

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL049023</b>               | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                                                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>04/10/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE GARDENS OF STATESVILLE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2147 DAVIE AVENUE<br/>STATESVILLE, NC 28625</b> |                                                                                                                                                                           |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                  | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                               | Initial Comments<br><br>Report of Biennial Follow Up Construction Survey<br>by Dennis Harrell on 4-10-2018.<br><br>Some deficiencies were not corrected. Further<br>action is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | {C 000}                                                                                     |                                                                                                                                                                           |                                                                    |
| {C 164}                                                               | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND<br>FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor<br>coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing<br>facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that due to recent<br>sprinkler pipes bursting, floors and ceilings are<br>not in good repair.<br><br>Findings on January 10, 2018:<br>b. Interview with Staff revealed that<br>approximately ten occurrences of sprinkler pipes<br>bursting had occurred in the last week from the<br>extremely cold temperatures. The ceilings in the<br>affected areas have water damage. Some of<br>those areas include CV Dining, Private Dining,<br>300 corridor, Room 210, PC Dining and the front<br>porch.<br><br>Finding on 4-10-2018;<br>The ceiling in the 300 corridor has water damage. | {C 164}                                                                                     | C164<br><br>Date completed 4/17/2018<br><br>1.) (b) The 300 corridor ceiling has been repaired<br>according Physical Plant- Housekeeping and<br>Furnishings requirements. |                                                                    |

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

OJHV23

If continuation sheet 1 of 2

*Debrae Danipe, Executive Director*

*4/27/2018*

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE GARDENS OF STATESVILLE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2147 DAVIE AVENUE<br/>STATESVILLE, NC 28625</b> |                                                                                                                                        |                                                                    |
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| {C 189}                                                               | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | {C 189}                                                                                     |                                                                                                                                        |                                                                    |
| {C 189}                                                               | <p>Building Equipment Maintained Safe, Operating</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b><br/> <b>10A NCAC 13F .0311 OTHER</b><br/> <b>REQUIREMENTS</b><br/> (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.<br/> (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:<br/> 1. Based on observation and interview with Staff, the facility had several sprinkler pipes burst due to the extreme cold over the past week. The damages have compromised the one-hour fire rated ceilings. Openings in the ceiling could allow a fire to spread from the source of origin.</p> <p>Finding on 4-10-2018:<br/> b. PC Dining - water damaged caused the ceiling to collapse creating a hole approximately 4' x 6'. The opening had been covered with plastic and secured. Crewmen were working to repair the ceiling.</p> | {C 189}                                                                                     | <p>C 189</p> <p>Date completed 4/13/2018</p> <p>1.) (a) PC Dining-ceiling has been repaired according Physical Plant requirements.</p> |                                                                    |

THE GARDENS  
OF STATESVILLE  
ASSISTED LIVING  
PREMIER SENIOR LIVING



300 Corridor

# THE GARDENS OF STATESVILLE

ASSISTED LIVING

CSL PREMIER SENIOR LIVING



PC Dining Room