Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING 110646 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 EAST FOURTH STREET** MECKLENBURG COUNTY JAIL- CENTRAL CHARLOTTE, NC 28202 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) J 00 Initial Comments J 00 Charles Brown and Chris Wood conducted the inspection. Charles Brown was the lead inspector. This biannual jail inspection was conducted as per 10A NCAC 14J JAILS, LOCAL CONFINEMENT FACILITIES Rules. This building was approved for use in 1994 under North Carolina State Building Code 1991 Edition with an occupancy classification of Group I-3. The jail design capacity is 1642 male beds and 262 female beds with a total design capacity of 1904 beds. The inspection began at 8:45 am and ended at 1:15 pm. On the day of the inspection the weather was cold . Mecklenburg County Jail Chief Telsia White and Sergeant Michael Angello were present to discuss paperwork and toured the facility with the inspector. J 04 10A NCAC 14J .0103 (b) Applicability-J 04 Construction (b) An existing jail I and II shall meet the requirements of the North Carolina State Building Codes in effect at the time of construction, addition, alteration, or repair. History Note: Authority G.S. 153A 221: Eff. June 1, 1990: Readopted Eff. September 4, 2020. This Rule is not met as evidenced by: Based on observation on the morning of 12/21/2021, the fire alarm system is not fully operational as required by this Rule. Findings include: The fire alarm panel is not

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

displaying normal operation. A fault code is indicating a trouble condition on the fire alarm

Major S. DeLeon .

TITLE

Facility Commander

January 13, 2021

(X6) DATE

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING_ 110646 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 EAST FOURTH STREET** MECKLENBURG COUNTY JAIL- CENTRAL CHARLOTTE, NC 28202 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) J 04 Continued From page 1 J 04 panel. Johnson Controls sent a letter noting that the listing Estimated 60 days deficiencies has been started. They ran out Tamper #46 switch showing fault code. upon receipt field devices. Johnson Control estimates that the Smoke detector for Elevator Equipment of products. remaining deficiencies should be completed within showing fault code. Based on observation on the morning of 12/21/2021, the sprinkler sysytem is not fully operational as required by this Rule. Findings Include: At the time of the inspection The annual Sprinkler inspection listed no device deficiencies. TKC will be sending an email to Charles Brown to clarify his write-up that there are Annual and test of the Sprinkler System by a 3rd party Inspection completed vendor on 3/23/2021, the Sprinkler System numerous deficiencies.The 5yr. internal was a 03/23/2021 no Report indicated numerous deficiencies with the recommadation. TKC has contacted Johnson Controls deficiencies so they can provide a proposal. Once the proposal see attached. system. is received an update will be provided. *The sprinkler system must be brought into compliance with the rule as soon as possible. Based on observation on 12/21/2021, the fire-fighter's smoke control panel was not in compliance with this Rule. The fire fighter's control panel for North Tower of the building was not displaying normal operation. It has been determined that this life safety code deficiency at your jail creates a condition that jeopardizes the safety of staff and inmates. Findings include: The following deficiencies have been completed AHU1 and AHU6. MSS sent a letter estimating that all Estimated 1. The fire fighter's control panel was not within 120 displaying normal operation. The AHU 1, AHU 5, deficiencies repairs should be completed within 60-120 davs - see days. TKC will provide a progress update every 30 days to the facility Captain unit! all deficiencies have attached AHU 6, AHU 7, and AHU 10, exhaust dampers letter. were displaying a fault code on the fire-fighter's been completed. smoke control panel. AHU5 Completed 2. The fire fighter's control panel was not displaying normal operation. The Pod 9 Station exhaust dampers were displaying a fault code on the fire-fighter's smoke control panel. * The fire fighters smoke control system must be brought into compliance with the rule as soon as possible.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING 110646 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 EAST FOURTH STREET** MECKLENBURG COUNTY JAIL- CENTRAL CHARLOTTE, NC 28202 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) J 04 J 04 Continued From page 2 Based on observation on the morning of 12/21/2021, the facility was not in compliance with this Rule. The Emergency generator A panel was showing a Generator (A) was under oberservation prior to the inspection. The proposal was signed on 12/23 and repairs started on 1/10 work order #429632. TKC will provide an update upon the completion of fault code. Estimated 60 days upon receipt Finding Include: 1. The generator was showing trouble alarm and of products. repairs. the auto switch was in the off position. 2. The generator was showing trouble alarm due low coolant level. Based on observation on the morning of 12/21/2021, the lighting system was not providing adequate illumination in the confinement areas as required by this Rule. Findings include: TKC is in the process of going through all pods in the facility and replacing any lights that are out and have not been reported. TKC has completed several pods. Ongoing Various light fixtures throughout the facility were process found inoperable and/or some of the bulbs in TKC will provide a weekly progress report to the individual fixtures were inoperable. Facility Captain. Based on observation on the morning of 12/21/2021, the clothes dryers filter area was not in compliance with Rule. Findings include: Completed The lent traps are cleaned between 4-6 times a day. The clothes dryer had excessive lint build up in Based off the time of the inspection this was our peak daily the filter and combustion areas. drying time. Generated work order #435429 for the J 37 10A NCAC 14J .0601 (b) Supervision J 37 (b) A jail shall utilize one or more supplemental methods of supervision 24 hours a day, 7 days a week. The supplemental methods of supervision (1) direct two way voice communication;

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(2) remote two-way voice communication;

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PRINTED: 01/04/2022 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 110646 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 EAST FOURTH STREET** MECKLENBURG COUNTY JAIL- CENTRAL CHARLOTTE, NC 28202 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) J 37 Continued From page 3 J 37 (3) direct visual observation; and (4) video surveillance. History Note: Authority G.S. 153A 221; Eff. October 1, 1990; Amended Eff. June 1, 1992; Readopted Eff. September 4, 2020. This Rule is not met as evidenced by: Based on observation on the morning of 12/21/2021, the facility was not in compliance with this Rule. Findings Include: Completed on Pod 3700: Camera by outside hallway was not Generated work order #434988 and checked the camera from Master Control. working. J 44 10A NCAC 14J .0701 Sanitation J 44 Each jail shall comply with the North Carolina Commission for Public Health rules governing sanitation as codified in Title 15A Chapter 18A Section .1500 and which are hereby adopted by reference pursuant to G.S. 150B 14(c). History Note: Authority G.S. 153A 221; Eff. June 1, 1990; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5, 2016. This Rule is not met as evidenced by:

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good repair.

Based on records review on the morning of 12/21/2021, the floors in several areas were not

(a) All floors shall be so constructed as to be easily cleanable and shall be kept clean and in

in compliance with the following Rule: 15A NCAC 18A .1507 FLOORS

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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING 110646 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 EAST FOURTH STREET** MECKLENBURG COUNTY JAIL- CENTRAL CHARLOTTE, NC 28202 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) J 44 Continued From page 4 J 44 Findings include: Based on records review of the Inspection of Local Confinement Facility Report conducted on 7/16/2021, by the Mecklenburg County Health Department it was noted that the floors in several areas were not in compliance with the following Rule: 15A NCAC 18A .1507 FLOORS: (a) All floors shall be so constructed as to be easily cleanable and shall be kept clean and in good repair. (b) In all areas in which water is routinely discharged to the floor, or in which the floors are subjected to flooding-type cleaning, floors shall be of nonabsorbent materials, shall be sloped to drain and be provided with floor drains. Findings include: Work order #434987 was generated ETOC 1/12. 1. Pod 1700: The grout floor in need of repair in Completed the shower area. 2. Pod 3100: The grout floor in need of repair in Work order #435382 was generated. TKC will schedule Estimated a flooring contractor to get a proposal for repair. TKC will provide an update once the quote is received. within 120 the shower area. days. Based on observation on the morning of 12/21/2021, the facility was not in compliance with the following Rule: 15A NCAC 18A .1515 VERMIN CONTROL: PREMISES (a) Effective measures shall be taken to keep flies, rodents, and other vermin out of the local confinement facility and to prevent their breeding or presence on the premises. (b) The premises under control of the custodian shall be kept neat, clean, and free of litter. (c) Unless flies and other flying insects are absent from the immediate vicinity of the local confinement facility, all openings to the outer air shall be effectively protected against entrance of such insects by self-closing doors, closed windows, 16-mesh or finer screening, or other

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PRINTED: 01/04/2022 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 12/21/2021 110646 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 EAST FOURTH STREET** MECKLENBURG COUNTY JAIL- CENTRAL CHARLOTTE, NC 28202 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG** DEFICIENCY) J 44 J 44 Continued From page 5 effective means. (d) Only those pesticides shall be used which have been approved for a specific use and properly registered with the Environmental Protection Agency and with the North Carolina Department of Agriculture in accordance with the "Federal Environmental Pesticide Control Act" and the "North Carolina Pesticide Law." Findings include: Completed on Pod 3500: Fruit flies were noted in shower area. Work order #434989 was generated to spray shower drains. Based on observation on the morning of 12/21/2021, the facility is not in compliance with sanitation rule 15A NCAC 18A .1509 LIGHTING AND VENTILATION (a) All rooms shall be well lighted by natural or artificial means. (b) Ventilation shall be provided and installed as required by the North Carolina State Building Code. (c) Ventilation equipment shall be kept clean and in good repair. Findings include: Kitchen: 1. The HVAC vents in the kitchen were dirty, Work order #434990 was generated to check and Completed clean all kitchen vents. especially in the kitchen above the food prep table area. Pods: The following work orders #434980,#434981,#434982, #434984,#434985 were generated to check and Completed 1. Pod 5800: HVAC vents were dirty.

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throughout the facility.

Pod 1700: HVAC vents were dirty.
 Pod 1900: HVAC vents were dirty.
 Pod 3200: HVAC vents were dirty.
 Pod 6300: HVAC vents were dirty.

6. Pod 3600 DD Max: HVAC vents were dirty. 7. HVAC vents were blocked with toilet paper

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING 110646 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 EAST FOURTH STREET** MECKLENBURG COUNTY JAIL- CENTRAL CHARLOTTE, NC 28202 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) J 44 J 44 Continued From page 6 Based on observation on the morning of 12/21/2021, the ceilings in several areas were not in compliance with the following Rule: 15A NCAC 18A .1508 WALLS AND CEILINGS (a) The walls and ceilings of all rooms and areas shall be kept clean and in good repair. Findings include: Work order #435137 was generated to paint columns. Completed 1. Pod 1700: Paint peeling from walls. Based on observation on the morning of 12/21/2021, the facility is not in compliance with sanitation rule 15A NCAC 18A .1510 TOILET, HANDWASHING AND BATHING FACILITIES: (a) Each cell shall be provided with access to toilet and handwashing facilities, and soap and individual towels shall be provided. The fixtures shall be kept clean and in good repair. (b) Each cell block or section shall be provided with bathing facilities which shall be easily cleanable and shall be kept clean. Findings include: The follwoing work orders were generated #434977, #434978 and #434979 to repair damage ceilings. 1. Pod 4700: Shower ceiling was damaged. Completed 2. Pod 5700: Shower ceiling was damaged. 3. Pod 6300: Upper Shower ceiling was damaged. 4. Pod 5800: Showers were dirty. 5. Pod 3500: Showers were dirty. 10A NCAC 14J .1215 (f) Doors, Bunks, Locks, J140 and Fasteners (f) Food passes in doors, if used, shall have openings large enough to permit the passage of a food tray.

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WING 110646 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 EAST FOURTH STREET** MECKLENBURG COUNTY JAIL- CENTRAL CHARLOTTE, NC 28202 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) J140 Continued From page 7 J140 History Note: Authority G.S. 153A 221; Eff. June 1, 1990; Readopted Eff. September 4, 2020. This Rule is not met as evidenced by: Based on observation on the morning of 12/21/2021, the facility was not in compliance with this Rule. Findings include: Pod 5625 DD Max: Door frame replacements are on the CIP line item #02. Completed The food trap was removed from cell #1 and replaced on another cell door so the cell could be occupied. 1. Segregation Cell 1: The food passage door was damaged. 2. Segregation Cell 2: The food passage door was damaged.

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CUSTOMER NAME: TKC Management Services LLC BUILDING NAME: Mecklenburg County Detention Center BUILDING ADDRESS: 801 E 4th St, CHARLOTTE, NC, 28202 CONTACT NAME; Michael Barbour CONTACT E-MAIL: michael,barbour@mecklenburgcountync.gov CONTACT ROLE: Facilities Manager CONTACT PHONE: 980 314-5497 / 704 370-0879 INSPECTION TYPE: Sprinkler

FREQUENCY: Annual WORK ORDER: 48927932 INSPECTION END DATE: 03/23/2021 INSPECTOR (s): Gregory A Rabon INSPECTOR LICENSE: 33126 ACCOUNT NAME: Johnson Controls North America OFFICE ADDRESS: 9826 Southern Pine Blvd **OFFICE PHONE: 704 501 0500 OFFICE LICENSE: 24700** TIMEZONE: EDT

SPRINKLER INSPECTION REPORT

DEVICE DEFICIENCIES

No device deficiencies in this inspection.

OTHER DEFICIENCIES

All systems due for 5 year inspection

General

To be Answered with the Owner			
1.	Have there been any changes in the occupancy classification, machinery or operations since the last inspection?	No	
2.	Have there been any changes or repairs to the fire protection systems since the last inspection?	No	
3.	Have you had an Internal pipe inspection performed in the last 5 years?	Yes	

To be Answered by the Inspector			
1.	Date the piping in all systems was checked for obstructive materials	08/31/2015	
2,	Were All Sprinkler Heads Made After 1920	Yes	
3.	Standard Response Sprinkler Heads 50 Years Or Older	No ·	
4.	Dry Pendent Sprinkler Heads 10 Years Or Older	Yes	
5.	Free Of Corrosion - Obstruction - Paint - Damage	Yes	
6.	Have the sprinkler systems been extended to all areas of the building?	Yes	
7.	Are all exterior openings protected against the entrance of cold air?	Yes	
8.	Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?	Yes	
9,	Backflow Devices Tested This Inspection	No	
10.	All Low Points Drained	Yes	
11.	Wall Post Indicator Or Non Rising Stem Valves - Exercised	Pass	
12.	Inspect Valve Tampers For Proper Operation	Yes	
13.	Have gauges been tested, calibrated, or replaced in the last 5 years?	Yes	
14.	All Systems Restored To Normal	Yes	
15,	Has The Private Fire Main Been Flow Tested in The Last 5 Years?	Yes	
16.	Have The Master Pressure Reducing Valves Full Flow Test Been Performed in The Last 5 Years	Yes	
17,	Has The Pressure Reducing Control Valve Test Been Performed In The Last 5 Years	Yes	



Johnson Controls, Inc. 9826 Southern Pine Blvd Charlotte, NC 28273

Dec 22nd, 2021

Mr. Michael Barbour
Facility Manager
TKC Management Services
Mecklenburg County Detention Center-Central

RE: Central Jail

Mr. Barbour:

I would like to thank you for trusting Johnson Controls, Inc. for your fire protection needs. This letter is to serve as notice that we are in receipt of a Purchase Order to perform the following work at your facilities:

*Fire alarm panel deficiencies

*Fire alarm field device deficiencies

The above referenced work has been started, but we ran out of field devices to complete the repair. Smoke detectors have been ordered, but have not arrived yet. When they do arrive, we will schedule a return date to complete the deficiency repair. The last communication we had was the week of January 4th. If we receive new delivery info, I will pass it along.

If you should have any questions, please do not hesitate to contact me directly.

Regards,

Michael Hale

Fire Alarm Service Dept Supervisor Johnson Controls Fire Protection

- +1 704 501 0500 Office
- +1 704 400 1096 Mobile
- +1 704 525 1550 Fax

Michael.Lane.Hale@jci.com JohnsonControls.com

[Add Legal Entity name here, as needed]

A



Date: 12/28/21 Mr. Michael Barbour The Keith Corporation Mecklenburg County Jail Central 801 East. 4th Street Charlotte, N.C. 20208

Subject: Smoke Purge Control Panel Repairs

Dear Michael,

Drew and I are continuing to address the deficiencies on the fireman's override panel. We have found several bad devices that need to be replaced. We will need to order a relief damper actuator for AHU10, a smoke damper actuator for AHU7 and we need to source a controller for the AHU2 and AHU3 damper feedbacks. If all controllers are online and communicating, I estimate the faults will be corrected within 90 to 120 days,

Should you have any questions, please do not hesitate to contact us.

Sincerely, Joel Nichols

MSS Solutions LLC

