



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 9, 2026

Mr. Macklyn (Bo) Sellers, Director of Projects & Construction Management (via email only)
Cape Fear Valley
1638 Owen Drive
Fayetteville, NC 28304

Re: Project No. HL-13089-DLJ/DWC
FID No. 240213
Cape Fear: Harnett Behavioral Health
New Behavioral Health Care Unit for Adolescents
Lillington (Harnett)

Dear Mr. Sellers:

The referenced project, located at 186 Crested Iris Road, Lillington, was inspected on May 28, 2026, by David LyJordan and David Creech. This project cannot be approved until the following deficiencies have been corrected:

1. The door openings at the following rooms are equipped with emergency rescue hardware. The rescue hardware at these doors must be serviced so that the doors can clear the rescue hardware and swing outward into the corridor: Assessment 106A; Patient 115; Patient 116; Patient 117; and Patient 120.
2. There are still four temporary doors in the Facility which must be replaced with permanent doors.
3. At Assessment 106A, tamper resistant fasteners must be provided at the following locations: The door strike; switch plate; and the monitor bracket.
4. At Dining/Noisy Activity 130, tamper-resistant fasteners must be provided at the switch plate.
5. At Group Therapy 126, tamper-resistant fasteners must be provided at data wall plates.
6. At Quiet 134, tamper-resistant fasteners must be provided at data wall plates.
7. At Exam/Treatment 126, tamper-resistant fasteners must be provided at the shelving millwork.
8. At all ensuite Patient Toilet Rooms doors, tamper-resistant screws must be provided at the security block and hinges.
9. At the accordion door between Quiet Activity/Consult 129 and Dining/Noisy Activity 130, tamper-resistant fasteners must be provided at the divider enclosure.

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

CONSTRUCTION SECTION

LOCATION: 1915 Health Services Way, Raleigh, NC 27607
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10. Flexible swing partitions are being used in lieu of doors at the ensuite Patient Toilet Rooms. Provide a safety risk assessment for this item, as required by FGI Section 2.5-2.2.2.6(4)(c).
11. At Patient Room 120, the entry door strike plate is damaged and must be replaced.
12. At the following Toilet Rooms, a tamper-resistant fastener must be provided at the wall cleanout: 118A; and 120A.
13. The entry door to Seclusion 125B must be equipped with a minimum 20-minute fire-resistant doorframe.
14. Doors to the following spaces did not latch properly and must be adjusted: Restroom 102; Unit Manager 114; Soiled 142; and Soiled Linen 113; and Seclusion Vestibule 125.
15. Door 103 (Visitor/Consultation) is located in a corridor smoke partition and must be equipped with positive latching.
16. At Cross-Corridor Smoke Barrier Door 104A, the astragals must be adjusted to eliminate the gaps at the meeting edges.
17. Handrails are missing at the plan west side of Corridor 136 and must be provided.
18. At present, the handrails and corridor walls appear to be the same color. FGI requires that handrails have a surface light reflectance value that contrasts with that of the wall surface by a minimum of 30 percentage points. [FGI Section 2.1-7.2.210(5)]
19. At ADA Toilet 116A, the sharp edges at the ADA shower seat must be dulled.
20. At Nourishment 133, a microwave must be provided.
21. At the Outdoor Rec Area, damaged protective coatings at the surrounding fence must be repaired to prevent oxidation.
22. At the Outdoor Rec Area, the horizontal reveals at the EIFS cladding provide potential hand and footholds. These reveals must be filled in at areas adjacent to the fencing surrounds to prevent climbing.
23. At Group Therapy 126 and Quiet Activity/Consult 129, the nurse call devices must be tamper- and ligature-resistant.
24. At Soiled 142 and Soiled Linen 113, the integral coved wall base must be carried up the wall a minimum of 6 inches and sealed tightly to the wall.
25. At Soiled Linen 113, a hand sanitizer dispenser must be provided.
26. At Meds 112, a lockable meds fridge and sharps container must be provided.
27. Additional exit signage must be provided at the following locations: At the intersection of Corridor 136 and 137, directing occupants plan west; at the corridor outside Multipurpose 131, directing occupants plan west; and at the west side of the cross-corridor door, outside of Staff Work 111.

28. At Data/IT 152, the following deficiencies must be addressed: The corridor smoke partition must be labeled; The cross-brace penetration of the 1-hour smoke barrier must be firestopped; verify that all bar joist penetrations are protected in strict accordance with Safe Seal's proprietary details; and provide at tested assembly for pipe/conduit penetrations utilizing foam insulation wrap, or modify these penetrations to conform to a tested assembly.
29. At Water Heater 140, verify that the backside of the beam penetrating the 1-hour fire barrier and 1-hour smoke barrier, as well as the adjoining head-of-wall joints, are fully firestopped and that this protection is continuous to the interior face of the exterior sheathing.
30. At Electrical 151, the plan east wall must be partially labeled as a 1-hour fire barrier and a 1-hour smoke barrier. A vertical delineation must be provided between these two wall types. Also, verify that the beams penetrating this wall, at the plan north and south ends, are fully firestopped at the backside, and at the adjoining head-of-wall joints, and that this protection is continuous to the interior face of the exterior sheathing.
31. Above ceiling, the following general conditions must be addressed throughout the facility:
 - a. Verify that all joints and penetrations utilizing Safe Seal are protected in strict accordance with all manufacturer installation instructions and details.
 - b. All smoke partitions must be labeled, at both sides, throughout the facility.
 - c. Head-of-wall joints, at all corridor smoke partitions, must be sealed to resist the passage of smoke.
32. Above ceiling, at Staff Break 105, one conduit, one beam, and one winding bracing penetration must be firestopped at the 1-hour smoke barrier.
33. Above ceiling, at Corridor 136, the following deficiencies must be addressed: All corridor smoke partitions must be labeled; and all head-of-wall joints at corridor smoke partitions must be sealed to resist the passage of smoke.
34. Above ceiling, at Soiled 142, verify whether pipe/conduit penetrations utilizing foam insulation wrap conform to a tested assembly. If not, these penetrations must be modified to conform to a tested assembly
35. Above ceiling, at Clean Supply 110, one beam penetration at the 1-hour fire barrier must be firestopped. Also, the 1-hour fire barriers bounding the space are interrupted at one corner by an unprotected steel column.
36. Above ceiling, at Quiet Room 134, one conduit penetration must be firestopped, and the inside of one Unistrut penetration must be firestopped.
37. Above ceiling, at the corridor leading to the Outdoor Rec Area, the plan south corridor smoke partition must be made continuous to the outside wall.
38. Above ceiling, at Corridor 137, the top of one bar joist penetration at the corridor smoke partition is completely open and must be sealed.

39. The acoustical ceiling tile is not installed in the Staff Breakroom Closet #105a. The closet is equipped with a pendant sprinkler head approximately 8-foot above finish floor with the structure exposed above the sprinkler pendant. Verify the ceiling is installed per the approved drawings.
40. Two dome lights in the corridor nearest to Patient Care Manager Office #114 are installed such that their lights are not visible the length of the Corridor. Verify the nurse call dome lights are rotated 90-degrees to allow staff viewing of the dome's activated call lights.
41. The cross-corridor dome light, nearest to semi-private patient room #121 is not positioned to allow view from responding staff who are sitting and/ or standing at the nurse call master station. Verify the cross-corridor dome light is located to allow a line-of-sight for the staff who are located in the Staff Workroom at/ near the Master Call Station.
42. The Nurse Call Staff Assist Call Station located in Quite Activity/ Consult #129 is obstructed by furniture. Verify unobstructed is provided to the Nurse Call Staff Assist Call Station located in Quite Activity/ Consult #129.
43. The sprinkler piping is exposed to temperatures less than 20-degrees Fahrenheit. Verify the electric unit heater is installed in the Hotbox and powered from the emergency branch of power per the approved drawings. [2013 NFPA 13, 8.16.4.1.3]
44. Natural Gas Piping in Water Heater Room #140 is not labeled per 2018 NCSFGC 401.5.
45. Verify the electrical outlet within 6-foot of Meds #112 hand washing sink is GFCI protected. [2020 NEC 210.8(B)(5)]
46. Several Panel Schedules, including the panel in the generator enclosure, does not provide accurate descriptions of the device, appliance, and/ or equipment. Verify each disconnecting means shall be legibly marked (typed) to indicate it's purpose unless located and arranged so the purpose is evident. [2020 NEC 110.22(A)]
47. All three lighting fixtures in Electrical Room #151 are connected to the Life Safety Branch of power, two of which as on a switched circuit. Verify two of the light fixtures are fed from the critical branch and the third light fixture fed from a non-switchable Life Safety Branch circuit, all per the approved drawings.
48. Critical and Equipment Branch share a common Gutter in Electrical Room #151. Verify the wiring of the Life Safety Branch and Critical Branch shall be kept independent of all other wiring and equipment. [2020 NEC 517.31(C)(1)]
49. The Life Safety Branch receptacle in the generator enclosure does not have a distinctive color or marking. Verify receptacles supplied from the emergency system shall have a distinctive color or marking on the receptacle cover plate or the receptacles. [2020 NEC 700.8]
50. The Generator annunciator panels display trouble signals. Verify all trouble signals are cleared from the EES prior to reinspection.
51. The Generator Representative started the generator without setting generator controls to transfer power during our cold start attempt. At time of reinspection we will attempt to achieve EES power transfer on a cold start. [2013 NFPA 110, 7.13.4.1.1 and 8.4.4]

52. Provide sprinkler head guards in Mechanical, Telecommunication, Electrical, and Storage Rooms. [2013 NFPA 13, 6.2.8]
53. Quiet Room #134 has an access control card reader on the egress side of the room. Describe why the egress from Quiet Room #134 is limited, not free egress.
54. Nurse Call devices in patient care areas outside of the patient rooms are not tamper and ligature resistant. Verify all Nurse Call devices, including call stations and dome lights, are tamper and ligature resistant. [2022 FGI Hospital 2.5-8.1.2]
55. Similar to the deficiency above, Fire Alarm strobes, combination horn/ strobes, smoke detectors, mechanical ventilation thermostats, and closed-circuit cameras in patient care areas are not tamper and ligature resistant. Verify Fire Alarm strobes, combination horn/ strobes, and smoke detectors in patient care areas are not tamper and ligature resistant. [2022 FGI Hospital 2.5-8.1.2, 2.5-8.3.5, 2.5-8.5.1.2(1), 2.5-8.6.1]
56. The waiting area is not under direct visual control of the reception desk. Verify electronic surveillance is provided. [2022 FGI Hospital 2.5-6.2.3.1]

When the deficiencies listed above have been corrected, we must receive a letter addressing each item, confirming that the work is complete, as well as photos documenting corrective work. Once all materials are received, we will schedule a re-inspection.

Please use our Project No. HL-13089-DLJ/DWC and FID No. 240213 on all correspondence related to this project. If you have any questions or if we can be of any further assistance, please contact our office at the telephone number or e-mail address listed below.

Sincerely,



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Harnett County Inspections – Brad Sutton (via e-mail only)