

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT REYNOLDS MOUNTAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 41 COBBLERS WAY ASHEVILLE, NC 28804
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell and Ed Miller on 5-2-2018. Records indicate this facility was first licensed on 8-4-2016, for 99 beds. Based on this information, the facility was surveyed using the 2005 Rules for the Licensing of Adult Care Home of Seven or More Beds and the 2012 Edition of the NC State Building Code.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111	f) Fire alarm system report has been obtained and is attached to this Plan of Corrections. Maintenance Director and Executive Director will ensure that all fire alarm system reports will be obtained within two weeks of the inspection date.	5/10/18
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;	C 133		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Gay E. Elliott

TITLE

Executive Director

(X6) DATE

5/29/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT REYNOLDS MOUNTAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 41 COBBLERS WAY ASHEVILLE, NC 28804
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 133	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, there was no hand grip provided at the toilet in the second floor spa. 2. Based on observation, there was no hand grip provided at the toilet in the basement spa.	C 133	E6) Hand grips were installed at the toilet in the second floor spa and at the toilet on floor zero in the Harmony Square spa.	5/25/18
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A 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: Based on observation, the corridor was not maintained free of obstructions. At least 6 feet of clear width must be maintained in exit corridors. Findings include: a. There was a med cart stored in the corridor reducing the clear width to less than 4 feet. Note: This deficiency was corrected during the survey. b. The corridor was obstructed down to a clear width of 5 feet 5 inches at room 342. c. The corridor was obstructed down to a clear width of 4 feet 6 inches at room 239.	C 150	Frequent walk-throughs will be conducted by Maintenance Director or his designee to ensure that all hand grips are located at all commodes, tubs and showers used by or accessible to residents. G4) Med Cart and Weight Chair were removed from obstruction of hallway during survey. Furniture at room 239 has been relocated to living room in common areas.	5/2/18 5/10/18
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	C 166	Frequent walk-throughs will be conducted by Maintenance Director or his designee to ensure all corridors are free of all equipment and other obstructions of at least 6 feet.	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT REYNOLDS MOUNTAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 41 COBBLERS WAY ASHEVILLE, NC 28804
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	<p>Continued From page 2</p> <p>hazards; (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, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include:</p> <p>a. Several (8) portable medical oxygen cylinders were stored in unapproved plastic crates in room 117.</p> <p>b. Several (7) portable medical oxygen cylinders were stored in unapproved beverage crates in room 122.</p> <p>2. Based on observation, the facility was not maintained in a safe condition because of trash and recycling storage in stairwells. Storage is not allowed in stairwells. Findings include:</p> <p>a. Trash was stored in Stair 2, Level 2,</p> <p>b. Trash was stored in Stair 2, Level 3,</p> <p>c. Trash was stored in Stair 4, Level 1,</p> <p>d. Trash was stored in Stair 4, Level 2,</p> <p>3. Based on observation, the waste trap for the hopper had been allowed to become dry. Dry waste traps allow noxious, combustible odors and possibly harmful bacteria to enter the facility. Note; This deficiency was corrected during the survey.</p> <p>4. Based on observation, a fire extinguisher in the corridor near room H16 was low in charge. A fire extinguisher with a low charge may not be able to properly deploy the extinguishing agent.</p>	C 166	<p>1a.) The portable medical oxygen cylinders stored in apartment 117 are now stored in approved metal cylinder holders.</p> <p>b.) The portable medical oxygen cylinders stored in apartment 122 have been removed from the building. The Health Care Coordinator or her designee will make weekly monitoring walk-throughs to ensure that all oxygen in the community is stored in approved containers.</p> <p>2. a,b,c,d) Trash will be removed from all stairwells along with all containers. Nursing staff will collect Assisted Living resident's trash twice per day, load in a large garbage can that they push throughout the community while emptying resident trash. Upon completion of emptying resident trash, nursing staff will empty large trash can at the dumpster.</p> <p>3. Task of flushing and cleaning hoppers weekly has been added to our TELS system which provides us with all needs to be completed daily, weekly, monthly, etc. Maintenance Director or his designee will perform this task.</p> <p>4. Fire extinguishers are checked annually by inspection company for low charge issues and to ensure they are working properly. Maintenance Director or his designee will do frequent checks to ensure all fire hydrants are appropriately charged.</p>	<p>5/17/18</p> <p>5/14/18</p> <p>6/15/18</p> <p>5/18/18</p> <p>5/2/18</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT REYNOLDS MOUNTAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 41 COBBLERS WAY ASHEVILLE, NC 28804
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	Continued From page 3 5. Based on observation, part of a coat hook was missing in the bathroom off bedroom 117. The missing part exposed sharp edges on the mounting hardware. 6. Based on observation, there were electrical outlet expanders being used in the facility. Electrical outlet expanders are not approved for use in Institutional Occupancies. a. An electrical outlet expander was in use in the bathroom off bedroom 117, b. An electrical outlet expander was in use in the Beauty Salon.	C 166	5. The remainder of the coat hook was removed in the bathroom in apartment 117. The Maintenance Director or his designee will do frequent walk-throughs to ensure that no other apartments have missing hardware or anything with sharp edges that would cause danger to a resident.	5/16/18
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.	C 185	6a,b) Electrical outlet expanders in apartment 117 bedroom and Beauty Salon were removed. The Maintenance Director or his designee will conduct frequent walk-throughs to ensure that there are no other electrical expanders in any other areas of the building. 6c) Maintenance Director has added a Fire Drill Detail report (attached) to the Fire Drill report currently required by our TELs system. This will be utilized to provide descriptive details regarding description of what occurred during the drill, where it occurred, what device was activated, who the first responders were and any other notes needed to be shared.	5/21/18 6/15/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT REYNOLDS MOUNTAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 41 COBBLERS WAY ASHEVILLE, NC 28804
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 4	C 189		
C 189	Building Equipment Maintained Safe, Operating	C 189		
	<p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the required one-hour fire rated ceilings were compromised in several locations by improperly protected conduit and plastic pipe penetrations. None of the conduit penetrations listed below were protected with a listed fire collar. Penetrations that are not sealed in an approved manner present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.</p> <p>Findings include:</p> <p>a. The ceiling of the mechanical and phone room was penetrated by a 4 inch PVC conduit.</p> <p>b. The ceiling of the basement mop closet was penetrated by a 4 inch PVC waste pipe.</p> <p>c. The ceiling of the first floor electrical closet was penetrated by four 3 inch PVC conduits.</p> <p>2. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p> <p>Findings include:</p>		<p>1.a,b) The Maintenance Director will install a listed fire collar on the 4 inch PVC conduit in the ceiling of the mechanical and phone room and in the ceiling of the basement mop closet.</p> <p>1.c) The Maintenance Director installed a listed fire collar on the four 3 inch PVC conduits in the ceiling of the first floor electrical closet.</p>	<p>4/15/18</p> <p>5-25-18</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/02/2018
--	--	--	---

NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT REYNOLDS MOUNTAIN	STREET ADDRESS, CITY, STATE, ZIP CODE 41 COBBLERS WAY ASHEVILLE, NC 28804
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 5</p> <p>a. One smoke barrier door near room 249 did not latch when closed by the fire alarm system.</p> <p>b. Mechanical kick-downs found on all 6 doors to the Dining room,</p> <p>c. Wedge found at first floor soiled utility door,</p> <p>d. Mechanical kick-downs found on both doors to the Chapel,</p> <p>e. Door to room 240 wedged open,</p> <p>f. Door to room 337 wedged open,</p> <p>g. Wedge found at door to second floor spa,</p> <p>h. Therapy door wedged open,</p> <p>i. Door to room 123 propped open,</p> <p>j. Mechanical kick-down found on door to first floor laundry,</p> <p>k. Mechanical kick-down found on door to Business Manager's office,</p> <p>l. Mechanical kick-down found on door to Ashton Park,</p> <p>m. Mechanical kick-downs found on door to Beauty Salon,</p> <p>n. Mechanical kick-down found on 45 minute fire rated door to large storage room of about 600 sq. ft. on first floor. This door must be self-closing or automatic closing on activation of the fire alarm system.</p> <p>o. Mechanical kick-down found on 45 minute fire rated door from kitchen to service corridor.</p> <p>p. Mechanical kick-down found on 45 minute fire rated door to pantry.</p> <p>q. Door to employee break room wedged open,</p> <p>r. Mechanical kick-down found on door to maintenance office,</p> <p>s. Door to mechanical room propped open,</p> <p>t. Door to serving kitchen in basement wedged open,</p> <p>u. A pair of doors from the corridor to the kitchen does not automatically latch when closed.</p> <p>3. Based on observation, several sets of double corridor doors are prevented from closing</p>	C 189	<p>2. Mechanical kick-downs will be removed from all 6 doors to the Dining Room, both doors to the Chapel, first floor laundry, the Business Office Manager's office, Ashton Park, Beauty Salon, Storage Room, Door from kitchen to service corridor, pantry, Maintenance Director office.</p> <p>All wedges and props will be removed from soiled utility room, second floor spa, therapy door, employee break room door, mechanical room and serving kitchen in Harmony Square.</p> <p>Maintenance Director will remove tension on all resident room doors to</p> <p>Prevent the usage of door stops since doors will be able to stay open on their own.</p> <p>Maintenance Director will install new latching device on pair of doors from the corridor to the kitchen and on the one smoke barrier door near room 249.</p> <p>3.a,b) Maintenance Director or his designee will adjust doors and repair coordinators to ensure proper functionality.</p> <p>Maintenance Director or his designee will perform frequent checks to ensure all coordinators are in proper working order.</p>	<p>6/15/18</p> <p>6/15/18</p> <p>6/15/18</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2018	
NAME OF PROVIDER OR SUPPLIER THE CROSSINGS AT REYNOLDS MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 41 COBBLERS WAY ASHEVILLE, NC 28804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 6</p> <p>properly and latching because of improperly operating co-ordinators. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include: a. The co-ordinators were not working properly on all 3 sets of double doors to the Dining room. b. The co-ordinator was not working properly on the double doors to the Chapel.</p> <p>4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole in the wall of the sprinkler riser room, b. Gypsum compound and tape falling off the ceiling of the sprinkler riser room, c. Hole in the wall in the mechanical closet off the Chapel.</p>	C 189	<p>4a) Repaired hole in the wall of sprinkler riser room with drywall, mud and tape. 4b) Used drywall and mud to repair the gypsum compound in the ceiling of the sprinkler riser room and reattached tape. 4c) Filled hole in the wall of mechanical closet in the chapel with fire caulk.</p>	<p>6/15/18</p> <p>5/25/18</p> <p>5/25/18</p>



7626 Whitepine Road
Richmond, VA 23237
804-447-2900
BFPE.COM

Rev. 3

RIC

FA TEST & INSPECT REPORT

Job # or Call Type:		Ticket Number:	
Page: 1		1440967	
Customer Name:	Service Req. By:	Call Taken By:	PO Number:
The Crossings at Reynolds Mountain			
Address:	Project Locality:	Panel Location & Type (Name, Model and Number):	
41 Cobblers Way		Notifier NFS2-640	
City:	State:	Zip:	Standard
Asheville	NC	32223	Voice <input checked="" type="checkbox"/>
Contact Name/Phone Number:			Multiplex <input checked="" type="checkbox"/>
Mark Lyons 828-575-0627			Other <input type="checkbox"/>
System Condition:		Monthly	
Very good <input checked="" type="checkbox"/>		Quarterly <input type="checkbox"/>	
Good <input type="checkbox"/>		Semi-annual <input type="checkbox"/>	
Fair <input type="checkbox"/>		Annual <input checked="" type="checkbox"/>	

Notes/Comments: Performed annual inspection of fire alarm system. All notification and initiating devices worked properly
See field report for notes and deficiencies.

Test performed in accordance with NFPA 72							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	Entrance vestibules, nurse stations	Bells			Manual stations	28	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	233	
Trouble SIL/Ring Back OK	Trouble SIL/Ring Back OK	Fire lights			Heat detectors	16	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes	X		Duct smoke detectors	11	
Lamp Test OK	Lamp Test OK	Speakers			Flow switches	NA	
Shutdowns	LCD	Strobes	X		Tamper switches	NA	
Main Battery Size: 55ah		Speaker strobes			Low air switches	NA	
Main Battery Quantity: 2					Pressure switches	NA	
					Carbon Monoxide	0	
					Beam Detectors	0	

Sequence of operation is Any alarm initiates notification appliance circuit. Resident smoke detectors are supervisory

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Carm.md@thecrossingsatreynoldsmountain.com

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Emergency 24 1800-424-3624
	None		Account Number:	124120
			Alarm Verified:	Yes
			Trouble Verified:	Yes
			Supervisory Verified:	Yes

System out of service System partially bypassed Technician(s): Tom F. Brian W Date: 4/11/18, 4/12/18
Start time: 8am Finish time: 4pm Lead Tech Signature: *To F. Brian W*
Total time on site: 16 hrs Total travel time: 12 hrs Print Customer Name: Mark Lyons

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.
Customer Signature: *Mark Lyons*
AHJ Name: Not available
AHJ Signature: (if present)



7626 Whitepine Road
Richmond, VA 23237
804-447-2900
BFPE.COM

Rev. 3

RIC

Battery Test Report

Customer Name: Crossings at Reynolds Mountain
 Address: 41 Cobblers Way
 City: Asheville State: NC Zip: 32223
 System Type (Name, Model and Number): Notifier NFS2-640
 Contact Name/Phone Number: Mark Lyons 828-575-0627
 Page: Job # or Call Type: Ticket Number: 1440967
 Service Req. By: Call Taken By: PO Number:

Battery location	Floor	Date	Actual Voltage	Tested Voltage	Actual Amp Hrs	Tested Amp Hrs	Test Load	Pass or Fail
MAINTENANCE OFFICE FACP	1	6/16	12	13	55	Pass	100%	Pass
MAINTENANCE OFFICE SE	1	6/16	12	13	7	Pass	100%	Pass
1ST FLOOR IL PHONE ROOM	1	6/16	12	13	7	Pass	100%	Pass
1ST FLOOR AL MECH ROOM	1	6/16	12	13	7	Pass	100%	Pass
2ND FLOOR IL MECH/ELEC RM	2	6/16	12	13	7	Pass	100%	Pass
2ND FLOOR AL MECH/ELEC RM	2	6/16	12	13	7	Pass	100%	Pass
3RD FLOOR IL MECH/ELEC. RM	3	6/16	12	13	7	Pass	100%	Pass
3RD FLOOR AL MECH/ ELEC RM	3	6/16	12	13	7	Pass	100%	Pass
4TH FLOOR IL MECH/ ELEC RM	4	6/16	12	13	7	Pass	100%	Pass
LL HARMONY SQUARE MECH RM	LL	6/16	12	13	7	Pass	100%	Pass

Comments: All batteries tested OK
 System out of service: System partially bypassed
 Start time: 8am Finish time: 4pm
 Total time on site: 16hrs Total travel time: 12 hrs
 Technician: Tom Fedoryk, Brian Willis Date: 4/11/2018, 4/12/2018

Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.
 Print Customer Name: Mark Lyons
 Customer Signature:



7626 Whitepine Road
 Richmond, VA 23237
 804-447-2900
 BFPE.COM

Rev #3

RIC

Field Report

Job # or Call Type: _____ Ticket Number: _____

1440967

Customer Name: _____ Service Req. By: _____ Call Taken By: _____ PO Number: _____
 The Crossings at Reynolds Mountain

Address: _____ System Type (Name, Model and Number): _____
 41 Cobblers Way Notifier NFS2-640

City:	State:	Zip:	<input checked="" type="checkbox"/> Fire Alarm	<input type="checkbox"/> Standard	<input type="checkbox"/> Clean Agent	<input type="checkbox"/> Voice
Ashville	NC	32223	<input type="checkbox"/> Security	<input type="checkbox"/> Multiplex	<input type="checkbox"/> Card Access	<input type="checkbox"/> Sprinkler
Contact Name/Phone Number:			<input type="checkbox"/> Digital Dialer	Other:		
Mark Lyons						

The following was noted:

Right fire door entering kitchen does not close. Hangs on carpet/ lacks closing force.

Left inner kitchen fire door does not close properly. Hangs on carpet.

Copies to:		Technician:	Date:
Start time: 8am	Finish time: 4pm	Tom Fedoryk	4/12/2018
Total time on site: 8hrs	Total travel time: 6 hrs	Print Customer Name:	
Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.		Mark Lyons	
		Customer Signature:	

BFPE
INTERNATIONAL
7626 Whitepine Road
Richmond, VA. 23237
Phone: (804) 447-2900
Fax: (804) 447-2866

Facsimile transmittal

To:	TELS	Fax:	1-800-667-4577
Attn:		Phone:	
From:	Dana Palmer	Pages:	23 (including cover)
Re:	Crossings at Reynold's Mountain	Date:	4/24/18

Annual fire alarm inspection report

.....

Fire Drill Details

Date _____ Time of Drill _____ Shift 1st 2nd 3rd

Supervisor in Charge _____

Response time _____

Brief Description of what occurred during the drill

Where? _____

What Device was activated? _____

Who were the first responders? _____

