POC Accepted 3.27.25
Connie Cherry
chg

Fair Haven

Fair Haven Assisted Living POC

March 2025

Earnestine W. Thompson-Administrator

Everett Washington-RN, Designee

What You Need to Know About Your Plan of Correction

Alabama Department of Public Health
Bureau of Health Provider Standards
Assisted Living Facilities Unit

Your Plan of Correction (POC) must contain the following information:

- ☐ Facility Name: Fair Haven Retirement Center ALF
- ☐ Facility Identification Number: D3702
- ☐ Name of Administrator: Earnestine Thompson
- ☐ Survey Exit Date: 03/05/25

Each deficiency in the statement of deficiencies (SOD) must be separately addressed and include the following five (5) elements:

1. The cited deficiency number from the SOD.
2. The POC must specify the corrective action(s) that you will take in response to each resident or example identified in the SOD.
3. The POC must explain the corrective action(s) that your facility will take to identify other residents or concerns not identified by the survey team that are related to those cited in your SOD. Be sure to include specific timetables and identify responsible facility staff. **DO NOT include resident rosters or any Protected Health Information (PHI) in the POC.** If PHI is included in the POC, corrections to remove that information will be requested.
4. The POC must describe the measures/changes you have put into place or made to ensure the same deficiency will not recur in your facility. Be sure to include specific timetables and identify responsible facility staff; staff training; policy changes; use of consultants; resident input; physical environment modifications; changes or expansion of staffing positions; increase in staff numbers; and improvement of staff qualifications.
5. The POC must explain how you will monitor your corrective action(s) to ensure that they are fully implemented; adequately address the identified problems; and are effective. The POC must also identify positions of staff that will accomplish the monitoring; when and how often the monitoring will take place; and where documentation of the monitoring will be kept. (Monitoring activities may include: oversight by the administrator or other supervisory personnel; ombudsman feedback; and interviews with residents and families.)

Your POC must be signed, dated, and returned by: Saturday, March 22, 2025, at 5pm.

Return to:
Alabama Department of Public Health
Bureau of Health Provider Standards
alfcomplaints@adph.state.al.us

Fair Haven

1424 Montclair Road
Birmingham, AL. 35210
205-956-4150

March 21, 2025

Alabama Department of Public Health
Division of Health Care Facilities
Assisted Living Facility Unit
201 Monroe Street-Suite 600
P.O. Box 303017
Montgomery, AL 36130-3017

To Ms. Cherry and Mr. Black:

Please see the enclosed Plan of Correction in response to the Fair Haven Assisted Living Retirement Community survey conducted Monday, March 3, 2025 through Wednesday, March 5, 2025.

Please feel free to contact me at 205-956-4150 or 205-337-7543, if you have any questions. You may also speak to Mr. Everett Washington, R.N. Coordinator and Designee, if needed.

Thank you,

Earnestine W. Thompson, Administrator

Fair Haven Retirement Community
1424 Montclair Road
Birmingham, AL 35210

Plan of Correction

Assisted Living Facility
License # D3702

Earnestine Thompson, Administrator

March 3, 2025

This Plan of Correction, in response to the Statement of Deficiencies, demonstrates our desire to continue to improve the quality of care services this facility offers.

Deficiency

1. A 405 420-5-4-04 (6) Personnel
2. A) EI #10 did not have CPR training prior to survey conducted on March 3, 2025. EI #10 CPR training was completed on March 19, 2025 by a certified CPR instructor. EI #10 will be monitored and scheduled every two years as required.

   B) Effective 3/15/2025 annual training commenced and all staff are being trained regarding blood glucose monitoring systems (finger sticks, Dexcom, Libre) Diagnosis of diabetes mellitus and review of Foley catheter policy. All staff will have training complete by 4/16/2025 by EI #2. All staff will receive this training annually and prn
3. ALF associates CPR files have been audited by EI #2 on March 17, 2025 for compliance and all ALF associates will maintain a current CPR certification as required by ADPH Rules and Regulations. All newly hired associates will receive CPR certification within 90 days of employment from a certified CPR instructor and every two years thereafter.
4. Administrator or Designee will keep a monthly log of all associates CPR training status. The log will be audited monthly and associates requiring CPR training will be scheduled before expiration date of current CPR certification.
5. The Administrator or Designee will keep each associate file in Administrators office and audit monthly for CPR compliance

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Plan of Correction

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March 3, 2025

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Deficiency

1. A 504 420-5-4-.05 (3) (d) Records and Reports
2. Upon discovery by ADPH surveyor and notification to EI #2, a resident's file was found inside an unlocked cabinet. The file was obtained at the time of notification and placed in the appropriate charting room by EI #2
3. All charting rooms in Assisted Living have doors that are able to be secured and easily opened with a master key by assigned staff on duty. All resident files must be kept secure in the appropriate location (charting room) while not in use by staff. On March 3, 2025 EI #2 removed all items that impeded each door from being properly secured.
4. Signage has been placed on the exterior and interior of each door directing staff to keep charting room doors locked and secured when not in attendance
5. Staff will receive annual training regarding resident rights, protecting resident confidentiality. Annual training started on March 16, 2025, all staff will have completed training by April 16, 2025. Licensed nurse, household coordinators and Director of Nursing will monitor charting room doors when on duty for compliance regarding keeping charting room doors locked and secured. In addition, licensed nurses, household coordinators or Director of Nursing will observe for resident files that are inadvertently not stored in the appropriate charting room as well as make corrective action at the time.

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Deficiency

1. A 507 420-5-20-05 Records and Reports
2. Under Records and Reports it was identified that the ALF resident face sheets did not identify a residents preferred Hospital, Funeral Home or Skilled Care choice.
3. All of the ALF resident charts were identified as needing an updated face sheet with preferred Hospital, Funeral Home and Skilled Care choice. On 3/7/2025 EI #2 began the process of speaking with all appropriate representatives/sponsors to gather residents preferred Hospital, Funeral Home and Skilled Care choices to be added to current residents face sheets by 4/16/2025.
4. The face sheet in PCC was updated to include the residents preferred Hospital, Funeral Home and Skilled Care choice by the Fair Haven IT department on 3/5/2025, during the survey process
5. The Marketing department will add the preferred Hospital, Funeral Home and Skilled Care Facility to all future resident face sheets during the admission process. The Administrator or Designee will ensure and verify input on face sheet upon each admission.

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Plan of Correction

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March 3, 2025

This Plan of Correction, in response to the Statement of Deficiencies, demonstrates our desire to continue to improve the quality of care services this facility offers.

Deficiency

1. A 602 420-5-4-.06 (2) (a) (b) (c) Care of Residents
2. RI #6 Medical Examination and Plan of Care was updated on 3-11-2025 by RI #6 provider.
3. An audit of all medical records was completed by Household Coordinator and Director of Nursing on 3/18/2025. A list has been compiled of when medical examinations and plan of cares are due. The compiled list will be shared with providers to alert them when medical examinations and plan of cares are due.
4. An order will be written on each resident and forwarded to pharmacy to have their medication administration records updated identifying when medical examination and plan of care is due
5. Licensed Practical Nurses will alert Director of Nursing and Provider when medical examination and plan of care is due per notation on medication administration record. Licensed nurse will initial MAR when medical examination and plan of care has been completed. Director of Nursing will audit compiled roster of medical examination and plan of care twice per month and each individual medical examination and plan of care monthly when care plans are reviewed.

Fair Haven Retirement Community
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Birmingham, AL 35210

Plan of Correction

Assisted Living Facility
License # D3702

Earnestine Thompson, Administrator

March 3, 2025

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Deficiency

1. A 614 420-5-4-.06 (5) (f) (g) (6) (7) (q) -(i) Care of Residents
2. RI #2 and RI #3 have been provided a bold print ledger with name of insulin, frequency of insulin injections, instructions on sliding scale insulin coverage if needed.
3. Licensed Nurses are to allow all residents the opportunity to identify the name and dose on his/her insulin pen and syringe upon each administration time. Licensed Nurse may use bold print ledger to assist resident with his/her insulin process.
4. All residents who receive insulin will receive a bold print ledger identifying the name of their insulin, frequency of insulin injections and sliding scale coverage.
5. Resident will have a monthly medication awareness test done by Licensed Nurse, concerns will be discussed with Director of Nursing and Administrator. Medication awareness test will be reviewed monthly by EI #2 on all residents who receive insulin injections. Medication awareness test will be kept in resident file.

Fair Haven Retirement Community
1424 Montclair Road
Birmingham, AL 35210

Plan of Correction

Assisted Living Facility
License # D3702

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March 3, 2025

This Plan of Correction, in response to the Statement of Deficiencies, demonstrates our desire to continue to improve the quality of care services this facility offers.

Deficiency

1. A 1002 420-5-2-10 (2) Sanitation and Housekeeping

2. A.) Storage rooms were evaluated and all paint products were removed and stored in a non-residential area on 3/3/2025 by EI #3
   B.) The "mechanical room" where bed frames were improperly stored were removed and relocated to a non-residential area on 3/3/2025 by EI #3

3. All storage and mechanical rooms were inspected for improper storage by EI #1 and EI #3 during the survey process. Any items found to be stored incorrectly were either disposed of or relocated to their appropriate designated areas on 3/8/2025 by EI #3

4. The Maintenance Director will conduct monthly audits of all storage and mechanical rooms to ensure compliance with safety standards. The director will assess each area for any improperly stored items and verify that all materials are placed in their designated locations. If any issues are found, immediate corrective actions will be taken, including the removal or relocation of items that do not belong in these spaces

5. The Administrator or Designee will conduct a random monthly inspection of 10% of all storage and mechanical closets to ensure compliance with proper storage guidance. Any deviation from compliance will involve immediate corrective action and re-education of staff responsible in storing of items.

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Plan of Correction

Assisted Living Facility
License # D3702

Earnestine Thompson, Administrator

March 3, 2025

This Plan of Correction, in response to the Statement of Deficiencies, demonstrates our desire to continue to improve the quality of care services this facility offers.

Deficiency

1. A 1101 420-5-4-11 (1) Fire and Safety

2. A.) Fire Drills were conducted for the months of November 2024 and February 2025 and are attached

   B.) Sprinkler Inspection Reports for June 2024, September 2024 and December 2024 were conducted and are attached

3. A.) Fire Drills for all months in 2024 and 2025 to date were reviewed on 3/4/2025 and found to be in compliance with the regulation

   B.) A review of sprinkler testing by a licensed contractor was reviewed by EI #3 and Executive Director for 2024 and 2025 to date and was found to be in compliance

4. A.) Fire Drills for the ALF have been added to the TELS preventative maintenance system as a scheduler for the performance of Drills according to the assisted living regulations. This system will prompt the performance of drills on a scheduled basis for Every Month, Each Shift per quarter and include weekend testing

   B.) Fire Sprinkler Testing by a licensed contractor for the ALF have been added to the TELS preventative maintenance system as a scheduler for the performance of testing according to the assisted living regulations. This system will prompt the performance of testing on a quarterly basis

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Plan of Correction

Assisted Living Facility
License # D3702

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March 3, 2025

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Deficiency

A 1101 420-5-4-11 (1) Fire and Safety (Continued)

5. Monitoring of compliance with this plan of correction will be accomplished by a monthly review of TELS compliance with the testing of fire drills and the provision of sprinkler testing by the administrator or designee. Deviations from this plan will be addressed at the time of discovery by the immediate testing of the fire drill system and or the sprinkler systems

Have fire sprinkler system certified/inspected.

REMOVE SAVE

Category Fire Sprinkler System Regulatory Requires Doc

Schedule

Recurrence

Every 3 Months

Next Due

MAY 2025

In May 2025

Assigned To

Nobody

Related Tags

› K353 Sprinkler System – Maintenance and Testing

Resources

Instructions

1. Schedule an appointment with a certified contractor to have the sprinkler system certified
2. Check that all certification records are in order
3. Initial Fire Inspection tag located on Riser
4. Upload a copy of certified contractor report to TELS

These are the items that should be covered during the inspection

- Place alarms on standby
- Actuate valve to ensure supervisory signals are received
- Flow water to ensure flow switches are functioning
- Flush line for backflow prevention
- Make any repairs needed through qualified repair technician

- Flush main line to clear out backflow preventer
- Check for physical damage
- Inspect each head from floor level for damage, foreign material, paint, leakage, etc.
- Inspect for proper number and type of spare sprinkler heads and wrench is available
- Visually inspect all exposed components for damage, etc.
- Check hydraulic nameplate to be certain it is attached securely to the sprinkler riser and is legible
- Check anti freeze solution if applicable (prior to freezing weather, verify that piping is not exposed and adequate heat is available in concealed spaces. If there is an antifreeze loop, this must be tested by a contractor annually
- Test Main drain
- Sprinkler Pipes/Hangers/Fittings - visually verify there is no damage to hardware unless this part of the system is in concealed places, such as an attic or above suspended ceiling. If so, inspection is not required.

Assisted Living Fire Drill - First Shift

REMOVE SAVE

Category Fire Drills Regulatory

Schedule

Recurrence

Every 3 Months

Next Due

APRIL 2025

In April 2025

Assigned To

Nobody

Resources

Instructions

Perform a fire drill

1. Drills are to be no closer than two hours apart from the last time recorded and not in the same hour during the year for any shift.
2. Inform fire station / monitoring company of the test
3. Place commonly recognized fire indicator in the zone of the trigger device that will be activated
4. Rescue resident, check bathroom if door is closed. Close room door when exiting
5. Test the system by activating a smoke detector, pull station, or other trigger in the proper zone
6. Maintenance staff should verify activation at the fire department / monitoring company
7. Staff in the zone of origin should systematically inspect each room to find the fire and ensure doors are closed

8. Notify residents of the drill, if applicable document who the residents were that were involved in the evacuation, and where they were evacuated to.
9. Staff in other zones should calm residents, let them know it's only a drill, and close the doors until the drill is over
10. After fire is located, suspend the drill, silence the alarms, and notify the facility that the test is concluded
11. Have maintenance staff reset the alarm system
12. Call fire station / monitoring company and let them know the test is concluded

Verify operation of the alarm system (during drill)

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

Assisted Living Fire Drill - Second Shift

REMOVE SAVE

Category Fire Drills Regulatory

Schedule

Recurrence

Every 3 Months

Next Due

MAY 2025

In May 2025

Assigned To

Nobody

Resources

Instructions

Perform a fire drill

1. Drills are to be no closer than two hours apart from the last time recorded and not in the same hour during the year for any shift.
2. Inform fire station / monitoring company of the test
3. Place commonly recognized fire indicator in the zone of the trigger device that will be activated
4. Rescue resident, check bathroom if door is closed. Close room door when exiting
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            2. Kitchen
            3. Laundry
            4. Shower Rooms
            5. Therapy/Gym
    - Magnetically operated fire/smoke doors closed and latched with no gaps
    - Magnetic door locks disengaged with Wanderguard to allow egress

Assisted Living Fire Drill - Third Shift

REMOVE SAVE

Category Fire Drills Regulatory

Schedule

Recurrence

Every 3 Months

Next Due

JUNE 2025

In June 2025

Assigned To

Nobody

Resources

Instructions

Perform a fire drill

1. Drills are to be no closer than two hours apart from the last time recorded and not in the same hour during the year for any shift.
2. Inform fire station / monitoring company of the test
3. Place commonly recognized fire indicator in the zone of the trigger device that will be activated
4. Rescue resident, check bathroom if door is closed. Close room door when exiting
5. Test the system by activating a smoke detector, pull station, or other trigger in the proper zone
6. Maintenance staff should verify activation at the fire department / monitoring company
7. Staff in the zone of origin should systematically inspect each room to find the fire and ensure doors are closed

8. Notify residents of the drill, if applicable document who the residents were that were involved in the evacuation, and where they were evacuated to.
9. Staff in other zones should calm residents, let them know it's only a drill, and close the doors until the drill is over
10. After fire is located, suspend the drill, silence the alarms, and notify the facility that the test is concluded
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            5. Therapy/Gym
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Perform a fire drill during weekend shift - Upload signature sheet to TELS

VIEW LOG REMOVE SAVE

Category Fire Drills Regulatory Requires Doc Logs

Schedule

Recurrence

Every 3 Months

Next Due

MAY 2025

In May 2025

Assigned To

Nobody

Related Tags

› K712 Fire Drills

Resources

Creating and Conducting an Orientation Training Pr

Instructions

Orientation Training Program to replace quarterly Fire Drill

- In-person training session should review the facility fire and life safety program with staff including elements of the fire plan that may have changed as facility conditions have changed in response to COVID-19
- Training should include all employees including temporary employees
- In-service can be performed monthly by the Education Coordinator, Maintenance Staff or Administrator
- Training should review what is expected for fire drills, key features of fire protection in the facility and how they work
- Staff should be instructed of current duties, life safety procedures and protection devices in their assigned areas
- Review policies, procedures and expectations on things like what should be done if the alarm is sounded

- Training can include additional drills for emergency preparedness like severe weather
- Documentation should include an agenda, presentation materials and sign-in sheets for staff attending

Perform a fire drill

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File written documentation in the safety binder

1. Ask staff for feedback on drill
2. Note time of drill and staff involved
3. Note any problems or discrepancies (keep in mind that the primary purpose of the drill is to find flaws and make improvements)
4. List recommendations for future drills and training
5. If you are in the state of Texas, Complete TX Department of Aging Fire Drill Form 4719 Dated September 2013

Perform a fire drill during weekend shift - Upload signature sheet to TELS

VIEW LOG REMOVE SAVE

Category Fire Drills Regulatory Requires Doc Logs

Schedule

Recurrence

Every 3 Months

Next Due

MAY 2025

In May 2025

Assigned To

Nobody

Related Tags

› K712 Fire Drills

Resources

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File written documentation in the safety binder

1. Ask staff for feedback on drill
2. Note time of drill and staff involved
3. Note any problems or discrepancies (keep in mind that the primary purpose of the drill is to find flaws and make improvements)
4. List recommendations for future drills and training
5. If you are in the state of Texas, Complete TX Department of Aging Fire Drill Form 4719 Dated September 2013

LOGBOOK DOCUMENTATION

Fair Haven Methodist Home - Birmingham, AL 35210-2295
Fire Drills
shift - Upload signature sheet to TELS

Completed By: Maint. A/F Date: 11/11/24

Building:	Main Building
Date:	11/11/24
Start Time:	8:12Am
End Time:	8:45 Am
Location in Building:	A/F
Drill Initiated By (Name & Position):	ED
Participants (Names & Positions):	On Sheet
Response Time:	GOOD
Was alarm received by fire department, police or by monitoring company?:	☐ NA ☐ Fire Dept ☐ Police ☑ Alarm Monitoring Company
Did the monitoring company received the alarm signal?:	☐ NA ☑ Yes ☐ No
Confirmation Number:	8:13Am
Time signal was received?:	CSI
*Monitoring company name:	
*Operator name/ID number:	N/A
Resident Head Count:	On Sheet
Staff Head Count:	N/A
Visitor Head Count:	
All Fire Equipment Functional? (if "No," please describe in the Remarks Section):	☑ Yes ☐ No ☐ NA
Visible/Audio Devices Checked?:	☑ Yes ☐ No ☐ NA
Fire Panel Performed Properly? (if "No," please describe in the Remarks section):	☑ Yes ☐ No ☐ NA
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section):	☑ Yes ☐ No ☐ NA
Ventilation System Shut Down? (if "No," please describe in the Remarks section):	☑ Yes ☐ No ☐ NA
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section):	☑ Yes ☐ No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section):	☑ Yes ☐ No

Fire Drill
Sign-In Sheet

The following staff were present, and in the designated area, during the fire drill.

Department: Nursing / Kitchen ALF Date: 11/11/24

1. [signature]
2. [signature]
3. [signature]
4. [signature]
5. [signature]
6. [signature]
7. [signature]
8. _____
9. _____
10. _____
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33. _____
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38. _____
39. _____
40. _____

8:12 Am

Fire Drill
Sign-In Sheet

The following staff were present, and in the designated area, during the fire drill.

Department: Main Lobby AL Date: 10/11/24

1. Orlando Edwards
2. Sakina Williams
3. Naya Hamilton
4. Felicia Pope
5. Sonya
6. Ytaria McLeod
7. [illegible]
8. Ed Riley
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LOGBOOK DOCUMENTATION

Fair Haven Methodist Home - Birmingham, AL 35210-2295
Fire Drills - Building A and B: Perform a fire drill during 1st shift - Upload signature sheet to TELS

Completed By: Maint. AlF Date: 2/5/25

Building:	Main Building
Date:	2/5/25
Start Time:	7:37 AM
End Time:	8:02 AM
Location in Building:	AlF.
Drill Initiated By (Name & Position):	ED
Participants (Names & Positions):	ON Sheet
Response Time:	GOOD
Was alarm received by fire department, police or by monitoring company?:	☐ NA ☐ Fire Dept ☐ Police ☑ Alarm Monitoring Company
Did the monitoring company received the alarm signal?:	☐ NA ☑ Yes ☐ No
Confirmation Number:	
Time signal was received?:	7:38 AM
*Monitoring company name:	CSL
*Operator name/ID number:	
Resident Head Count:	N/A
Staff Head Count:	ON Sheet
Visitor Head Count:	N/A
All Fire Equipment Functional? (if "No," please describe in the Remarks Section):	☑ Yes ☐ No ☐ NA
Visible/Audio Devices Checked?:	☑ Yes ☐ No ☐ NA
Fire Panel Performed Properly? (if "No," please describe in the Remarks section):	☑ Yes ☐ No ☐ NA
Fire/Smoke Damper Performed Properly? (if "No," please describe in the Remarks section):	☑ Yes ☐ No ☐ NA
Ventilation System Shut Down? (if "No," please describe in the Remarks section):	☑ Yes ☐ No ☐ NA
Follow-Up Corrective Action - Employee Education/Training (if "Yes," please describe in the Remarks section):	☑ Yes ☐ No
Follow-Up Corrective Action - Disciplinary Action (if "Yes," please describe in the Remarks section):	☑ Yes ☐ No

Follow-Up Corrective Action - Repair/Replace Defective Equipment (if "Yes," please describe in the Remarks section):	☑ Yes ☐ No
Follow-Up Corrective Action - Install/Modify Safety Device (if "Yes," please describe in the Remarks section):	☑ Yes ☐ No
Follow-Up Corrective Action - Modify Environment (if "Yes," please describe in the Remarks section):	☑ Yes ☐ No
Follow-Up Corrective Action - Other (if "Yes," please describe in the Remarks section):	☑ Yes ☐ No
External Weather Condition:	58°
Remarks of Person Holding Drill:	GOOD

7:37 AM

Fire Drill
Sign-In Sheet

The following staff were present, and in the designated area, during the fire drill.

Department: Assisted Living Front Lobby Date: Feb 5, 2025

1. Naya Hamilton
2. Orlando Edwards
3. Deb Chappell
4. Jaquita Sanders
5. Ajania McLeod
6. Ed Riley
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"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 2 of 4

Inspection Contract Number: 86324

Bureau File No.:

Contact Name (PRINT)

SIGNATURE

REPORT TO FAIR HAVEN RETIREMENT CENTER
STREET 1424 MONTCLAIR ROAD
CITY & STATE BIRMINGHAM AL 35210

BUILDING OR LOCATION SAME
TECHNICIAN MICHAEL HANDLEY
PHONE 205-956-4150 DATE 06/19/24

Owner's Section (to be answered by owner or occupant)

A. Explain any occupancy hazard changes since the previous inspection. N/A

B. Describe fire protection modifications made since last inspection. N/A

C. Describe any fires since last inspection. N/A

D. When was the system piping last checked for stoppage, corrosion, or foreign material? 2012
E. When was the dry piping system last checked for proper pitch? N/A
F. Are dry valves adequately protected from freezing? YES

Inspector's Section (All responses reference current inspection)

	Yes	N.A. ‡	No*
1. **GENERAL**			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a min of 18 in.(457 mm) clearance between the top of the storage and the sprinkler deflector?	X		
2. **CONTROL VALVES** (See item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed, or equipped with a tamper switch?	X		
3. **WATER SUPPLIES** (See item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a. Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place , and check valves tight?	X		
c. Are they accessible and visible?	X		
5. **WET SYSTEMS** (See item 13)			
a. Are cold weather valves(OS&Y)in the appropriate open or closed position?	X		
b. Have anitfreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. **DRY SYSTEMS** (See item 10 to 14)			
a. Is the dry valve in service?	X		
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?	X		
c. Has the operation of the air or nitrogen supply been tested? Is it in service?	X		
d. Were low points drained druing this inspection?	X		
e. Did quick-opening devices operate satisfactorily?		X	
f. Did the dry valve trip properly druing the trip pressure test?	X		
g. Did the heating equipment in the dry-pip valve room operate at the time of inspection?	X		
7. **SPECIAL SYSTEMS** (See item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	
8. **ALARMS**			
a. Did water motor and gong test satisfactorily?		X	
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. **SPRINKLERS**			
a. Are all sprinklers free from corrosion, loading, or obstruction to spray discharge?	X		
b. Are sprinklers under 50 years old, thus not requiring a sample discharge?	X		
c. Is stock of spare sprinklers available?	X		
d. Does the interior condition of sprinkler system appear to be satisfactory?		X	
e. Temperature Are sprinklers of proper temperature ratings for their locations?	X		

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 2 of 4

Inspection Contract Number: 86324

Bureau File No.:

Conferred With:

FAIR HAVEN RETIREMENT CENTER

10. Date dry-pipe valve trip tested (control valve partially open) 10-12-22
11. Date dry-pipe valve trip tested (control valve fully open) 6-19-23
12. Date quick-opening device tested N/A
13. Date deluge or preaction valve tested N/A
14. See Control Valve Maintenance Table

Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	OS&Y	YES	YES			
System Control Valves	17	BFLY	YES	YES			
Pump Control Valves							
Sectional Control Valves	2	BFLY	YES	YES			
System Control Valves	4	OS&Y	YES	YES			
Pump Control Valves							

15 WATER FLOW TEST

Water Pressure? City 150 PSI Tank N/A PSI
Fire Pump N/A PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After
BUILDING C 1ST AREA 1	1 1/4"	155	145	155	BUILDING B A+B E+W SYS#4	2"	150	145	150
BUILDING C 1ST D2 STAIR	/	150	/	150	BUILDING B SYS#5	2"	150	145	150
BUILDING C 2NDS D2 STAIR	1"	150	140	150	Scab RISER DRY	2"	145	140	145
BUILDING C 3RD D2 STAIR	2"	150	140	150	Sacb RISER WET	1 1/4"	145	140	145
BUILDING A 1ST FL	1"	160	145	155	BUILDING B BY ELE. RISER#1	1"	160	145	155
BUILDING A 2ND FL	1"	150	140	150	BUILDING B BY ELE RISER#2	1"	160	145	155
BUILDING A 3RD FL	1"	150	140	150					
BUILDING A MAIN	2"	160	140	155					

16. Heat Responsive Devices

Test Method

Type of Equipment

Manufacturer

Test Results

Valve No.	A.	B.	C.	D.	Valve No.	A.	B.	C.	
Valve No.	A.	B.	C.	D.	Valve No.	A.	B.	C.	
Valve No.	A.	B.	C.	D.	Valve No.	A.	B.	C.	
Valve No.	A.	B.	C.	D.	Valve No.	A.	B.	C.	

Auxiliary Equipment: No.? Type? Location? Test Result?

REVISION 12-30-14

REMARKS PAGE

"CENTRAL"

FIRE PROTECTION, INC

Conferred With: _____

Building or Location: FAIR HAVEN RETIREMENT CENTER

ITEMS LISTED BELOW ARE NOT PART OF THE NATIONAL FIRE PROTECTION ASSOCIATION'S (NFPA) PAMPHLET 25, 2011 EDITION, AND ARE OUTSIDE OF THE INSPECTION AGREEMENT WITH THE COMPANY. THE IDENTIFICATION OF THESE ITEMS DOES NOT CONSTITUTE A DESIGN REVIEW OR AN ENGINEER ANALYSIS OF YOUR SYSTEM. THESE ITEMS WERE NOTICED DURING AN INSPECTION OF YOUR FIRE PROTECTION SYSTEM PERFORMED IN ACCORDANCE WITH NFPA PAMPHLET 25 (CHAPTERS 5 THROUGH 15), BUT ARE NOT A PART OF NFPA PAMPHLET 25'S INSPECTION REQUIREMENTS. CENTRAL FIRE PROTECTION, INC. MAKES NO GUARANTEE OR ASSURANCE THAT ANY DESIGN OR EXISTING DEFECTS OR DEFICIENCIES HAVE BEEN DETECTED.

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 2 of 4

Inspection Contract Number: 86245

Bureau File No.:

Contact Name (PRINT)

SIGNATURE

REPORT TO FAIR HAVEN RETIREMENT CENTER
STREET 1424 MONTCLAIR ROAD
CITY & STATE BIRMINGHAM AL 35210

BUILDING OR LOCATION BUILDING L
TECHNICIAN MICHAEL HANDLEY
PHONE 205-956-4150 DATE 06/19/24

Owner's Section (to be answered by owner or occupant)

A. Explain any occupancy hazard changes since the previous inspection. N/A

B. Describe fire protection modifications made since last inspection. N/A

C. Describe any fires since last inspection. N/A N/A

D. When was the system piping last checked for stoppage, corrosion, or foreign material? N/A
E. When was the dry piping system last checked for proper pitch? N/A
F. Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A. ‡	No*
1. **GENERAL**			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a min of 18 in.(457 mm) clearance between the top of the storage and the sprinkler deflector?	X		
2. **CONTROL VALVES** (See item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed, or equipped with a tamper switch?	X		
3. **WATER SUPPLIES** (See item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a. Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place , and check valves tight?	X		
c. Are they accessible and visible?	X		
5. **WET SYSTEMS** (See item 13)			
a. Are cold weather valves(OS&Y)in the appropriate open or closed position?	X		
b. Have anitfreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. **DRY SYSTEMS** (See item 10 to 14)			
a. Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		X	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		X	
d. Were low points drained druing this inspection?		X	
e. Did quick-opening devices operate satisfactorily?		X	
f. Did the dry valve trip properly druing the trip pressure test?		X	
g. Did the heating equipment in the dry-pip valve room operate at the time of inspection?		X	
7. **SPECIAL SYSTEMS** (See item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	
8. **ALARMS**			
a. Did water motor and gong test satisfactorily?	X		
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. **SPRINKLERS**			
a. Are all sprinklers free from corrosion, loading, or obstruction to spray discharge?	X		
b. Are sprinklers under 50 years old, thus not requiring a sample discharge?	X		
c. Is stock of spare sprinklers available?		X	
d. Does the interior condition of sprinkler system appear to be satisfactory?	X		
e. Temperature Are sprinklers of proper temperature ratings for their locations?			

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 2 of 4

Inspection Contract Number: 86324

Bureau File No.:

Conferred With: BUILDING L

10. Date dry-pipe valve trip tested (control valve partially open) N/A
11. Date dry-pipe valve trip tested (control valve fully open) N/A
12. Date quick-opening device tested N/A
13. Date deluge or preaction valve tested N/A
14. See Control Valve Maintenance Table

Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	BFLY	YES	YES			
System Control Valves	3	BFLY	YES	YES			
Pump Control Valves							
Sectional Control Valves							
System Control Valves							
Pump Control Valves							

15 WATER FLOW TEST

Water Pressure? City PSI Tank PSI
Fire Pump PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After
RISER	1 1/4"	155	135	150					
1ST FLOOR	1"	145	135	150					
2ND FLOOR	1"	145	130	145					
3RD FLOOR	1"	140	130	140					

16. Heat Responsive Devices

Test Method

Type of Equipment

Manufacturer

Test Results

Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.

Auxilliary Equipment: No.? Type? Location? Test Result?

REVISION 12-30-14

REMARKS PAGE

"CENTRAL"

FIRE PROTECTION, INC

Conferred With: _____

Building or Location: BUILDING L

ITEMS LISTED BELOW ARE NOT PART OF THE NATIONAL FIRE PROTECTION ASSOCIATION'S (NFPA) PAMPHLET 25, 2011 EDITION, AND ARE OUTSIDE OF THE INSPECTION AGREEMENT WITH THE COMPANY. THE IDENTIFICATION OF THESE ITEMS DOES NOT CONSTITUTE A DESIGN REVIEW OR AN ENGINEER ANALYSIS OF YOUR SYSTEM. THESE ITEMS WERE NOTICED DURING AN INSPECTION OF YOUR FIRE PROTECTION SYSTEM PERFORMED IN ACCORDANCE WITH NFPA PAMPHLET 25 (CHAPTERS 5 THROUGH 15), BUT ARE NOT A PART OF NFPA PAMPHLET 25'S INSPECTION REQUIREMENTS. CENTRAL FIRE PROTECTION, INC. MAKES NO GUARANTEE OR ASSURANCE THAT ANY DESIGN OR EXISTING DEFECTS OR DEFICIENCIES HAVE BEEN DETECTED.

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 2 OF 4

Inspection Contract Number: 86245

Bureau File No.:

Contact Name (PRINT)

SIGNATURE

REPORT TO FAIR HAVEN RETIREMENT CENTER
STREET 1424 MONTCLAIR ROAD
CITY & STATE BIRMINGHAM AL 35210

BUILDING OR LOCATION BUILDING K
TECHNICIAN MICHAEL HANDLEY
PHONE 205-956-4150 DATE 06/19/24

Owner's Section (to be answered by owner or occupant)

A. Explain any occupancy hazard changes since the previous inspection. N/A

B. Describe fire protection modifications made since last inspection. N/A

C. Describe any fires since last inspection. N/A N/A

D. When was the system piping last checked for stoppage, corrosion, or foreign material? N/A

E. When was the dry piping system last checked for proper pitch? N/A

F. Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A. ‡	No*
1. **GENERAL**			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a min of 18 in.(457 mm) clearance between the top of the storage and the sprinkler deflector?	X		
2. **CONTROL VALVES** (See item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed, or equipped with a tamper switch?	X		
3. **WATER SUPPLIES** (See item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a. Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place , and check valves tight?	X		
c. Are they accessible and visible?	X		
5. **WET SYSTEMS** (See item 13)			
a. Are cold weather valves(OS&Y)in the appropriate open or closed position?	X		
b. Have anitfreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. **DRY SYSTEMS** (See item 10 to 14)			
a. Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		X	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		X	
d. Were low points drained druing this inspection?		X	
e. Did quick-opening devices operate satisfactorily?		X	
f. Did the dry valve trip properly druing the trip pressure test?		X	
g. Did the heating equipment in the dry-pip valve room operate at the time of inspection?		X	
7. **SPECIAL SYSTEMS** (See item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	
8. **ALARMS**			
a. Did water motor and gong test satisfactorily?		X	
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. **SPRINKLERS**			
a. Are all sprinklers free from corrosion, loading, or obstruction to spray discharge?	X		
b. Are sprinklers under 50 years old, thus not requiring a sample discharge?	X		
c. Is stock of spare sprinklers available?	X		
d. Does the interior condition of sprinkler system appear to be satisfactory?		X	
e. Temperature Are sprinklers of proper temperature ratings for their locations?	X		

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 2 of 4

Inspection Contract Number: 86324

Conferred With:

Bureau File No.:

BUILDING K

10. Date dry-pipe valve trip tested (control valve partially open) N/A
11. Date dry-pipe valve trip tested (control valve fully open) N/A
12. Date quick-opening device tested N/A
13. Date deluge or preaction valve tested N/A
14. See Control Valve Maintenance Table

Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	PIV	YES	YES			
System Control Valves	2	BFLY	YES	YES			
Pump Control Valves							
Sectional Control Valves							
System Control Valves							
Pump Control Valves							

15 WATER FLOW TEST

Water Pressure? City PSI Tank N/A PSI

Fire Pump N/A PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After
RISER	1 1/4"	155	135	145					
1ST FLOOR	1"	155	145	150					
2ND FLOOR	1"	150	140	145					
3RD FLOOR	1"	135	130	135					

16. Heat Responsive Devices

Test Method

Type of Equipment

Manufacturer

Test Results

Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.

Auxilliary Equipment: No.? Type? Location? Test Result?

REVISION 12-30-14

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 3 of 4

Inspection Contract Number: 86356

Bureau File No.:

Contact Name (PRINT)

SIGNATURE

REPORT TO FAIR HAVEN RETIREMENT CENTER
STREET 1424 MONTCLAIR ROAD
CITY & STATE BIRMINGHAM AL 35210

BUILDING OR LOCATION SAME
TECHNICIAN MICHAEL HANDLEY
PHONE 205-956-4150 DATE 09/12/24

Owner's Section (to be answered by owner or occupant)

A. Explain any occupancy hazard changes since the previous inspection. N/A

B. Describe fire protection modifications made since last inspection. N/A

C. Describe any fires since last inspection. N/A

D. When was the system piping last checked for stoppage, corrosion, or foreign material? 2012
E. When was the dry piping system last checked for proper pitch? N/A
F. Are dry valves adequately protected from freezing? YES

Inspector's Section (All responses reference current inspection)

	Yes	N.A. ‡	No*
1. **GENERAL**	X		
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a min of 18 in.(457 mm) clearance between the top of the storage and the sprinkler deflector?			
2. **CONTROL VALVES** (See item 14)	X		
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed, or equipped with a tamper switch?			
3. **WATER SUPPLIES** (See item 15)	X		
a. Was a water flow test of main drain made at the sprinkler riser?			
4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**		X	
a. Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained?	X		
b. Are fire department connections in satisfactory condition, couplings free, caps in place , and check valves tight?	X		
c. Are they accessible and visible?			
5. **WET SYSTEMS** (See item 13)	X		
a. Are cold weather valves(OS&Y)in the appropriate open or closed position?		X	
b. Have anitfreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?			
6. **DRY SYSTEMS** (See item 10 to 14)	X		
a. Is the dry valve in service?	X		
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?	X		
c. Has the operation of the air or nitrogen supply been tested? Is it in service?	X		
d. Were low points drained druing this inspection?		X	
e. Did quick-opening devices operate satisfactorily?		X	
f. Did the dry valve trip properly druing the trip pressure test?	X		
g. Did the heating equipment in the dry-pip valve room operate at the time of inspection?			
7. **SPECIAL SYSTEMS** (See item 16)		X	
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?			
8. **ALARMS**		X	
a. Did water motor and gong test satisfactorily?	X		
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?			
9. **SPRINKLERS**	X		
a. Are all sprinklers free from corrosion, loading, or obstruction to spray discharge?	X		
b. Are sprinklers under 50 years old, thus not requiring a sample discharge?	X		
c. Is stock of spare sprinklers available?		X	
d. Does the interior condition of sprinkler system appear to be satisfactory?	X		
e. Temperature Are sprinklers of proper temperature ratings for their locations?			

SHEET 2 of 3

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 3 of 4

Inspection Contract Number: 86356

Conferred With: _____

Bureau File No.: _____

FAIR HAVEN RETIREMENT CENTER

10. Date dry-pipe valve trip tested (control valve partially open) 10-12-22
11. Date dry-pipe valve trip tested (control valve fully open) 6-19-24
12. Date quick-opening device tested N/A
13. Date deluge or preaction valve tested N/A
14. See Control Valve Maintenance Table

Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	OS&Y	YES	YES			
System Control Valves	17	BFLY	YES	YES			
Pump Control Valves							
Sectional Control Valves	2	BFLY	YES	YES			
System Control Valves	4	OS&Y	YES	YES			
Pump Control Valves							

15

WATER FLOW TEST

Water Pressure? City 150 PSI Tank N/A PSI
Fire Pump N/A PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After
BUILDING C 1ST AREA 1	1 1/4"	155	145	150	BUILDING B A+B E+W SYS#4	2"	150	145	150
BUILDING C 1ST D2 STAIR	/	150	/	150	BUILDING B SYS#5	2"	150	145	150
BUILDING C 2NDS D2 STAIR	1"	150	140	150	Scab RISER DRY	2"	145	135	145
BUILDING C 3RD D2 STAIR	2"	150	140	150	Sacb RISER WET	1 1/4"	145	135	145
BUILDING A 1ST FL	1"	160	145	160	BUILDING B BY ELE. RISER#1	1"	160	145	160
BUILDING A 2ND FL	1"	150	140	150	BUILDING B BY ELE RISER#2	1"	160	145	160
BUILDING A 3RD FL	1"	150	140	150					
BUILDING A MAIN	2"	160	140	160					

16. Heat Responsive Devices

Test Method _____

Type of Equipment _____

Manufacturer _____

Test Results

Valve No. _____ A. _____ B. _____ C. _____ D. _____ Valve No. _____ A. _____ B. _____ C. _____
Valve No. _____ A. _____ B. _____ C. _____ D. _____ Valve No. _____ A. _____ B. _____ C. _____
Valve No. _____ A. _____ B. _____ C. _____ D. _____ Valve No. _____ A. _____ B. _____ C. _____
Valve No. _____ A. _____ B. _____ C. _____ D. _____ Valve No. _____ A. _____ B. _____ C. _____

Auxilliary Equipment: No.? _____ Type? _____ Location? _____ Test Result? _____

REVISION 12-30-14

REMARKS PAGE

"CENTRAL"

FIRE PROTECTION, INC

Conferred With: _____

Building or Location: FAIR HAVEN RETIREMENT CENTER

ITEMS LISTED BELOW ARE NOT PART OF THE NATIONAL FIRE PROTECTION ASSOCIATION'S (NFPA) PAMPHLET 25, 2011 EDITION, AND ARE OUTSIDE OF THE INSPECTION AGREEMENT WITH THE COMPANY. THE IDENTIFICATION OF THESE ITEMS DOES NOT CONSTITUTE A DESIGN REVIEW OR AN ENGINEER ANALYSIS OF YOUR SYSTEM. THESE ITEMS WERE NOTICED DURING AN INSPECTION OF YOUR FIRE PROTECTION SYSTEM PERFORMED IN ACCORDANCE WITH NFPA PAMPHLET 25 (CHAPTERS 5 THROUGH 15), BUT ARE NOT A PART OF NFPA PAMPHLET 25'S INSPECTION REQUIREMENTS. CENTRAL FIRE PROTECTION, INC. MAKES NO GUARANTEE OR ASSURANCE THAT ANY DESIGN OR EXISTING DEFECTS OR DEFICIENCIES HAVE BEEN DETECTED.

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 3 of 4

Inspection Contract Number: 86356

Bureau File No.:

Contact Name (PRINT)

SIGNATURE

REPORT TO FAIR HAVEN RETIREMENT CENTER
STREET 1424 MONTCLAIR ROAD
CITY & STATE BIRMINGHAM AL 35210

BUILDING OR LOCATION BUILDING L
TECHNICIAN MICHAEL HANDLEY
PHONE 205-956-4150 DATE 09/12/24

Owner's Section (to be answered by owner or occupant)

A. Explain any occupancy hazard changes since the previous inspection. N/A

B. Describe fire protection modifications made since last inspection. N/A

C. Describe any fires since last inspection. N/A

D. When was the system piping last checked for stoppage, corrosion, or foreign material? N/A

E. When was the dry piping system last checked for proper pitch? N/A

F. Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A. ‡	No*
1. **GENERAL**			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a min of 18 in.(457 mm) clearance between the top of the storage and the sprinkler deflector?	X		
2. **CONTROL VALVES** (See item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed, or equipped with a tamper switch?	X		
3. **WATER SUPPLIES** (See item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a. Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place , and check valves tight?	X		
c. Are they accessible and visible?	X		
5. **WET SYSTEMS** (See item 13)			
a. Are cold weather valves(OS&Y)in the appropriate open or closed position?	X		
b. Have anitfreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. **DRY SYSTEMS** (See item 10 to 14)			
a. Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		X	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		X	
d. Were low points drained druing this inspection?		X	
e. Did quick-opening devices operate satisfactorily?		X	
f. Did the dry valve trip properly druing the trip pressure test?		X	
g. Did the heating equipment in the dry-pip valve room operate at the time of inspection?		X	
7. **SPECIAL SYSTEMS** (See item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	
8. **ALARMS**			
a. Did water motor and gong test satisfactorily?		X	
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. **SPRINKLERS**			
a. Are all sprinklers free from corrosion, loading, or obstruction to spray discharge?	X		
b. Are sprinklers under 50 years old, thus not requiring a sample discharge?	X		
c. Is stock of spare sprinklers available?	X		
d. Does the interior condition of sprinkler system appear to be satisfactory?		X	
e. Temperature Are sprinklers of proper temperature ratings for their locations?	X		

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 3 of 4

Inspection Contract Number: 86356

Bureau File No.: _____

Conferred With: _____ BUILDING L

10. Date dry-pipe valve trip tested (control valve partially open) N/A
11. Date dry-pipe valve trip tested (control valve fully open) N/A
12. Date quick-opening device tested N/A
13. Date deluge or preaction valve tested N/A
14. See Control Valve Maintenance Table

Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	BFLY	YES	YES			
System Control Valves	3	BFLY	YES	YES			
Pump Control Valves							
Sectional Control Valves							
System Control Valves							
Pump Control Valves							

15 WATER FLOW TEST

Water Pressure? _____ City _____ PSI Tank _____ PSI

Fire Pump _____ PSI

Water Flow Test? YES (If none made, Why?) _____

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After
RISER	1 1/4"	155	135	145					
1ST FLOOR	1"	145	135	145					
2ND FLOOR	1"	145	130	145					
3RD FLOOR	1"	140	130	140					

16. Heat Responsive Devices

Test Method _____

Type of Equipment _____

Manufacturer _____

Test Results

Valve No. _____ A. B. C. D. Valve No. _____ A. B. C.

Valve No. _____ A. B. C. D. Valve No. _____ A. B. C.

Valve No. _____ A. B. C. D. Valve No. _____ A. B. C.

Valve No. _____ A. B. C. D. Valve No. _____ A. B. C.

Auxiliary Equipment: No.? _____ Type? _____ Location? _____ Test Result? _____

REVISION 12-30-14

REMARKS PAGE

"CENTRAL"

FIRE PROTECTION, INC

Conferred With: _____

Building or Location: BUILDING L

ITEMS LISTED BELOW ARE NOT PART OF THE NATIONAL FIRE PROTECTION ASSOCIATION'S (NFPA) PAMPHLET 25, 2011 EDITION, AND ARE OUTSIDE OF THE INSPECTION AGREEMENT WITH THE COMPANY. THE IDENTIFICATION OF THESE ITEMS DOES NOT CONSTITUTE A DESIGN REVIEW OR AN ENGINEER ANALYSIS OF YOUR SYSTEM. THESE ITEMS WERE NOTICED DURING AN INSPECTION OF YOUR FIRE PROTECTION SYSTEM PERFORMED IN ACCORDANCE WITH NFPA PAMPHLET 25 (CHAPTERS 5 THROUGH 15), BUT ARE NOT A PART OF NFPA PAMPHLET 25'S INSPECTION REQUIREMENTS. CENTRAL FIRE PROTECTION, INC. MAKES NO GUARANTEE OR ASSURANCE THAT ANY DESIGN OR EXISTING DEFECTS OR DEFICIENCIES HAVE BEEN DETECTED.

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 3 OF 4

Inspection Contract Number: 86356

Bureau File No.:

Contact Name (PRINT)

SIGNATURE

REPORT TO: FAIR HAVEN RETIREMENT CENTER
STREET: 1424 MONTCLAIR ROAD
CITY & STATE: BIRMINGHAM AL 35210

BUILDING OR LOCATION: BUILDING K
TECHNICIAN: MICHAEL HANDLEY
PHONE: 205-956-4150 DATE: 09/12/24

Owner's Section (to be answered by owner or occupant)

A. Explain any occupancy hazard changes since the previous inspection. N/A

B. Describe fire protection modifications made since last inspection. N/A

C. Describe any fires since last inspection. N/A

D. When was the system piping last checked for stoppage, corrosion, or foreign material? N/A

E. When was the dry piping system last checked for proper pitch? N/A

F. Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A. ‡	No*
1. **GENERAL**			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a min of 18 in.(457 mm) clearance between the top of the storage and the sprinkler deflector?	X		
2. **CONTROL VALVES** (See item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed, or equipped with a tamper switch?	X		
3. **WATER SUPPLIES** (See item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a. Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place , and check valves tight?	X		
c. Are they accessible and visible?	X		
5. **WET SYSTEMS** (See item 13)			
a. Are cold weather valves(OS&Y)in the appropriate open or closed position?	X		
b. Have anitfreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. **DRY SYSTEMS** (See item 10 to 14)			
a. Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		X	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		X	
d. Were low points drained druing this inspection?		X	
e. Did quick-opening devices operate satisfactorily?		X	
f. Did the dry valve trip properly druing the trip pressure test?		X	
g. Did the heating equipment in the dry-pip valve room operate at the time of inspection?		X	
7. **SPECIAL SYSTEMS** (See item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	
8. **ALARMS**			
a. Did water motor and gong test satisfactorily?	X		
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. **SPRINKLERS**			
a. Are all sprinklers free from corrosion, loading, or obstruction to spray discharge?	X		
b. Are sprinklers under 50 years old, thus not requiring a sample discharge?	X		
c. Is stock of spare sprinklers available?		X	
d. Does the interior condition of sprinkler system appear to be satisfactory?	X		
e. Temperature Are sprinklers of proper temperature ratings for their locations?			

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 3 of 4

Inspection Contract Number: 86356

Bureau File No.:

Conferred With: BUILDING K

10. Date dry-pipe valve trip tested (control valve partially open) N/A
11. Date dry-pipe valve trip tested (control valve fully open) N/A
12. Date quick-opening device tested N/A
13. Date deluge or preaction valve tested N/A
14. See Control Valve Maintenance Table

Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	PIV	YES	YES			
System Control Valves	2	BFLY	YES	YES			
Pump Control Valves							
Sectional Control Valves							
System Control Valves							
Pump Control Valves							

15 WATER FLOW TEST

Water Pressure? City PSI Tank N/A PSI
Fire Pump N/A PSI
Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After
RISER	1 1/4"	155	135	145					
1ST FLOOR	1"	155	145	145					
2ND FLOOR	1"	150	140	145					
3RD FLOOR	1"	135	125	135					

16. Heat Responsive Devices

Test Method

Type of Equipment

Manufacturer

Test Results

Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.

Auxilliary Equipment: No.? Type? Location? Test Result?

REVISION 12-30-14

REMARKS PAGE

"CENTRAL"

FIRE PROTECTION, INC

Conferred With: _____

Building or Location: BUILDING K

ITEMS LISTED BELOW ARE NOT PART OF THE NATIONAL FIRE PROTECTION ASSOCIATION'S (NFPA) PAMPHLET 25, 2011 EDITION, AND ARE OUTSIDE OF THE INSPECTION AGREEMENT WITH THE COMPANY. THE IDENTIFICATION OF THESE ITEMS DOES NOT CONSTITUTE A DESIGN REVIEW OR AN ENGINEER ANALYSIS OF YOUR SYSTEM. THESE ITEMS WERE NOTICED DURING AN INSPECTION OF YOUR FIRE PROTECTION SYSTEM PERFORMED IN ACCORDANCE WITH NFPA PAMPHLET 25 (CHAPTERS 5 THROUGH 15), BUT ARE NOT A PART OF NFPA PAMPHLET 25'S INSPECTION REQUIREMENTS. CENTRAL FIRE PROTECTION, INC. MAKES NO GUARANTEE OR ASSURANCE THAT ANY DESIGN OR EXISTING DEFECTS OR DEFICIENCIES HAVE BEEN DETECTED.

REVISION 12-30-14

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 4 of 4

Inspection Contract Number: 86679

Contact Name (PRINT) _____

SIGNATURE _____

Bureau File No.: _____

REPORT TO: FAIR HAVEN RETIREMENT CENTER
STREET: 1424 MONTCLAIR ROAD
CITY & STATE: BIRMINGHAM AL 35210

BUILDING OR LOCATION: SAME
TECHNICIAN: MICHAEL HANDLEY
PHONE: 205-956-4150 DATE: 12/05/24

Owner's Section (to be answered by owner or occupant)

A. Explain any occupancy hazard changes since the previous inspection. N/A

B. Describe fire protection modifications made since last inspection. N/A

C. Describe any fires since last inspection. N/A

D. When was the system piping last checked for stoppage, corrosion, or foreign material? 2012

E. When was the dry piping system last checked for proper pitch? N/A

F. Are dry valves adequately protected from freezing? YES

Inspector's Section (All responses reference current inspection)

	Yes	N.A. ‡	No*
1. **GENERAL**			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a min of 18 in.(457 mm) clearance between the top of the storage and the sprinkler deflector?	X		
2. **CONTROL VALVES** (See item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed, or equipped with a tamper switch?	X		
3. **WATER SUPPLIES** (See item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a. Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place , and check valves tight?	X		
c. Are they accessible and visible?	X		
5. **WET SYSTEMS** (See item 13)			
a. Are cold weather valves(OS&Y)in the appropriate open or closed position?	X		
b. Have anitfreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. **DRY SYSTEMS** (See item 10 to 14)			
a. Is the dry valve in service?	X		
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?	X		
c. Has the operation of the air or nitrogen supply been tested? Is it in service?	X		
d. Were low points drained druing this inspection?	X		
e. Did quick-opening devices operate satisfactorily?		X	
f. Did the dry valve trip properly druing the trip pressure test?		X	
g. Did the heating equipment in the dry-pip valve room operate at the time of inspection?	X		
7. **SPECIAL SYSTEMS** (See item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	
8. **ALARMS**			
a. Did water motor and gong test satisfactorily?		X	
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. **SPRINKLERS**			
a. Are all sprinklers free from corrosion, loading, or obstruction to spray discharge?	X		
b. Are sprinklers under 50 years old, thus not requiring a sample discharge?	X		
c. Is stock of spare sprinklers available?	X		
d. Does the interior condition of sprinkler system appear to be satisfactory?		X	
e. Temperature Are sprinklers of proper temperature ratings for their locations?	X		

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 4 of 4

Inspection Contract Number: 86679

Conferred With: _____

Bureau File No.: _____

FAIR HAVEN RETIREMENT CENTER

10. Date dry-pipe valve trip tested (control valve partially open) 10-12-22
11. Date dry-pipe valve trip tested (control valve fully open) 6-19-24
12. Date quick-opening device tested N/A
13. Date deluge or preaction valve tested N/A
14. See Control Valve Maintenance Table

Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	OS&Y	YES	YES			
System Control Valves	17	BFLY	YES	YES			
Pump Control Valves							
Sectional Control Valves	2	BFLY	YES	YES			
System Control Valves	4	OS&Y	YES	YES			
Pump Control Valves							

15

WATER FLOW TEST

Water Pressure? City 150 PSI Tank N/A PSI
Fire Pump N/A PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After
BUILDING C 1ST AREA 1	1 1/4"	155	145	150	BUILDING B A+B E+W SYS#4	2"	150	145	150
BUILDING C 1ST D2 STAIR	/	150	/	150	BUILDING B SYS#5	2"	150	145	150
BUILDING C 2NDS D2 STAIR	1"	150	140	150	Scab RISER DRY	2"	145	135	145
BUILDING C 3RD D2 STAIR	2"	150	140	145	Sacb RISER WET	1 1/4"	145	135	145
BUILDING A 1ST FL	1"	160	145	160	BUILDING B BY ELE. RISER#1	1"	160	145	160
BUILDING A 2ND FL	1"	150	140	150	BUILDING B BY ELE RISER#2	1"	160	145	160
BUILDING A 3RD FL	1"	150	140	150					
BUILDING A MAIN	2"	160	140	160					

16. Heat Responsive Devices

Test Method _____

Type of Equipment _____

Manufacturer _____

Test Results

Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.

Auxilliary Equipment: No.? Type? Location? Test Result?

REVISION 12-30-14

REMARKS PAGE

"CENTRAL"

FIRE PROTECTION, INC

Conferred With: _____

Building or Location: FAIR HAVEN RETIREMENT CENTER

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"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 4 OF 4

Inspection Contract Number: 86679

Bureau File No.:

Contact Name (PRINT)

SIGNATURE

REPORT TO FAIR HAVEN RETIREMENT CENTER
STREET 1424 MONTCLAIR ROAD
CITY & STATE BIRMINGHAM AL 35210

BUILDING OR LOCATION BUILDING K
TECHNICIAN MICHAEL HANDLEY
PHONE 205-956-4150 DATE 12/05/24

Owner's Section (to be answered by owner or occupant)

A. Explain any occupancy hazard changes since the previous inspection. N/A

B. Describe fire protection modifications made since last inspection. N/A

C. Describe any fires since last inspection. N/A

D. When was the system piping last checked for stoppage, corrosion, or foreign material? N/A

E. When was the dry piping system last checked for proper pitch? N/A

F. Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A. ‡	No*
1. **GENERAL**			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a min of 18 in.(457 mm) clearance between the top of the storage and the sprinkler deflector?	X		
2. **CONTROL VALVES** (See item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed, or equipped with a tamper switch?	X		
3. **WATER SUPPLIES** (See item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a. Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place , and check valves tight?	X		
c. Are they accessible and visible?	X		
5. **WET SYSTEMS** (See item 13)			
a. Are cold weather valves(OS&Y)in the appropriate open or closed position?	X		
b. Have anitfreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. **DRY SYSTEMS** (See item 10 to 14)			
a. Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		X	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		X	
d. Were low points drained druing this inspection?		X	
e. Did quick-opening devices operate satisfactorily?		X	
f. Did the dry valve trip properly druing the trip pressure test?		X	
g. Did the heating equipment in the dry-pip valve room operate at the time of inspection?		X	
7. **SPECIAL SYSTEMS** (See item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	
8. **ALARMS**			
a. Did water motor and gong test satisfactorily?	X		
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. **SPRINKLERS**			
a. Are all sprinklers free from corrosion, loading, or obstruction to spray discharge?	X		
b. Are sprinklers under 50 years old, thus not requiring a sample discharge?	X		
c. Is stock of spare sprinklers available?		X	
d. Does the interior condition of sprinkler system appear to be satisfactory?	X		
e. Temperature Are sprinklers of proper temperature ratings for their locations?			

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 4 of 4

Inspection Contract Number: 86679

Bureau File No.:

Conferred With: BUILDING K

10. Date dry-pipe valve trip tested (control valve partially open) N/A
11. Date dry-pipe valve trip tested (control valve fully open) N/A
12. Date quick-opening device tested N/A
13. Date deluge or preaction valve tested N/A
14. See Control Valve Maintenance Table

Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	PIV	YES	YES			
System Control Valves	2	BFLY	YES	YES			
Pump Control Valves							
Sectional Control Valves							
System Control Valves							
Pump Control Valves							

15 WATER FLOW TEST

Water Pressure? City PSI Tank N/A PSI
Fire Pump N/A PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After
RISER	1 1/4"	155	135	145					
1ST FLOOR	1"	155	145	145					
2ND FLOOR	1"	150	140	145					
3RD FLOOR	1"	135	125	135					

16. Heat Responsive Devices

Test Method

Type of Equipment

Manufacturer

Test Results

Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.
Valve No. A. B. C. D. Valve No. A. B. C.

Auxiliary Equipment: No.? Type? Location? Test Result?

REVISION 12-30-14

REMARKS PAGE

"CENTRAL"

FIRE PROTECTION, INC

Conferred With: _____

Building or Location: BUILDING K

ITEMS LISTED BELOW ARE NOT PART OF THE NATIONAL FIRE PROTECTION ASSOCIATION'S (NFPA) PAMPHLET 25, 2011 EDITION, AND ARE OUTSIDE OF THE INSPECTION AGREEMENT WITH THE COMPANY. THE IDENTIFICATION OF THESE ITEMS DOES NOT CONSTITUTE A DESIGN REVIEW OR AN ENGINEER ANALYSIS OF YOUR SYSTEM. THESE ITEMS WERE NOTICED DURING AN INSPECTION OF YOUR FIRE PROTECTION SYSTEM PERFORMED IN ACCORDANCE WITH NFPA PAMPHLET 25 (CHAPTERS 5 THROUGH 15), BUT ARE NOT A PART OF NFPA PAMPHLET 25'S INSPECTION REQUIREMENTS. CENTRAL FIRE PROTECTION, INC. MAKES NO GUARANTEE OR ASSURANCE THAT ANY DESIGN OR EXISTING DEFECTS OR DEFICIENCIES HAVE BEEN DETECTED.

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 4 of 4

Inspection Contract Number: 86679

Bureau File No.:

Contact Name (PRINT)

SIGNATURE

REPORT TO: FAIR HAVEN RETIREMENT CENTER
STREET: 1424 MONTCLAIR ROAD
CITY & STATE: BIRMINGHAM AL 35210

BUILDING OR LOCATION: BUILDING L
TECHNICIAN: MICHAEL HANDLEY
PHONE: 205-956-4150 DATE: 12/05/24

Owner's Section (to be answered by owner or occupant)

A. Explain any occupancy hazard changes since the previous inspection. N/A

B. Describe fire protection modifications made since last inspection. N/A

C. Describe any fires since last inspection. N/A

D. When was the system piping last checked for stoppage, corrosion, or foreign material? N/A

E. When was the dry piping system last checked for proper pitch? N/A

F. Are dry valves adequately protected from freezing? N/A

Inspector's Section (All responses reference current inspection)

	Yes	N.A. ‡	No*
1. **GENERAL**			
a. Is the building occupied?	X		
b. Are all systems in service?	X		
c. Is there a min of 18 in.(457 mm) clearance between the top of the storage and the sprinkler deflector?	X		
2. **CONTROL VALVES** (See item 14)			
a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	X		
b. Are all control valves in the open position and locked, sealed, or equipped with a tamper switch?	X		
3. **WATER SUPPLIES** (See item 15)			
a. Was a water flow test of main drain made at the sprinkler riser?	X		
4. **TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS**			
a. Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained?		X	
b. Are fire department connections in satisfactory condition, couplings free, caps in place , and check valves tight?	X		
c. Are they accessible and visible?	X		
5. **WET SYSTEMS** (See item 13)			
a. Are cold weather valves(OS&Y)in the appropriate open or closed position?	X		
b. Have anitfreeze system solutions been tested?		X	
c. Were the antifreeze test results satisfactory?		X	
6. **DRY SYSTEMS** (See item 10 to 14)			
a. Is the dry valve in service?		X	
b. Are the air pressure and priming water level in accordance with the manufacturer's instructions?		X	
c. Has the operation of the air or nitrogen supply been tested? Is it in service?		X	
d. Were low points drained druing this inspection?		X	
e. Did quick-opening devices operate satisfactorily?		X	
f. Did the dry valve trip properly druing the trip pressure test?		X	
g. Did the heating equipment in the dry-pip valve room operate at the time of inspection?		X	
7. **SPECIAL SYSTEMS** (See item 16)			
a. Did the deluge or pre-action valves operate properly during testing?		X	
b. Did the heat-responsive devices operate properly during testing?		X	
c. Did the supervisory devices operate during testing?		X	
8. **ALARMS**			
a. Did water motor and gong test satisfactorily?	X		
b. Did electric alarm test satisfactorily?	X		
c. Did supervisory alarm service test satisfactorily?	X		
9. **SPRINKLERS**			
a. Are all sprinklers free from corrosion, loading, or obstruction to spray discharge?	X		
b. Are sprinklers under 50 years old, thus not requiring a sample discharge?	X		
c. Is stock of spare sprinklers available?		X	
d. Does the interior condition of sprinkler system appear to be satisfactory?	X		
e. Temperature Are sprinklers of proper temperature ratings for their locations?			

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 4 of 4

Inspection Contract Number: 86679

Conferred With: _____ Bureau File No.: _____

BUILDING L

10. Date dry-pipe valve trip tested (control valve partially open) N/A
11. Date dry-pipe valve trip tested (control valve fully open) N/A
12. Date quick-opening device tested N/A
13. Date deluge or preaction valve tested N/A
14. See Control Valve Maintenance Table

Control Valve Maintenance Table

Control Valves	Number	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	BFLY	YES	YES			
System Control Valves	3	BFLY	YES	YES			
Pump Control Valves							
Sectional Control Valves							
System Control Valves							
Pump Control Valves							

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WATER FLOW TEST

Water Pressure? City _____ PSI Tank _____ PSI

Fire Pump _____ PSI

Water Flow Test? YES (If none made, Why?)

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After	Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After
RISER	1 1/4"	155	135	145					
1ST FLOOR	1"	145	135	145					
2ND FLOOR	1"	145	130	140					
3RD FLOOR	1"	140	130	140					

16. Heat Responsive Devices

Test Method _____

Type of Equipment _____

Manufacturer _____

Test Results

Valve No. _____ A. B. C. D. Valve No. _____ A. B. C.

Valve No. _____ A. B. C. D. Valve No. _____ A. B. C.

Valve No. _____ A. B. C. D. Valve No. _____ A. B. C.

Valve No. _____ A. B. C. D. Valve No. _____ A. B. C.

Auxilliary Equipment: No.? _____ Type? _____ Location? _____ Test Result? _____

REVISION 12-30-14

REMARKS PAGE

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Conferred With: _____

Building or Location: BUILDING L

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Fair Haven Retirement Community
1424 Montclair Road
Birmingham, AL 35210

Plan of Correction

Assisted Living Facility
License # D3702

Earnestine Thompson, Administrator

March 3, 2025

This Plan of Correction, in response to the Statement of Deficiencies, demonstrates our desire to continue to improve the quality of care services this facility offers.

Deficiency

1. A 1203 420-5-4-12 (5) Physical Environment

2. A) Baseboards across from 2106 were evaluated and replaced by EI #3 on 3/5/20205
   B) Carpet in room 2305 was replaced on 3/4/2025
   C) Threshold carpets in doorways to rooms 2204, 2208 and 2210 were repaired by Southern Carpet and Hardwoods on 3/4/2025
   D) Carpet in room 2113 was cleaned on 3/4/2025
3. Resident rooms were reviewed for condition and cleaning scheduled as appropriate. Resident rooms where threshold fraying had occurred were comleted on 3/5/2025
4. Household leaders will perform monthly condition rounds of resident rooms and general common area of the households. A review of rooms with carpets in need of repair/cleaning or replacement will be submitted to the Administrator or Designee who will place orders with the corresponding departments
5. The Administrator or Designee will perform random visual inspections of 10% of the ALF rooms per month to determine effectiveness of the Household Leader monthly inspections. Deviations from standards for cleanliness and condition. Unreasonable delays in the provision of services by the assigned departments will be communicated to the Executive Director for remedial action