POC Accepted 3.27.25

Connie Cherry

chg

Fair Haven

Fair Haven Specialty Care 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 SCALF
- ☐ Facility Identification Number: P3709
- ☐ 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 Specialty Care Assisted Living Community survey conducted 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

Specialty Care Assisted Living Facility
License # P3709

Earnestine Thompson, Administrator

March 5, 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 403 420-5-20-4 Personnel

2. All associates hired prior to 10/2024 did not have a documented date of first resident contact in their personnel file during survey. All newly hired associates effective 10/2024 and beyond will complete new hire orientation in a non-residential location prior to any resident contact. New associate date of first resident contact will be recorded in the company HR system (UKG) by Administrator or designee during date of first resident contact.
3. All residents and associates have the potential to be affected by this deficient practice, therefore are included in the plan of correction. Date of first resident contact for all associates hired on or before 10/2024 are now being recorded in the associate personnel file as "contact date unknown". Associates hired effective 10/2024 has their "first resident contact date" recorded in the HR electronic files (UKG) as well as in the paper personnel files located in the Administrators office.
4. Fair Haven HR has added an identifying code in the UKG system for the purpose of recording all new hire "First date of resident contact" in the electronic personnel files effective 10/2024, The Administrator or Designee will input new hires first date of contact in the UKG electronic employee file. This information will also be kept in the Administrators office paper files and can be downloaded by Corporate HR system.
5. The Administrator or Designee will request and keep in file located in the Administrators office a list of all associate that are hired throughout the month with a date of first resident contact.

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March 5, 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 406-420-5-20-04 Personnel
2. Associate EI #9 was identified not to have CPR training. EI #9 CPR training has been scheduled for 3/27/2025, and will occur every two years as required by ADPH for all SCALF associates
3. SCALF associates CPR files have been audited by EI #2 on March 17, 2025 for compliance and all SCALF 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 by Administrator or Designee 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 5, 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 504-420-5-20-05 Records and Reports

2. The facility failed to provide a safe and decent environment in the SCALF Beauty Salon
3. The SCALF Beauty Salon was thoroughly cleaned by the SCALF Housekeeping Associate on March 5, 2025. The contracted Pest Control company (Presto-X) was contacted on March 5, 2025 to service the salon for pests. The Pest control serviced the salon on March 15, 2025 and will continue pest control services twice a monthly as well as any call-in requests.
4. The SCALF beauty salon has been closed effective 3/18/2025. The SCALF Beauty Salon will not be in use until upgrades are completed. Administrator will work with the Executive Director and a local contractor on the upgrades. Upgrades of floors, walls, the removal of counter sink and the addition of a shampoo bowl for residents comfort and convenience will be added. No extra boxes or supplies will be stored in the salon area upon re-opening.
5. The SCALF residents will be escorted to the Skilled Care salon for salon services, as it is located on the same floor in the adjoining building. The SCALF staff will escort the residents to and from the salon, remaining with resident until services are rendered.

Fair Haven Retirement Community
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Plan of Correction

Specialty Care Assisted Living Facility
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March 5, 2025

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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 SCALF resident face sheets did not identify a residents preferred Hospital, Funeral Home or Skilled Care choice.
3. All of the SCALF 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 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.

Fair Haven Retirement Community
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Plan of Correction

Specialty Care Assisted Living Facility
License # P3709

Earnestine Thompson, Administrator

March 5, 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 613 420-5-20-.06 (5) (a) (b) (c) (d) (e)

2. RI #1 Nystop (Nystatin) and Preparation H was removed from residents bedside on March 5, 2025.

3. On 3/14/2025 Director of Nursing, Licensed Practical Nurse on duty and Household Coordinator assessed all SCALF resident rooms for medications at bedside as well as medication administration records to assess if any resident is authorized to have any medication at bedside. Corrective action made for any item(s) requiring intervention.

4. Licensed Nurse, Certified Nursing Assistants, Patient Care Technicians, Homemakers and Housekeeping staff will receive continuing education during annual training and as needed regarding medications that may be authorized to be kept at bedside. Resident must have a physician order authorizing any medication to be kept at bedside if appropriate per individual resident. Annual training started March 16, 2025. All staff will have completed training by April 16, 2025.

5. All staff are instructed to observe rooms for any medication(s) that may be at bedside when on duty and to alert Licensed Nurse on duty or Director of Nursing immediately when a medication is observed. Licensed

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March 5, 2025

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Deficiency

A 613 420-5-20-.06 (5) (a) (b) (c) (d) (e) (Continued)

5. (Continued)

Nurse to remove medication, review physicians order to clarify status of any medication observed to be at bedside. Observation of rooms for medications at bedside will be completed daily on each shift by all staff during routine care and interaction with each resident.
Director of Nursing will randomly check SCALF rooms during the week for medications at bedside and monthly when R.N. monthly assessment is completed. Director of Nursing will document on the R.N. monthly assessment note presence or absence of any medication and report to the Administrator accordingly.

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March 5, 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 1001 420-5-20-10 (1) Sanitation and Housekeeping

2. Water Temperature in the beauty salon was reduced to 108 degrees on 3/5/2025 during the survey by EI #3.

3. Water temperatures were taken throughout the SCALF area. Deviations from regulatory limits were addressed and adjusted at the time of discovery by EI #3.

4. Testing of the water temperatures in the SCALF area will be added to the TELS Preventative Maintenance Program utilized by the facility. Temperatures will be taken in random locations in SCALF weekly to ensure temperatures remain within regulatory limits The Administrator will in-service all maintenance personnel by March 20, 2025 on water temperature regulations in Specialty Care Assisted Living. See attachment

5. The Director of Maintenance will conduct a random monthly testing of 10% of resident use sinks to ensure compliance with testing and compliance with regulatory limits on water temperatures. Any deviation from compliance will involve immediate corrective action and re-education. The maintenance director will report monthly testing results to the Administrator or Designee if found above 110 degrees per regulations.

Print Page | Close Window

INSTRUCTIONS

Fair Haven Methodist Home - Birmingham, AL 35210-2295
Water Temps: Test and log the hot water temperatures.
Due by: March 22, 2025

Completed By:_____ Date:_____

Reference Materials
F689 - Water Temps
Testing and Logging Water Temperatures

Steps:

It is suggested that you review or watch the TELS Masters Training video that accompanies this task. The video can be found under the 'Resources' tab on your website. This video will assist in explaining how to perform this inspection.

Test water temperatures

- The dial thermometer is accurate to 1 to 2 degrees F - however it is not precision instrument and should be calibrated on a regular basis.
- Let the hot water run from the faucet for 3 to 5 min.
- Insert the stem into the stream of running water, so that the sensor is fully immersed. Some thermometer probes have a sensor in the tip and others have it from tip up to about 2 inches up the probe. The temperature should register in about 10 to 15 seconds.
- As the temperature of the water is taken, hold your hand under the running water at about the same time to assess how the water feels on your skin.

Test the water at various locations throughout your facility, with these areas being of primary focus

Ensure laundry water temperatures are between 120 and 140 degrees Fahrenheit, unless you are using a chemical sanitizer. Ensure Dietary temperatures are at least 140° Fahrenheit with the wash cycle at 160° to 180° Fahrenheit and Final Rinse Cycle at 180° to 195° Fahrenheit, unless using a chemical sanitizer.

The rest of the temperature locations suggested below may not apply to your type of facility. Please check with your regional support staff.

1. For burn prevention, federal guidelines advise that you keep domestic water temperatures below 120 degrees Fahrenheit, although this temp can still cause burns if exposure reaches five minutes. Many states have even stricter standards that set maximum temperatures lower than 120 degrees Fahrenheit. Although 100 degrees Fahrenheit is considered a safe water temperature for bathing.
2. Test temperature in shower areas
3. Test temperature at the mixing valve
4. Check resident rooms at the end of each wing on a rotating basis or per facility policy
5. Common area bathrooms, public bathrooms and any other areas having sinks should be checked and recorded as well.

In some areas, it may be necessary to verify that you're cold water temperature is not any warmer than 70° to help in the prevention of Legionella bacteria growth in the water system.

Record results in the water temperature log

1. Note any discrepancies
2. Adjust water heater settings as required
3. Retest as necessary

Water Temps

Temp	Date				
Area					

Comments:

Fair Haven Retirement Community
1424 Montclair Road
Birmingham, AL 35210

Plan of Correction

Specialty Care Assisted Living Facility
License # P3709

Earnestine Thompson, Administrator

March 5, 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 1002-420-5-20-.10(2) Sanitation and Housekeeping

2. A) Baseboards around the kitchen counter were repaired/replaced on 3/18/2025 by the maintenance department and a local contractor
   B) Laundry room was cleaned including movement of the equipment for thorough cleaning. Walls were dusted and cleaned as needed. Walls and door frames dusted and cleaned by housekeeping associate on 3/6/2025
   C) Operation of the door closer mechanism and the door lock were reviewed and adjusted to ensure correct operation by maintenance on 3/5/2025.
3. A) A review of the SCALF baseboards was completed by EI #1 and EI #3 and a listing of needed repairs was completed and submitted to maintenance for repair or replacement.
   B) A review of ancillary support area door closers and locking devices was reviewed by EI #3 for needed adjustments or repairs on 3/5/2025. Issues identified were corrected at the time of discovery.
4. A) Household coordinators and designated SCALF housekeeping associate will perform monthly condition rounds of resident rooms and general common areas of households. A review of rooms with

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March 5, 2025

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Deficiency

A 1002-420-5-20-.10(2) Sanitation and Housekeeping (Continued)

4. A) (Continued) carpets, baseboards and equipment in need of repair/cleaning or replacement will be submitted to the Administrator or Designee who will place work orders with the corresponding departments.

   B) Laundry room will be added to the housekeeper's routine duties. This room will be inspected and cleaned weekly by the assigned SCALF Housekeeping Associate or assigned SCALF associates.

   C) Door locks and operation has been added to the TELS preventative maintenance system utilized by the facility. Door locks will be inspected for action weekly by assigned maintenance staff. See attachment

5. The Administrator or Designee will randomly conduct a walking visual validation of the SCALF area to verify information submitted by the household leaders. Director of Maintenance will verify via walking rounds once per month to verify operation of door locking mechanisms used in the SCALF area. The Director of EVS will perform a monthly visual validation that the laundry room is being cleaned as per the established schedule. Deviations found during random walking rounds will be corrected upon discovery by the appropriate department.

INSTRUCTIONS

Fair Haven Methodist Home - Birmingham, AL 35210-2295
Doors, Locks & Alarms: Test operation of doors and locks.
Was Due by: March 15, 2025

Completed By:_____ Date:_____

Steps:

Roller Latches are not allowed in accordance with Section 18.3.6.3.9.1 and 19.3.6.3.9.1

Check operation of magnetic door locks (if applicable)

1. Inspect door lock mounting and operation and inspect panic hardware
2. Verify system code and keypad operations
3. Any magnetically locked doors must automatically unlock during a fire alarm (verify this during your normal fire drill)
4. Check any advanced features (optional equipment)
5. Check patient transmitter to make sure the door stays locked and alarm sounds

Check delayed egress operation (if applicable)

1. Push door release hard for a fraction of a second - door should not open and alarm should not sound
2. Apply pressure to the door release for the pre-determined nuisance period setting (normally 1-3 seconds)
3. Door should go into irreversible unlocking sequence
    - Door alarm will sound
    - Door will automatically open within (15-30 seconds)
4. Close door and reset the alarm
5. Ensure signs are placed on doors adjacent to the release device that read 'Push until alarm sounds. Door can be opened in 15 seconds.'
6. Confirm that security panels at Nurse Station activate when door is opened and that it properly indicates the location of the door released.
7. Door keypad battery shall be replaced annually, if applicable.

Keyed locks are permitted on interior doors as long as:

- All staff must have keys
- Smoke detection systems must be in place
- Facility must be fully sprinklered
- Electrical locks must release on loss of power
- Locks must also release when alarm or sprinkler system is triggered
- *Section 18.2.2.2.5.2 and 19.2.2.2.5.2*

Test doors and hardware for proper operation and condition

- Check door for proper seal when closed so that no air gaps exist between smoke or fire barrier doors
- Check door closure for obstruction
- Confirm all door labels are clearly visible for inspection and are readily legible
- Confirm all doors latch

Door Signage

- Check all door signage for proper contrasting background
- All door signage to read as follows - "PUSH DOOR UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 15 SECONDS"

Document results of inspection in logbook

1. Note any discrepancies in 'Remarks'
2. Contact manufacturer with any questions

Building: Main Building

Doors Mag Lock

Status	Date				
Location	_____	_____	_____	_____	_____
_____	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail
_____	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail
_____	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail
_____	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail
_____	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail
_____	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail
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_____	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail
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_____	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail	☐ N/A ☐ Pass ☐ Fail

Remarks: _____

Fair Haven Retirement Community
1424 Montclair Road
Birmingham, AL 35210

Plan of Correction

Specialty Care Assisted Living Facility
License # P3709

Earnestine Thompson, Administrator

March 5, 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 conducted for the months of November 2024 and February 2025 are attached.
   B) Sprinkler Inspection Reports for June 2024, September 2024 and December 2024 are attached.
3. A) Fire Drills for all months in 2024 and 2025 to date have been reviewed and found to be in compliance with regulation.
   B) A review of sprinkler testing by a licensed contractor was reviewed for 2024 and 2025 to date and was found to be in compliance.
4. A) Fire Drills for SCALF 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 SCALF 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.
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

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Plan of Correction

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March 5, 2025

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Deficiency

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

5. (Continued) 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 system.

LOGBOOK DOCUMENTATION

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

Completed By: Maint. Alf Date: 11/11/24

Building:	Main Building
Date:	11/11/24
Start Time:	8:12Am
End Time:	8:45 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:	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: 10/11/24

1. [signature] 21. _____
2. [signature] 22. _____
3. [signature] 23. _____
4. [signature] 24. _____
5. [signature] 25. _____
6. [signature] 26. _____
7. [signature] 27. _____
8. _____ 28. _____
9. _____ 29. _____
10. _____ 30. _____
11. _____ 31. _____
12. _____ 32. _____
13. _____ 33. _____
14. _____ 34. _____
15. _____ 35. _____
16. _____ 36. _____
17. _____ 37. _____
18. _____ 38. _____
19. _____ 39. _____
20. _____ 40. _____

Over

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. Sanya
6. Ytarie McLeod
7. [illegible]
8. Ed Kelly
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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. Afonia 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	BUILDING OR LOCATION	SAME
STREET	1424 MONTCLAIR ROAD	TECHNICIAN	MICHAEL HANDLEY
CITY & STATE	BIRMINGHAM AL 35210	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

2 of 4

Inspection Report Number: 863

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

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

WATER FLOW TEST

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.	

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.

REVISION 12-30-14

"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

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.

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 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

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**	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?			

"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**			
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		

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 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 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.

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 4 of 4

Inspection Contract Number: 86679

Contact Name (PRINT) _____

Bureau File No.: _____

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: 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

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 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 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		

REVISION 12-30-14

"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.

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

REVISION 12-30-14

REMARKS PAGE

"CENTRAL"

FIRE PROTECTION, INC

Conferred With: _____

Building or Location: BUILDING K

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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 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?	X		

REVISION 12-30-14

"CENTRAL"
FIRE PROTECTION, INC

Inspection Report Number: 863 4 of 4

Inspection Contract Number: 86679

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	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

"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.

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

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

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

SCALF 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

SCALF 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

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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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            4. Shower Rooms
            5. Therapy/Gym
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SCALF 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

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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.
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11. Have maintenance staff reset the alarm system
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    - Strobes and alarms can be seen and heard in all areas of the building
        - Areas of the building will include:
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            3. Laundry
            4. Shower Rooms
            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

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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

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.

Fair Haven Retirement Community
1424 Montclair Road
Birmingham, AL 35210

Plan of Correction

Specialty Care Assisted Living Facility
License # P3709

Earnestine Thompson, Administrator

March 5, 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 420-5-20-.12(5) Physical Environment

2. Carpets in the Specialty Care TV room were measured by a local vendor and placed on order for replacement on March 10, 2025. Carpets will be replaced by May 1, 2025.

3. A walking round of SCALF common areas was completed by EI #1, EI #2 and EI #3 to determine the need for repair or replacement of additional carpets. Identified carpets will be measured and ordered for replacement as needed.

4. Household leaders will perform monthly condition rounds of general common areas of the households. A review of carpets, baseboards and equipment in need of repair/cleaning or replacement will be submitted to the Administrator or Designee who will place work orders with the corresponding departments.

5. The Administrator or Designee will perform random walking rounds of the SCALF area monthly to determine the need for carpet replacement.