking appliances, (b) Grease build-up under all kitchen equipment on the floor, (c) Dead bugs and grease build-up behind refrigeration appliances, (d) Grease build-up on the floor under food prep tables. These areas have been added to the cleaning schedule for the kitchen staff and will be maintained weekly by the Food and Beverage Director. The Assisted Living Bathroom 203 has been repaired from the following damage: (a) The ceramic tile on the walls and floors are broken and missing, (b) The sheetrock walls are damaged due to water migration. The scull located the Kitchen's Loading dock's opening and broken slip scull wall has been repaired. Correction date is 11/06/17.</p> <p>Tag C165 Housekeeping-Maintained Free of Hazards Correction: The ceramic tile flooring has become unsealed due to floor settlement at the Kitchen entry area from the Assisted Living Dining Hall and a fire hazard is present. This is scheduled to be repaired by a contractor to seal the floor in this area on 11/09/17. The following areas have all been corrected: (a) Exterior landing fire several inches of mud that has created a slippery walking surface, (b) Wood pallets are blocking the path of egress, (c) Furniture is blocking the path of egress. Oxygen bottles are now secured in approved holding racks at the locations: (a) Room 148 (b) Room 204 (c) Room 218 (d) Room 241. Training has been provided to staff regarding above mentioned areas. Weekly rounds will be performed by ED or his/her designee to monitor and correct if necessary the above-mentioned areas weekly for two months. Correction date is 11/29/17.</p> <p>Tag C166 Fire Safety-Redundant on Each Shift Correction: Current quarterly drill rehearsal documentation is attached and is now on site for review. Community will keep the drill rehearsal documentation on site for immediate review. Correction date is 11/09/17.</p> <p>Tag C 188 Building Equipment Maintained Safe, Operating Correction: The inter-connected magnetic hold open devices for the Cross corridor in the West Rehabilitation Unit have issues as required after repair. The emergency wall lights that are located at the following locations now illuminate when tested as required after repair in the following areas in the emergency mode: (a) Dining Hall adjacent to Kitchen (b) Memory Care Living Rooms (c) Memory Care Courtyard</p> <p>The smoke barrier wall construction above the cross-corridor doors in the Upper Level West Hall no longer has penetrations and electrical conduits with open ends that are not fire protected after correction. The smoke barrier wall construction above the bay or ceiling no longer has penetrations that are not fire protected at the following locations, after being repaired: (a) Room 265 (b) Room 206 (c) Room 207. The electrical conduit ceiling penetrations now have complete fire protection that are located in the Main Medical Room above Panel MED. The following rooms electrical conduit panels are now labeled correctly, after repair: (a) Room 171 (b) Room 245 (c) Room 204 (d) Room 254. The above-mentioned areas will be monitored for compliance by ED or his/her designee weekly for 3 months. Correction date is 11/24/17.</p> <p>Tag C 189 Exhaust Ventilation Correction: The mechanical exhaust system has been corrected in the following areas and is now exhausting exterior air at the following locations: (a) 100-9941, (b) 200-9941, (c) Memory Care Unit. The Public Restrooms that are located outside the Assisted Living Dining Hall have been corrected to have mechanical ventilation. The above-mentioned areas will be monitored by the ED or his/her designee for compliance weekly for three months. Correction date is 11/24/17.</p>	
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to have available current safety inspection reports for review.</p> <p>Findings on 10/11/2017: This facility does not have the following current safety inspection reports for review: (a) Fire Marshal (b) Fire Alarm Testing Report (NFPA 72) (c) Sprinkler System Testing Report (NFPA 25)</p>	C 111		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Melissa Colee, Interim Executive Director
TITLE
11/17/2017
(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/11/2017
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NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 801 DIXIE TRAIL RALEIGH, NC 27607
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C 164	Continued From page 1	C 164		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1-Based on observation, this facility has failed to keep clean all surfaces in food preparation areas.</p> <p>Findings on 10/11/2017: The Main Kitchen has not kept the following surfaces clean:</p> <p>(a) Grease build-up around the sides the cooking appliances.</p> <p>(b) Grease build-up under all kitchen equipment on the floor.</p> <p>(c) Dead bugs and grease build-up behind refrigeration appliances.</p> <p>(d) Grease build-up on the floor under food prep islands.</p> <p>2-Based on observation, this facility has failed to keep clean and in good repair the surfaces in all bathing areas.</p> <p>Findings on 10/11/2017: The Assisted Living Bath/Room 203 has the following damage:</p> <p>(a) The ceramic tile on the walls and floors are broken and missing.</p> <p>(b) The sheetrock walls are damaged due to</p>	C 164		

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C 164	Continued From page 2 water migration. 3-Based on observation, this facility has failed to keep all exterior horizontal surfaces in good repair. Findings on 10/11/2017: The soffit located the Kitchen's Loadingdock has openings and a broken strip soffit vent.	C 164		
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, this facility has failed to provide walking surfaces that are free of obstructions and hazards. Findings on 10/11/2017: The ceramic tile flooring has become unlevelled due to floor settlement at the Kitchen entry area from the Assisted Living Dining Hall and a trip hazard is present. 2-Based on observation, this facility has failed to provide clear paths of egress from the facility that are free of obstructions and hazards. Findings on 10/11/2017: The Lower Level West exit has the following	C 166		

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C 166	<p>Continued From page 3</p> <p>exterior restrictions preventing safe egress passage:</p> <p>(a) Exterior landing has several inches of mud that has created a slippery walking surface.</p> <p>(b) Wood pallets are blocking the path of egress.</p> <p>(c) Furniture is blocking the path of egress.</p> <p>3-Based on observations, this facility has failed to store gas cylinders in a orderly manner to be free of hazards.</p> <p>Findings on 10/11/2017: Oxygen bottles are not secured in approved holding racks at the locations:</p> <p>(a) Room 146 (b) Room 204 (c) Room 213 (d) Room 241</p>	C 166		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to</p>	C 185		

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C 185	Continued From page 4 provide documentation of the rehearsals of fire drills. Findings on 10/11/2017: No quarterly fire drill rehearsal documentation was on site for review.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to maintain the fire safety systems in a safe and operational condition. Findings on 10/11/2017: Upon testing of the Fire Alarm System, the inter-connected magnetic hold open devices for the Cross-corridor in the West Hall/Memory Care failed to release. 2-Based on observation, this facility has failed to maintained in a safe and operating condition the emergency lighting. Findings on 10/11/2017: The emergency wall lights that are located at the following locations did not illuminate when tested	C 189		

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C 189	<p>Continued From page 5</p> <p>in the emergency mode:</p> <p>(a) Dining Hall adjacent to Kitchen (b) Memory Care Living Room (c) Memory Care Courtyard</p> <p>3-Based on observation, this facility has failed to provide a safe condition for the smoke-barrier wall construction.</p> <p>Findings on 10/11/2017: The smoke barrier wall construction above the cross corridor doors in the Upper Level West Hall has penetrations and electrical conduits with open ends that are not fire protected.</p> <p>4-Based on observation, this facility has failed to provide a safe condition for the smoke-barrier wall construction.</p> <p>Findings on 10/11/2017: The smoke barrier wall construction above the lay-in ceiling has penetrations that are not fire protected at the following locations: (a) Room 203 (b) Room 206 (c) Room 207</p> <p>5-Based on observation, this facility has failed to maintain the fire protection for all ceiling penetrations through the fire rated roof/ceiling assemblies.</p> <p>Findings on 10/11/2017: There are electrical conduit ceiling penetrations that have incomplete fire protection that are located in the Main Electrical Room above Panel MDF.</p> <p>6-Based on observation, this facility has failed to identify electrical components in a safe and</p>	C 189		

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C 189	Continued From page 6 operating condition. Findings on 10/11/2017: The following rooms have electrical panels that have mislabeled electrical circuits: (a) Room 171 (b) Room 248 (c) Room 254 (d) Room 258	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility has failed to provide an interior environment, by not providing ventilation where odors are generated. Findings on 10/11/2017: The mechanical exhaust system is not exhausting interior air at the following locations: (a) 100 HALL	C 199		

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C 199	<p>Continued From page 7</p> <p>(b) 200 HALL (c) Memory Care Unit</p> <p>2-Based on observation, this facility has failed to provide exhaust ventilation where odors are generated.</p> <p>Findings on 10/11/2017: The Public Restrooms that are located outside the Assisted Living Dining Hall do not have mechanical ventilation.</p>	C 199		

Morningside of Raleigh
Construction Survey 10/11/17
Plan of Correction

Tag C11 Must Have Current San. & Fire Safety Reports

Correction: Current Fire Marshall inspection report, Fire Alarm Testing Report and Sprinkler System Testing Report are attached. Required sanitation and fire safety reports will be kept onsite at community for immediate availability.
Correction date is 11/24/17.

Tag C164 Housekeeping and Furnishings-Clean, Repaired

Correction: All of the following areas have been corrected in the kitchen:(a) Grease build-up around the sides the cooking appliances, (b) Grease build-up under all kitchen equipment on the floor, (c) Dead bugs and grease build-up behind refrigeration appliances, (d) Grease build-up on the floor under food prep islands. These areas have been added to the cleaning schedule for the kitchen staff and will be monitored weekly by the Food and Beverage Director. The Assisted Living Bath/Room 203 has been repaired from the following damage:(a) The ceramic tile on the walls and floors are broken and missing, (b) The sheetrock walls are damaged due to water migration. The soffit located the Kitchen's Loading dock's openings and broken strip soffit vent has been repaired.
Correction date is 11/24/17.

Tag C166 Housekeeping-Maintained Free of Hazards

Correction: The ceramic tile flooring has become unlevelled due to floor settlement at the Kitchen entry area from the Assisted Living Dining Hall and a trip hazard is present. This is scheduled to be repaired by a contractor to level the floor in this area on 11/20/17. The following areas have all been corrected:(a) Exterior landing has several inches of mud that has created a slippery walking surface. (b) Wood pallets are blocking the path of egress. (c) Furniture is blocking the path of egress. Oxygen bottles are now secured in approved holding racks at the locations:(a) Room 146 (b) Room 204 (c) Room 213 (d) Room 241. Training has been provided to staff regarding above mentioned areas. Weekly rounds will be performed by ED or his/her designee to monitor and correct if necessary the above-mentioned areas weekly for two months.
Correction date is 11/24/17.

Tag C185 Fire Safety-Rehearsals on Each Shift

Correction: Current quarterly fire drill rehearsal documentation is attached and is now on site for review. Community will keep fire drill rehearsal documentation on site for immediate review.
Correction date is 11/24/17.

Tag C 189 Building Equipment Maintained Safe, Operating

Correction: The inter-connected magnetic hold open devices for the Cross-corridor in the West Hall/Memory Care now release as required after repair. The emergency wall lights that are located at the following locations now illuminate when tested as required after repair in the following areas in the emergency mode:

- (a) Dining Hall adjacent to Kitchen
- (b) Memory Care Living Room
- (c) Memory Care Courtyard

The smoke barrier wall construction above the cross-corridor doors in the Upper Level West Hall no longer has penetrations and electrical conduits with open ends that are not fire protected after correction. The smoke barrier wall construction above the lay-in ceiling no longer has penetrations that are not fire protected at the following locations, after being repaired: (a) Room 203 (b) Room 206 (c) Room 207. The electrical conduit ceiling penetrations now have complete fire protection that are located in the Main Electrical Room above Panel MDF. The following rooms electrical circuit panels are now labeled correctly, after repair: (a) Room 171 (b) Room 248 (c) Room 254 (d) Room 258. The above-mentioned areas will be monitored for compliance by ED or his/her designee monthly for 3 months. Correction date is 11/24/17.

Tag C 199 Exhaust Ventilation

Correction: The mechanical exhaust system has been corrected in the following areas and is now exhausting interior air at the following locations: (a) 100 HALL (b) 200 HALL (c) Memory Care Unit. The Public Restrooms that are located outside the Assisted Living Dining Hall have been corrected to have mechanical ventilation. The above-mentioned areas will be monitored by the ED or his/her designee for compliance monthly for three months. Correction date is 11/24/17.

INSTRUCTIONS

Morningside of Raleigh - Raleigh, NC 27607-4156

Fire Drills: Perform a fire drill during 1st shift- (Upload copy of drill with signature sheet to TELS when complete)

Was Due by: October 31, 2017



Completed By: _____ Date: _____

Steps:

Perform a fire drill

1. Drills are to be no closer than two hours apart from the last time recorded and not in the same hour during the year for any shift.
2. Inform fire station / monitoring company of the test
3. Place commonly recognized fire indicator in the zone of the trigger device that will be activated
4. Rescue resident, check bathroom if door is closed. Close room door when exiting
5. Test the system by activating a smoke detector, pull station, or other trigger in the proper zone
6. Maintenance staff should verify activation at the fire department / monitoring company
7. Staff in the zone of origin should systematically inspect each room to find the fire and ensure doors are closed
8. Notify residents of the drill, if applicable document who the residents were that were involved in the evacuation, and where they were evacuated to.
9. Staff in other zones should calm residents, let them know it's only a drill, and close the doors until the drill is over
10. After fire is located, suspend the drill, silence the alarms, and notify the facility that the test is concluded
11. Have maintenance staff reset the alarm system
12. Call fire station / monitoring company and let them know the test is concluded

Verify operation of the alarm system (during drill)

1. Confirm that annunciator panel(s) indicated the proper zone of the fire
2. Conduct a walk-through inspection checking the following items
3. Magnetic outside courtyard gate releases
4. Magnetic over ride button operates properly
 - Strobes and alarms can be seen and heard in all areas of the building
 - Areas of the building will include:
 1. Dining Rooms
 2. Kitchen
 3. Laundry
 4. Shower Rooms
 5. Therapy/Gym
 - Magnetically operated smoke doors closed and latched with no gaps
 - Magnetic door locks disengaged with Wanderguard to allow egress

File written documentation in the safety binder

1. Ask staff for feedback on drill
2. Note time of drill and staff involved
3. Note any problems or discrepancies (keep in mind that the primary purpose of the drill is to find flaws and make improvements)
4. List recommendations for future drills and training

Steps:

5. If you are in the state of Texas, Complete TX Department of Aging Fire Drill Form 4719 Dated September 2013

Date:	10/5/2017
Start Time:	1000 AM
End Time:	1030 AM
Location in Building:	room 221
Drill Initiated By (Name & Position):	torricelli
Participants (Names & Positions):	_____
Response Time:	120 seconds
911/Monitoring Company Follow-up Call By (Name & Position):	_____
Resident Head Count:	59
Staff Head Count:	12
Visitor Head Count:	_____
All Fire Equipment Functional? (if "No," please describe in the Remarks Section):	Yes
Visible/Audio Devices Checked?:	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section):	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section):	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section):	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section):	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section):	No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section):	No
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section):	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section):	No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section):	No
Was the building evacuated?:	No

External Weather Conditions:

good

Remarks of Person Holding Drill:

INSTRUCTIONS

Morningside of Raleigh - Raleigh, NC 27607-4156
Fire Drills: Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete)
Was Due by: August 31, 2017



Completed By: _____ Date: _____

Steps:

Perform a fire drill

1. Drills are to be no closer than two hours apart from the last time recorded and not in the same hour during the year for any shift.
2. Inform fire station / monitoring company of the test
3. Place commonly recognized fire indicator in the zone of the trigger device that will be activated
4. Rescue resident, check bathroom if door is closed. Close room door when exiting
5. Test the system by activating a smoke detector, pull station, or other trigger in the proper zone
6. Maintenance staff should verify activation at the fire department / monitoring company
7. Staff in the zone of origin should systematically inspect each room to find the fire and ensure doors are closed
8. Notify residents of the drill, if applicable document who the residents were that were involved in the evacuation, and where they were evacuated to.
9. Staff in other zones should calm residents, let them know it's only a drill, and close the doors until the drill is over
10. After fire is located, suspend the drill, silence the alarms, and notify the facility that the test is concluded
11. Have maintenance staff reset the alarm system
12. Call fire station / monitoring company and let them know the test is concluded

Verify operation of the alarm system (during drill)

1. Confirm that annunciator panel(s) indicated the proper zone of the fire
2. Conduct a walk-through inspection checking the following items
3. Magnetic outside courtyard gate releases
4. Magnetic over ride button operates properly
 - Strobes and alarms can be seen and heard in all areas of the building
 - Areas of the building will include:
 1. Dining Rooms
 2. Kitchen
 3. Laundry
 4. Shower Rooms
 5. Therapy/Gym
 - Magnetically operated smoke doors closed and latched with no gaps
 - Magnetic door locks disengaged with Wanderguard to allow egress

File written documentation in the safety binder

1. Ask staff for feedback on drill
2. Note time of drill and staff involved
3. Note any problems or discrepancies (keep in mind that the primary purpose of the drill is to find flaws and make improvements)
4. List recommendations for future drills and training

Steps:

5. If you are in the state of Texas, Complete TX Department of Aging Fire Drill Form 4719 Dated September 2013

Date:	10/11/2017
Start Time:	1130 AM
End Time:	1200 PM
Location in Building:	lobby
Drill Initiated By (Name & Position):	torricelli
Participants (Names & Positions):	faxed list
Response Time:	30 seconds
911/Monitoring Company Follow-up Call By (Name & Position):	amanda
Resident Head Count:	61
Staff Head Count:	14
Visitor Head Count:	4
All Fire Equipment Functional? (if "No," please describe in the Remarks Section):	Yes
Visible/Audio Devices Checked?:	Yes
Fire Panel Performed Properly? (if "No," please describe in the Remarks section):	Yes
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section):	Yes
Ventilation System Shut Down? (if "No," please describe in the Remarks section):	Yes
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section):	No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section):	No
Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section):	No
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section):	No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section):	No

Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section):

No

Was the building evacuated?:

No

External Weather Conditions:

hot, humid

Remarks of Person Holding Drill:

Fire Safety Inspection Invoice

City of Raleigh Fire Department

Office of the Fire Marshal P.O. Box 30213 Raleigh, NC 27622 (919) 996-6392 Fax (919) 831-6180

Invoice Number : _4UR0NN18U

Inspection Performed at:
MORNINGSIDE ASSISTED LIVING
801 DIXIE TRL
RALEIGH, NC 27607

Phone OFFC 919-828-5557
FAX 919-828-7252

Responsible Party:
FIVE STAR QUALITY
VINCENT TORRICELLI
400 CENTRE ST
Apt/Room
NEWTON, MA 02458

Inspection Type
1YR Inspection - Yearly

Inspection Date
08/08/2017

Inspection Completed By
Landen, Jonathan A.

Inspection Fees

Inspection Fee Total:	\$336.00
Citation Fee:	\$0.00
Permit Fee Total:	\$0.00
Grand Total:	\$336.00

Please detach the bottom of the invoice and return it with your payment of \$ 336.00 by Thursday September 7, 2017 Failure to comply with this requirement will constitute a misdemeanor charge under the North Carolina Fire Prevention of Raleigh Ordinance.

Make Checks Payable to: City of Raleigh
Include Business Name and Invoice Number on check.
Mail Payment and Application to: City of Raleigh
Office of the Fire Marshal
P.O. Box 30213
Raleigh, NC 27622

Invoice Number: _4UR0NN18U

Inspection Performed at:
MORNINGSIDE ASSISTED LIVING
801 DIXIE TRL
RALEIGH, NC 27607

Total: **\$336.00**

Enclosed: _____

Payment by Credit Card call (919) 783-0680

Responsible Party:
FIVE STAR QUALITY
VINCENT TORRICELLI
400 CENTRE ST
NEWTON, MA 02458

FIRE SAFETY INSPECTION REPORT

City of Raleigh Fire Department

Office of the Fire Marshal P.O. Box 30213 Raleigh, NC 27622 (919) 996-6392 Fax (919) 831-6180

Property Address 801 DIXIE TRL RALEIGH, NC 27607		Inspection Date: <u>08/08/2017</u>	
Business Name <u>MORNINGSIDE ASSISTED LIVING</u>		Completed By: <u>Landen, Jonathan A.</u>	
Building Class <i>I1 -Assisted Living, Group Homes, Social Rehab</i>	Stories 2	Phone <u>OFFICE 919-828-5557</u> <u>FAX 919-828-7252</u>	
Construction Type <i>8 Unprotected</i>	Max Occupancy 110	Square Foot 53167	
Property Use <i>311 -24-hour care Nursing homes, 4 or more persons</i>			
Violations Are Indicated Below By Code Reference			

604.6 Inspection/testing of emergency lighting units

Remarks: Violation carried over from inspection on 11/16/2015

Emergency lighting unit equipment, including means of egress illumination and exit signs, not covered by NFPA 110 and NFPA 111 shall be inspected and tested in accordance with this section.

SERVICE EMERGENCY LIGHTS & EXIT SIGNS THROUGH OUT THE BUILDING.

605.1 Abatement of electrical hazards

Remarks: Violation carried over from inspection on 11/16/2015

Identified electrical hazards shall be abated. Identified hazardous electrical conditions in permanent wiring shall be brought to the attention of the responsible code official. Electrical wiring, devices, appliances and other equipment that is modified or damaged and constitutes an electrical shock or fire hazard shall not be used.

PROVIDE BLANK IN THE FOLLOWING ELECTRICAL PANELS:

1) GROUND FLOOR PANEL J

telgian - Telgian Corporation

Date: 03/02/2017
To: Facility Manager
Customer Name: Five Star Quality Care, Inc.
Location: Raleigh, NC
Re: Fire Protection System Inspection Report

Telgian Corporation recently performed a fire protection system inspection at your location. This inspection service has been performed in accordance with the contracted scope of work and conditions agreed upon by your corporate office. Attached is a copy of the inspection report for your review and for you to have on file at your location.

Proper and regular inspection services keep your location in compliance with regulatory authorities so you can focus on serving your customers without violations or other disruptions to your business. Fire protection testing also helps to ensure that your fire protection systems will operate as designed in the event of a fire to protect your customers, employees and property.

As a result of this testing and inspecting process deficiencies may have been found that are causing your fire protection system to be out of compliance with regulatory requirements. Any deficiencies found during the inspection are noted on the inspection report.

Thank you for your cooperation during the inspection process. We appreciate this opportunity to be of service for your fire protection needs.

Service Ticket / Work Order Number: 5147178311

TELGIAN CORPORATION

Date the inspection was set up with manager: 03/02/2017

10230 South 50th Place, Suite 100

Name of the manager called to setup the inspection: Vince Torricelli

Phoenix, AZ 85044

Location: Morningside of Raleigh_NC_Raleigh_61020

Tel. (480) 753-5444

Inspector: John Hull

Telgian Annual Fire Sprinkler

Inspector License #: 24708

Inspections and Tests performed were conducted in accordance with NFPA 25

Company License #: 23318

Customer : Five Star Quality Care, Inc. Location: Morningside of Raleigh_NC_Raleigh_61020 Insp: John Hull

Contact Person: Vince Torricelli Title: BSS Telephone: 919-828-5557

Address: 801 Dixie Trail City: Raleigh State: NC Zip: 27607

INSPECTION START TIME: 07:25 AM

PRE-TEST VISUAL ACTIONS

NOTIFICATIONS	YES	NO	N/A	TIME	PERSON OPERATOR
MUNICIPAL BOX	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
NOTIFICATIONS OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

FIRE PROTECTION SYSTEM

WET SYSTEMS

Sys#	Location	Landlord Maintained?	Date Last Inspection	Date Last 5-Year Inspection	Riser Size	Static Pressure	Residual Pressure	Return Static
1	In the boiler room by rear dock	No	4/5/2016	Unknown	4	90	75	85

Associated Riser	ITV Location Description
1	Stair 3 Level 1, , , ,

DRY SYSTEMS

- Y N Is there a dry pipe system present?
 Y N N/A Were auxiliary drains opened during this inspection?

Sys #	Make	Model	Riser Location	Riser Size	Start Air Pressure	Start Water Pressure	Date of Last Inspection	In Service (Y/N)
1	Victaulic Firelock	NXT S/768	In the boiler room by rear dock	4	20	85	4/4/2016	Yes

Sys #	Air Pressure at Valve Opening	Time to Remote Test Point from Opening (If applicable)	Air Pressure and Priming levels Meet Min Reqs? (Y,N,N/A)	Did quick opening device(s) operate? (Y,N,N/A)	Did dry valve operate within minimum standards? (Y,N,N/A)	Did dry system valve reset? (Y,N,N/A)
1	10	Partial Trip	Yes	No	Yes	Yes

Associated Riser	ITV Location Description
1	Stair 3 Level 1, , , ,

TANKS AND PUMPS Y N Is a fire pump present?

Service Ticket / Work Order Number: 5147178311

TELGIAN CORPORATION

Date the inspection was set up with manager: 03/02/2017

10230 South 50th Place, Suite 100

Name of the manager called to setup the inspection: Vince Torricelli

Phoenix, AZ 85044

Location: Morningside of Raleigh_NC_Raleigh_61020

Tel. (480) 753-5444

Inspector: John Hull

ALARMS

Y N Is there an alarm panel?

Panel Type	Is the alarm system acting Addressable / Conventional	Tied to a mall (Y/N)	Landlord Maintained (Y/N)	Is the fire system monitored?	Monitoring Company	Did water flow alarms operate within 90 seconds of water flow?	Last Inspection Date
Fire	Addressable/Intelligent	No	No	Yes	Security Central	Yes	4/5/2016

SYSTEM COMPONENTS

- Y N Do sprinklers appear free from corrosion, loading or obstruction to spray pattern development?
- Y N N/A Is there a minimum of 18" clearance between top of storage and sprinkler deflector?
- Y N N/A Are fire department connections accessible and in good working order with protective caps in place?
- Y N N/A Do visible sprinkler system components appear to be free of corrosion, leakage and mechanical damage?
- Y N N/A Is there sprinkler coverage in the trash compactors?

Specifically record any/all painted taped, or blocked sprinkler heads in the comment section

HOSE STATIONS

- Y N N/A Are hose stations unobstructed and accessible?
- Y N N/A Were hoses removed, inspected and reloaded?
- Number of units: 0
- Y N N/A Are hose valves and piping free from leaks and signs of corrosion?
- Y N N/A Are approved nozzles present, gasketed, and in good repair?

CONTROL VALVES

- Y N N/A Are sprinkler system control valves in the appropriate open or closed position?
- Y N N/A Are control valves locked, sealed, or electronically monitored?
- Y N N/A Do sprinkler system control valves have proper signage?
- Y N N/A Were all sprinkler system control valves operated through their full range of motion, & returned to their normal position?

EXTINGUISHERS

Date extinguishers were last serviced: 6/2016
 Name of contractor who last serviced extinguishers: Camden Fire

OTHER EQUIPMENT

Y N Is there a backflow at this location

MONITORING COMPANY

ALL SIGNALS RECEIVED	YES	NO	N/A	TIME	OPERATOR NAME/NUMBER
GENERAL ALARM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Shelly
SUPERVISORY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Shelly
TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Shelly
ALL SIGNALS CLEAR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Shelly
NOTIFY TESTING COMPLETE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02:25 PM	Shelly

Service Ticket / Work Order Number: 5147178311

TELGIAN CORPORATION

Date the inspection was set up with manager: 03/02/2017

10230 South 50th Place, Suite 100

Name of the manager called to setup the inspection: Vince Torricelli

Phoenix, AZ 85044

Location: Morningside of Raleigh_NC_Raleigh_61020

Tel. (480) 753-5444

Inspector: John Hull


Deficiencies

Qty	Component	Subcomponent	Report Comment	Location	Inspector Comment
1	Escutcheon Ring	N/A	Missing escutcheon ring - Replace the missing escutcheon ring(s).	Oakwood Nurse's Station	Replace the missing chrome semi-recessed escutcheon. 4' ladder required.
1	Escutcheon Ring	N/A	Missing escutcheon ring - Replace the missing escutcheon ring(s).	Laundry 159	Replace the missing chrome semi-recessed escutcheon. 4' ladder required.
1	Escutcheon Ring	N/A	Missing escutcheon ring - Replace the missing escutcheon ring(s).	Hallway at Room 115	Replace the missing chrome semi-recessed escutcheon and center piece for 1/2" sprinkler. 4' ladder required.
1	Dry Riser	QOD -- Accelerator	Quick Opening Device beyond repair - Replace the dry system accelerator that is dysfunctional beyond repair.	Dry Riser - Boiler Room	The Victaulic, Firelook S/746 accelerator did not operate during the inspection. Repair/replace defective accelerator.
1	Escutcheon Ring	N/A	Missing escutcheon ring - Replace the missing escutcheon ring(s).	2nd fl Salon	Replace the missing chrome semi-recessed escutcheon. 4' ladder required.
1	Escutcheon Ring	N/A	Missing escutcheon ring - Replace the missing escutcheon ring(s).	Closet behind Reception	Replace the missing chrome semi-recessed escutcheon. 4' ladder required.

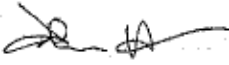
INSPECTION END TIME: 03:00 PM

Vince Torricelli
Manager's Name

John Hull
Inspector's Name


Manager's Signature

03/02/2017
Date


Inspector's Signature

03/02/2017
Date

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation	Comments
(Specify) <u>Door Holders</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(Specify) <u>Duct Detectors</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SPECIAL HAZARD SYSTEMS

	Visual	Device Operation	Simulated Operation	Comments
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Special Procedures: _____

Comments: Sensitivity Testing: Confirmed smoke detector/fire alarm control unit arrangement whereby the smoke detectors cause a signal at the fire alarm control unit when its sensitivity is outside its listed sensitivity range. Sensitivity testing of system smoke detectors complete in accordance with NFPA 72. The door holders operated properly. The duct detectors operated properly.

	Yes	No	Comments	Time
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>#####</u>
Alarm Rest.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>#####</u>
Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>#####</u>
Supv. Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supv. Rest.	<input type="checkbox"/>	<input type="checkbox"/>		

	Yes	No	Who	Time
Building Mgmt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Vince Torricelli</u>	<u>#####</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Shelly</u>	<u>#####</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Vince Torricelli</u>	<u>#####</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Yes No Date: 3/2/17 Time: 2:15 PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: John Hill Date: 03/02/17 Time: _____
 Signature of Inspector: _____
 Name of Owner or Rep.: Vince Torricelli Date: 3/2/17 Time: _____
 Signature of Owner or Rep.: _____

INSPECTION AND TESTING FORM

Date: March 2, 2017
 Time: 7:25 AM

SERVICE ORGANIZATION

Name: Telgian Corporation
 Address: 10230 South 50th Place
Phoenix, AZ 85044
 Representative: John Hill
 License Number: 28762-U

PROPERTY NAME (USER)

Name: Morningside of Raleigh
 Address: 801 Dixie Trail
Raleigh, NC 27607
 Owner Contact: Vince Torricelli
 Telephone: 919-828-5557

MONITORING ENTITY

Contact: Security Central
 Telephone: 800-285-5698
 Monitoring Account Ref. No: 6958

APPROVING AGENCY

Contact: City of Raleigh
 Telephone: 919-996-2444
 Inspection Contract Number: 3147178311

TYPE OF TRANSMISSION

Digital
 Other (Specify) _____

SERVICE

Quarterly
 Semi-annually
 Annually

Control Unit Manufacturer: Fire Control Instruments
 Circuit Styles: BY and SLG-4.0
 Last Date System Had Any Service Performed: Unknown
 Last Date That Any Software or Configuration Was Revised: Unknown

Model Number: 7100
 No. of Circuits: 12
 Software Rev.: Unknown

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>24</u>	<u>B</u>
<u>68</u>	<u>SLG-4.0</u>
<u>2</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>4</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>1</u>	<u>B</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors - With Remote Test Station
- Duct Detectors - WithOUT Remote Test Station
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Pressure Switches
- Other(Specify): Door Holders
- Other (Specify): _____

Alarm verification feature is disabled enabled

ALARM-NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

INSPECTION CONTRACT # 5147178311 DATE: 3/2/2017 FACP - Page 2

Quantity	Circuit Style	
		Bells
		Horns
		Chimes
<u>18</u>	<u>Y</u>	Strobes
<u>35</u>	<u>Y</u>	Horn/Strobes
		Speakers
		Speaker/Strobes
		Other (Specify): _____
		Other (Specify): _____

Total Number of alarm notification appliance circuits in building: 6 No. of expansion power supplies: 1

No. of alarm notification appliance circuits on FACP: 2

Are circuits monitored for integrity? Yes No

CIRCUIT CURRENT DRAW

LOCATION OF END OF LINE RESISTOR

NAC	amps	volts @ eol	
NAC 1			
NAC 2			
NAC 3			
NAC 4			
NAC 5			
NAC 6			
AUX			

TOTAL POWER SUPPLY MAXIMUM CURRENT @ _____ Volts - DC

MAXIMUM CURRENT DRAW - PER CIRCUIT @ _____ Volts - DC

SIGNALING LINE CIRCUITS

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

Quantity 2 Style SLC 4.0

SYSTEM POWER SUPPLIES

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

Overcurrent Protection: Type: Circuit Breaker Amps 20

Location (of Primary Supply Panelboard): Electrical Room by Boiler Room

Disconnecting Means Location: Panel X Breaker 19

(b) Secondary (Standby): Batteries Storage Battery: Amp-Hr. Rating 7

Calculated capacity of operate system, in hours: 24 60

TYPE BATTERY

Sealed Lead-Acid Other (Specify) _____

BATTERY TESTING AND INSPECTION

	Visual	Functional	Mho Test
Battery Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Batt 1 _____ @ _____ Volts
Load Voltage	<u>27.04</u>	<input checked="" type="checkbox"/>	Batt 2 _____ @ _____ Volts
Charger Test		<input checked="" type="checkbox"/>	
Battery Dates:	Battery 1 <u>3/1/2016</u>		Battery 2 <u>3/1/2016</u>

PRIOR TO ANY TESTING

INSPECTION CONTRACT # 5147178311 DATE: 3/2/2017 FACP - Page 3

NOTIFICATIONS ARE MADE	YES	NO	WHO	TIME
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vince Torricelli	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vince Torricelli	
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vince Torricelli	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ - Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
	Control Unit	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

	Visual	Functional	Comments
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

NOTIFICATION APPLIANCES	Visual	Functional	Comments
	Audible	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	
Strobes Sync	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
	Phone	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-In Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation	Comments
(Specify) <u>Door Holders</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(Specify) <u>Dust Detectors</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SPECIAL HAZARD SYSTEMS

	Visual	Device Operation	Simulated Operation	Comments
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Special Procedures: _____

Comments: Sensitivity Testing: Confirmed smoke detector/fire alarm control unit arrangement whereby the smoke detectors cause a signal at the fire alarm control unit when its sensitivity is outside its listed sensitivity range. Sensitivity testing of system smoke detectors complete in accordance with NFPA 72. The door holders operated properly. The dust detectors operated properly.

	Yes	No	Comments	Time
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>####</u>
Alarm Rest.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>####</u>
Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>####</u>
Supv. Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supv. Rest.	<input type="checkbox"/>	<input type="checkbox"/>		

	Yes	No	Who	Time
Building Mgmt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Vince Torricelli</u>	<u>####</u>
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Shelly</u>	<u>####</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Vince Torricelli</u>	<u>####</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: _____

System restored to normal operation: Yes No Date: 3/2/17 Time: 2:15 PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: John Hull Date: 03/02/17 Time: _____
 Signature of Inspector: _____
 Name of Owner or Rep.: Vince Torricelli Date: 3/2/17 Time: _____
 Signature of Owner or Rep.: _____

Sprinkler Inspection Report

Morningside of Raleigh

Inspector: Enoch Butler

Synchronized: 10/7/17 7:07:25 AM

Started: 10/6/17 8:42:04 AM

Finished: 10/6/17 9:57:59 AM

 [Download this report.](#)

[Email this report to: vtorricelli@5ssi.com](#)

- Welcome
- Get Reports
- Buildings
- Edit My Account
- Download
- Support
- Logout

Device Count:	% Tested:	% Passed:	% Failed:
33	100.00%	100.00%	0%

Report Navigation

Executive Summary

General information along with overall stats on this inspection.

Inspection and Testing

Each device and item inspected in your building.

Wet Pipe Systems

Dry Pipe Systems

Inventory and Warranty Report

Installation Dates and Inventory of items in your building.

Zone Address Report

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone.

Please don't show me this again

Executive Summary
Generated by: *BuildingReports.com*

Building Information	
Building: Morningside of Raleigh	Contact: TBD TBD
Address: 801 Dixie Trail	Phone: (919) 828-5557
Address:	Fax:
City/State/Zip: Raleigh, NC 27607	Mobile:
Country: United States	Email:
Inspection Performed By	
Company: Fire & Life Safety America, Inc. - Raleigh	Inspector: Enoch Butler
Address: 1731 Round Rock Dr	Phone: 919-427-3068
Address:	Fax:

City/State/Zip: Raleigh, NC		Mobile:						
27615								
Country: United States of America Email: ETSButler@FLSAmerica.com								
System Control Unit								
System Type	System Location	Protected Area	Devices					
Dry Pipe	Building-	Building-	23					
Wet Pipe	Building-	Building-	10					
Inspection Summary								
Category:	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Valve	8	24.24%	8	100.00%	8	100.00%	0	0%
Hose	1	3.03%	1	100.00%	1	100.00%	0	0%
Device	16	48.48%	16	100.00%	16	100.00%	0	0%
Pump	1	3.03%	1	100.00%	1	100.00%	0	0%
Alarm	7	21.21%	7	100.00%	7	100.00%	0	0%
Totals	33	100%	33	100.00%	33	100.00%	0	0%
Certification								
Company: Fire & Life Safety America, Inc. - Raleigh		Building: Morningside of Raleigh						
Inspector: Enoch Butler		Contact: TBD TBD						
Enoch Butler								
Certification Type			Number					

Navigation Console

Main Report Console

Executive Summary

Inspection and Testing

Wet Pipe Systems

Dry Pipe Systems

Inventory and Warranty Report

Zone Address Report

Inspection & Testing
Generated by: BuildingReports.com

Building: Morningside of Raleigh
The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at

which testing occurred. For more information about an item, click on the link provided.

Device Type	Location	Service	Time	Date
<i>Passed</i>				
Building- Dry Pipe, Building-				
Pressure Switch	Riser room	Tested	9:01:46 AM	10/06/2017
Tamper Switch	Riser room	Tested	8:42:25 AM	10/06/2017
Tamper Switch	Ground Hot box	Tested	8:46:36 AM	10/06/2017
Tamper Switch	Ground Hot box	Tested	8:46:59 AM	10/06/2017
Waterflow Switch	Riser room	Tested	9:03:17 AM	10/06/2017
Drain	Basement Btr bathroom	Inspected	9:55:30 AM	10/06/2017
Drain	Basement storage room back of building	Inspected	9:57:59 AM	10/06/2017
Drain	Riser room	Inspected	8:57:29 AM	10/06/2017
Drain	reception storage room	Inspected	9:45:56 AM	10/06/2017
Drain	Sun room	Inspected	9:47:05 AM	10/06/2017
Drain	outside front canopy	Inspected	9:47:42 AM	10/06/2017
Drain	west stairwell	Inspected	9:49:28 AM	10/06/2017
Gauge	Riser room	Inspected	8:57:38 AM	10/06/2017
Gauge	Riser room	Inspected	8:58:04 AM	10/06/2017
Gauge	Riser room	Inspected	8:59:18 AM	10/06/2017
Gauge	Riser room	Inspected	9:01:17 AM	10/06/2017
Quick Opening Device	Riser room	Inspected	9:00:04 AM	10/06/2017
Fire Dep't Connection	Ground Hot box	Inspected	8:47:38 AM	10/06/2017
Air Compressor	Riser room	Annual	9:03:45 AM	10/06/2017
Check Valve	Riser room	Inspected		10/06/2017

Device Type	Location	Service	Time	Date
			8:49:01 AM	
<u>Control Valve</u>	Riser room	Tested	8:42:26 AM	10/06/2017
<u>Dry Pipe Valve</u>	Riser room	Inspected	8:52:46 AM	10/06/2017
<u>Inspector's Test</u>	stairwell 3	Inspected	9:53:20 AM	10/06/2017
Building- Wet Pipe, Building-				
<u>Tamper Switch</u>	Riser room	Tested	8:42:04 AM	10/06/2017
<u>Waterflow Switch</u>	Riser room	Tested	8:56:36 AM	10/06/2017
<u>Drain</u>	Riser room	Inspected	8:55:42 AM	10/06/2017
<u>Gauge</u>	Riser room	Inspected	8:54:06 AM	10/06/2017
<u>Gauge</u>	Riser room	Inspected	8:54:40 AM	10/06/2017
<u>Watermotor Gong</u>	Riser room	Inspected	8:56:11 AM	10/06/2017
<u>Alarm Valve</u>	Riser room	Inspected	8:52:59 AM	10/06/2017
<u>Control Valve</u>	Riser room	Tested	8:42:40 AM	10/06/2017
<u>Control Valve</u>	Ground Hot box	Tested	8:43:55 AM	10/06/2017
<u>Control Valve</u>	Ground Hot box	Tested	8:46:29 AM	10/06/2017

Navigation Console

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Wet Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building-, Building-

Building: Morningside of Raleigh

A sprinkler system employing automatic sprinklers attached to a piping system containing water and connected to a water supply so that water discharges immediately from sprinklers opened by heat from a fire.

Alarms

Tamper Switch

Type	Description	Manufacturer	Zone/Address	OK	ScanID
Lever	Supervisory	Potter Electric	1, L1, M11	<input checked="" type="checkbox"/>	45698219

Waterflow Switch

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Vane	Potter Electric	VSR-F			1, L1, M16	<input checked="" type="checkbox"/>	45698221

Components

Alarm Valve

Type	Manufacturer	Model #	Position	Status	Size	OK	ScanID
Flanged	Star	F	Trim Open	Sealed	4"	<input checked="" type="checkbox"/>	45698229

Control Valve

Type	Manufacturer	Size	Position	Status	OK	ScanID
OS&Y	Kennedy	4"	Open	Supervised	<input checked="" type="checkbox"/>	45698220
OS&Y	Kennedy	6"	Open	Supervised	<input checked="" type="checkbox"/>	45698208
OS&Y	Kennedy	6"	Open	Supervised	<input checked="" type="checkbox"/>	45698210

Devices

Drain

Current Inspection

Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Riser room	2"	85	105			<input checked="" type="checkbox"/>	45698228

Gauge

Type	Location	Static psi	Fill Type	Size	OK	ScanID
System Pressure	Riser room	105			<input checked="" type="checkbox"/>	45698218
Supply Pressure	Riser room	85			<input checked="" type="checkbox"/>	45698217

Watermotor Gong

Location	Manufacturer	Model #	Size	OK	ScanID
				<input checked="" type="checkbox"/>	

Location	Manufacturer	Model #	Size	OK	ScanID
Riser room	Star				45698227

Navigation Console

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Dry Pipe Fire Sprinkler Systems

Generated by: *BuildingReports.com*

Building: Morningside of Raleigh		Building-, Building-					
A sprinkler system employing automatic sprinklers that are attached to a piping system containing air or nitrogen under pressure, the release of which, (as from the opening of a sprinkler) permits the water pressure to open a valve known as a dry pipe valve, and the water then flows into the piping system and out the opened sprinklers.							
Air Compressor							
Location	Mfr.	Model #	Phase	On psi	Off psi	Serial No.	
Riser room	Cast			20	30		
Type	Description	Rated Speed	Horsepower	Volts	Amps	OK	ScanID
Automatic	Tank					<input checked="" type="checkbox"/>	45698226
Alarms							
Pressure Switch							
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
Pressure Switch	Supervisory	Potter	15	35	1, L1, M14&09	<input checked="" type="checkbox"/>	45698216
Tamper Switch							
Type	Description	Manufacturer	Zone/Address		OK	ScanID	
Lever	Supervisory	Potter Electric	1, L1, M12		<input checked="" type="checkbox"/>	45698211	
Lever	Supervisory	Potter Electric	1, L1, M17		<input checked="" type="checkbox"/>	45698209	
Lever	Supervisory	Potter Electric	1, L1, M18		<input checked="" type="checkbox"/>	45698207	
Waterflow Switch							

Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID	
Pressure Switch	Potter	PS40-2A			1, L1, M14&09	<input checked="" type="checkbox"/>	<u>45698224</u>	
Components								
Check Valve								
Type	Location				Size	OK	ScanID	
Flanged	Riser room				4"	<input checked="" type="checkbox"/>	<u>45698233</u>	
Control Valve								
Type	Manufacturer	Size	Position	Status	OK	ScanID		
OS&Y	Kennedy	4"	Open	Supervised	<input checked="" type="checkbox"/>	<u>45698212</u>		
Dry Pipe Valve								
Manufacturer	Model #	Serial #	Size	OK	ScanID			
Firelock	NXT-S/768	12259-3:2000	4"	<input checked="" type="checkbox"/>	<u>45698213</u>			
Air psi	Water psi	Position	Status	Trip psi	Trip Time	Timing		
24	105	Trim Closed	Sealed			
Inspector's Test								
Manufacturer	Model #	Pressure psi	Trip Time	Flow Sec	OK	ScanID		
					<input checked="" type="checkbox"/>	<u>45698272</u>		
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
	Basement Btr bathroom						<input checked="" type="checkbox"/>	<u>45698270</u>
Current Inspection								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
	Basement storage room back of building						<input checked="" type="checkbox"/>	<u>45698269</u>
Current Inspection								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID
Main	Riser room	2"	85	105			<input checked="" type="checkbox"/>	<u>45698230</u>
Current Inspection								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID

reception storage room								<input checked="" type="checkbox"/>	45698275
Current Inspection									
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID	
Sun room								<input checked="" type="checkbox"/>	45698274
Current Inspection									
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID	
outside front canopy								<input checked="" type="checkbox"/>	45698235
Current Inspection									
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec	OK	ScanID	
west stairwell								<input checked="" type="checkbox"/>	45698273
Fire Dep't Connection									
Location		Type	Ball/Drip	Rotating Swivels	Size	OK	ScanID		
Ground Hot box		Wall	Yes	Yes	4"	<input checked="" type="checkbox"/>	45698234		
Gauge									
Type	Location		Static psi	Fill Type	Size	OK	ScanID		
Air Pressure	Riser room		24			<input checked="" type="checkbox"/>	45698214		
System Pressure	Riser room		105			<input checked="" type="checkbox"/>	45698215		
Priming	Riser room		100			<input checked="" type="checkbox"/>	45698225		
Quick Opening Device	Riser room		25			<input checked="" type="checkbox"/>	45698222		
Quick Opening Device									
Manufacturer	Model #	Serial Number	Low psi	High psi	Air Pressure	OK	ScanID		
Victaulic	SF8-889		15	30	24	<input checked="" type="checkbox"/>	45698223		

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Inspection and Testing

Wet Pipe Systems

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Inventory and Warranty Report

Zone Address Report

Inventory & Warranty Report

Generated by: *BuildingReports.com*

Building: Morningside of Raleigh					
<p>The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.</p>					
Device or Item	Category	% of Inventory	Quantity		
Tamper Switch	Alarm	12.12%	4		
Control Valve	Valve	12.12%	4		
Fire Dep't Connection	Hose	3.03%	1		
Check Valve	Valve	3.03%	1		
Dry Pipe Valve	Valve	3.03%	1		
Alarm Valve	Valve	3.03%	1		
Gauge	Device	18.18%	6		
Drain	Device	24.24%	8		
Watermotor Gong	Device	3.03%	1		
Waterflow Switch	Alarm	6.06%	2		
Quick Opening Device	Device	3.03%	1		
Pressure Switch	Alarm	3.03%	1		
Air Compressor	Pump	3.03%	1		
Inspector's Test	Valve	3.03%	1		
Device Type	Qty	Model #	Type	Description	Install Date
<i>In Service - 5 Years to 10 Years</i>					
Building- Dry Pipe, Building-					
Drain	6				08/06/2012
Drain	1		Main		08/06/2012
Gauge	1		Air Pressure		08/06/2012
Gauge	1		Priming		08/06/2012
Gauge	1		Quick Opening Device		08/06/2012
Gauge	1		System Pressure		08/06/2012
Inspector's Test	1				08/06/2012
Air Compressor	1		Automatic	Tank	08/06/2012
Pressure Switch	1	PS40-2A	Pressure Switch	Supervisory	08/06/2012
Waterflow Switch	1	PS40-2A	Pressure Switch	Alarm	08/06/2012

Device Type	Qty	Model #	Type	Description	Install Date
Quick Opening Device	1	SF8-889			08/06/2012
Building- Wet Pipe, Building-					
Drain	1		Main		08/06/2012
Gauge	1		Supply Pressure		08/06/2012
Gauge	1		System Pressure		08/06/2012
Waterflow Switch	1	VSR-F	Vane	Alarm	08/06/2012
Watermotor Gong	1				08/06/2012
<i>In Service - 10 Years to 15 Years</i>					
Building- Dry Pipe, Building-					
Dry Pipe Valve	1	NXT-S/768	Flanged by Grooved		08/06/2007
<i>In Service - 15 Years to 25 Years</i>					
Building- Dry Pipe, Building-					
Fire Dep't Connection	1	OSYSU-A1	Wall		10/06/1999
Tamper Switch	3	OSYSU-A1	Lever	Supervisory	10/06/1999
Check Valve	1		Flanged		10/06/1999
Building- Wet Pipe, Building-					
Alarm Valve	1	F	Flanged		08/06/1999
<i>In Service - 25 Years or Older</i>					
Building- Dry Pipe, Building-					
Control Valve	1		OS&Y	Main Control	10/06/1991
Building- Wet Pipe, Building-					
Control Valve	3		OS&Y	Main Control	10/06/1991
Tamper Switch	1	OSYSU-A1	Lever	Supervisory	10/06/1991

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Dry Pipe Systems

Inventory and Warranty Report

Zone Address Report

Zone Address Report
Generated by: *BuildingReports.com*

Building: Morningside of Raleigh				
The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location, and description are included for your reference. For more information on the device, use the link provided under ScanID.				
Address	Device Type	Location	Type	ScanID
<i>Control Panel 1</i>				
Zone/Circuit: L1				
M11	Tamper Switch	Riser room	Lever	45698219
M12	Tamper Switch	Riser room	Lever	45698211
M14&09	Pressure Switch	Riser room	Pressure Switch	45698216
M14&09	Waterflow Switch	Riser room	Pressure Switch	45698224
M16	Waterflow Switch	Riser room	Vane	45698221
M17	Tamper Switch	Ground Hot box	Lever	45698209
M18	Tamper Switch	Ground Hot box	Lever	45698207

Navigation Console

Main Report Console

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<u>Dry Pipe Systems</u>	<u>Inventory and Warranty Report</u>	<u>Zone Address Report</u>

Sprinkler Inspection Certificate

For

Morningside of Raleigh
801 Dixie Trail
Raleigh, NC 27607

Tested to NFPA 25 Standards

This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.

Inspection Date
Oct 6, 2017

Building: Morningside of Raleigh
Contact: TBD TBD
Title: Unknown

Company: Fire & Life Safety America, Inc. - Raleigh
Contact: Enoch Butler
Title: Lead Inspector

Executive Summary

Generated by: *BuildingReports.com*

Building Information			
Building: Morningside of Raleigh		Contact: TBD TBD	
Address: 801 Dixie Trail		Phone: (919) 828-5557	
Address:		Fax:	
City/State/Zip: Raleigh, NC 27607		Mobile:	
Country: United States		Email:	
Inspection Performed By			
Company: Fire & Life Safety America, Inc. - Raleigh		Inspector: Enoch Butler	
Address: 1731 Round Rock Dr		Phone: 919-427-3068	
Address:		Fax:	
City/State/Zip: Raleigh, NC 27615		Mobile:	
Country: United States		Email: ETSButler@FLSAmerica.com	
System Control Unit			
System Type	System Location	Protected Area	Devices
Dry Pipe	Building-	Building-	23
Wet Pipe	Building-	Building-	10

Inspection Summary

Category	Total Items		Serviced		Passed		Failed/Other	
	Qty	%	Qty	%	Qty	%	Qty	%
Valve	8	24.24%	8	100.00%	8	100.00%	0	0%
Hose	1	3.03%	1	100.00%	1	100.00%	0	0%
Device	16	48.48%	16	100.00%	16	100.00%	0	0%
Pump	1	3.03%	1	100.00%	1	100.00%	0	0%
Alarm	7	21.21%	7	100.00%	7	100.00%	0	0%
Totals	33	100%	33	100.00%	33	100.00%	0	0%

Certification

Company: Fire & Life Safety America, Inc. - Raleigh Building: Morningside of Raleigh
 Inspector: Enoch Butler Contact: TBD TBD

Signed: Signed:

Enoch Butler

Certification Type	Number

Inspection & Testing

Generated by: BuildingReports.com

Building: Morningside of Raleigh

The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.

Device Type	Location	Service	Time	Date
Passed				
Building- Dry Pipe, Building-				
Pressure Switch	Riser room	Tested	9:01:46 AM	10/06/2017
Tamper Switch	Riser room	Tested	8:42:25 AM	10/06/2017
Tamper Switch	Ground Hot box	Tested	8:46:36 AM	10/06/2017
Tamper Switch	Ground Hot box	Tested	8:46:59 AM	10/06/2017
Waterflow Switch	Riser room	Tested	9:03:17 AM	10/06/2017
Drain	Basement Btr bathroom	Inspected	9:55:30 AM	10/06/2017
Drain	Basement storage room back of building	Inspected	9:57:59 AM	10/06/2017
Drain	Riser room	Inspected	8:57:29 AM	10/06/2017
Drain	reception storage room	Inspected	9:45:56 AM	10/06/2017
Drain	Sun room	Inspected	9:47:05 AM	10/06/2017
Drain	outside front canopy	Inspected	9:47:42 AM	10/06/2017
Drain	west stairwell	Inspected	9:49:28 AM	10/06/2017
Gauge	Riser room	Inspected	8:57:38 AM	10/06/2017
Gauge	Riser room	Inspected	8:58:04 AM	10/06/2017
Gauge	Riser room	Inspected	8:59:18 AM	10/06/2017
Gauge	Riser room	Inspected	9:01:17 AM	10/06/2017
Quick Opening Device	Riser room	Inspected	9:00:04 AM	10/06/2017
Fire Dep't Connection	Ground Hot box	Inspected	8:47:38 AM	10/06/2017
Air Compressor	Riser room	Annual	9:03:45 AM	10/06/2017
Check Valve	Riser room	Inspected	8:49:01 AM	10/06/2017
Control Valve	Riser room	Tested	8:42:26 AM	10/06/2017
Dry Pipe Valve	Riser room	Inspected	8:52:46 AM	10/06/2017
Inspector's Test	stairwell 3	Inspected	9:53:20 AM	10/06/2017
Building- Wet Pipe, Building-				
Tamper Switch	Riser room	Tested	8:42:04 AM	10/06/2017
Waterflow Switch	Riser room	Tested	8:56:36 AM	10/06/2017
Drain	Riser room	Inspected	8:55:42 AM	10/06/2017
Gauge	Riser room	Inspected	8:54:06 AM	10/06/2017
Gauge	Riser room	Inspected	8:54:40 AM	10/06/2017
Watermotor Gong	Riser room	Inspected	8:56:11 AM	10/06/2017
Alarm Valve	Riser room	Inspected	8:52:59 AM	10/06/2017
Control Valve	Riser room	Tested	8:42:40 AM	10/06/2017
Control Valve	Ground Hot box	Tested	8:43:55 AM	10/06/2017
Control Valve	Ground Hot box	Tested	8:46:29 AM	10/06/2017

Wet Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building: Morningside of Raleigh Building: Building

A sprinkler system employing automatic sprinklers attached to a piping system containing water and connected to a water supply so that water discharges immediately from sprinklers opened by heat from a fire.

Alarms

Tamper Switch

Type	Description	Manufacturer	Zone/Address	OK	ScanID
Lever	Supervisory	Potter Electric	1, L1, M11	<input checked="" type="checkbox"/>	45698219

Waterflow Switch

Type	Manufacturer	Model #	Sec.	Size	Zone/Address	OK	ScanID
Vane	Potter Electric	VSR-F			1, L1, M16	<input checked="" type="checkbox"/>	45698221

Components

Alarm Valve

Type	Manufacturer	Model #	Position	Status	Size	OK	ScanID
Flanged	Star	F	Trim Open	Sealed	4"	<input checked="" type="checkbox"/>	45698229

Control Valve

Type	Manufacturer	Size	Position	Status	OK	ScanID
OS&Y	Kennedy	4"	Open	Supervised	<input checked="" type="checkbox"/>	45698220
OS&Y	Kennedy	6"	Open	Supervised	<input checked="" type="checkbox"/>	45698208
OS&Y	Kennedy	6"	Open	Supervised	<input checked="" type="checkbox"/>	45698210

Devices

Drain

Current Inspection								
Type	Location	Size	Supply psi	Static psi	Residual psi	Sec.	OK	ScanID
Main	Riser room	2"	85	105			<input checked="" type="checkbox"/>	45698228

Gauge

Type	Location	Static psi	Fill type	Size	OK	ScanID
System Pressure	Riser room	105			<input checked="" type="checkbox"/>	45698218
Supply Pressure	Riser room	85			<input checked="" type="checkbox"/>	45698217

Watermotor Gong

Location	Manufacturer	Model #	Size	OK	ScanID
Riser room	Star			<input checked="" type="checkbox"/>	45698227

Dry Pipe Fire Sprinkler Systems

Generated by: BuildingReports.com

Building		Morningside of Raleigh		Building		Building	
<p>A sprinkler system employing automatic sprinklers that are attached to a piping system containing air or nitrogen under pressure, the release of which, (as from the opening of a sprinkler) permits the water pressure to open a valve known as a dry pipe valve, and the water then flows into the piping system and out the opened sprinklers.</p>							
Air Compressor							
Location	Mfr.	Model #	Phase	On (psi)	Off (psi)	Serial No.	
Riser room	Cast			20	30		
Type	Description	Rated Speed	Horsepower	Volts	Amps	OK	ScanID
Automatic	Tank					<input checked="" type="checkbox"/>	45698226
Alarms							
Pressure Switch							
Type	Description	Manufacturer	Low	High	Zone/Address	OK	ScanID
Pressure Switch	Supervisory	Potter	15	35	1, L1, M14&09	<input checked="" type="checkbox"/>	45698216
Tamper Switch							
Type	Description	Manufacturer	Zone/Address	OK	ScanID		
Lever	Supervisory	Potter Electric	1, L1, M12	<input checked="" type="checkbox"/>	45698211		
Type	Description	Manufacturer	Zone/Address	OK	ScanID		
Lever	Supervisory	Potter Electric	1, L1, M17	<input checked="" type="checkbox"/>	45698209		
Type	Description	Manufacturer	Zone/Address	OK	ScanID		
Lever	Supervisory	Potter Electric	1, L1, M18	<input checked="" type="checkbox"/>	45698207		
Waterflow Switch							
Type	Manufacturer	Model #	Sec	Size	Zone/Address	OK	ScanID
Pressure Switch	Potter	PS40-2A			1, L1, M14&09	<input checked="" type="checkbox"/>	45698224
Components							
Check Valve							
Type	Location	Size	OK	ScanID			
Flanged	Riser room	4"	<input checked="" type="checkbox"/>	45698233			
Control Valve							
Type	Manufacturer	Size	Position	Status	OK	ScanID	
OS&Y	Kennedy	4"	Open	Supervised	<input checked="" type="checkbox"/>	45698212	
Dry Pipe Valve							
Manufacturer	Model	Serial #	Size	OK	ScanID		
Firelock	NXT-S/768	12259-3:2000	4"	<input checked="" type="checkbox"/>	45698213		
Air (psi)	Water (psi)	Position	Status	On (psi)	Off (psi)	Time (Sec)	Serial #
24	105	Trim Closed	Sealed		
Inspector's Test							

Manufacturer	Model	Pressure (psi)	Trip Time (Sec)	Flow (gpm)	OK	ScanID		
					<input checked="" type="checkbox"/>	45698272		
Devices								
Drain								
Current Inspection								
Type	Location	Size	Supply (psi)	Static (psi)	Residual (psi)	Sec	OK	ScanID
	Basement Btr bathroom						<input checked="" type="checkbox"/>	45698270
Current Inspection								
Type	Location	Size	Supply (psi)	Static (psi)	Residual (psi)	Sec	OK	ScanID
	Basement storage room back of building						<input checked="" type="checkbox"/>	45698269
Current Inspection								
Type	Location	Size	Supply (psi)	Static (psi)	Residual (psi)	Sec	OK	ScanID
Main	Riser room	2"	85	105			<input checked="" type="checkbox"/>	45698230
Current Inspection								
Type	Location	Size	Supply (psi)	Static (psi)	Residual (psi)	Sec	OK	ScanID
	reception storage room						<input checked="" type="checkbox"/>	45698275
Current Inspection								
Type	Location	Size	Supply (psi)	Static (psi)	Residual (psi)	Sec	OK	ScanID
	Sun room						<input checked="" type="checkbox"/>	45698274
Current Inspection								
Type	Location	Size	Supply (psi)	Static (psi)	Residual (psi)	Sec	OK	ScanID
	outside front canopy						<input checked="" type="checkbox"/>	45698235
Current Inspection								
Type	Location	Size	Supply (psi)	Static (psi)	Residual (psi)	Sec	OK	ScanID
	west stairwell						<input checked="" type="checkbox"/>	45698273
Fire Dep't Connection								
Location	Type	Ball up	Rotating Swivels	Size	OK	ScanID		
Ground Hot box	Wall	Yes	Yes	4"	<input checked="" type="checkbox"/>	45698234		
Gauge								
Type	Location	Static	Fill (psi)	Size	OK	ScanID		
Air Pressure	Riser room	24			<input checked="" type="checkbox"/>	45698214		
System Pressure	Riser room	105			<input checked="" type="checkbox"/>	45698215		
Priming	Riser room	100			<input checked="" type="checkbox"/>	45698225		
Quick Opening Device	Riser room	25			<input checked="" type="checkbox"/>	45698222		
Quick Opening Device								
Manufacturer	Model #	Serial Number	Low (psi)	High (psi)	Alt Pressure	OK	ScanID	
Victaulic	SF8-889		15	30	24	<input checked="" type="checkbox"/>	45698223	

Inventory & Warranty Report

Generated by: BuildingReports.com

Building: Morningside of Raleigh

The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.

Device or Item	Category	% of Inventory	Quantity
Tamper Switch	Alarm	12.12%	4
Control Valve	Valve	12.12%	4
Fire Dep't Connection	Hose	3.03%	1
Check Valve	Valve	3.03%	1
Dry Pipe Valve	Valve	3.03%	1
Alarm Valve	Valve	3.03%	1
Gauge	Device	18.18%	6
Drain	Device	24.24%	8
Watermotor Gong	Device	3.03%	1
Waterflow Switch	Alarm	6.06%	2
Quick Opening Device	Device	3.03%	1
Pressure Switch	Alarm	3.03%	1
Air Compressor	Pump	3.03%	1
Inspector's Test	Valve	3.03%	1

Device or Item	Qty	Model	Type	Description	Install Date
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In Service - 5 Years to 10 Years

Building- Dry Pipe, Building-

Drain	6				08/06/2012
Drain	1		Main		08/06/2012
Gauge	1			Air Pressure	08/06/2012
Gauge	1			Priming	08/06/2012
Gauge	1			Quick Opening Device	08/06/2012
Gauge	1			System Pressure	08/06/2012
Inspector's Test	1				08/06/2012
Air Compressor	1		Automatic	Tank	08/06/2012
Pressure Switch	1	PS40-2A	Pressure Switch	Supervisory	08/06/2012
Waterflow Switch	1	PS40-2A	Pressure Switch	Alarm	08/06/2012
Quick Opening Device	1	SF8-889			08/06/2012

Building- Wet Pipe, Building-

Drain	1		Main		08/06/2012
Gauge	1			Supply Pressure	08/06/2012
Gauge	1			System Pressure	08/06/2012
Waterflow Switch	1	VSR-F	Vane	Alarm	08/06/2012
Watermotor Gong	1				08/06/2012

In Service - 10 Years to 15 Years

Building- Dry Pipe, Building-

Dry Pipe Valve	1	NXT-S/768	Flanged by Grooved		08/06/2007
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In Service - 15 Years to 25 Years

Building- Dry Pipe, Building-

Fire Dep't Connection	1	OSYSU-A1	Wall		10/06/1999
Tamper Switch	3	OSYSU-A1	Lever	Supervisory	10/06/1999
Check Valve	1		Flanged		10/06/1999

Building- Wet Pipe, Building-

Alarm Valve	1	F	Flanged		08/06/1999
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In Service - 25 Years or Older

Building- Dry Pipe, Building-

Control Valve	1		OS&Y	Main Control	10/06/1991
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Building- Wet Pipe, Building-

Control Valve	3		OS&Y	Main Control	10/06/1991
Tamper Switch	1	OSYSU-A1	Lever	Supervisory	10/06/1991

Zone Address Report

Generated by: BuildingReports.com

Building: Morningside of Raleigh

The Zone Address Report lists all of the devices and items that have an individual address, or are grouped together under a common zone. The device type, location and description are included for your reference. For more information on the device, use the link provided under ScanID.

Address	Device Type	Location	Type	Scan ID
Control Panel				
Zone/Address: LI				
M11	Tamper Switch	Riser room	Lever	45698219
M12	Tamper Switch	Riser room	Lever	45698211
M14&09	Pressure Switch	Riser room	Pressure Switch	45698216
M14&09	Waterflow Switch	Riser room	Pressure Switch	45698224
M16	Waterflow Switch	Riser room	Vane	45698221
M17	Tamper Switch	Ground Hot box	Lever	45698209
M18	Tamper Switch	Ground Hot box	Lever	45698207



Allred Mechanical Services, Inc
 PO Box 7663
 Rocky Mount, NC 27804

SERVICE ORDER:
WO-2367

INVOICE

Bill to: Morningside
 Morningside Assisted Living Attn: Accounts Payable
 Raleigh, NC 27607

Invoice Date: 11/16/2017
Customer PO #: EX102417
Site: SD-06 Morningside Repairs

Attention: Morningside
 Repairs

Morningside Assisted Living 801
 Dixie Trail
 Raleigh, NC 27607

Work done description: Repairs to exhaust fans per State.
 Changed left Ef motor and belt.
 Changed 1st fir mech rm big ah pulley and belt.

Item	Description	Qty	Rate	Amount \$
SER- Service Labor	JC 10.24.17 Service Regular Labor	5.00	70.00	350.00 T
SER Other Part	BK 70 H PULLEY	1.00	36.94	36.94 T
SER Other Part	1-3/16 hub	1.00	29.21	29.21 T
SER Other Part	Exhuast motor	1.00	336.71	336.71 T
SER Other Part	b28 belt	1.00	12.10	12.10 T
SER Other Part	4l600 belt	1.00	16.11	16.11 T
SER Other Part	4l610 belt	1.00	16.11	16.11 T
			Sub Total:	797.18
			Tax (T): 7.25%	57.80
			Total Amount Due:	854.98

For questions please call 252-443-5659

All materials, parts and equipment are warranted by the manufacturer or suppliers written warranty only. All labor performed by AMS, Inc. is warranted for 90 days unless otherwise indicated in writing on work order or proposal. AMS, Inc. makes no other warranties expressed or implied and its agents and technicians are not authorized to make any such warranties on behalf of AMS, Inc.

A service charge of 1.5% per month (18% annual percentage rate) or the maximum rate permitted by applicable law, whichever is less, will be assessed on all overdue amounts.

JANUARY 1ST, 2017 TAX LAW CHANGES

!!!!!!!!!!SALES AND USE TAX----- AS OF January 1, 2017 N.C. GENERAL STATUTE 105-164.38(B) REQUIRES TAX TO BE COLLECTED ON ALL NON GOVERNMENTAL SERVICE CONTRACTS and N.C. General Statute 105-164.3 (33i) and 105-164.4 (a)(16) number SD-16-4 REQUIRES TAX TO BE COLLECTED ON THE GROSS RECEIPTS ON ALL SERVICE REPAIRS- NON GOVERNMENTAL!!!!!!!!!!!!!!



**PROGRESSIVE
SERVICE COMPANY**
PLUMBING • HEATING & AIR • ELECTRICAL

PO Box 91297
Raleigh, NC 27675
Phone: 919-325-0180
Fax: 919-800-3745
info@callprogressive.com

Scheduled completion
date 11/25/17

Proposal B37226

Customer Name/Address : Morningside Assisted Living 801 Dixie Trail Raleigh, NC 27607	Job Name: Morningside Assisted Living- Labeling	Contact Name /Ph. Number/ Email Vincent Torricelli 919-239-5785 vtorricelli@5ssl.com
Date submitted : 11/19/2017	Job Location: Morningside Assisted Living 801 Dixie Trail Raleigh, NC 27607	Proposed by: Keith Foss 919-423-2354 kfoss@callprogressive.com

We propose to:

Provide labor to mark all electrical panels. Must have two technicians to check and mark all panels. May take about two days to do.

Total Proposed Cost: \$165.00 per hour + tax for two technicians

PAYMENT TERMS: Net 30 days from time of completion

All equipment, material, and installation unless otherwise noted shall bear a one year warranty from the date of installation against defects in workmanship and material. The title and right of possession to said equipment shall be and remain with Progressive Service Company, until all said indebtedness is fully paid at which time ownership shall pass on to the customer. In case of default in payment or foreclosure on said property, Progressive Service Company, may repossess said property without legal process and without liability for trespassing or damage to said property caused by the removal of said property, and this right shall be a continuing one and shall not be waived by Progressive Service Company, acceptance of partial payments on account or by Progressive Service Company, exercise of other legal rights.

Foregoing Proposal Accepted On:

Respectfully Submitted by Progressive Service Company

Signature

Date

Keith Foss

Keith Foss (Electrical Manager).

11/19/2017

Date

Scheduled.
completion date
11/24/17

Proposal

1415 Babbage Lane Suite B
Indian Trail, NC 28079

Proposal Submitted To: Morningside of Raleigh	Phone:	Other Phone:
Address: 801 Dixie Trail Rd	E-Mail Address:	Fax Number:
City, State and Zip Code: Raleigh NC 27607	Job Location: Same	Date: 11/17/2017

704.821.1828

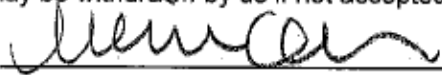


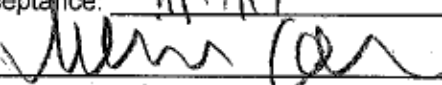
Proposal No:

We hereby submit specifications and estimates for: Quarry tile repair in Kitchen	
Price includes removal of Quarry tile, floating of floor and install new Quarry tile	\$2,500.00

We propose hereby to furnish material and labor complete in accordance with the above specifications, for the sum of
Twenty Five Hundred dollars _____ dollars
(\$ 2,500.00)

Payments to be made as follows:

Terms and Conditions Construction
All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alternation or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra change over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's' Compensation insurance.
Note: This proposal may be withdrawn by us if not accepted within _____ days.
Authorized Signature 

Acceptance of Proposal- The above prices, specifications and conditions are satisfactory and are hereby accepted. you are authorized to do the work as specified. Payment will be made as outlined above.
Date of Acceptance: 11/17/17
Signautre: 
Print: Melissa Cole