

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 01/18/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495417</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/11/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>CARRINGTON PLACE AT RURAL RETREAT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>514 NORTH MAIN STREET RURAL RETREAT, VA 24368</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  Description of structure: One story type V - A construction (111). Sprinkler status: Fully sprinklered.  An unannounced compliant request Life Safety Code survey was conducted 01/11/2018 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid.  The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000	This plan of correction constitutes our credible allegation of compliance. Preparation and/or execution of this plan of correction do not constitute admission or agreement by the provider of the conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state laws.	
K 161 SS=F	Building Construction Type and Height CFR(s): NFPA 101  Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1. I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2. II (111) One story non-sprinklered. Maximum 3 stories sprinklered 3. II (000) Not allowed non-sprinklered 4. III (211) Maximum 2 stories sprinklered 5. IV (2HH) 6. V (111) 7. III (200) Not allowed non-sprinklered 8. V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered	K 161	Ceiling will be surveyed and tested by individuals with the knowledge and understanding to help ensure proper operation of the sprinkler and smoke detection.  Maintenance director will check affected areas once a week to ensure that there are no signs of additional water or structural damage.  This process will be added to our Maintenance checklist and will be reviewed by the Maintenance Director on a monthly basis.  The QA committee will review the schedule of required inspections and the results of those inspections for further determination.  February 23, 2018	

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

TITLE

(X6) DATE

 LNHA **Executive Director** 1-23-18

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 161	Continued From page 1 throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696  Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining the sprinkler system in accordance of NFPA 101.  Findings include: - On 1/11/2018 at 1:06 p.m., it was observed during the inspection that the ceiling had several holes that occurred from water damage when the sprinkler piping ruptured. The ceiling is required to be maintained in order to ensure the sprinkler and smoke detection will operate correctly in the event of fire.  The findings potentially affect all residents, visitors, and staff within the structure.  The Director of Maintenance acknowledged these findings through observation and interview.	K 161			
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance	K 353			

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K 353	<p>Continued From page 2 with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: The Standard is not met as evidenced by: Surveyor: 20696</p> <p>Based on the observation, records review, and interviews of the Administrator and Director of Maintenance, the facility failed to provide a means of maintaining the sprinkler system in accordance of NFPA 13.</p> <p>Findings include: - On 1/11/2018 at 1:05 p.m., it was observed during the inspection that exposed wet sprinkler piping in the unheated attic space froze. The sprinkler system had been turned off at the rise control valve until repairs are made. A fire watch has been established until the system has been restored.</p> <p>The findings potentially affect all residents, visitors, and staff within the structure.</p> <p>The Director of Maintenance acknowledged these</p>	K 353	<p>Sprinkler system will be surveyed and tested by individuals with knowledge and understanding of the components of the system.</p> <p>Maintenance director will schedule future inspections no less than quarterly.</p> <p>This process will be added to our Maintenance checklist and will be reviewed by the Maintenance Director quarterly.</p> <p>The QA committee will review the schedule of required inspections and the results of those inspections for further determination.</p> <p>February 23, 2018</p>	

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K 353	Continued From page 3 findings through observation and interview.	K 353			

S-1913-001

**FIRE SAFETY SURVEY REPORT 2012 CODE -- HEALTH CARE  
Medicare -- Medicaid**

1. (A) PROVIDER NUMBER 49-5417 K1  
1. (B) MEDICAID I.D. NO. 495417 K2

PART I -- Life Safety Code, New and Existing  
PART II -- Health Care Facilities Code, New and Existing  
PART III -- Recommendation for Waiver  
PART IV -- Crucial Data Extract  
OPTIONAL -- Chapter 4 -- NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies -- CMS-2786T

Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY  
Carrington Place at Rural Retreat

2. (A) MULTIPLE CONSTRUCTION (BLDGs)  
A. BUILDING 0101  
B. WING \_\_\_\_\_  
C. FLOOR \_\_\_\_\_

2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)  
514 North Main Street  
Rural Retreat, VA 24368

3. SURVEY FOR  MEDICARE  MEDICAID

4. DATE OF SURVEY 01/11/2018 K4

DATE OF PLAN APPROVAL 2009 K6

5. SURVEY UNDER SURVEY UNDER  
5.  2012 EXISTING K7  
6.  2012 NEW

A.  Fully Sprinklered (All required areas are sprinklered)  
B.  Partially Sprinklered (Not all required areas are sprinklered)  
C.  None (No sprinkler system) K9,180

3. SURVEY FOR CERTIFICATION OF

1.  HOSPITAL 2.  SKILLED/NURSING FACILITY 4.  ICF/IID UNDER HEALTH CARE 5.  HOSPICE

IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW

1.  ENTIRE FACILITY 2.  DISTINCT PART OF (SPECIFY) Sprinkler Systems and ceiling

3.  IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?  
a.  YES b.  NO

6. BED COMPOSITION  
a. TOTAL NO. OF BEDS IN THE FACILITY 120  
b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE 0  
c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE 120  
d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID 104  
e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICAID 104

7. A.  THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)

1.  COMPLIANCE WITH ALL PROVISIONS 2.  ACCEPTANCE OF A PLAN OF CORRECTION 3.  RECOMMENDED WAIVERS 4.  FSES 5.  PERFORMANCE BASED DESIGN

B.  THE FACILITY DOES NOT MEET THE STANDARD

SURVEYOR (Signature) C. Mitchell TITLE Assistance Fire Marshal OFFICE SFMO - Chilhowie DATE 01/18/2018

SURVEYOR ID 20696 K10

FIRE AUTHORITY OFFICIAL (Signature) David B. Hester TITLE Fire Marshal Manager OFFICE SFMO - Chilhowie DATE 1/31/2018

CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.

**PART IV - FIRE SAFETY SURVEY REPORT  
CRUCIAL DATA EXTRACT  
(TO BE USED WITH CMS 2786 FORMS)**

Provider Number K1 49-5417	Facility Name Carrington Place at Rural Retreat	Survey Date *K4 01/11/2018
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K6 DATE OF PLAN APPROVAL 2009	K3 MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS <u>01</u> NUMBER OF THIS BUILDING <u>01</u>	<input checked="" type="checkbox"/> A. BUILDING <input type="checkbox"/> B. WING <input type="checkbox"/> C. FLOOR <input type="checkbox"/> D. APARTMENT UNIT
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LSC FORM INDICATOR	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING																											
<table border="1"> <tr><th colspan="3">HEALTH CARE FORM</th></tr> <tr><td>12</td><td>2786R</td><td>2012 EXISTING</td></tr> <tr><td>13</td><td>2786R</td><td>2012 NEW</td></tr> </table> <table border="1"> <tr><th colspan="3">AHCO FORM</th></tr> <tr><td>14</td><td>2786U</td><td>2012 EXISTING</td></tr> <tr><td>15</td><td>2786U</td><td>2012 NEW</td></tr> </table> <table border="1"> <tr><th colspan="3">ICF/IID FORM</th></tr> <tr><td>16</td><td>2786V, W, X</td><td>2012 EXISTING</td></tr> <tr><td>17</td><td>2786V, W, X</td><td>2012 NEW</td></tr> </table>	HEALTH CARE FORM			12	2786R	2012 EXISTING	13	2786R	2012 NEW	AHCO FORM			14	2786U	2012 EXISTING	15	2786U	2012 NEW	ICF/IID FORM			16	2786V, W, X	2012 EXISTING	17	2786V, W, X	2012 NEW	<p>SMALL (16 BEDS OR LESS)</p> <p>K8 <input type="checkbox"/> 1. PROMPT 2. SLOW 3. IMPRACTICAL</p> <hr/> <p>LARGE</p> <p>K8 <input type="checkbox"/> 4. PROMPT 5. SLOW 6. IMPRACTICAL</p> <hr/> <p>APARTMENT HOUSE</p> <p>K8 <input type="checkbox"/> 7. PROMPT 8. SLOW 9. IMPRACTICAL</p>
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*K7 <input checked="" type="checkbox"/> 12 SELECT NUMBER OF FORM USED FROM ABOVE																												

(Check if K321 or K351 are marked as not applicable in the 2786 M, R, T, U, V, W, X, and Y.)	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING
K321: <input type="checkbox"/> K351: <input type="checkbox"/>	ENTER E - SCORE K5: <input type="checkbox"/> e.g. 2.5

\*K9 FACILITY MEETS LSC BASED ON (Check all that Apply)

A1. <input type="checkbox"/>	A2. <input checked="" type="checkbox"/>	A3. <input type="checkbox"/>	A4. <input type="checkbox"/>	A5. <input type="checkbox"/>
(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE POC)	(WAIVERS)	(FSES)	(PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC	K0180
B. <input type="checkbox"/>	<p>A. <input checked="" type="checkbox"/> FULLY SPRINKLERED (All required areas are sprinklered)</p> <p>B. <input type="checkbox"/> PARTIALLY SPRINKLERED (Not all required areas are sprinklered)</p> <p>C. <input type="checkbox"/> NONE (No sprinkler system)</p>

\*MANDATORY

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<b>K 161 SS=F</b>	<p><b>INITIAL COMMENTS</b></p> <p>Description of structure: One story type V - A construction (111). Sprinkler status: Fully sprinklered.</p> <p>An unannounced compliant request Life Safety Code survey was conducted 01/11/2018 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p> <p><b>Building Construction Type and Height CFR(s): NFPA 101</b></p> <p><b>Building Construction Type and Height 2012 EXISTING</b> Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 <b>Construction Type</b> 1. I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2. II (111) One story non-sprinklered. Maximum 3 stories sprinklered 3. II (000) Not allowed non-sprinklered 4. III (211) Maximum 2 stories sprinklered 5. IV (2HH) 6. V (111) 7. III (200) Not allowed non-sprinklered 8. V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered</p>	<b>K 161</b>	<p>This plan of correction constitutes our credible allegation of compliance. Preparation and/or execution of this plan of correction do not constitute admission or agreement by the provider of the conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state laws.</p> <p>Ceiling will be surveyed and tested by individuals with the knowledge and understanding to help ensure proper operation of the sprinkler and smoke detection.</p> <p>Maintenance director will check affected areas once a week to ensure that there are no signs of additional water or structural damage.</p> <p>This process will be added to our Maintenance checklist and will be reviewed by the Maintenance Director on a monthly basis.</p> <p>The QA committee will review the schedule of required inspections and the results of those inspections for further determination.</p> <p>February 23, 2018</p>	

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**FIRE SAFETY SURVEY REPORT 2012 CODE – HEALTH CARE  
Medicare – Medicaid**

1. (A) PROVIDER NUMBER 49-5417 K1  
1. (B) MEDICAID I.D. NO. 495417 K2

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PART II – Health Care Facilities Code, New and Existing  
PART III – Recommendation for Waiver  
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OPTIONAL – Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T

Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY  
Carrington Place at Rural Retreat

2. (A) MULTIPLE CONSTRUCTION (BLDG) A. BUILDING 0101  
B. WING \_\_\_\_\_  
C. FLOOR \_\_\_\_\_

2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)  
514 North Main Street  
Rural Retreat, VA 24368

3. SURVEY FOR  MEDICARE  MEDICAID

4. DATE OF SURVEY 01/11/2018 K3

5. SURVEY FOR CERTIFICATION OF  HOSPITAL  SKILLED/NURSING FACILITY  ICF/IID UNDER HEALTH CARE  HOSPICE

DATE OF PLAN APPROVAL 2009 SURVEY UNDER  2012 EXISTING  2012 NEW

6. BED COMPOSITION  
A.  Fully Sprinklered (All required areas are sprinklered)  
B.  Partially Sprinklered (Not all required areas are sprinklered)  
C.  None (No sprinkler system) K6, K7, K8

IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW

1.  ENTIRE FACILITY  DISTINCT PART OF (SPECIFY) Sprinkler Systems and ceiling

3.  IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?  
a.  YES b.  NO

6. BED COMPOSITION  
a. TOTAL NO. OF BEDS IN THE FACILITY 120  
b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE 0  
c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE 120  
d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE 104  
e. NUMBER OF NF or ICF/IID BEDS CERTIFIED FOR MEDICARE 104

7. A.  THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)  
1.  COMPLIANCE WITH ALL PROVISIONS 2.  ACCEPTANCE OF A PLAN OF CORRECTION 3.  RECOMMENDED WAIVERS 4.  FSES 5.  PERFORMANCE BASED DESIGN

B.  THE FACILITY DOES NOT MEET THE STANDARD

SURVEYOR (Signature) C. Mitchell TITLE Assistance Fire Marshal OFFICE SFMO - Chilhowie DATE 01/18/2018

SURVEYOR ID 20696 K10

FIRE AUTHORITY OFFICIAL (Signature) Clayton D. Hunter TITLE Fire Marshal Manager OFFICE SFMO - Chilhowie DATE 1/31/2018

CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.

**PART IV - FIRE SAFETY SURVEY REPORT  
CRUCIAL DATA EXTRACT  
(TO BE USED WITH CMS 2786 FORMS)**

Provider Number K1 49-5417	Facility Name Carrington Place at Rural Retreat	Survey Date *K4 01/11/2018
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K6 DATE OF PLAN APPROVAL 2009	K3 MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS <u>01</u> NUMBER OF THIS BUILDING <u>01</u>	<input checked="" type="checkbox"/> A. BUILDING <input type="checkbox"/> B. WING <input type="checkbox"/> C. FLOOR <input type="checkbox"/> D. APARTMENT UNIT
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LSC FORM INDICATOR	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING									
<table border="1"> <tr><th colspan="3">HEALTH CARE FORM</th></tr> <tr><td>12</td><td>2786R</td><td>2012 EXISTING</td></tr> <tr><td>13</td><td>2786R</td><td>2012 NEW</td></tr> </table>	HEALTH CARE FORM			12	2786R	2012 EXISTING	13	2786R	2012 NEW	SMALL (16 BEDS OR LESS) K8 <input type="checkbox"/> 1. PROMPT 2. SLOW 3. IMPRACTICAL
HEALTH CARE FORM										
12	2786R	2012 EXISTING								
13	2786R	2012 NEW								
<table border="1"> <tr><th colspan="3">AHCO FORM</th></tr> <tr><td>14</td><td>2786U</td><td>2012 EXISTING</td></tr> <tr><td>15</td><td>2786U</td><td>2012 NEW</td></tr> </table>	AHCO FORM			14	2786U	2012 EXISTING	15	2786U	2012 NEW	LARGE K8 <input type="checkbox"/> 4. PROMPT 5. SLOW 6. IMPRACTICAL
AHCO FORM										
14	2786U	2012 EXISTING								
15	2786U	2012 NEW								
<table border="1"> <tr><th colspan="3">ICF/IID FORM</th></tr> <tr><td>16</td><td>2786V, W, X</td><td>2012 EXISTING</td></tr> <tr><td>17</td><td>2786V, W, X</td><td>2012 NEW</td></tr> </table>	ICF/IID FORM			16	2786V, W, X	2012 EXISTING	17	2786V, W, X	2012 NEW	APARTMENT HOUSE K8 <input type="checkbox"/> 7. PROMPT 8. SLOW 9. IMPRACTICAL
ICF/IID FORM										
16	2786V, W, X	2012 EXISTING								
17	2786V, W, X	2012 NEW								
*K7 <input checked="" type="checkbox"/> 12 SELECT NUMBER OF FORM USED FROM ABOVE										

(Check if K321 or K351 are marked as not applicable in the 2786 M, R, T, U, V, W, X, and Y.)	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING
K321: <input type="checkbox"/> K351: <input type="checkbox"/>	ENTER E - SCORE K5: <input type="checkbox"/> e.g. 2.5

\*K9 FACILITY MEETS LSC BASED ON (Check all that Apply)

A1. <input type="checkbox"/>	A2. <input checked="" type="checkbox"/>	A3. <input type="checkbox"/>	A4. <input type="checkbox"/>	A5. <input type="checkbox"/>
(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE POC)	(WAIVERS)	(FSSES)	(PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC	K6180						
B. <input type="checkbox"/>	<table> <tr> <td>A. <input checked="" type="checkbox"/></td> <td>B. <input type="checkbox"/></td> <td>C. <input type="checkbox"/></td> </tr> <tr> <td>FULLY SPRINKLERED (All required areas are sprinklered)</td> <td>PARTIALLY SPRINKLERED (Not all required areas are sprinklered)</td> <td>NONE (No sprinkler system)</td> </tr> </table>	A. <input checked="" type="checkbox"/>	B. <input type="checkbox"/>	C. <input type="checkbox"/>	FULLY SPRINKLERED (All required areas are sprinklered)	PARTIALLY SPRINKLERED (Not all required areas are sprinklered)	NONE (No sprinkler system)
A. <input checked="" type="checkbox"/>	B. <input type="checkbox"/>	C. <input type="checkbox"/>					
FULLY SPRINKLERED (All required areas are sprinklered)	PARTIALLY SPRINKLERED (Not all required areas are sprinklered)	NONE (No sprinkler system)					

\*MANDATORY