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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/10/2018
NAME OF PROVIDER OR SUPPLIER CAREMOOR RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4876 CAREMOOR PLACE KANNAPOLIS, NC 28081	
(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)
C 000	Initial Comments Report of a Construction Section Biennial Survey by Ed Miller conducted on January 10, 2018. Records indicate this facility was first licensed on 8-22-1993 for 30 residents. Therefore, we are requiring that this facility meet the 1991 "Regulations for Homes for the Aged and Disabled; Minimum Standards and Regulations, the applicable portions of the 2005 Regulations for Adult Care Homes of Seven or More Beds and the 1991 edition of the North Carolina State Building Code Volume I - General Construction - Section 409 Institutional Occupancy (Group I). Deficiencies were cited that require a Plan of Correction.	C 000	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

USSG21

If continuation sheet 1 of 9

Division of Health Service Regulation

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having doors that have an occupant load of more than 50 to swing in the direction of egress. Findings on January 10, 2018: a. Cross-Corridor Pair of Doors on Left Corridor - these doors do not swing in the direction of egress, which is towards the front exit or smoke barrier.	C 101	The Kannapolis Fire Inspector / Investigator is writing a letter to explain this,	2/27/18
	2. Based on observation, the Building did not meet the code requirements in effect at the time of construction or alteration, by not providing all required exits with exit signs. This could affect all by not providing egress directions for a prompt evacuation of the building. Findings on January 10, 2018: a. Cross-Corridor Pair of Doors on Left Corridor - on the left side, there is no exit sign directing you through these doors, towards the front exit or the smoke barrier.		letter from fire dept. should cover this also.	2/27/18
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Maintenance Manager and Business Office Manager, the facility failed to maintain in the facility, current (completed within the last twelve	C 111	All inspections have been completed and will continue to be done in a timely manner. I have a check list to remind management to make sure this has been done.	2/19/18

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C 111	Continued From page 2 months) annual inspection report(s) required by this Rule. Findings on January 10, 2018: a. A current Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review by the Surveyor.	C 111	Has been done and will continue to be done in a timely manner. I have a check list to use as a reminder.	2/19/18
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: 1. Based on observation, corridors are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on January 10, 2018: a. Short Corridor near M's & V's Bedroom - there is a table in the corridor decreasing the required six feet width to three feet eight inches.	C 150	Table has been changed to a smaller table and the halls are 8 feet wide which was built to Nursing Home Regulations. We are assisted living.	1/16/18
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.	C 164		

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C 164	Continued From page 3 This Rule is not met as evidenced by: 1. Based on observation, the building mechanical systems are not kept clean and in good repair. Findings on January 10, 2018: a. M's & V's Shared Restroom - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. a. b. C's Shared Restroom - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. b.	C 164	All ventilation grilles have been cleaned and are in good repair.	2/16/18
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 hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, a hazard is present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on January 10, 2018: a. Front Shower Room - the right shower, with a four inch curb, has a handheld showerhead with a long enough hose that the showerhead could be submerged in contaminated water. This hose did not have a vacuum breaker to prevent the backflow of contaminated water into the domestic water supply. a. b. Front Shower Room - the right shower, with a b.	C 166	All ventilation grilles are clean and in good repair. Shower hoses have been changed and are to be kept up off of the floor at all times.	2/16/18 2/19/18

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C 166	Continued From page 4 four inch curb, has a handheld showerhead on a long enough hose that it could be submerged into the non-potable gray water. This hose did not have a vacuum breaker to prevent the backflow of non-potable gray water into the domestic water supply. 2. Based on Observation, the Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on January 10, 2018: a. Room 14 - several portable medical oxygen cylinders are stored standing up and laying down not secured.	C 166	Shower hoses have been changed and are to be kept up off of the floor at all times All oxygen tanks that are empty have been returned and all tanks that are left here are in a stand.	2/19/18 2/1/18
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on January 10, 2018: a. Entire Building - since the last annual maintenance, performed in July 2017, there has been no documentation of the portable fire	C 183	Both types of fire extinguishers are in the kitchen hanging on the wall at either end of the stove.	1/16/18

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C 183	Continued From page 5 extinguisher's monthly inspections.	C 183	All extinguishers have been inspected monthly and noted on back of the tag and will continue to do so.	1/16/18
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, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing smoke and fire control in the corridor. Findings on January 10, 2018: a. Cross-Corridor Double Egress Smoke Barrier Doors - when the fire alarm system activated, the hold open devices did not released their automatic-closing doors to contained the smoke and fire in the compartment of origin. 2. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on January 10, 2018: a. Corridor near V's Bedroom - the wall-mounted self-contained emergency light did not illuminate on backup power whens the test button is pushed. b. Dining Room - the right side wall-mounted	C 189	There is a checklist to remind me to contact the monitoring company and have them to do annual inspections, it is also on the desk calendar.	1/16/18
			All emergency lighting has been fixed	1/16/18

Don't have

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C 189	Continued From page 6 self-contained emergency light did not illuminate on backup power when the test button is pushed. c. Kitchen - the front wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. d. Kitchen - the back ceiling mounted self-contained combination exit sign/emergency light unit did not illuminate on backup power when the test button was pushed.	C 189	Has been fixed	1/16/18
	3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on January 10, 2018: a. Right Side of Smoke Barrier - - there is a hole adjacent to the exit sign not firestopped as it penetrates the fire-resistance-rated wall assembly. b. Electrical/Boiler Room, - there are two open-ended sleeves with a cable bundles not firestopped as they penetrate the fire-resistance-rated ceiling assembly.		Has been fixed	1/16/18
	4. Based on Observation, the smoke tight corridor doors are not maintained in a safe and operating condition. This affects all by not containing smoke and fire in the room of origin. Findings on January 10, 2018: a. Dining Room - the corridor doors have wedges holding these doors open. This prevents the rapid release of the doors with a light push or pull of the door, to close and latch. b. S's Bedroom - the corridor door did not latch into its frame when closed. c. P's Bedroom - the corridor door did not latch into its frame when closed. d. Housekeeping Closet - the corridor door has a wedge holding the door open. This prevents the rapid release of the door with a light push or pull		this has been fixed	1/16/18
			This was fixed	1/16/18
			The wedges have been removed	1/16/18
			this was fixed.	1/25/18
			This was fixed	1/25/18
			This has been removed	1/16/18

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CAREMOOR RETIREMENT CENTER

**4876 CAREMOOR PLACE
KANNAPOLIS, NC 28081**

(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 7</p> <p>of the door, to close and latch.</p> <p>e. Clean Linen - the corridor door's handset did not cover the through hole created for the hardware installation.</p> <p>5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on January 10, 2018:</p> <p>a. C's Bedroom - an extension cord with a multi-plug adaptor is being used to power a television. Extension cords cannot substitute for permanent wiring.</p> <p>b. B's Bedroom - plugged into an electrical power receptacle is a multi-plug power cord that does not have over current protection.</p> <p>c. Beauty Shop - plugged into an electrical power receptacle is a multi-plug power cord that does not have over current protection. . This citation occurs twice in this room.</p> <p>6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on January 10, 2018:</p> <p>a. Boiler Room near Kitchen - the fire sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that would not stop the spread of fire and smoke.</p> <p>b. Examination of the fire sprinkler riser revealed the pressure gauge on the accelerator is registering about 7 psi. This could indicate an abnormal condition.</p> <p>7. Based on observation the facility failed to maintain the exhaust ventilation equipment in rooms required to be mechanically exhausted. Findings on January 10, 2018:</p>	C 189	<p>The door handset has been replaced</p> <p>All extension cords have been removed.</p> <p>This has been removed</p> <p>These have been replaced.</p> <p>This has been fixed</p> <p>Carolina Fire Control fixed this</p> <p>See next page #9</p>	<p>1/16/18</p> <p>2/2/18</p> <p>2/2/18</p> <p>2/2/18</p> <p>2/26/18</p> <p>2/19/18</p>

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C 189	Continued From page 8 a. Women Restroom - the exhaust ventilation system is not working. b. Men Restroom - the exhaust ventilation system is not working. c. Laundry - the exhaust ventilation system is not working. d. Private Restroom near IL - the exhaust ventilation system is not working. e. Restroom near IL - the exhaust ventilation system is not working.	C 189	<p>There was a breaker tripped and is now working.</p> <p>7a/bk/ke</p>	1/2/18

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02/27/2018

Caremoor Retirement Center
4876 Caremoor Lane
Kannapolis, NC 28081

Kannapolis Risk Reduction inspected the new door that has been placed in the hallway on the north end of the main hall. The international Fire Code table 1021.2 allows a section in an I-1 occupancy to have an area with one exit provided there is not more than 75' of travel to the exit discharge, and there are no more than 10 persons in this area. The area on the south side of the door has 3 potential exits and would not need to exit through the area on the north side of the door. This would eliminate the need to have the doors swing in the direction of travel. Two are in the dining hall and the other is the main exit to the facility and all three are accessible from the area on the south side of the new door.

Sincerely,

Shane Pethe
Fire Inspector
Kannapolis Risk Reduction
401 Laureate Way
Kannapolis, NC 28081
704-920-4281

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Caremoor Retirement Center
4876 Caremoor Place
Kannapolis NC 28081
Telephone (704) 938-2927
Fax (704) 933-7522

Total of pages
30 pages.

The Carriage House of Caremoor
4838 Caremoor Place
Kannapolis NC 28081
Telephone (704) 938-2929
Fax (704) 939-2929

Fax To DH S.R Construction Section
of Pages 28
Date ~~2/27/18~~ ~~3/21/18~~ 5/8/18
Fax Number 919-733-6592
Attention Ed Miller
Regarding Construction Inspection

When Spectrum did their inspection they plugged/worked up the loose wires to operate fire doors

This communication may contain information that is confidential, privileged, proprietary, or otherwise protected from use or disclosure under state and federal law. It is intended only for the person to whom it is addressed, and the information should be kept confidential and secure.

If you have received this communication in error please notify the sender immediately. You are prohibited from reading, printing, retain copying, or disseminating any part of the communication, including any of its attachments. Please completely destroy the entire communication and all accompanying attachments without reading the content. There is no intent on the part of the sender to waive any right or privilege that may be attached to the communication. Unlawful use or disclosure of this communication and its attachments may violate state and federal laws, and could result in significant penalties and consequences.

Thank You for Your cooperation.

2019



Inspection #: 7261

Date: 09/21/2017

Caremoor Retirement Center
4876 CAREMOOR LN
Kannapolis, NC 28081

Dear:


A 1-INSPECT - General (365 days) inspection of your facility on 09/20/2017 revealed the violations listed below.

Your attention is called to the violations of the North Carolina International Fire Code that exist at the above address. You are hereby notified to remedy the conditions as stated within the time limits given from the date of inspection of this report or show cause why you should not be required to do so. Once violations are corrected, sign and date the bottom of this form and mail or fax this document back to Kannapolis Fire Department Risk Reduction Division.


Violation Summary

Status	Violation	Location
Need of Correction	1011.5.3 - EXIT SIGNS ILLUMINATION. Exit signs shall be illuminated at all times. To ensure continued illumination for a duration of not less than 90 minutes in case of primary power loss, the sign illumination means shall be connected to an emergency power system provided from storage batteries, unit equipment or an on-site generator.	
Need of Correction	1006.3 - EGRESS ILLUMINATION. The power supply for means of egress illumination shall normally be provided by the premises' electrical supply. In the event of power supply failure, an emergency electrical system shall automatically illuminate all egress areas. The emergency power system shall provide power for a duration of not less than 90 minutes and shall consist of storage batteries, unit equipment or an on-site generator.	

Signatures



Inspector



Occupant / Owner

I hereby certify that the above violations or hazards have been corrected:

Signed _____ Date _____

These recommendations are base on requirements of the North Carolina International Fire Code and are consistent with accepted standards. Call the Risk Reduction Office if you have problems meeting these requirements.

Date: 09/21/2017

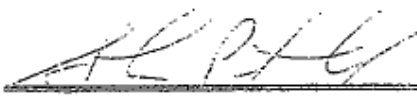
Carriage House
4838 CAREMOOR LN
Kannapolis, NC 28081

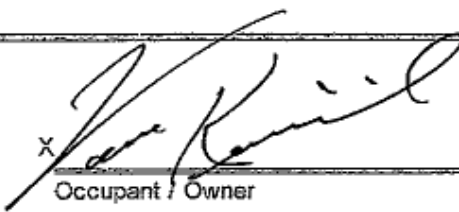
Dear Business Owner/Occupant,

An I-INSPECT - General (365 days) inspection of your facility on 09/20/2017 revealed no violations.

The Kannapolis Fire Department would like to commend you for not having any violations during this inspection. Your proactive measures ensure Kannapolis will continue to be a premier city in which to live and work. We appreciate the amount of time, energy, and resources you invest in keeping your community safe.

Signatures


Inspector


Occupant / Owner

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Inspection #: 7260

Date: 09/21/2017

La Moor Commons
 4874 CAREMOOR LN
 Kannapolis, NC 28081

Dear:

A 1-INSPECT - General (365 days) inspection of your facility on 09/20/2017 revealed the violations listed below.


Your attention is called to the violations of the North Carolina International Fire Code that exist at the above address. You are hereby notified to remedy the conditions as stated within the time limits given from the date of inspection of this report or show cause why you should not be required to do so. Once violations are corrected, sign and date the bottom of this form and mail or fax this document back to Kannapolis Fire Department Risk Reduction Division.

Violation Summary

Status	Violation	Location
Need of Correction	1006.4 - Performance of system. 1006.4 Performance of system. Emergency lighting facilities shall be arranged to provide initial illumination that is at least an average of 1 foot-candle (11 lux) and a minimum at any point of 0.1 foot-candle (1 lux) measured along the path of egress at floor level. Illumination levels shall be permitted to decline to 0.5 foot-candle (6 lux) average and a minimum at any point of 0.06 foot-candle (0.6 lux) at the end of the emergency lighting time duration. A maximum-to-minimum illumination uniformity ratio of 40 to 1 shall not be exceeded.	
Need of Correction	1011.5.3 - EXIT SIGNS ILLUMINATION. Exit signs shall be illuminated at all times. To ensure continued illumination for a duration of not less than 90 minutes in case of primary power loss, the sign illumination means shall be connected to an emergency power system provided from storage batteries, unit equipment or an on-site generator.	

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Signatures



Inspector

x 

Occupant / Owner

I hereby certify that the above violations or hazards have been corrected:

Signed

Date

These recommendations are base on requirements of the North Carolina International Fire Code and are consistent with accepted standards. Call the Risk Reduction Office if you have problems meeting these requirements.

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Food Establishment Inspection Report

Score: **97.5**

Establishment Name: CAREMOOR RETIREMENT CENTER KIT
Location Address: 4876 Caremoor Place
City: KANNAPOLIS **State:** NC
Zip: 28081 **County:** CABARRUS
Permittee: TOM KINCAID
Telephone: (704) 938-2927
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 02013160011
 Inspection Re-Inspection
Date: 11/02/2017 **Status Code:** A
Time In: 9:20 AM **Time Out:** 10:25 AM
Category#: 4
FDA Establishment Type: Institutional Food Service
No. of Risk Factor/Intervention Violations: 3
No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions					
Risk factors: Contributing factors that increase the chance of developing foodborne illness.					
Public Health Interventions: Control measures to prevent foodborne illness or injury					
Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
PIC present, Demonstration - Certification by accredited program and performs duties					
		2	0		
Employee Health .2652					
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Management, employees knowledge; responsibilities & reporting					
		3	1.5	0	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Proper use of reporting, restriction & exclusion					
		3	1.5	0	
Good Hygienic Practices .2652, 2653					
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Proper eating, tasting, drinking, or tobacco use					
		2	1	0	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
No discharge from eyes, nose, and mouth					
		1	0.5	0	
Preventing Contamination by Hands .2652, 2653, 2655, 2656					
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Hands clean & properly washed					
		4	2	0	
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/C				
No bare hand contact with RTE foods or a pre-approved alternate procedure properly allowed					
		3	1.5	0	
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Handwashing sinks supplied & accessible					
		2	1	0	
Approved Source .2653, 2655					
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Food obtained from approved source					
		2	1	0	
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
Food received at proper temperature					
		2	1	0	
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Food in good condition, safe & unadulterated					
		2	1	0	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/C				
Required records available: shellstock tags, parasite destruction					
		2	1	0	
Protection from Contamination .2653, 2654					
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/C				
Food separated & protected					
		3	1.5	0	
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Food-contact surfaces: cleaned & sanitized					
		3	1.5	0	X
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Proper disposition of returned, previously served, reconditioned, & unsafe food					
		2	1	0	
Potentially Hazardous Food Time/Temperature .2653					
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/C				
Proper cooking time & temperatures					
		3	1.5	0	
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/C				
Proper reheating procedures for hot holding					
		3	1.5	0	
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/C				
Proper cooling time & temperatures					
		3	1.5	0	
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/C				
Proper hot holding temperatures					
		3	1.5	0	
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/C				
Proper cold holding temperatures					
		3	1.5	0	X
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/C				
Proper date marking & disposition					
		3	1.5	0	
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/C				
Time as a public health control: procedures & records					
		2	1	0	
Consumer Advisory .2653					
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
Consumer advisory provided for raw or undercooked foods					
		1	0.5	0	
Highly Susceptible Populations .2653					
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
Pasteurized foods used; prohibited foods not offered					
		3	1.5	0	
Chemical .2653, 2657					
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
Food additives: approved & properly used					
		1	0.5	0	
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
Toxic substances properly identified, stored, & used					
		2	1	0	X
Conformance with Approved Procedures .2653, 2654, 2658					
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan					
		2	1	0	

Good Retail Practices					
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Compliance Status		OUT	CDI	R	VR
Safe Food and Water .2653, 2655, 2658					
28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
Pasteurized eggs used where required					
		1	0.5	0	
29	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Water and ice from approved source					
		2	1	0	
30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
Variance obtained for specialized processing methods					
		1	0.5	0	
Food Temperature Control .2653, 2654					
31	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Proper cooling methods used; adequate equipment for temperature control					
		1	0.5	0	
32	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/C				
Plant food properly cooked for hot holding					
		1	0.5	0	
33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/C				
Approved thawing methods used					
		1	0.5	0	
34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Thermometers provided & accurate					
		1	0.5	0	
Food Identification .2653					
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Food properly labeled; original container					
		2	1	0	
Prevention of Food Contamination .2652, 2653, 2654, 2656, 2657					
36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Insects & rodents not present; no unauthorized animals					
		2	1	0	
37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Contamination prevented during food preparation, storage & display					
		2	1	0	
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Personal cleanliness					
		1	0.5	0	
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Wiping cloths: properly used & stored					
		1	0.5	0	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
Washing fruits & vegetables					
		1	0.5	0	
Proper Use of Utensils .2653, 2654					
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
In-use utensils: properly stored					
		1	0.5	0	
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Utensils, equipment & linens: properly stored, dried, & handled					
		1	0.5	0	
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Single-use & single-service articles: properly stored & used					
		1	0.5	0	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Gloves used properly					
		1	0.5	0	
Utensils and Equipment .2653, 2654, 2663					
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Equipment, food & non-food-contact surfaces approved, cleanable, properly designed, constructed & used					
		2	1	0	X
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Warewashing facilities: installed, maintained & used; test strips					
		1	0.5	0	
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Non-food contact surfaces clean					
		1	0.5	0	
Physical Facilities .2654, 2655, 2658					
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
Hot & cold water available; adequate pressure					
		2	1	0	
49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Plumbing installed; proper backflow devices					
		2	1	0	
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A				
Sewage & waste water properly disposed					
		2	1	0	
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Toilet facilities: properly constructed, supplied, & cleaned					
		1	0.5	0	
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Garbage & refuse properly disposed; facilities maintained					
		1	0.5	0	
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Physical facilities installed, maintained & clean					
		1	0.5	0	
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT				
Meets ventilation & lighting requirements; designated areas used					
		1	0.5	0	
TOTAL DEDUCTIONS:		2.5			



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Comment Addendum to Food Establishment Inspection Report

CAREMOOR RETIREMENT

Establishment Name: CENTER KIT
 Location Address: 4876 Caremoor Place
 City: KANNAPOLIS State: NC
 County: CABARRUS Zip: 28081

Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site Supply

Permittee: TOM KINCAID
 Telephone: (704) 938-2927

Establishment ID: 02013160011
 Inspection Re-Inspection
 Visit Date: 11/02/2017
 Verification Status Code: A
 Name Change Category#: 4
 Status Change
 Pre-Opening Visit
 Other _____

Temperature Observations


Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
fried chicken (final cook temp)	165-204 °F	cole slaw (reach-in cooler)	39 °F	chicken pot pie (reach-in cooler)	38 °F
sliced beef (reach-in cooler)	39 °F	ham (reach-in cooler)	39 °F	milk (reach-in cooler)	48 °F
shell eggs (reach-in cooler)	48.6 °F	pudding (reach-in cooler)	50 °F	pureed grits (reach-in cooler)	50 °F
chicken salad (reach-in cooler)	54 °F				

Observations and Corrective Actions

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
14	4-601.11 (A); Priority Foundation; 4-sectional plates with stuck-on food debris from breakfast, insure these are cleaned more thoroughly. Removed and taken to dish area to be re-cleaned again today. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. P; Corrected During Inspection
20	3-501.16 (A)(2) and (B); Priority; Two door reach-in cooler at 50 degrees F on outside thermometer and 50 degrees on digital thermometer left inside. Food items 48-54 degrees F. All potentially hazardous foods discarded while here today. Service call placed while here. Two door reach-in freezer with thawed food and standing water in the bottom, top two shelves are frozen, bottom items thawed. Discarded all thawed items not in good quality by Charles today. Temp is going down to 10 degrees F and now up to 40 degrees F with doors closed. Service call also placed. Monitor this unit, may have to remove other frozen foods if will not maintain freezer temps. (A) (2) At a temperature specified in the following: (a) 5 C (41 F) or less; P or (b) 7 C (45 F) or between 5 C (41 F) and 7 C (45 F) in existing refrigeration EQUIPMENT that is not capable of maintaining the FOOD at 5 C (41 F) or less if: P (i) The EQUIPMENT is in place and in use in the FOOD ESTABLISHMENT; and (ii) On or before January 1, 2019, the EQUIPMENT is upgraded or replaced to maintain FOOD at a temperature of 5 C (41 F) or less.; Corrected During Inspection
26	7-202.12; Can of Hot Shot used for flies outside the back door is not allowed in commercial foodservice. Must be an approved chemical for food service. Removed while here today. POISONOUS OR TOXIC MATERIALS shall be: (A) Used according to: (1) LAW and this Code, (2) Manufacturer's use directions included in labeling, and, for a pesticide, manufacturer's label instructions that state that use is allowed in a FOOD ESTABLISHMENT. P; Corrected During Inspection
36	6-501.111; Fruit fly presence in bin with onions, one bad onion, discarded and bin washed. The PREMISES shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by: (A) Routinely inspecting incoming shipments of FOOD and supplies; (B) Routinely inspecting the PREMISES for evidence of pests; Core;
45	4-205.10; Core; Food processor is listed for Household use only, domestic freezer being used in Carriage House with Carmoor's food. Except for toasters, mixers, microwave ovens, water heaters, and hoods, FOOD EQUIPMENT shall be used in accordance with the manufacturer's intended use and certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program. If the EQUIPMENT is not certified or classified for sanitation, the EQUIPMENT shall meet Parts 4-1 and 4-2 of the Food Code as amended by this Rule. Nonabsorbent wooden shelves that are in GOOD REPAIR may be used in dry storage areas.; Repeat
45	4-501.11; Core; Replace one cracked gasket on left side two door freezer door. Insure that two door cooler is maintaining 45 degrees F and below (ideal is 41 degrees F and below and will be effective January 1, 2019). Insure two door freezer does not have standing water in the bottom and is maintained 32 degrees F and below. (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4 1 and 4-2.

Violations continued on next page.

Person in Charge (Print & Sign):



Charles, PIC; Anita, Administrator

Verification Required Date:

Regulatory Authority (Print & Sign):



REHS ID: 1773

REHS Contact Phone Number:

Jennifer Hatley, REHS

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program

Page 1 Food Establishment Inspection Report, 7/2012

N.C. Department of Health and Human Services is an equal opportunity employer and provider.



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NC, Department of Environmental and Natural Resources
 Division of Environmental Health
 Inspection of Hospitals, Nursing Homes,
 Adult Care Homes and Other Institutions

Score: 98
 Date of Insp/Chg: 11/02/2017
 Status Code: A


Health Department: CABARRUS
 Current ID Number: 02013400003
 Old ID Number:

Water Supply	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	Water sample taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Non-Public Water Supply	<input checked="" type="checkbox"/> Inspection
			<input type="checkbox"/> Name Change
			<input type="checkbox"/> Visit
			<input type="checkbox"/> Status Change
Wastewater	<input type="checkbox"/> Community	<input checked="" type="checkbox"/> On-Site System	<input type="checkbox"/> Re-Inspection
		Capacity: 0	<input type="checkbox"/> Verification of Closure

Name of Establishment: CAREMOOR RETIREMENT CENTER
 Location Address: 4876 Caremoor Place
 City: KANNAPOLIS State: NC Zip: 28081

Permittee: TOM KINCAID
 Mailing Addr:
 City: State: Zip:

	Deduction		Deduction
	Full/half		Full/half
FLOORS, WALLS AND CEILINGS [1309, 1310]		MISCELLANEOUS [1318]	
01 Floors easy to clean, no obstacles, drains where needed	2 1	28 Adequate storage, area clean, items properly stored	1 0.5
02 Floors clean, carpet clean, dry, odor free	2 1	29 Mop sinks provided and used	1 0.5
03 Walls and ceilings cleanable, clean, good repair	2 1	30 Medication carts clean, sharps containers affixed, food and utensils handled properly	2 1
LIGHTING, VENTILATION, MOISTURE CONTROL [1311]		31 Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions	2 1
04 Lighting at least 10 foot candles 30 inches above floor	2 1	FURNISHINGS AND PATIENT CONTACT ITEMS [1319, 1312]	
05 Ambient air temperature 65° to 85° F, equipment clean	2 1	32 Furniture clean and in good repair. Mattresses clean, dry, odor free	2 1
06 No evidence of microbial growth	3 1.5	33 Linen changed when soiled. Soiled linen handled properly	2 1
07 Indoor smoking limited to dedicated smoking rooms	2 1	34 Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately	2 1
TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES [1312]		35 Patient contact items in good repair, properly stored, cleaned and disinfected	1 0.5
08 Facilities conveniently located, clean and in good repair	2 1	FOOD SERVICE UTENSILS AND EQUIPMENT [1320]	
09 Toilet rooms free of storage, handwash signs posted	1 0.5	36 Approved utensils and equipment, cleaned and sanitized	2 1
10 Bedpans, urinals, bedside commodes and emesis basins properly cleaned and disinfected	1 0.5	37 Activity kitchens used only for approved activities	1 0.5
11 Hand sinks used only for intended purpose	2 1	38 Handwash lavatory provided wherever food is handled	2 1
12 Lavatories have mixing faucet or tempered water, soap, hand towel or hand drying device	3 1.5	FOOD SUPPLIES AND PROTECTION [1321, 1322, 1323]	
13 Lavatory and bathing hot water between 100° and 116° F	2 1	39 Food supply complies with 15A NCAC 18A .2600	4 2
14 Disinfectant accessible, properly used	2 1	40 Food brought by employees or visitors handled properly	1 0.5
WATER SUPPLY [1313]		41 Milk and milk products comply with 15A NCAC 18A .1200	2 1
15 Approved water supply, no cross-connections	4 2	42 Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control	4 2
16 Quantity and hot water sufficient, backup water supply plan	2 1	43 Food storage units with thermometers, maintain temperatures	1 0.5
DRINKING WATER FACILITIES, ICE HANDLING [1314]		44 Food stored above floor	1 0.5
17 Water fountains clean, good repair, properly regulated	2 1	45 No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals	2 1
18 Drinking utensils properly handled	2 1	EMPLOYEES [1324]	
19 Ice protected, dispensed, equipment clean, in good repair	2 1	46 Clothing clean, no tobacco used while handling food	1 0.5
LIQUID AND SOLID WASTES [1315, 1316]		47 Hands properly washed or decontaminated	3 1.5
20 Wastewater disposed of properly	4 2	48 Persons with infections excluded from food service work	2 1
21 Solid waste stored properly, areas clean, facilities for cleaning	4 2	TOTAL	2
22 Solid waste disposed of frequently, no insect breeding or nuisance	2 1		
23 Medical wastes handled and disposed of properly	2 1		
VERMIN CONTROL, PREMISES [1317]			
24 Vermin excluded	3 1.5		
25 Approved pesticides properly stored and handled	2 1		
26 Premises clean, no breeding places or rodent harborage	2 1		
27 Pet areas clean, veterinary records available	2 1		

Rept Received by:  Jason, Maintenance; Anita, Administrator

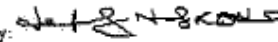
Comments:

3. Handrails have paper, crumbs and debris inside, need to be cleaned; wall in poor repair in one bathroom from patient wheel chair and corner of wall in room; wall paper coming off by shower rooms.

5. One hallway vent dusty, clean; outside of one unit in patient room with some dust, clean. Shown to Jason today

12. Med room with no paper towels, replaced while here today. One patient room with no soap, no one in room at the time (at activity) and room has not been cleaned yet today, replaced while here today.

(Continued on Addendum Page) ...

Inspection By:  Jennifer Hatley, REHS

EHS ID# 1773

9.19

N.C. DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

Comment Addendum

COUNTY: CABARRUS

NAME: CAREMOOR RETIREMENT CENTER

ID: 02013400003

STREET: 4876 Caremoor Place

CITY: KANNAPOLIS

DATE: 11/02/2017

STATE: NC ZIP CODE: 28081

TIME: 10:25 AM - 11:50 AM

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

COMMENTS

14.) Lemon disinfectant must be at least 400ppm, pre-mixed gallon in storage room at only 200ppm, 200-300ppm in spray bottle in shower room. Mix following manufacturer's instructions, 4oz./1 gallon of water.
Deduction: 1

32.) One green chair on back hall that has seat that is in poor repair, per Jason, being removed to storage.
Deduction: 0

General Comments:
No patient food in kitchen refrigerators today.
Water temps. 109-111 degrees F today.

Instructions:
Purpose: This form is developed to be used for making explanatory comments about violations observed during inspections and/or notices of permit actions during inspections of restaurants, foodstands, commissaries, hotels, bed and breakfast homes and inns, summer camps, meat markets, institutions, residential care facilities, public swimming pools, tattoo establishments and other establishments inspected by Environmental Health Specialists under rules adopted by the Commission for Health Services.
Preparation: Local Environmental Health Specialists shall complete form DENR 4008 when necessary during inspections and/or notices of permit actions. The original and two copies will be distributed with the inspection form about which they provide comments. **Disposition:** This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments published by the North Carolina Division of Archives & History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632. (Courier 52-01-00)

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NFPA-72

Date: 1/16/18
Time: 9:00am

Service Organization

Name: SPECTRUM SECURITY GROUP
Address: 2295 Kannapolis Hwy.
Concord, NC 28027
Representative:
Telephone: 704-782-4411

Property Name (User)

Name: Caremore Ret. Center
Address: 4838 Caremore Place
Owner Contact:
Telephone:

Monitoring Entity

Contact: COPS Monitoring
Telephone: 855-854-1526
Monitoring
Account No. 1201-2760

Approving Agency

Contact:
Telephone:

Type Transmission

- McCulloh
- Multiplex
- X - Digital
- Reverse Priority
- RF
- Other (Specify)

Service

- Weekly
- Monthly
- Quarterly
- Semi-annually
- X - Annually
- Other (Specify)

Panel Manufacturer: Fire Lite
Circuit Styles: B+V
No. of Circuits: 1
Software Rev:

Model No.: NEW-50/MS-9200UDLS

Last Date System Had Any Service Performed:

Last Date System Software or Configuration was Revised:

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity Of	Circuit Style	
7	B	MANUAL STATIONS
		ION DETECTORS
17	B	PHOTO DETECTORS
7	B	DUCT DETECTORS
		HEAT DETECTORS
1	B	WATERFLOW SWITCHES
2	B	SUPERVISORY SWITCHES
1	B	OTHER: (SPECIFY) Hood (Ansul)

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ALARM INDICATING APPLIANCE AND CIRCUIT INFORMATION

Quantity Of	Circuit Style	
✓	B	BELLS
		HORNS
		CHIMES
✓	B	STROBES
		SPEAKERS
		OTHER: (SPECIFY) Horn/Strobes

NO. OF ALARM INDICATING CIRCUITS ARE CIRCUITS SUPERVISED? 1
YES

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity Of	Circuit Style	
NA	NA	BUILDING TEMP.
		SITE WATER TEMP.
		SITE WATER LEVEL
		FIRE PUMP POWER
		FIRE PUMP RUNNING
		FIRE PUMP AUTO POSITION
		FIRE PUMP OR CONTROLLER TRBL.
		GENERATOR IN AUTO POSITION
		SWITCH TRANSFER
		GENERATOR ENGINE RUNNING
		OTHER: (SPECIFY)

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity: 1 Style(s): B+Y

SYSTEM POWER SUPPLIES

a. Primary (Main) _____
 Overcurrent Protection: Ckt. Breaker
 Location: _____
 Disconnecting Means: _____
 b. Secondary (Standby) _____
 Storage Battery: _____

AC Voltage: 120
 Amps: 20
 Panel Number: _____
 Location: _____

AmpHr Rating: 12V
 Hours: 12Ah

Engine-drive generator dedicated to the fire alarm system:

Location of fuel storage: #REF!

TYPE BATTERY

Dry Cell: _____
 Nickel Cadmium: _____
 Sealed Lead Acid: X
 Other (Specify): _____

c. Emergency or standby system used as a backup to primary supply, instead of using a secondary pwr supply.

- N/A Emergency system described in NFPA 70, Article 700
- N/A Legally required standby described in NFPA 70, Article 701
- N/A Optional standby system described in NFPA 70, Article 702, which also meets the performance of Article 700 or 701.

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PRIOR TO ANY TESTING NOTIFICATIONS ARE MADE
 MONITORING ENTITY
 BUILDING OCCUPANTS
 BUILDING MANAGEMENT
 OTHER (SPECIFY) _____ #REF1
 AHJ (NOTIFIED) OF ANY IMPAIRMENTS

YES	TIME	WHO
<input checked="" type="checkbox"/>	9:00am	CoPs
<input checked="" type="checkbox"/>	9:00am	Management

SYSTEM TESTS AND INSPECTIONS

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
INTERFACE EQ.	<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 SWITCH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
GROUND FAULT MONITORING			

#

SECONDARY POWER

TYPE:	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
LOAD VOLTAGE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
DISCHARGE VOLTAGE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
CHARGER TEST			
SPECIFIC GRAVITY			

TRANSIENT SUPPRESSORS

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
-------------------------------------	-------------------------------------	--

REMOTE ANNUNCIATORS

No	No	
----	----	--

NOTIFICATION APPLIANCES

	#	#	#	
AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
VISUAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
SPEAKERS				
VOICE CLARITY				

COMMENTS

TECHNICIAN

CUSTOMER



10 05 17

EMERGENCY COMMUNICATIONS

EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	NA	NA	
PHONE JACKS			
OFF-HOOK INDICATOR			
AMPLIFIER(S)			
TONE GENERATORS			
CALL IN SIGNAL			
SYSTEM PERFORMANCE			

INTERFACE EQUIPMENT	VISUAL	FUNCTIONAL	SIMULATED OPERATION
ELEV RECALL	NA	NA	
ELEV SHUNT TRIP			

SPECIAL HAZARD SYSTEMS			

SPECIAL PROCEDURES

COMMENTS

ON/OFF PREMISES MONITORING	YES	TIME	COMMENTS
ALARM SIGNAL	✓	9:10	
ALARM RESTORED	✓	9:25	
TROUBLE SIGNAL	✓	9:30	
SUPERVISORY SIGNAL	✓	9:34	
SUPERVISORY RESTORAL	✓	9:34	

NOTIFICATION THAT TESTING IS COMPLETE	YES	TIME	WHO
BUILDING MANAGEMENT	✓	9:40	Management
MONITORING AGENCY	✓	9:40	Cops Mon.
BUILDING OCCUPANTS			
OTHER (SPECIFY) _____			

THE FOLLOWING DID NOT OPERATE PROPERLY

SYSTEM RESTORED TO NORMAL OPERATION DATE: 1/16/18
 TIME: 9:40am

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH NFPA STANDARDS
 INSPECTOR: _____ DATE: 1/16/18
 SIGNATURE: Jameson Heathington TIME: 9:40am
 OWNER OR REPRESENTATIVE: Jason Vincent DATE: _____
 SIGNATURE: _____ TIME: _____

14 Oct 19



Carolina Fire Control INCORPORATED

P.O. Box 1090
Concord, North Carolina 28026
704-784-4218

CUSTOMER NAME:	Carremoor		
JOB NAME:	Retirement Center		
JOB ADDRESS:	4876 Carremoor Place Hanna Polis NC 28081		
CONTACT NAME:	Kincaid	PHONE:	704-928-2927
BILLING ADDRESS:	Same		

FIELD WORK ORDER # 5172	CONTRACT #	CONTRACT <input type="checkbox"/>	DAY WORK / T&M <input checked="" type="checkbox"/>
		DATE 2/19/18	CUSTOMER PO

DESCRIPTION OF WORK
Re Placed bad Accelerator on Dry system with new one.
Returned system back to normal
All system's back on line.

QUANTITY	MATERIAL	IMPORTANT
1	TYCO ACC-1 Accelerator	ALL SYSTEMS WERE LEFT IN SERVICE WITH VALVES OPEN
1	ACC-1 Trim Kit	
		ACKNOWLEDGED BY:
		PRINT NAME: Jason Kincaid
		IF NOT, EXPLAIN:

CONSTRUCTION LABOR					OTHER CHARGES / NOTES
TECHNICIAN	HOURS	ST	OT	MILEAGE	
L. O. H. B	4	X			
J. Kincaid	4	X			
COMPLETED	1.5	MUST RETURN	NO	WORK ORDERED BY	M. O. H.

SIGNATURE DATE 2/19/18

HEREBY ACKNOWLEDGE THE SATISFACTORY COMPLETION OF THE ABOVE DESCRIBED WORK, AND BY SIGNING, STATE THAT I HAVE AUTHORITY TO BOND THE COMPANY TO PAY FOR THE ABOVE DESCRIBED WORK.

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Annual Water-Based Fire Protection Systems Inspection

CAROLINA FIRE CONTROL, INC.

POST OFFICE BOX 1090
CONCORD, NC 28026
PHONE: (704) 784-4218
FAX: (704) 784-4405
EPerkins@carolinafire.com
NC LICENSE # 16603 SC LICENSE # 1078-M



Inspector: Matthew

Ollis #31515

Inspection date: 7/10/2017

Inspection Location

CAREMOOR RETIREMENT CENTER CAREMO-001

4876 CAREMOOR PLACE

KANNAPOLIS, NC 28081

Phone: 704-938-2927 Fax:

Customer

CAREMOOR RETIREMENT CENTER CAREMO

4876 CAREMOOR PLACE

KANNAPOLIS, NC 28081

Phone: 704-938-2927 Fax:

*Inspection performed in accordance with
NFPA 25 Standard for the Inspection, Testing, and Maintenance
of Water-Based Fire Protection Systems, 2014 edition.*

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Building Owner/Representative

Is building currently occupied	Yes
Has building occupancy, hazard, water supply or building arrangement affecting system effectiveness remained the same since last inspection (4.1.6.1)	Yes
Are all fire protection systems in service (4.5.4)	Yes
Areas containing water-filled piping used for fire sprinkler systems, maintain a minimum temperature of 40 deg F, and are not exposed to freezing conditions. (4.1.1.1)	Yes

System Summary**Number of Systems at Site**

Items	Total Systems
Dry System	1
Wet System	1

Dry System**Dry System Inspection**

all all	
Sprinkler heads free of corrosion, foreign material, paint or damage, no signs of leakage and heads installed in proper orientation (5.2.1.1.1)	Pass
Minimum clearance maintained below all sprinklers (5.2.1.2)	Pass
Escutcheons and coverplates in place, if applicable. (5.2.1.1.6)	Pass
Number of replacement sprinkler heads per number installed in the head box comply: 6 per 1-300: 12 per 301 to 1,000: 24 per 1,000 (5.4.1.5)	Pass
Sprinkler head wrench for each type head provided in head box (5.4.1.6)	Pass
List of sprinklers installed on the property posted on head box. (5.4.1.5.6)	Pass
System piping free of mechanical damage, leaks, corrosion, misalignment, or other loads or pipe hung from system (5.2.2)	Pass
Pipe hangers and seismic braces secure and undamaged (5.2.3)	Pass
Sprinklers in building that are at least 50 years old, has sprinkler sample been tested? (5.3.1.1.1)	N/A
Fast response sprinklers over 20 years old, has sprinkler sample been tested? (5.3.1.1.1.3)	N/A
Dry sprinklers in service for 10 years, has sprinkler sample been tested? (5.3.1.1.1.6)	N/A

Dry System**Dry Pipe Valve**

Riser room Riser room Globe Sprinkler 4" dry valve	
Air and water pressure gauges operating properly (13.4.4.1.2.4)	Pass
Pressure (psi) shown on Supply Water pressure gauge. (13.2.5)	65
Pressure (psi) shown on System side pressure gauge.	42
Hydraulic nameplate securely attached legible (5.2.6)	Pass
If system has auxiliary drains, is sign in place indicating number and location of each drain (13.4.4.1.3)	Pass
Information sign securely attached and legible. (4.1.9.2)	Pass
Exterior of valve in good condition, no physical damage, trim valves in normal open or closed position and intermediate chamber not leaking (13.4.4.1.4)	Pass
Valve free of leaks, appropriate wrench and properly secured (13.4.4.1.4)	Pass
Residual Pressure with valve open (13.2.5)	55
Static Pressure after valve closed (13.2.5)	65
Main Drain Test Pressure less than 10% reduction in flow from original acceptance test or previous test results (13.2.5.2)	Pass
Adequate drainage available (13.2.4)	Pass
Priming water level correct (13.4.4.2.1)	Pass
Partial trip test of the dry pipe valve conducted with control valve partially opened (13.4.4.2.2.3)	Pass
Air pressure (psi) at trip of dry valve. (A.13.4.4.2.2.2(2))	20
Time (sec) between start of test and trip of valve. (13.4.4.2.5.2)	50
Internal inspection - components operate properly and move freely, valve cleaned and in good condition (13.4.4.3.1)	Pass

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Dry Pipe Valve	
Riser room Riser room Globe Sprinkler 4" dry valve	
Auxiliary drains and low-point drains opened, pipe drained or where weep holes provided, inspected to ensure they are clear and unobstructed (13.4.4.3.2)	Pass
Valve Status Test - Valves open when returned to service. (13.3.1.2.1)	Pass
Air Compressor	
Riser room Riser room Marathon 1/2 hp	
Compressor free of physical damage and operating properly (5.4.2.4)	Pass
Compressor been maintained (5.4.2.4)	Pass

Wet System	
Wet System Inspection	
Whitehouse	
Escutcheons and coverplates in place, if applicable. (5.2.1.1.6)	Pass
List of sprinklers installed on the property posted on head box. (5.4.1.5.6)	Pass
Wet Riser Main Drain/Check Valve	
Whitehouse	
Exterior of valve in good condition and both gauges operable (5.2.4.1 and 13.4.1.1)	Pass
Pressure (psi) shown on System side pressure gauge.	65
Pressure (psi) shown on Supply Water pressure gauge. (13.2.5)	65
Residual Pressure with valve open (13.2.5)	55
Static Pressure after valve closed (13.2.5)	65
Main Drain Test Pressure less than 10% reduction in flow from original acceptance test or previous test results (13.2.5.2)	Pass
Adequate drainage available (13.2.4)	Pass
Hydraulic nameplate, if applicable, securely attached and is legible (5.2.6)	Pass
Valve Status Test - Valves open when returned to service. (13.3.1.2.1)	Pass

Control Valves									
Type	Area/Location	Model	Size	Signs	Condition	Position	Secured	Exercised	Seal
Control Valve - locked/tamper	Riser room Riser room	OS and Y	4"	Pass	Pass	Pass	Pass	Pass	N/A
Control Valve - locked/tamper	Whitehouse	Ball	1"	Pass	Pass	Pass	Pass		N/A

Alarm Devices			
Type	Area/Location	Visual Insp	Functional Test
Water Pressure Alarm Switch	Riser room Riser room	Pass	Pass
Waterflow Alarm - Pressure Switch/Vane	Whitehouse	Pass	Pass

Other Components	
Fire Department Connection	
Riser room Outside of riser room FDC FDC	
FDC visible and accessible, without damage and signs in place (13.7.1)	Pass
Couplings and swivels free of damage and rotate smoothly (13.7.1)	Pass
Caps, plugs and gaskets in place and free from damage (13.7.1)	Pass
Check valve clapper free from leaks and automatic drain valve in place and operating properly (13.7.1)	Pass
Interior of the connection free of obstructions. (13.7.1(9))	Pass

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Liability Release Statement:

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

7/12/17

7/12/17

Customer: caremoor

Tech: Matthew

Ollis #31515

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Carolina Fire Control INCORPORATED

P.O. Box 1090
Concord, North Carolina 28026
704-784-4218

CUSTOMER NAME:	Care moor Retirement		
JOB NAME:	Center		
JOB ADDRESS:	4876 Care moor Place Kannapolis NC 28081		
CONTACT NAME:	Tom K.	PHONE:	704-578-2927
BILLING ADDRESS:	Same		

FIELD WORK ORDER # 4359	CONTRACT #	CONTRACT <input checked="" type="checkbox"/>	DAY WORK / T&M <input type="checkbox"/>
		DATE 7/10/17	CUSTOMER PO

	DESCRIPTION OF WORK
	Annual inspection
1	Dry System
1	Wet System
6	Back Flow test
	Passed

QUANTITY	MATERIAL

IMPORTANT

ALL SYSTEMS WERE LEFT IN SERVICE WITH VALVES OPEN

ACKNOWLEDGED BY: *[Signature]*

PRINT NAME: + Anne Conker

IF NOT, EXPLAIN: _____

CONSTRUCTION LABOR				
TECHNICIAN	HOURS	ST	OT	MILEAGE
M. Ollis	4	x		
J. Louten	4	x		
COMPLETED	VCS	MUST RETURN	NO	WORK ORDERED BY ERIC P.

OTHER CHARGES / NOTES

SIGNATURE *[Signature]* DATE 7/10/17

I HEREBY ACKNOWLEDGE THE SATISFACTORY COMPLETION OF THE ABOVE DESCRIBED WORK, AND BY SIGNING, STATE THAT I HAVE AUTHORITY TO BOND THE COMPANY TO PAY FOR THE ABOVE DESCRIBED WORK.

al

KANNAPOLIS
1040 DALE EARNHARDT BLVD
KANNAPOLIS
NC

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