



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 2, 2022

Amy Hart, Administrator (via email only)

P. O. Box 598

Mooreville, NC 28115

RE: Crown Colony – ACH Biennial Survey
291 Commercial Drive
Mooreville (Iredell County)
FID #970852

Dear Ms. Hart:

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on September 2, 2022. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.
 1. Corrective action must begin immediately.
 2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR – Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

SIGN, DATE, AND RETURN the Plan of Correction to DHSR – Construction by December 17, 2022. Failure to return the signed Plan of Correction within this time period could jeopardize the status of your license. The PROVIDER may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes on the enclosed Statement of Deficiencies. The North Carolina State Building Code requires that "No person, firm or corporation shall erect, construct, enlarge, install, alter, repair, move, improve, convert or demolish any building, structure, or service system without first obtaining a permit for such from the Inspection Department having jurisdiction."

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by December 17, 2022. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by December 17, 2022. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: Jeff Hams, Acting Construction Section Chief, 2705 Mail Service Center, Raleigh NC 27699-2705. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at:

<https://info.ncdhhs.gov/dhsr/>.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Ed Miller

Ed Miller
Biennial Institutional Engineering Surveyor
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
Town Building Inspection Department – with attachment (via email only)
Iredell County DSS – with attachment (via email only)

Division of Health Service Regulation

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049010 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 09/02/2022 |
|--|--|---|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER CROWN COLONY | STREET ADDRESS, CITY, STATE, ZIP CODE 291 COMMERCIAL DRIVE MOORESVILLE, NC 28115 |
|---|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

| | | | | |
|-------|---|-------|---|----------|
| C 000 | Initial Comments Report of a Construction Section Biennial Survey by Ed Miller, conducted on September 2, 2022. Records indicate this facility was first licensed on July 24, 1997. The facility is currently licensed for 60 Beds. Therefore, the facility was surveyed for conformance with the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure, applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1996 Edition of the North Carolina Building Code(s), Institutional Occupancy. Deficiencies were cited that require a Plan of Correction | C 000 | | |
| C 111 | Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interviews with the Administrator the facility failed to maintain in the facility, current (completed within the last twelve months) fire and building safety inspection reports available for review. Findings on September 2, 2022: a. There was no Fire Official (Fire Marshal) report available for review. | C 111 | Please see attached Fire Marshal Report Dated 3/18/2022 Administrator will assure Fire Marshal Report is on file and available for review | 12/30/22 |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE Administrator (X6) DATE 12/30/22

STATE FORM 6899 MKR321 If continuation sheet 1 of 6

Division of Health Service Regulation

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| C 164 | Continued From page 1 | C 164 | | |
| C 164 | Housekeeping and Furnishings-Clean, Repaired | C 164 | | |
| | 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. This Rule is not met as evidenced by: 1. Based on observation, the mechanical systems are not kept clean and in good repair. Findings on September 2, 2022: a. A Wing, Admin Restroom - the exhaust ventilation system grille with its radiation damper has an excessive accumulation of dust/lint. b. B Wing, Dining - the exhaust ventilation system grille with its radiation damper above the ice machine has an excessive accumulation of dust/lint. | | | |
| C 175 | Bedroom Furnishings-Clean Towel, Towel Bar | C 175 | Administrator and maintenance staff will assure all exhaust fans, radiation dampers, and ventilation system grille to be cleaned & documented monthly. The documentation will be kept on file for review. Please see attached forms | 12/30/2022 |
| | SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. | | | |

Division of Health Service Regulation

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| C 175 | Continued From page 2 This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towel and/or towel bar for each resident. Findings on September 2, 2022: a. A Wing, Bedrooms A7 and A9 - the combined quadruple occupancy of these two bedrooms, has two of the required four towel bars available. b. A Wing, Bedrooms A1 and A3 - the combined quadruple occupancy of these two bedrooms, has zero of the required four towel bars available. | C 175 | Administrator and 12/30/2022 maintenance staff will assure all residents have an area to hang towels and wash cloths. |
| 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 building's emergency equipment is 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 September 2, 2022: a. B Wing, Sunroom - this room has an exit to the outside and no exit sign, Part of the Dining Room occupants exits through this room. 2. Based on observation, the Fire Alarm system | C 189 | Please see attached form that will be completed and kept on file for Review. Exit sign was added. 12/30/2022 |

Division of Health Service Regulation

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|--------------------|--|---------------|---|--------------------|

| | | | | |
|-------|---|-------|---|-----------|
| C 189 | <p>Continued From page 3</p> <p>is not maintained in a safe and operating condition. This would affect all by not providing early detection and activation of the fire alarm system.</p> <p>Findings on September 2, 2022:</p> <p>a. D Wing, Nurse Station - the fire alarm control panel (FACP) shows a trouble signal. The surveyor tested the fire alarm system by spraying "Smoke Check" on the smoke detector near the FACP. The notification devices (horns and strobes) did actuate.</p> <p>3. Based on observation, the building is not maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacks the inspections, maintenance, and documentation needed to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system does not work properly when needed.</p> <p>Findings on September 2, 2022:</p> <p>a. B Wing, Kitchen - the commercial kitchen hood's suppression system's spray pattern is partially blocked with a shelf.</p> <p>b. B Wing, Kitchen -since June 2022, when the last semi-annual maintenance was performed on the commercial kitchen hood's fire suppression system, there has been no documentation of the monthly in-house/owner inspections.</p> <p>4. Based on observations, the building fire safety is not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin.</p> <p>Findings on September 2, 2022:</p> <p>a. C Wing, Laundry - above the water heater, a cable with its firestopped sealant was pulled out of the fire-resistance-rated ceiling, leaving an</p> | C 189 | <p>Control panel was reported and fixed by BVS. BVS will be called for any trouble on the panel. Administrator will assure all staff supervisors are educated for fire safety annually and will be kept on file for review in the facility. Please see attached work order and invoices Tag was replaced please see attached forms for staff to sign each month and kept on file for review</p> | 11/2/2022 |
|-------|---|-------|---|-----------|

Division of Health Service Regulation

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| C 189 | Continued From page 4 unprotected opening. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on September 2, 2022: a. A Wing, Med Room - a med cart was stored in front of the three electrical panels, limiting the required 36-inches by 30-inches minimum clear working space. b. B Wing, Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle is missing its weather resistant cover. c. 6. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on September 2, 2022: a. B Wing, Library - the corridor door has a bookcase blocking the door open. Staff corrected the deficiency before Construction Surveyor left the site. 7. Based on observation, the Building Sprinkler System is 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 September 2, 2022: a. B Wing, Kitchen Pantry - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling providing an opening that allows the | C 189 | Administrator and Maintenance staff replaced firestop sealant. This will be checked and documented monthly kept on file for review. Weather resistant 11/2/22 Cover was replaced Med cart was Permanently moved 9/2/22 The escutcheon plates 12/30/22 has firestop sealant around it for both B Wing Pantry and C Wing TV Room Please see attached papers for Documentation to be done monthly and kept on file for review. | 11/2/22 |

Division of Health Service Regulation

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| C 189 | Continued From page 5 spread of smoke and heat b. C Wing, TV Room - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling providing an opening that allows the spread of smoke and heat | C 189 | | |
| C 199 | Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation and testing with a thin plastic sheet, the facility does not provide working exhaust ventilation in required spaces. Findings on September 2, 2022: a. C Wing, Women - the exhaust ventilation system is not working. b. C Wing, Men - the exhaust ventilation system is not working. c. D Wing, Men/Utility- the exhaust ventilation system is not working | C 199 | All exhaust ventilation were repaired or replaced maintenance staff will test monthly and document testing and kept on file for review. Please see attached forms | 12/30/22 |



Mooresville Fire-Rescue

Occupancy: **Crown Colony**
Occupancy ID: **852**
Address: **291 Commercial DR**
Mooresville NC 28115

Inspection Type: **1 Year Inspection**

Inspection Date: **3/18/2022** By: **Troublefield, Mark J (2236)**

Time In: **11:36** Time Out: **11:48**

Authorized Date: **Not Authorized** By:

Next Inspection Date: **10/24/2022 1 Year Inspection**

Form: Basic Inspection Form
V8.1

Inspection Topics:

Fire Protection Systems

901.6 Inspection, testing and maintenance. (Fire protection systems & Fire Extinguishers)

Fire detection, alarm, and extinguishing systems, mechanical smoke exhaust systems and smoke and heat vents shall be maintained in operative conditions at all times, and shall be replaced or repaired where defective. Non-required fire protection systems and equipment shall be inspected, tested and maintained or the exposed components of such system shall be removed.

Status: VIOLATION CORRECTED

Notes: Fire alarm has supervisory signal
Fire extinguishers staff lounge

Extinguisher by D7 out of date

901.6.1 Standards. (Inspection, testing and maintenance)

Fire Protection systems shall be inspected, tested and maintained in accordance with the referenced standards listed in Table 901.6.1

Status: VIOLATION CORRECTED

Notes: Needs hydro test done

Means of Egress

1008.3.1 General. (Illumination emergency power)

In the event of power failure in rooms and spaces that require two or more means of egress an emergency electrical system shall automatically illuminate all of the following areas: Aisles, corridors, exit access stairways and ramps, interior exit access stairways and ramps, interior and exterior exit stairways and ramps, exit passageways, vestibules and areas on the level of discharge used for exit discharge in accordance with Section 1028.1, electrical equipment rooms, fire command rooms, fire pump rooms, generator rooms and public restrooms with an area greater than 300 square feet.

Status: VIOLATION CORRECTED

Notes: Hallway B EM light out near B2

Additional Time Spent on Inspection:

| Category | Start Date / Time | End Date / Time |
|---|-------------------|-----------------|
| Notes: No Additional time recorded | | |

Total Additional Time: 0 minutes

Inspection Time: 12 minutes

Total Time: 12 minutes

Summary:

Overall Result: Passed

Inspector Notes:

Closing Notes:

Pursuant to N.C.G.S. 160A-412(F) an informal review may be requested by submitting the attached form or the form may be obtained on the Town of Mooresville Website <http://www.mooresvillenc.gov/462/Construction-Permits-Plans-Review/Inspection>. The form must be submitted to Fire Marshal Geoff Woolard at 457 N Main Street, Mooresville, NC 28115 or gwoolard@mooresvillenc.gov. An appointment to discuss the inspection results can be made by calling 704-660-7108.

Inspector:

Name: Troublefield, Mark J
Rank: Assistant Fire Marshal
Email(s): mtroublefield@mooresvillenc.gov
Troublefield, Mark J:



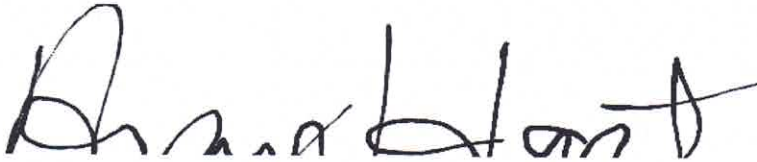
Signed on: 03/18/2022 11:48

Signature

Date

Representative Signature:

Signature of: Amy on 03/18/2022 11:49



Signature

Date

BVS Systems Inc
P.O. Box 1520
Cornelius, NC 28031
7048969989



Bill To
Crown Colony At Mooresville
291 Commercial Drive
Mooresville, NC 28115

| | | | |
|-------------------------|-----------------------------------|-------------------------|-----------------------------|
| Invoice No. | 11801912 | Service Location | Crown Colony At Mooresville |
| Invoice For | Repair Job #24155594 (02/16/2022) | | 291 Commercial Drive |
| Transaction Date | 2/17/2022 | | Mooresville, NC 28115 |

Notes

Repair deficiencies found during most recent Inspections.

* In order to complete Kitchen Suppression Cylinder Hydro Static Testing, Cylinder will need to be removed from System and brought back to BVS Shop to complete testing. While Cylinder is out for testing, no cooking can be conducted as the Kitchen will not have any sort of Fire Suppression coverage in case of emergency/fire. Pricing on this proposal reflects labor during normal business hours.

* Electrical Connections have been made in control head of Kitchen System. This is not allowed and can effect the systems operation in case of a fire where discharge is needed. All electrical connections are to be made in a junction box outside of control head.

Technicians: Jesse Donaldson

| Code | Item | Svc | Qty | Unit Price | Tax | Amt |
|------------|---|-------|-----|------------|--------|----------|
| BLEDR1 | LED Emergency Light | EE | 1 | \$85.00 | \$5.74 | \$90.74 |
| NICAD | NICAD Battery | EE | 1 | \$35.00 | \$2.36 | \$37.36 |
| LED1 | New LED Exit Sign | EE | 1 | \$55.00 | \$3.71 | \$58.71 |
| 10ABCHYDRO | 10# ABC Dry Chemical Fire Extinguisher Hydro-static Test | EXT | 2 | \$47.00 | \$6.35 | \$100.35 |
| 10ABC6YEAR | 10# ABC Dry Chemical Fire Extinguisher 6 Year Maintenance | EXT | 1 | \$40.00 | \$2.70 | \$42.70 |
| PCC | Pyro-Chem 16g CO2 Cartridge | KISUP | 1 | \$20.00 | \$1.35 | \$21.35 |

SUBTOTAL \$1,764.00
TAX @ 6.75% \$119.07
GRAND TOTAL \$1,883.07

| | | | | UNIT PRICE | TAX | AMT |
|----------|---|-------|---|------------|--------------------|-------------------|
| | PCL-240 Kitchen Suppression Cylinder Hydro Static Testing | KISUP | 1 | \$750.00 | \$50.63 | \$800.63 |
| Truck | Truck & Tool Fee | KISUP | 1 | \$60.00 | \$4.05 | \$64.05 |
| EE/LABOR | Exit/Emergency Light Labor | EE | 5 | \$125.00 | \$42.19 | \$667.19 |
| | | | | | SUBTOTAL | \$1,764.00 |
| | | | | | TAX @ 6.75% | \$119.07 |
| | | | | | GRAND TOTAL | \$1,883.07 |

BVS Systems Inc
P.O. Box 1520
Cornelius, NC 28031
7048969989



Bill To
Crown Colony At Mooresville
291 Commercial Drive
Mooresville, NC 28115

| | | | |
|-------------------------|---------------------------------------|-------------------------|-----------------------------|
| Invoice No. | 12457711 | Service Location | Crown Colony At Mooresville |
| Invoice For | Inspection Job #25288791 (06/08/2022) | | 291 Commercial Drive |
| Transaction Date | 6/8/2022 | | Mooresville, NC 28115 |

Notes

Semi-annual hood inspection
Technicians: Jesse Donaldson

| Code | Item | Svc | Qty | Unit Price | Tax | Amt |
|-------------|--|------------|------------|-------------------|--------------------|-----------------|
| SERVCHARGE | Service Charge for Inspections | EXT | 2 | \$50.00 | -- | \$100.00 |
| KITCHINSP | Semi-Annual Kitchen System Inspection (1 Bottle) | KISUP | 1 | \$100.00 | -- | \$100.00 |
| G360ML | 360° Model ML Fusible Link | KISUP | 3 | \$18.00 | \$3.65 | \$57.65 |
| PCC | Pyro-Chem 16g CO2 Cartridge | KISUP | 1 | \$20.00 | \$1.35 | \$21.35 |
| | | | | | SUBTOTAL | \$274.00 |
| | | | | | TAX @ 6.75% | \$5.00 |
| | | | | | GRAND TOTAL | \$279.00 |

MONTHLY MAINTENANCE FORM

Nurses Station

2023

| | | Action to be taken in attic | |
|-----------------|--------|-----------------------------|--------|
| AC Units (2) | Unit 1 | Unit 2 | |
| Debris | | | |
| Filters | | | |
| Sump Pump | | | |
| Recepticles | | | |
| Light Switches | | | |
| Light Bulbs (3) | Bulb 1 | Bulb 2 | Bulb 3 |
| Return Duct | | | |
| Drain Pipes | | | |
| Drain Tray | | | |
| Smoke Dampers | | | |

| | | Action to be taken on ground level | | | |
|-------------------|---|------------------------------------|---|---|--|
| Vents | 1 | 2 | 3 | 4 | |
| Extinguishers (2) | 1 | 2 | 3 | | |

| | | Fire Rehersal | |
|--|-----------------|---------------|--|
| Date and Time | | | |
| Shift (Circle One) | 1st - 2nd - 3rd | | |
| Person in Charge | | | |
| Staff Present | | | |
| Time for Evacuation | | | |
| Brief Description of What Was Involved | | | |
| Are Smoke Dampers Closed? (Circle One) | Yes | No | |

Signed _____

Supervisor Sig. _____ Date _____

MONTHLY MAINTENANCE FORM

D Hall

2023

| Action to be taken in attic | | | |
|-----------------------------|-------|-------|-------|
| AC Unit | | | |
| Debris | | | |
| Filters | | | |
| Sump Pump | | | |
| Recepticles | | | |
| Light Switches | | | |
| Light Bulbs (3) | Bulb1 | Bulb2 | Bulb3 |
| Return Duct | | | |
| Drain Pipes | | | |
| Drain Tray | | | |
| Smoke Dampers | | | |

| Action to be taken on ground level | | | |
|------------------------------------|---|---|---|
| Vents | 1 | 2 | 3 |
| Extinguishers | 1 | | |
| Emergency Lights (2) | 1 | 2 | |
| Exit Lights (2) | 1 | 2 | |

| Bedroom Filters | | | | | | | | |
|-----------------|-------------------|--|------------------|--|-----------------|--|--------------------------|--|
| | Filter Clean? Y/N | | Grate Clean? Y/N | | Vent Clean? Y/N | | Unit in Good Repair? Y/N | |
| D-1 | | | | | | | | |
| D-2 | | | | | | | | |
| D-3 | | | | | | | | |
| D-4 | | | | | | | | |
| D-5 | | | | | | | | |
| D-6 | | | | | | | | |
| D-7 | | | | | | | | |
| D-8 | | | | | | | | |
| D-9 | | | | | | | | |
| D-10 | | | | | | | | |

| Bedroom Windows | | | | | | |
|-----------------|----------------------|--|------------------------------------|--|------------------|--|
| | Windows Cracked? Y/N | | Windows in good Working Order? Y/N | | Screen Torn? Y/N | |
| D-1 | | | | | | |
| D-2 | | | | | | |
| D-3 | | | | | | |
| D-4 | | | | | | |
| D-5 | | | | | | |
| D-6 | | | | | | |
| D-7 | | | | | | |
| D-8 | | | | | | |
| D-9 | | | | | | |
| D-10 | | | | | | |

Signed _____

Supervisors Signature _____

Date _____

MONTHLY MAINTENANCE FORM

A Hall

DECEMBER 2021

| Action to be taken in attic | | | |
|-----------------------------|-------|-------|-------|
| Debris | | | |
| Light Switches | | | |
| Light Bulbs (3) | Bulb1 | Bulb2 | Bulb3 |
| Return Duct | | | |
| Smoke Dampers | | | |
| Compressor Oil | | | |

| Action to be taken on ground level | | |
|------------------------------------|---|---|
| Vents | 1 | 2 |
| Extinguishers | 1 | |
| Emergency Lights (2) | 1 | 2 |
| Exit Lights (2) | 1 | 2 |

| Bedroom Filters | | | | |
|-----------------|-------------------|------------------|-----------------|--------------------------|
| | Filter Clean? Y/N | Grate Clean? Y/N | Vent Clean? Y/N | Unit in Good Repair? Y/N |
| A-1 | | | | |
| A-2 | | | | |
| A-3 | | | | |
| A-4 | | | | |
| A-5 | | | | |
| A-6 | | | | |
| A-7 | | | | |
| A-8 | | | | |
| A-9 | | | | |
| A-10 | | | | |

| Bedroom Windows | | | | | |
|-----------------|----------------------|------------------------------------|------------------|--|--|
| | Windows Cracked? Y/N | Windows in good Working Order? Y/N | Screen Torn? Y/N | | |
| A-1 | | | | | |
| A-2 | | | | | |
| A-3 | | | | | |
| A-4 | | | | | |
| A-5 | | | | | |
| A-6 | | | | | |
| A-7 | | | | | |
| A-8 | | | | | |
| A-9 | | | | | |
| A-10 | | | | | |

Signed: _____

Supervisors Signature: _____

Date: _____

MONTHLY MAINTENANCE FORM

B Hall

2023

| Action to be taken in attic | | | |
|-----------------------------|-------|-------|-------|
| Debris | | | |
| Light Switches | | | |
| Smoke Dampers | | | |
| Light Bulbs (3) | Bulb1 | Bulb2 | Bulb3 |

| Action to be taken on ground level | | |
|------------------------------------|---|---|
| Vents | 1 | 2 |
| Extinguishers | 1 | |
| Emergency Lights (2) | 1 | 2 |
| Exit Lights (2) | 1 | 2 |

| Bedroom Filters | | | | |
|-----------------|-------------------|------------------|-----------------|--------------------------|
| | Filter Clean? Y/N | Grate Clean? Y/N | Vent Clean? Y/N | Unit in Good Repair? Y/N |
| B-1 | | | | |
| B-2 | | | | |
| B-3 | | | | |
| B-4 | | | | |
| B-5 | | | | |
| B-6 | | | | |
| B-7 | | | | |
| B-8 | | | | |

| B-Hall Bathroom Cabinet | | | | | |
|----------------------------------|-----|----|-----------------|-----|----|
| Cabinet clean/in good condition? | Yes | No | Cabinet locked? | Yes | No |
| Key attached to cabinet? | Yes | No | Comments: | | |
| | | | | | |

| Bedroom Windows | | | | | | |
|-----------------|----------------------|------------------------------------|------------------|--|--|--|
| | Windows Cracked? Y/N | Windows in good Working Order? Y/N | Screen Torn? Y/N | | | |
| B-1 | | | | | | |
| B-2 | | | | | | |
| B-3 | | | | | | |
| B-4 | | | | | | |
| B-5 | | | | | | |
| B-6 | | | | | | |
| B-7 | | | | | | |
| B-8 | | | | | | |

Signed _____

Supervisors Signature _____

Date _____

MONTHLY MAINTENANCE FORM

C Hall

2023

| Action to be taken in attic | | | | |
|-----------------------------|-------|---|---|---|
| AC Unit | | | | |
| Debris | | | | |
| Filters | | | | |
| Sump Pump | | | | |
| Receptacles | | | | |
| Light Switches | | | | |
| Light Bulbs (4) | Bulb1 | 2 | 3 | 4 |
| Return Duct | | | | |
| Drain Pipes | | | | |
| Smoke Dampers | | | | |
| Drain Tray | | | | |

| Action to be taken on ground level | | | |
|------------------------------------|---|---|---|
| Vents | 1 | 2 | 3 |
| Extinguishers | 1 | | |
| Emergency Lights (2) | 1 | 2 | |
| Exit Lights (2) | 1 | 2 | |

| Bedroom Filters | | | | |
|-----------------|-------------------|------------------|-----------------|--------------------------|
| | Filter Clean? Y/N | Grate Clean? Y/N | Vent Clean? Y/N | Unit in Good Repair? Y/N |
| C-1 | | | | |
| C-2 | | | | |
| C-3 | | | | |
| C-4 | | | | |
| C-5 | | | | |
| C-6 | | | | |
| C-7 | | | | |
| C-8 | | | | |

| C-Hall Bathroom Cabinet | | | | | |
|----------------------------------|-----|----|-----------------|-----|----|
| Cabinet clean/in good condition? | Yes | No | Cabinet locked? | Yes | No |
| Key attached to cabinet? | Yes | No | Comments: | | |

| Bedroom Windows | | | | | |
|-----------------|----------------------|------------------------------------|------------------|--|--|
| | Windows Cracked? Y/N | Windows in good Working Order? Y/N | Screen Torn? Y/N | | |
| C-1 | | | | | |
| C-2 | | | | | |
| C-3 | | | | | |
| C-4 | | | | | |
| C-5 | | | | | |
| C-6 | | | | | |
| C-7 | | | | | |
| C-8 | | | | | |

Signed _____

Supervisors Signature _____

Date _____

January 2023

| Temperature must be between 100 & 116 F | Exhaust Fan Operational | Sink Temp | Shower Temp | Tub Temp | Vacuum Breaker Shower | | |
|---|-------------------------|-----------|-------------|----------------------|-----------------------|--|--|
| A1 / A3 FULL BATH | | | | | | | |
| A5 FULL BATH | | | | | | | |
| A7 / A9 FULL BATH | | | | | | | |
| A8 / A10 FULL BATH | | | | | | | |
| A6 FULL BATH | | | | | | | |
| A2 / A4 FULL BATH | | | | | | | |
| B HALL BATH | | | | | | | |
| B1 / B3 FULL BATH | | | | | | | |
| B5 FULL BATH | | | | | | | |
| B7 FULL BATH | | | | | | | |
| B8 FULL BATH | | | | | | | |
| B6 FULL BATH | | | | | | | |
| B4 FULL BATH | | | | | | | |
| B2 FULL BATH | | | | | | | |
| C HALL BATH | | | | | | | |
| C1 FULL BATH | | | | | | | |
| C3 FULL BATH | | | | | | | |
| C5 FULL BATH | | | | | | | |
| C7 FULL BATH | | | | | | | |
| C8 FULL BATH | | | | | | | |
| C6 FULL BATH | | | | | | | |
| C2 / C4 FULL BATH | | | | | | | |
| LADIES HALF BATH | | | | | | | |
| MENS HALF BATH | | | | | | | |
| D1 / D3 FULL BATH | | | | | | | |
| D5 FULL BATH | | | | | | | |
| D7 / D9 FULL BATH | | | | | | | |
| D8 / D10 FULL BATH | | | | | | | |
| D6 FULL BATH | | | | | | | |
| D2 / D4 FULL BATH | | | | | | | |
| LAUNDRY ROOM | | | | | | | |
| Fridge temp -36° to 46° | | | | Beauty Parlor | | | |
| Freezer Temp -32° or below | | | | Vacuum Break Intact: | | | |
| Staff Fridge Temp | | | | Yes | No | | |
| Med Room Fridge | | | | | | | |
| Kitchen Freezer | | | | | | | |
| Kitchen Fridge | | | | | | | |

| | | | |
|-------------------------------|-----------------|-----|----|
| Washing Machine Chlorine Test | At Least 50 ppm | Yes | No |
| Sanitizer Test Strip | 150 - 400 ppm | Yes | No |

| | | | |
|-----------------------------------|------|-----|----|
| Dishwasher Temp Strip | 160° | Yes | No |
| 2" Clearance on Ice Machine Drain | Yes | No | |

All Kitchen sink temps (except handwashing) must be 140°

STAFF: _____
 DATE: _____

ADMIN: _____
 TIME: _____