

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL049023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/10/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE GARDENS OF STATESVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2147 DAVIE AVENUE STATESVILLE, NC 28625</b>
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(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) COMPLETE DATE
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C 000 Initial Comments

C 000

Report of Biennial Construction Survey by Frank Strickland and Dennis Harrell on 12/10/2015:

Based on Information obtained from the DHSR databases, this facility first licensed on 09/15/1997 for 67 residents. Based on this information we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations", applicable portions of the 2005 Rules for Adult Care Homes, and the 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I, Unrestrained Occupancy.

Deficiencies have been cited and a Plan of Correction is required.

C 133 Bathrooms-Hand Grips

C 133

SECTION .0300 - PHYSICAL PLANT  
10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

(e) The requirements for bathrooms and toilet rooms are:

(6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents;

This Rule is not met as evidenced by:  
1) Based on observation, the facility has not maintained the hand grips in a safe condition. This could result in a fall if the hand grips do not support a person's weight.

Findings on 12/10/2015:  
a) The toilet sidewall hand grip is not secured to the supporting wall located in Room 306 Bathroom.

C 133

Date corrected 1/4/2016.

Maintenance Director and/or Designee to ensure all hand grips are properly secured during room turns; and as needed during residency.

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Michelle Daise Ekanidoro*

TITLE

(X6) DATE

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C 189 Continued From page 1

C 189 Building Equipment Maintained Safe, Operating

C 189

C 189

**SECTION .0300 - PHYSICAL PLANT  
10A NCAC 13F .0311 OTHER  
REQUIREMENTS**

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.

(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

This Rule is not met as evidenced by:  
1-Based on observation, the facility was not maintained in a safe manner due to breaches of the one-hour roof/ceiling assembly construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin.

**Findings on 12/10/2015:**

The following locations have breaches in the ceiling construction:

(a) The ceiling sheet-rock construction has been damaged due to repair activity in the attic and the ceiling and adjacent walls are cracked rather extensively located outside Room 315.

(b) There is a 3" electrical conduit penetrating the ceiling from Panel 2B in 200 Hall HVAC Room.

2-Based on observations, the facility fire protection equipment was not maintained in a safe manner. This could effect all residents and staff by not protecting the roof/ceiling assembly construction integrity.

C 189

Date corrected 1/4/2016.

1(a) Maintenance Director and/or Designee to conduct bi-weekly walk through of building to ensure all ceiling sheet-rock is in good repair and there is no breach in ceiling construction.

Date of correction on or before 1/29/2016.

1. (b) Maintenance Director and/or Designee to conduct monthly inspections to ensure all electrical conduits are in good repair and there is no breach in ceiling construction.

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C 189 Continued From page 2

Findings on 12/10/2015:  
The following locations had dropped sprinkler heads and escutcheons:  
(a) Room 203  
(b) Room 205  
(c) 300 Hall and Room 315  
(d) 300 Hall Storage Room  
(e) Kitchen Pantry  
(f) Kitchen Mop Sink Closet

3-Based on observations, the facility life-safety components have not been maintained in a safe manner. This will effect all residents and staff by not providing illumination for all paths of egress in the event of an emergency.

Findings on 12/10/2015:  
The emergency life-safety devices failed to activate when tested at the following locations:  
(a) Exit Sign adjacent to Room 206  
(a) Exit Light in Main Electrical Room

4-Based on observations, this facility has not maintained in a safe manner because the portable medical oxygen cylinders are not being properly handled/stored. This could effect all residents, staff or visitors if the cylinders fell on the floor surface breaking the valves, propelling the cylinders and turning into a dangerous projectile.

Finding on 12/10/2015:  
An oxygen bottle was not stored in an approved rack located in Room 318.

5-Based on observations, the facility fire protection equipment incorporated in the HVAC system was not maintained in a safe manner. This could effect all residents and staff by not providing full detection of smoke in the facility.

C 189

Date of correction on or before 1/12/2016.

2. (a—f) Maintenance Director and/or Designee to conduct monthly inspections to ensure all sprinkler heads are flush with ceiling and contain escutcheons in order to maintain roof/ceiling construction integrity.

Documentation to be maintained  
Maintenance Director Office.

Date of correction on or before 1/29/2016

3. (a) Maintenance Director and/or Designee to conduct monthly inspections to ensure all emergency life-safety devices activate appropriately. Repair and / or replacement of devices as needed to maintain a safe environment.

Documentation to be maintained  
Maintenance Director Office.

Date corrected 12/10/2015.

4. Resident Care Coordinator and/or Designee to ensure all portable medical oxygen cylinders are properly stored and handled by staff, residents and/or family members.

Resident Care Coordinator and/or Designee to educate staff, residents and family of proper storage and handling of portable oxygen tanks ongoing and as needed.

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C 189 Continued From page 3

Findings on 12/10/2015:  
The sampling tubes were clogged in the duct smoke detector in AHU-4.

6-Based on observation, the facility has not been maintained in a safe and operating condition because the noted interior doors do not latch for the containment of fire and/or smoke in the room of origin. This could affect all residents and staff in the event of a fire.

Findings on 12/10/2015:  
The following entry door(s) do not latch and are out of adjustment:  
(a) The left-hand side entry Dining Room door that is located across the hall from the Living Room, does not close and prevent the passage of smoke.

C 189

C 189

Date of correction on or before 1/12/2016.

5. Maintenance Director and/or Designee to conduct quarterly checks of all sampling tubes to ensure HVAC is maintained in a safe manner for the life safety of residents, staff and family members.

Documentation to be maintained Maintenance Director Office.

Date of correction on or before 1/29/2016.

6. (a) Maintenance Director and/or Designee to test all interior fire doors to ensure proper closure quarterly to aide in the prevention of smoke passage in the event of a fire.

Documentation to be maintained Maintenance Director Office.

C 199 Exhaust Ventilation

SECTION .0300 - PHYSICAL PLANT  
10A NCAC 13F .0311 OTHER REQUIREMENTS

(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:

- (1) soiled linen storage;
- (2) soil utility room;
- (3) bathrooms and toilet rooms;
- (4) housekeeping closets; and
- (5) laundry area.

(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

C 199

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C 199 Continued From page 4

This Rule is not met as evidenced by:  
1-Based on Observation, the facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors.

Findings on 12/10/2015:

No mechanical exhaust ventilation has been provided in the 300 Hall Laundry Room.

2-Based on Observation, the facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors.

Findings on 12/10/2015:

The mechanical exhaust fans are not exhausting interior air in the Room 300 Bathroom.

C 199

C 199

Date of installation / correction on or before 2/19/2016.

1. Maintenance Director and/or Designee to ensure all mechanical exhaust ventilation is provided and fully operational. Repair and / or replacement to occur as needed.

Date of completion 12/10/2015.

2. Maintenance Director and/or Designee to ensure all mechanical exhaust ventilation is provided and fully operational. Repair and / or replacement to occur as needed.