

THE GARDENS  
OF STATESVILLE  
ASSISTED LIVING  
 PREMIER SENIOR LIVING

December 18, 2019

Ms. Suzanna Fay  
DHSR Construction Section  
2705 Mail Service Center  
Raleigh, NC 27699-2705

RE: The Gardens of Statesville – HA Biennial Survey  
2147 Davie Ave.  
Statesville, NC Iredell County  
FID #971094 HAL 049023

Dear Ms. Fay:

It was a pleasure meeting with you during your visit on November 22, 2019.

We have received and reviewed the Statement of Deficiency for deficiencies noted during your site visit. Please review the enclosed Plan of Correction; if you have any questions and/or concerns I can be reached at 704-878-0123.

Sincerely,



Mechelle Kanipe  
Executive Director

Division of Health Service Regulation

|                                                     |                                                                               |                                                                            |                                                        |
|-----------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------|
| 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>11/22/2019</b> |
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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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| (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 |
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| C 000                    | Initial Comments<br><br>Report of Construction Section Biennial Survey<br>by Suzanna Fay conducted on November 22,<br>2019.<br><br>Records indicate this facility was first licensed on<br>September 15, 1997 for 67 residents. Based on<br>this information we are requiring the facility to<br>meet the 1996 "Homes for the Aged and Disabled<br>- Minimum Standards and Regulations",<br>applicable portions of the 2005 Rules for Adult<br>Care Homes and the 1996 Edition of the North<br>Carolina State Building Code; Section 409.1<br>Group I, Unrestrained Occupancy.<br><br>Deficiencies were cited which require a plan of<br>corrections.                                                                                                                                  | C 000               |                                                                                                                                                                                                                                                                                                                                                                                      |                          |
| C 111                    | Must Have Current San. & Fire Safety Reports<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0302 DESIGN AND<br>CONSTRUCTION(<br>f) The facility shall have current sanitation and<br>fire and building safety inspection reports which<br>shall be maintained in the home and available for<br>review.<br><br>This Rule is not met as evidenced by:<br>1. Review of records revealed that the facility did<br>not maintain current fire and building safety<br>inspection reports.<br><br>Findings on November 22, 2019:<br>a. The most current fire inspection report was<br>dated September 1, 2017.<br>b. A review of the most recent sprinkler<br>inspection report indicated numerous<br>deficiencies. Verify that deficiencies requiring<br>repairs have been corrected. | C 111               | C 111<br><br>Date of completion 11/26/2019<br><br>1.) (a) Fire Marshall conducted inspection.<br>Fire Marshall confirmed sprinkler system is in<br>working order and functioning appropriately<br>in case of emergency.<br><br>Date of completion on or before 3/31/20<br><br>1.) (b) Contractor to repair sprinkler system.<br>See attached report that highlights repairs to date. |                          |

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Michelle Kahpe* Executive Director

12/11/19

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 164                                                                 | <p>Housekeeping and Furnishings-Clean, Repaired</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b><br/> <b>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</b><br/> (a) Adult care homes shall:<br/> (1) have walls, ceilings, and floors or floor 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 facilities.</p> <p>This Rule is not met as evidenced by:<br/> 1. Observations revealed that the walls were not kept clean and in good repair.</p> <p>Findings on November 22, 2019:<br/> a. 200 Hall Laundry - the wall behind the dryer has water damage. The sheetrock is rotting and tearing along the base of the wall and the cove base is falling off.</p> <p>2. Observations revealed that the furnishings were not kept in good repair.</p> <p>Findings on November 22, 2019:<br/> a. 300 Hall Spa - the hand grip by the toilet is not secure to the wall.<br/> b. Room 303 Toilet - the hand grip is not secure to the wall.</p> | C 164                                                                                       | <p>C164</p> <p>Date of completion on or before 12/27/2019</p> <p>1.) (a) Maintenance Director to repair and/or replace wall behind dryer according to the Physical Plant requirements.</p> <p>Date completed 11/25/2019</p> <p>2.) (a-b) Hand Grip(s) has been repaired according Physical Plant requirements.</p> |                                                     |
| C 189                                                                 | <p>Building Equipment Maintained Safe, Operating</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b><br/> <b>10A NCAC 13F .0311 OTHER REQUIREMENTS</b><br/> (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C 189                                                                                       | <p>C 189 Refer to next page</p>                                                                                                                                                                                                                                                                                    |                                                     |

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                                                                 | <p>Continued From page 2</p> <p>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. Observations revealed that the fire safety equipment is not maintained in a safe and operating condition. If the fire suppression systems are not working properly, they may fail to suppress a fire during an emergency.</p> <p>Findings on November 22, 2019:<br/>a. The fire alarm panel was indicating trouble. When tested, the fire alarm activated and appeared to function normally.<br/>b. Interview with staff revealed that the trouble indicator was due to a sensor on the sprinkler riser that needed to be replaced.<br/>c. The accelerator gauge was indicating "0" pressure. Interview with staff indicated that it was a bad gauge. Further review of the sprinkler inspection report dated June 18, 2019 indicated several deficiencies.</p> <p>2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on November 22, 2019:<br/>a. 200 Hall Mechanical Room - the emergency light did not illuminate when tested.<br/>b. Eden Spa - the emergency light did not illuminate when tested.</p> <p>3. Based on observation there is a failure to</p> | C 189                                                                                       | <p>C 189</p> <p>Date of completion 11/26/19</p> <p>1.) (a-b) Fire alarm panel has been repaired by contractor according Physical Plant requirements.</p> <p>1.) (c) Accelerator gauge has been repaired by contractor according Physical Plant requirements.</p> <p>Date of Completion 11/25/2019</p> <p>2.) (a-b) Emergency lights been repaired according Physical Plant requirements.</p> <p>C 189 Refer to next page</p> |                                                        |

Division of Health Service Regulation

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| C 189                                                                 | <p>Continued From page 3</p> <p>maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on November 22, 2019:</p> <p>a. Sprinkler Riser Room - there is one 3/4" conduit to the left of the sprinkler riser unsealed where it penetrates the ceiling.</p> <p>b. Main Laundry- the dryer duct in the shaft does not have a collar to seal around the penetration.</p> <p>c. Attic above 300 ramp - one sleeve is not sealed as it penetrates the block wall. The sprinkler pipe is only partially sealed where it penetrates the wall. The caulking around the cable penetration above the sprinkler pipe has pulled away from the opening.</p> <p>d. 300 Hall Laundry - there is a gap around the sprinkler head.</p> <p>e. 300 Hall Laundry closet - there is a gap around the sprinkler head.</p> <p>f. Freezer Unit in Kitchen - the sprinkler head is missing the cover plate.</p> <p>g. Main Dining Room - the attic hatch is not completely closed leaving a gap between the door and frame.</p> <p>4. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on November 22, 2019:</p> <p>a. Beauty Salon Waiting Room - the door does not latch when closed.</p> | C 189                                                                                       | <p>C 189</p> <p>Date of completion on or before 12/27/19</p> <p>3.) (a) Maintenance Director to repair/seal conduit according Physical Plant requirements.</p> <p>Date of completion 11/26/2019</p> <p>3.) (b-e) Gaps at Sprinkler heads have been repaired according Physical Plant requirements.</p> <p>Date of completion on or before 1/31/20</p> <p>3.) (f) Contractor to order and replace sprinkler head cover plate in Freezer Unit.</p> <p>Date of completion on or before 1/8/20</p> <p>3.) (g) Maintenance Director to repair and/or replace attic hatch according to Physical Plant requirements.</p> <p>Date of completion 11/27/19</p> <p>4.) (a) Beauty Shop latch has been repaired according Physical Plant requirements.</p> |                                                        |

Division of Health Service Regulation

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| C 199                                                                 | Continued From page 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C 199                                                                                       |                                                                                                                                                                                              |                                                        |
| C 199                                                                 | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(g) The spaces listed in this Paragraph shall be<br>provided with exhaust ventilation at the rate of<br>two cubic feet per minute per square foot. This<br>requirement does not apply to facilities licensed<br>before April 1, 1984, with natural ventilation in<br>these specified spaces:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility did not<br>provide working exhaust ventilation in required<br>areas.<br><br>Findings on November 22, 2019:<br>a. None of the resident room bathroom exhaust<br>fans were working.<br>b. Kitchen Housekeeping Closet - the exhaust<br>fan is not working.<br>c. Main Lobby - the exhaust fan in the Women's<br>Toilet is not working.<br>d. Main Lobby - the exhaust fan in the Men's<br>Toilet is not working. | C 199                                                                                       | C 199<br><br>Date of completion on or before 2/29/20<br><br>1.) (a-d) Maintenance Director and/or Designee<br>obtaining quotes from commercial contractors<br>to repair exhaust ventilation. |                                                        |



CHARLOTTE  
3901 Hargrove Avenue  
Charlotte, NC 28208  
(o) 704-392-9376  
(f) 704-295-0649

## PROPOSAL NC License #33708

|                        |                                                                                        |                    |
|------------------------|----------------------------------------------------------------------------------------|--------------------|
| PROPOSAL SUBMITTED     | OFFICE NUMBER                                                                          | DATE               |
| Gardens of Statesville |                                                                                        | 6-26-2019          |
| STREET                 | MOBILE NUMBER                                                                          | DATE OF INSPECTION |
| 2147 Davie Drive       | (828) 217-7732                                                                         | 6-18-2019          |
| CITY, STATE, ZIP CODE  | EMAIL                                                                                  | INSPECTION NUMBER  |
| Statesville, NC 28625  | <a href="mailto:jminton@gardensofstatesville.com">jminton@gardensofstatesville.com</a> | I-922-1            |
| ATTENTION              | JOB LOCATION                                                                           |                    |
| Jason Minton           | Same                                                                                   |                    |

WE HEREBY SUBMIT SPECIFICATIONS & ESTIMATES FOR:

Repair recent inspection deficiencies. Please see list of items below that need correcting.

- (1) Add wrench to spare head cabinet \$75.00
- (1) Perform 5 Year hydrostatic test on FDC piping \$1,295.00
- (1) Perform forward flow backflow test \$1,125.00
- (1) Perform 3 Year air leak test on dry sprinkler system \$365.00
- (4) Remove and replace sprinkler heads for 20 years sample testing \$840.00
- (7) Remove and replace painted sprinkler heads \$885.00
- (2) Remove and replace dry pendant sprinkler head 10 years old or older \$1,650.00
- (1) Add FDC sign and caps \$255.00 \$3630
- (1) Due to the blockage that occurred during the annual full flow dry valve trip test the sprinkler system will need to be thoroughly flushed along with several drops pulled and examined to assure the system is free of scale and debris. This work will need to be performed on a time and material basis due to the unknown time it will take to complete.
- (1) Hydraulic placards are supplied from the original sprinkler drawings. If these are not present the sprinkler system will need to be surveyed, redrawn, city flow test acquired and hydraulically calculated. This work will be performed on a time and material basis due to the unknown time and extent of labor it will take to survey.
- NOTE\*\*\* Without the hydraulic data plate information a forward flow backflow test cannot be performed.
- A survey to will need to be conducted on the sprinkler system to determine an area for the installation of an outlet to conduct a forward flow backflow test.

\*\*\*This work is priced to be performed during normal business hours\*\*\* M-F 7AM-5PM

\*\*\* Please note: North Carolina has adopted the 2014 version of NFPA 25 as the applicable code beginning in 2017. This version has new requirements that all dry systems be air leak tested every 3 years, fire hydrants be full flow tested every 5 years, FDC piping hydrostatic testes every 5 years and a forward flow backflow test be performed annually

**WE PROPOSE** HEREBY TO FURNISH MATERIAL AND LABOR - COMPLETE IN ACCORDANCE WITH THE ABOVE SPECIFICATION, FOR THE SUM OF:

Six Thousand Four Hundred Sixty Dollars and 00/100 ~~(\$6,460.00)~~ \$3630.00

**PAYMENT** TO BE MADE MONTHLY AS THE WORK PROGRESSES TO THE VALUE OF 100 (%) PERCENT OF ALL WORK COMPLETE AND MATERIAL ON JOB SITE. THE ENTIRE AMOUNT OF CONTRACT TO BE PAID WITHIN 30 DAYS AFTER COMPLETION.

NOTE: THIS PROPOSAL MAY BE WITHDRAWN BY US IF NOT ACCEPTED WITHIN 30 DAYS.

a division of Commercial Services, Inc. | [www.fessfire.com](http://www.fessfire.com)

FIRE EXTINGUISHERS | SPRINKLER | SUPPRESSION | ALARMS

CHARLOTTE • RALEIGH-DURHAM • WINSTON-SALEM • CHARLESTON



CHARLOTTE  
3901 Hargrove Avenue  
Charlotte, NC 28208  
(o) 704-392-9376  
(f) 704-295-0649

**STATE AND LOCAL SALES TAXES WILL BE ADDED TO THE PRICING ABOVE**

ALL MATERIAL IS GUARANTEED TO BE AS SPECIFIED. ALL WORK TO BE COMPLETED IN A WORKMAN LIKE MANNER ACCORDING TO STANDARD PRACTICES. ANY ALTERATION OR DEVIATION FROM THE ABOVE SPECIFICATION INVOLVING EXTRA COSTS WILL BE EXECUTED ONLY UPON WRITTEN ORDERS, AND WILL BECOME AN EXTRA CHARGE OVER AND ABOVE THE ESTIMATE. ALL AGREEMENTS CONTINGENT UPON STRIKES, ACCIDENTS OR DELAYS BEYOND OUR CONTROL. OWNER TO CARRY FIRE, TORNADO AND OTHER NECESSARY INSURANCE. OUR WORKERS ARE FULLY COVERED BY WORKMEN'S COMPENSATION INSURANCE. IF PAYMENT FOR WORK PROVIDED IN THIS PROPOSAL IS NOT PAID WHEN DUE, CUSTOMER AGREES TO PAY ALL COSTS OF COLLECTION INCLUDING ATTORNEYS FEES.

AUTHORIZED

*Steve A. Daniels*

SIGNATURE

Steve Daniels, Service & Inspections Manager

### ACCEPTANCE OF PROPOSAL

THE ABOVE PRICES SPECIFICATIONS AND CONDITIONS ARE SATISFACTORY AND ARE HEREBY ACCEPTED. YOU ARE AUTHORIZED TO DO THE WORK AS SPECIFIED. PAYMENT WILL BE MADE AS OUTLINED ABOVE.

DATE OF ACCEPTANCE 11/22/19

SIGNATURE

*Travis Brown*

TITLE

Sr. Dir. of Facilities & IT, PSL

a division of Commercial Services, Inc. | [www.fessfire.com](http://www.fessfire.com)

FIRE EXTINGUISHERS | SPRINKLER | SUPPRESSION | ALARMS

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