STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049023	A. BUILDING: 01 B. WING _____	10/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS OF STATESVILLE	2147 DAVIE AVENUE STATESVILLE, NC 28625

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 10-24-2017. Records indicate this facility was 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.	C 000		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; a. Items had been stacked all the way to the ceiling in the Activity storage closet on the 200 Hall. b. Items had been stacked to within 4 inches of the ceiling in the cleaning closet on the 300 Hall.	C 166	C 166 Date of correction on or before 12/6/2017 1.) (a) Maintenance Director and/or Designee to ensure proper storage distance of at least 18 inches below the sprinkler head is maintained in storage closets. Date of correction on or before 12/6/2017 1.) (b) Maintenance Director and/or Designee to ensure proper storage distance of at least 18 inches below the sprinkler head is maintained in storage closets	

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C 166	Continued From page 1 2. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Finding includes: A portable medical oxygen cylinder was stored in no rack or container in room 207. 3. Based on observation the door to the Eden Spa was dragging and was very hard to open when latched. Doors that are hard to open present the possibility that someone could be trapped in the room.	C 166	C166 Date corrected 10/24/2017 2.) 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. Date Corrected 11/12/2017 3.) Maintenance Director and/or Designee to conduct monthly inspections on all interior doors to ensure all open and/or close without obstruction.	
C 189	Building Equipment Maintained Safe, Operating 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, battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Mal-functioning lights include the following areas: a. TV room on 200 Hall, b. Corridor near CV Dining,	C 189	C 189 Date Corrected 11/16/2017 through 11/24/2017 1.) (a.-d.) 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 in Maintenance Director Office.	

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C 189	Continued From page 2 c. CV Dining, d. Smoking patio. 2. Based on observation, the fire alarm system is equipped with a "Silence" feature but would not silence as designed. Could be a symptom of a bigger problem.. 3. Based on observation, many corridor doors do not fit the opening properly to be resistant to the passage of smoke. Corridor doors that do not close fit properly present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include the following improperly fitting doors; a. Administrator's office, b. Bedroom 209, c. Bedroom 218, d. Bedroom 219, e. Bedroom 220, f. Bedroom 222, g. Bedroom 305, h. Bedroom 307, i. Bedroom 312, j. Bedroom 323. 4. Based on observation, the facility failed to be maintained in a safe condition because of an exit sign not working properly. Malfunctioning exit signs could delay or prevent an evacuation in an emergency. Finding includes: The exit sign in the corridor near the CV Dining room did not work on battery when tested. 5. Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch	C 189	C 189 Refer to page 2 Date of correction scheduled for 12/6/2017 2.) Technician with Protection 1 scheduled for inspection and repair. Maintenance Director and/or Designee to maintain monthly inspections to ensure system is working as required. Date of correction 11/22/2017 3.) (a.-j.) Maintenance Director and/or Designee to conduct monthly inspections on all interior doors to ensure all doors are properly fitted to resist the passage of smoke in the event of fire. Date corrected 11/24/2017 4.) 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 in Maintenance Director Office. Refer to page 4	

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C 189	Continued From page 3 present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. One of the smoke barrier doors near the CV Dining room did not close completely and latch when activated by the fire alarm system. b. The door to bedroom 201 would not latch when closed. c. The door to bedroom 204 would not latch when closed. d. The latch strike was missing on the door to bedroom 210. e. The door to room 220 is dragging and is very hard to close. 6. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Hole in the wall above the emergency light in the main electrical room at the employee entrance, b. Unsealed conduit sleeve in the main electrical room at the employee entrance, c. Holes in the wall of the mop closet at the employee entrance, d. Large hole in ceiling around a flue in the sprinkler riser room, e. Hole in ceiling around main sprinkler pipe in the sprinkler riser room, f. Unsealed wire penetration in the sprinkler riser room, g. Unsealed conduit sleeves (3) through the ceiling in the security room, h. Holes (2) in the ceiling in the storage room	C 189	C189 Date Completed 11/13/2017 through 11/16/2017 5.) (a.-e) 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 fire. Documentation to be maintained in Maintenance Director Office. Date of correction 11/15/2017 through 11/17/2017 6.) (a.-m.) Maintenance Director and/or Designee to conduct monthly inspections to ensure all walls and ceiling sheet-rock is in good repair and there is no breach in ceiling construction. Maintenance Director and/or Designee conduct monthly inspections to ensure all conduits is in good repair and there is no breach in ceiling construction.	

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C 189	Continued From page 4 across from room 320, i. Unsealed conduit sleeve in the storage room across from room 321, j. Holes in the ceiling of the mechanical room on 200 Hall. k. Holes in the wall of the chart room, l. Holes in the wall of the chart room on 200 Hall, m. Holes in the wall of the med room on 200 Hall, 7. Based on observation the required one-hour fire rated ceilings were compromised in locations because of sprinkler escutcheons missing or not tightly fitted to the ceiling. Sprinkler escutcheons that are not properly mounted present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Improperly mounted escutcheons were found in: a. Pantry, b. Bathroom off the Therapy room, c. Cleaning closet on 300 Hall, d. Private Dining, e. Closet off room 210.	C 189	C 189 Refer to page 4 Date corrected 11/16/2017 7.) (a.-e.) 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 in Maintenance Director Office.	
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature	C 193	C193 Date Corrected 11/24/2017 Activity Coordinator and/or Designee will ensure oven/range is under the supervision of a designated staff member during use. When oven/range is not in use, breaker will be turn off and will require a key to switch the breaker back to the on position for use.	

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C 193	Continued From page 5 provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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: Based on observation, the range in the CV Dining room was energized and no staff was present to supervise. Additionally, there was no locking feature provided to de-energize the range.	C 193		