

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL018011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/24/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE FALLING CREEK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>910 29TH AVENUE NE HICKORY, NC 28601</b>
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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>Report of Construction Section Biennial Survey by Dennis Harrell on 10-24-2018.</p> <p>Records indicate this facility was first licensed as a Home for the Aged on 6-11-1997. The facility is currently licensed for a total of 60 beds. Therefore, we are requiring the facility to meet the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code, Section 409.1, Institutional Occupancy Group-I.</p>	C 000		
C 111	<p>Must Have Current San. &amp; 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:</p> <p>1. 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.</p> <p>2. Based on a review of documents, the most recent Fire Marshal building safety inspection report could not be located. Buildings must be inspected and approved annually as required to ensure all systems can operate properly in an actual emergency.</p>	C 111	<p>See attached "Plan of Correction" Page 1, C111, 1</p> <p>See attached "Plan of Correction" Page 1, C111, 2</p>	<p>11/30/18</p> <p>11/30/18</p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Shiranne Dupon</i>	Executive Director	11/12/18

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NAME OF PROVIDER OR SUPPLIER  
**BROOKDALE FALLING CREEK**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**910 29TH AVENUE NE  
HICKORY, NC 28601**

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C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(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.</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 on 10-24-2018: Several (7) portable medical oxygen cylinders were stored in an unapproved plastic crate in room 710.</p> <p>2. Based on observation, an extension cord was being used in place of permanent wiring in the maintenance office. The cord extended up through the one-hour ceiling to some location in the attic. Extension cords are intended for temporary use only and must never penetrate a wall or ceiling.</p> <p>3. Based on observation, the ice machine drain line extended into the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.</p>	C 166	<p>See attached "Plan of Correction" Page 1, C166, 1</p> <p>See attached "Plan of Correction" Page 1, C166, 2</p> <p>See attached "Plan of Correction" Page 2, C166, 3</p>	<p>11/30/18</p> <p>11/30/18</p> <p>11/30/18</p>

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C 185 C 185	Continued From page 2 Fire Safety-Rehearsals on Each Shift	C 185 C 185	See attached "Plan of Correction" Page 2, C185, 1  See attached "Plan of Correction" Page 2, C185, 2	11/30/18  11/30/18
	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: 1. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings include: a. In the 1st quarter of this year, there was no rehearsal done during the 1st shift. b. In the 2nd quarter of this year, there was no rehearsal done during the 2nd shift. c. In the 3rd quarter of this year, there were no rehearsals done during the 1st or 3rd shifts. d. In the 4th quarter of last year, there were no records of rehearsals.  2. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.			

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C 189	Continued From page 3	C 189		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <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, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas:</p> <ul style="list-style-type: none"> <li>a. Corridor near room 102,</li> <li>b. Corridor near room 702,</li> <li>c. Corridor near room 710,</li> <li>d. Two in corridor near the Activity room,</li> <li>e. Activity room,</li> <li>f. #33 in furnace room off service corridor,</li> <li>g. #34 in service corridor.</li> </ul> <p>2. Based on observation, a smoke barrier door is prevented from closing 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>Finding on 10-24-2018; One of the smoke barrier doors near the laundry dragged the floor and did not close and latch when activated by the fire alarm system.</p>	C 189	<p>See "Plan of Correction" 11/30/18 Page 2, C 189, 1</p> <p>See "Plan of Correction" 11/30/18 Page 2, C 189, 2</p>	

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C 189	Continued From page 4  3. 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 on 10-24-2018: a. Unfinished patch in the ceiling of the riser room, b. Unfinished patch in the wall of the spa, c. Hole in the ceiling of the maintenance office.  4. Based on observation the required one-hour fire rated ceilings were compromised in locations by improperly fitting sprinkler escutcheons. Improperly fitted sprinkler escutcheons present the possibility that a fire that begins in one space can quickly spread to the attic and could delay activation of the sprinkler system. Improperly fitted sprinkler escutcheons on 10-24-2018: a. Spa, b. Kitchen.  5. Based on observation, 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. Findings on 10-24-2018; a. The door to bedroom 102 was wedged open. b. The door to bedroom 103 was propped open.	C 189	See attached "Plan of Correction" Page 2, C189, 3  See attached "Plan of Correction" Page 2, C189, 4  See attached "Plan of Correction" Page 3, C189, 5	11/30/18  11/30/18  11/30/18

**The following is the Plan of Correction for Brookdale Falling Creek regarding the Statement of Deficiencies dated October 24, 2018. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.**

**C111 SECTION .0300 – PHYSICAL PLANT 10A NCAC 13f .0302 DESIGN AND CONSTRUCTION**

1. The Community respectfully disagrees with the findings that the annual fire alarm system inspection report could not be located. The annual fire alarm system inspection documentation was submitted to surveyor Dennis Harrell via email on 10/25/18. This receipt of documentation was confirmed via phone with Dennis Harrell on 11/6/18 at 9:40am. A copy of this fire alarm system inspection is included as an appendix to this plan of correction.
2. The Community respectfully disagrees with the findings that the most recent Fire Marshal building safety inspection report could not be located. The most recent Fire Marshal building safety inspection report was submitted to surveyor Dennis Harrell via email on 10/25/18. This receipt of documentation was confirmed via phone with Dennis Harrell on 11/6/18 at 9:40am. A copy of this Fire Marshal building safety inspection report is included as an appendix to this plan of correction.

**C166 SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS**

1. The community had portable oxygen cylinders stored in unapproved racks. In unit 710, seven cylinders were stored in a plastic oxygen rack, which was provided by the oxygen vendor. The community will contact the oxygen vendor, and request that the rack is replaced with an approved metal rack no later than November 30, 2018. The Executive Director/designee will monitor all other resident units that have oxygen in the room monthly to observe that the cylinders are stored in approved racks. The Executive Director/designee will discuss approved oxygen cylinder storage during monthly Safety Committee meetings.
2. The community was utilizing an extension cord in place of permanent wiring in the maintenance office. The Maintenance Tech will remove the extension cord from the ceiling, and properly seal the hole with fireproof caulk no later than November 30, 2018. The Maintenance Tech/designee will monitor all other community areas to observe that there are no other extension cords used in place of permanent wiring. The Executive

Director/designee will discuss the misuse of extension cords during monthly Safety Committee meetings.

3. The community ice machine drain line extended into the floor drain. The Maintenance Tech will move the drain line at least two inches above the floor drain no later than November 30, 2018. The Maintenance Tech/designee will monitor the drain line monthly to observe that it is still placed as approved according to code.

#### **C185 SECTION .0300 – PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION**

1. The Community respectfully disagrees with the findings that the monthly fire drill rehearsal documentations could not be located. The monthly fire drill rehearsal documentations was submitted to surveyor Dennis Harrell on 10/25/18 via email. The receipt of documentation was confirmed via phone with Dennis Harrell on 11/6/18 at 9:40am. A copy of the following rehearsal documentations are included as an appendix to this plan of correction: 1<sup>st</sup> quarter 2018 during 1<sup>st</sup> shift, 2<sup>nd</sup> quarter 2018 during 2<sup>nd</sup> shift, 3<sup>rd</sup> quarter 2018 during 1<sup>st</sup> and 3<sup>rd</sup> shifts, and during October, November, and December of 2017.
2. The community monthly fire drill rehearsal documentation included little to no description of what the rehearsal involved. The Maintenance Tech is responsible for conducting the monthly fire drill rehearsal. The Executive Director will discuss completing the fire drill rehearsal documentation with thorough description no later than November 30, 2018 with the Maintenance Tech. The Executive Director will monitor the fire drill rehearsal documentation monthly to observe that thorough descriptions have been included.

#### **C189 SECTION .0300 – PHYSICAL PLANT 10A NCAC 13f .0311 OTHER REQUIREMENT**

1. The community had battery powered emergency lights that did not work when tested. The Maintenance Tech is responsible for ensuring all emergency lights are in working order. All non-working emergency lights will be repaired or replaced no later than November 30, 2018. The Maintenance Tech will monitor all emergency lights monthly to observe that they are working, and make repairs or replacements as necessary.
2. The community had a smoke barrier door that did not close and latch on its own when activated by the fire alarm system. The Maintenance Tech is responsible for ensuring all smoke barrier doors close and latch. The Maintenance Tech will repair /adjust the smoke barrier door so that it will close and latch when activated by the fire alarm system on its own. The Maintenance Tech will monitor all smoke barrier doors monthly to observe that they will close and latch when activated by the fire alarm system.
3. The community has several holes and penetrations in walls and/or ceilings that are not sealed with approved materials. The Maintenance Tech is responsible for ensuring all holes and penetrations are sealed with one-hour fire rated materials. The Maintenance Tech will seal holes and penetrations with one-hour fire rated material no later than November 30, 2018. The Maintenance Tech will monitor to observe that all holes and penetrations are sealed quarterly and as needed.
4. The community has several holes and penetrations in walls and/or ceilings that are not sealed with approved materials. The Maintenance Tech is responsible for ensuring all

holes and penetrations are sealed with one-hour fire rated materials. The Maintenance Tech will seal holes and penetrations with one-hour fire rated material no later than November 30, 2018. The Maintenance Tech will monitor to observe that all holes and penetrations are sealed quarterly and as needed.

5. The community had two resident room doors that were propped or wedged open. All community associates are responsible for ensuring that no doors are propped or wedged open. Door wedges will be removed from resident rooms no later than November 30, 2018. The Maintenance Tech/designee will discuss the dangers of doors being propped open with associates at monthly Safety Committee meetings, and monthly at Resident Council meetings, in addition to one-on-one coaching with both associates and residents/family members as needed.





**BROOKDALE  
SENIOR LIVING**

**Fire Drill Report**

Community/Building: Brookdale Falling Creek 03340

Date: 10-31-17 10:05 AM Time: 10:05 AM / 57

Residents Participating	Associates Participating
<u>Alert Staff-Code Red</u>	<u>Haron Allen</u>
<u>Rescue</u>	<u>Mo Hendry</u>
<u>Alert others in danger</u>	<u>Bobby Shaw</u>
<u>Contain Fire</u>	
<u>Evacuate</u>	

Location of Fire (Simulation):

Apt 103 SMOKE ALARM SET OFF BY MT

AND

Review Checklist	Satisfactory	Improvement Needed
Evacuation	<u>✓</u>	
Evacuation Time _____	<u>—</u>	
Proper Exits	<u>—</u>	
Resident Cooperation	<u>—</u>	
Equipment to Location	<u>YES</u>	

Completed by: Edohr Sigm

Position: MAINT



**BROOKDALE  
SENIOR LIVING**

**Fire Drill Report**

Community/Building: Brookdale Falling Creek 03340

Date: 11-30-17 Time: 8:30 PM

Residents Participating	Associates Participating
<b>A</b> lert Staff-Code Red	<i>W. Perry</i>
<b>R</b> escue	<i>D. Walsh</i>
<b>A</b> lert others in danger	
<b>C</b> ontain Fire	
<b>E</b> vacuate	

Location of Fire (Simulation): Apt 706 Smoke Alarm SET OFF BY MAINTENANCE STAFF, WHICH CAME OVER PHONE & INTERCOM.

Review Checklist	Satisfactory	Improvement Needed
Evacuation	<input checked="" type="checkbox"/>	
Evacuation Time _____	<input checked="" type="checkbox"/>	
Proper Exits	<input checked="" type="checkbox"/>	
Resident Cooperation	<input checked="" type="checkbox"/>	
Equipment to Location	<input checked="" type="checkbox"/>	

Completed by: Eddie Gray

Position: MAINTENANCE

\*Multi-building campuses: Each Resident Building must complete its own form.



**BROOKDALE  
SENIOR LIVING**

**Fire Drill Report**

Community/Building: Brookdale Falling Creek 03340

Date: 12-21-17 Time: 1:30 AM

Residents Participating	Associates Participating
<b>A</b> lert Staff-Code Red	H. FERRO
<b>R</b> escue	M. GRANIER
<b>A</b> lert others in danger	
<b>C</b> ontain Fire	
<b>E</b> vacuate	

Location of Fire (Simulation): SIMPLE PANEL ARMED AT 1:30 AM FOR L/H.

AIR PRESS

Review Checklist	Satisfactory	Improvement Needed
Evacuation	—	
Evacuation Time _____	—	
Proper Exits	✓	
Resident Cooperation	—	
Equipment to Location	YES	

Completed by: Edwin King  
Position: MAINT

\*Multi-building campuses: Each Resident Building must complete its own form.



**BROOKDALE  
SENIOR LIVING**

**Fire Drill Report**

Community/Building: Brookdale Falling Creek 03340

Date: 1-30-18 1st Time: 9:30AM

Residents Participating	Associates Participating
<u>A lert Staff-Code Red</u>	<u>Hayden Aber, MT</u>
<u>R escue</u>	<u>Clayton Zing</u>
<u>A lert others in danger</u>	<u>Melvin Dronay</u>
<u>C ontain Fire</u>	<u>Celeste Owen</u>
<u>E vacuate</u>	

Location of Fire (Simulation):

Apt 406 SMOKE ALARM SET OFF BY MAINTENANCE

Review Checklist	Satisfactory	Improvement Needed
Evacuation	<u>—</u>	
Evacuation Time _____	<u>—</u>	
Proper Exits	<u>—</u>	
Resident Cooperation	<u>—</u>	
Equipment to Location	<u>YES</u>	

Completed by: Eddie Sign

Position: MAINTENANCE TECH

\*Multi-building campuses: Each Resident Building must complete its own form.



**BROOKDALE  
SENIOR LIVING**

**Fire Drill Report**

Community/Building: Brookdale Falling Creek 03340

Date: 5-30-18

Time: 9:25 PM

Residents Participating	Associates Participating
<b>A</b> lert Staff-Code Red	<i>Wkt</i>
<b>R</b> escue	<i>None Coffee</i>
<b>A</b> lert others in danger	
<b>C</b> ontain Fire	
<b>E</b> vacuate	

Location of Fire (Simulation):

*Smoke Alarm Set off in Apt 712. Phone  
ANNOUNCED ALARM AND STAFF PROMPTLY ANSWERED*

Review Checklist	Satisfactory	Improvement Needed
Evacuation	<i>—</i>	
Evacuation Time _____	<i>—</i>	
Proper Exits	<i>—</i>	
Resident Cooperation	<i>—</i>	
Equipment to Location	<i>— 963</i>	

Completed by: *Eddie Segun*

Position: *MAINTENANCE*



**BROOKDALE  
SENIOR LIVING**

**Fire Drill Report**

1st

Community/Building: Brookdale Falling Creek 03340

Date: 7-30-18 Time: 11:30

Residents Participating	Associates Participating
<u>A lert Staff-Code Red</u>	<u>Haven Abu</u>
<u>R escue</u>	<u>Shiranne Deper</u>
<u>A lert others in danger</u>	<u>Melissa Mandy</u>
<u>C ontain Fire</u>	
<u>E vacuate</u>	

Location of Fire (Simulation):

FIRE ALARM SET OFF IN APT 805 WITH STAFF ANSWERING CALL ON PHONES WITH RESPONSE BY MED TECH, LED + STAFF

Review Checklist	Satisfactory	Improvement Needed
Evacuation	<u>—</u>	
Evacuation Time _____	<u>—</u>	
Proper Exits	<u>—</u>	
Resident Cooperation	<u>—</u>	
Equipment to Location	<u>YES</u>	

Completed by: Eddu Sig

Position: MAINT



**BROOKDALE  
SENIOR LIVING**

**Fire Drill Report**

3RD

Community/Building: Brookdale Falling Creek 03340

Date: 18 Sept 18 Time: 11:13 PM

Residents Participating	Associates Participating
<u>A lert Staff-Code Red</u>	<u>DANIELLE</u>
<u>R escue</u>	<u>KAYLA DAVIS</u>
<u>A lert others in danger</u>	
<u>C ontain Fire</u>	
<u>E vacuate</u>	

Location of Fire (Simulation):  
Apt 303 SMOKE ALARM Set off By MAINT tech  
with response by BOTH STAFF MEMBERS AND by some RESIDENTS

Review Checklist	Satisfactory	Improvement Needed
Evacuation	<u>—</u>	
Evacuation Time _____	<u>—</u>	
Proper Exits	<u>✓</u>	
Resident Cooperation	<u>✓</u>	
Equipment to Location	<u>YES</u>	

Completed by: Eddie Sieg  
Position: MAINT

\*Multi-building campuses: Each Resident Building must complete its own form.



# HICKORY FIRE DEPARTMENT

Division of Fire & Life Safety  
76 N Center Street, Hickory, NC 28601  
Phone:(828) 323-7522 Fax: (828) 323-7476



## FIRE INSPECTION REPORT

Thursday December 7, 2017

Brookdale Falling Creek  
910 29TH AVE NE  
Hickory, NC 28601

Contact Person:  
Sigmon, Eddle  
828-328-6090

An inspection of your facility on **Thursday December 7, 2017** revealed the violations listed below.

ORDER TO COMPLY: Since these conditions are contrary to law, you must correct them upon receipt of this notice. An inspection to determine compliance with this Notice will be conducted on: **Friday December 8, 2017**

If you fail to comply with this notice before the reinspection date listed, you may be liable for the penalties provided for by law for such violations.

Inspection Type: <b>Use Permit</b>	Result: <b>DISAPPROVED</b>
Violation Code	Count
07 - FIRE-RESIST-RATED NCFC Chapter 7- Fire-Resistance-Rated Construction * Repair fire door on 100 hall so that door will latch when closing	1
0901 SUP MAINT NFPA 17A NCFC 901.6.1 - Maintenance NFPA 17A * Have kitchen suppression system upgraded due to system is non-UL compliant. Suppression contractor shall obtain a permit from Hickory Fire Division of Fire & Life Safety prior to beginning work.	1
09 - FIRE PROTECT SYSTEMS NCFC Chapter 9 - Fire Protection Systems Violation carried over from inspection on 11/27/2017 Sprinkler system (dry for attic) shall be repaired and placed back into service as soon as possible. Until then, fire watch is to be conducted and logged. Notify fire inspector once repairs complete.	1

CM Skull  
Inspector



\* 2-1-1998

\* BELFOR

Fire & Life Safety America, Inc  
812 Biscayne Drive Concord, NC 28027  
Tel: (704) 886-5700 Fax: (704) 426-5750

Fire Protection Systems Report of Inspections

2018

Work Order #: 491039 Date: 3/21/18

Site Name BOODDALE LIVING - FALLING CREEK Owner \_\_\_\_\_  
 Address 910 29TH AVENUE NE Address \_\_\_\_\_  
 City HICKORY State NC City \_\_\_\_\_ State \_\_\_\_\_  
 Zip 28601 Phone 828-328-6090 Zip \_\_\_\_\_ Phone \_\_\_\_\_

PART/INSPECTOR'S SECTION (all responses refer to current inspection)	YES	NO	NA
<b>A. General</b>			
1. Is the hydraulic data plate in place, permanently marked and securely attached?	✓		
2. Is the fire department connection(s) in satisfactory condition, couplings free, caps in place, check valves tight and accessible and visible?	✓		
3. Has the system check valve(s) been internally inspected within the last 5 years? (Date <u>2013</u> )			✓
4. Is the visible exterior of the system piping in good condition and free from damage? (Date checked <u>2018</u> )	✓		
5. Are visible hangers in place, securely attached and free of corrosion? (Date checked <u>2018</u> )	✓		
6. Are system gauges (water/air) in good condition and showing normal pressures?			✓
7. Were system gauges (water/air) checked against a calibrated gauge or replaced in the last 5 years? (Date <u>2013</u> )			✓
<b>B. Wet Systems</b>			
1. Are areas protected by wet systems inside the property properly heated?	✓		
2. There is no leakage from drain pipes indicating problems with retard chambers, alarm drains or main drain?	✓		
3. Are inspection and flow test tags in place and filled out completely?	✓		
4. Was a flow test performed from inspector's test valve and did the alarm operate?	✓		
5. Are cold weather valves in the appropriate (open) / (closed) position?			✓
6. Are antifreeze test results satisfactory?			✓
Test Results: Solution Type _____ Freeze Point _____			
<b>C. Dry Systems (see trip test report dated <u>2018</u>)</b>			
1. Are the air pressure and priming water level in accordance with the manufacturer's instructions?	✓		
2. Is the air (compressor) or nitrogen supply in service and operating properly?	✓		
3. Are quick-opening devices in service? (Semiannual test performed on _____)			✓
4. Are air maintenance device(s) installed and operating properly?			✓
5. Is the intermediate chamber free from leakage and the velocity check free & clear?	✓		
6. Were low points drained during this inspection? (Quantity Drained: <u>0</u> ) (see Part III.)	✓		
7. Did the heating equipment in the valve enclosure operate at the time of inspection?	✓		
<b>D. Special Systems (Deluge-Preaction) (see trip test report dated _____)</b>			
1. Did detection devices test satisfactorily during this inspection?			✓
2. Did the release/activation devices operate properly during detection testing?			✓
3. Is the air pressure and priming water level for the preaction system in accordance with manufacturer's instructions?			✓
<b>E. Alarms (Wet, Dry, Preaction &amp; Deluge)</b>			
1. Are the alarm trim valves in the proper position, sealed and/or locked?	✓		
2. Did the water motor and gong/electrical alarms (pressure and water flow) operate properly during testing?	✓		
3. Did the central station/monitoring system receive all alarms?	✓		
4. Did the low/high air alarms for the system piping/detection operate properly?	✓		
5. Did tamper devices operate properly?			✓
<b>F. Sprinklers</b>			
1. Is the proper clearance maintained between the top of the storage and sprinkler deflector?	✓		
2. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?			✓
3. Are standard sprinklers in service for less than 50 years / dated after 1920?			✓
4. Are fast response sprinklers in service for less than 20 years?	✓		
5. Is a spare head cabinet with spare sprinklers and proper wrenches installed at system riser?	✓		
6. Are sprinklers near heating devices of proper temperature rating?	✓		
<b>G. Control Valves (see item G.7)</b>			
1. Are sprinkler system control valves in the appropriate position?	✓		
2. Were operating stems of all O.S.&Y. valves lubricated, completely closed and reopened? (Date <u>2018</u> )	✓		
3. Were all control valves operated through full range and returned to normal position? (Date <u>2018</u> )	✓		
4. Are valves free from external leaks?	✓		
5. Are valves properly identified with signs?	✓		
6. Are pressure regulating control valves open, not leaking, maintaining downstream pressure and free from physical damage? (Date tested _____)			✓

Fire & Life Safety America, Inc  
 812 Biscayne Drive Concord, NC 28027  
 Tel: (704) 886-5733 Fax: (704) 886-5750

**DRY VALVE TRIP TEST**

Work Order #: 491037 Date: 3/21/17

Site Name BL FALLING CREEK  
 Address 910 29th Ave NE  
 City Hickory State NC  
 Zip 28601 Phone 828-328-6090

Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone \_\_\_\_\_



DRY PIPE VALVES		SYSTEM NO ( <u>  </u> )	SYSTEM NO ( <u>  </u> )	SYSTEM NO ( <u>  </u> )
VALVE SERIAL NUMBER		<u>07622</u>		
MANUFACTURER (NAME)		<u>VIKING</u>		
VALVE MODEL AND SIZE		<u>4" F-1</u>		
PRESSURE BEFORE TEST	AIR	<u>40</u> LBS	_____ LBS	_____ LBS
	WATER	<u>90</u> LBS	_____ LBS	_____ LBS
SIZE AND LOCATION OF TEST VALVE		<u>RISER ROOM</u>		
WAS GATE VALVE BELOW DRY VALVE OPEN WIDE AT TEST? (IF NOT, HOW MANY TURNS?)		<u>N/A</u>		
WATER TRIPPED AT	AIR PRESSURE	_____ LBS	_____ LBS	_____ LBS
	WATER PRESSURE	_____ LBS	_____ LBS	_____ LBS
	TIME	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec
IF SYSTEM FLOODED, LIST TIME WATER REACHED TEST OPENING		_____ min _____ sec	_____ min _____ sec	_____ min _____ sec
PERFORMANCE				
QUICK OPENING DEVICES				
DEVICE SERIAL NUMBER				
MANUFACTURER (NAME)		<u>VIKING</u>		
TYPE AND MODEL				
AIR PRESSURE IN UPPER CHAMBER		_____ LBS	_____ LBS	_____ LBS
QUICK OPENING DEVICE TRIPPED AT		_____ min _____ sec	_____ min _____ sec	_____ min _____ sec
PERFORMANCE				
QUICK OPENING DEVICE LEFT IN SERVICE AND CONTROL OPEN AND SEALED		<u>NO</u>		
RECOMMENDATIONS:		<u>QUICK OPENING DEVICE SHUT OFF DUE TO LEAKS ON SYSTEM.</u>		
		<u>CUSTOMER IS AWARE OF LEAKS AND QUICK OPENING DEVICE</u>		
		<u>DID NOT TRIP DUE TO LEAKS ON SYSTEM AND FREEZING WEATHER</u>		

Site Name: BL FALLING CREEK  
 Address: 910 290th Ave NE  
 City: HICKORY State: NC  
 Phone: 828-328-1490

Date: 3/21/97

Work Order #: 491089

Page 3 of 4

Riser #	Location	Dry	Wet	Air Press	Valve Model, Wfg, Size, Year	Seal #	Flow Test			Alarm Oper (Y/N)
							Static	Flow	Static	
1	RISER ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>		4" JLVANG F-1 1997		75	65	75	YES
2	RISER ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>		2" SHORGUN 1997		75	65	75	YES

LESLIE M. MOLES  
Lead Inspector Printed Name

  
Signature

**FIRE ALARM TEST/INSTALLATION  
ACKNOWLEDGEMENT**

SD 42519416  
AC 42519412  
FA 42519414

BOOK # 01242C  
OPL # 62523114 SEQ. #

DISTRICT <u>29.8</u>	SERVICE AT CUSTOMER NUMBER <u>01489589</u>	INSR. DATE <u>10/18/01</u>	TR ARRIVAL DATE <u>10.01.18.1901.18</u>	TR COMP. DATE <u>X</u>	NON-BILL <u>050</u>	SVO. CODE <u>050</u>	MIN	YRAGT
NAME <u>Brookdale Falling Creek</u>		CUSTOMER PO. AND/OR		CUSTOMER CONTACT NAME (PRINT)				
ADDRESS (OR ATTN. OF) <u>#3340</u>		SERVICE CODE <u>0.50</u>	LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	MILES	
ADDRESS <u>910 29th Ave NE</u>		WARRANTY CODE	LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	ARRIVAL	
CITY <u>Hickory, NC</u>		TLP CODE	LBR - REG.	TRAV - REG.	LBR - OT	TRAV - OT	DEPARTURE	
STATE <u>NC</u>		RESOLUTION CODE						
ZIP <u>28601</u>								

MANUFACTURER <u>Simplex</u>		MODEL NO. <u>4005-9101</u>	SERIAL NO. <u>I97516WF</u>	WIRING DIAG. NO. <u>841-990</u>	SEQUENCE NO. <u>001</u>	THRU <u>007</u>
TYPE OF SIGNALING <input checked="" type="checkbox"/> GENERAL ALARM <input type="checkbox"/> SELECTIVE SIGNALS <input type="checkbox"/> CODED <input type="checkbox"/> PRE-SIGNAL		POWER SOURCE <u>Mech Rm 407 "D2" 15</u>		CIR. BRKR. LOCATION <u>N/A</u>	LOCKED CIR. BRKR. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DEDICATED CIR. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
BATTERIES <input type="checkbox"/> NOTE #		VOLTAGE WITH CHARGER <input checked="" type="checkbox"/> NORM <input type="checkbox"/> N/A	TROUBLE RESPONSE TO: ZONE TROUBLE <input checked="" type="checkbox"/> NORM <input type="checkbox"/> NOTE #		SIGNAL TROUBLE <input type="checkbox"/> NORM <input type="checkbox"/> NOTE #	
CUSTOMER OPERATING INSTRUCTIONS PROVIDED TO: <u>Edthe Seay</u>		TEL NO. <u>878-328-6090</u>	STA TR 1 SIGNATURE <u>Dodd Hill</u>		TR 1 <u>6327</u>	
SEE NOTATION NO.		THE SIMPLEXGRINNELL-SUPPLIED EQUIPMENT FOR THIS SYSTEM WAS TESTED AND FOUND OPERATIONAL. THE WARRANTY BEGINS ON		SIGNALS SOUNDED PER CUSTOMER REQUEST <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		

ANNUNCIATOR MFG. SERIAL		DOOR HOLDERS <input type="checkbox"/> NORM <input type="checkbox"/> QTY. <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A	
ELEVATOR FIRE RECALL <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> N/A		HVAC SHUTDOWN <input type="checkbox"/> NORM <input type="checkbox"/> NOTE # <input type="checkbox"/> QTY. <input type="checkbox"/> N/A	
SPECIAL LIST ANY UNIQUE FUNCTIONS CONSIDERATIONS TO BE AWARE OF BEFORE TESTING		1. Functional Test of 400 Hall	
2. w/cleaning & Sensitivity		3. Task SD 62523115 - AC 62523113	

MPX/TPR CHECKLIST		PERIPHERAL/PARTS USED				THE NUMBER OF PERIPHERAL DEVICES TESTED IS:						
MODEL NO.	THE FOLLOWING TRANSPONDERS FAILED THE TEST	ITEM	PRODUCT I.D.	QTY.	INV. LOC./SEQ.	NO	USG.	UNIT PRICE	TOTAL NO. OF DEVICES	No. Tested	I okay X	Scalation
NO. OF XPNDRS TESTED	LOCATION NOTE #	1							STATIONS	10	0	
POWER SUPPLY VOLTAGE NOTE #	LOCATION NOTE #	2							HEAT DETECTORS	7	2	✓
<input type="checkbox"/> NORM CHARGER VOLTAGE NOTE #	LOCATION NOTE #	3							SHOCK DETECTORS	53	6	✓
<input type="checkbox"/> NORM GROUND FAULT NOTE #	LOCATION NOTE #	4							RAAA	7	2	✓
<input type="checkbox"/> Y <input type="checkbox"/> N BATTERIES VOLTAGE NOTE #	LOCATION NOTE #	5							DUCT DETECTOR	7	2	✓
<input type="checkbox"/> NORM POINTS TESTED NOTE #	LOCATION NOTE #	6							HUBIS AV	39	0	
<input type="checkbox"/> NORM OTHER NOTE #	LOCATION NOTE #	7							BRBS VO	17	0	
PRINTERS NOTE # CRT'S NOTE # OTHER NOTE #	LOCATION NOTE #	8							CHAS-Hom 2	0	0	
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N								SPRINKLER SYST.			
									HURSE CALL	125	9	✓
									2MSINK	64	3	✓
									DRCT	1	1	✓

FAILURES AND SYSTEM DEVIATIONS FROM NFPA STANDARDS:		<input checked="" type="checkbox"/> None <input type="checkbox"/> As Follows (describe fully)	
PROBLEM CODE	CORRECTIVE ACTION	RELEASE DATE	SERV. COMPLET. RSN
<u>9.1</u>	<u>0.4</u>	<u>10.0.0.1</u>	<u>Yes 0.4</u>