Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064028	A. BUILDING: 01 B. WING _____	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDEN OF NASHVILLE	1022 EASTERN AVENUE NASHVILLE, NC 27856

(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
C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on May 4, 2023. This facility was first licensed on July 10, 2015. The facility is currently licensed for 62 Beds including a 30 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 2012 Edition of the North Carolina Building Code(s), Institutional Occupancy. Deficiencies were cited and a Plan of Corrections is required.	C 000	Response to the cited deficiencies does not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report. The Plan of Correction is prepared solely as a matter of compliance with State Law.	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current fire and building safety inspection reports available for review. Findings on May 4, 2023: a. The most recent fire alarm inspection report available was dated September 2, 2021. b. The most recent fire marshal's inspection report was dated October 25, 2021.	C 111	C111 1a The Gardens of Nashville will contact a certified vendor To complete the fire alarm inspection. C111 1b The Gardens of Nashville will contact the Fire Marshall to have facility inspection cpmpleted.	8/08/23 1a 9/09/22 1b

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

7.18.2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064028	A. BUILDING: 01 B. WING _____	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDEN OF NASHVILLE	1022 EASTERN AVENUE NASHVILLE, NC 27856

(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
C 143	Continued From page 1	C 143		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Observations revealed that areas used for storing cleaning agents, bleaches and other substances which may be hazardous if ingested, inhaled or handled were not locked. Findings on May 4, 2023: a. Housekeeping by 223 - at the time of survey, this room contained cleaning agents and it was not locked. This was corrected at the time of survey.	C 143	C143 1a Corrected at time of survey.	5/04/23 1a
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system	C 154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064028	A. BUILDING: 01 B. WING _____	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDEN OF NASHVILLE	1022 EASTERN AVENUE NASHVILLE, NC 27856

(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
C 154	Continued From page 2 of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Observations revealed that the exit doors override switches are equipped with sounding devices to alert staff in the event the override switch is activated and the magnetic lock is released. Not all of the sounding devices were operable. Findings on May 4, 2023: a. Exit at the SCU Dining - the screamer box did not alarm when opened.	C 154	C154 1a Maintenance and or facility ED will check and maintain screamer boxes weekly.	5/05/23 1a
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on May 4, 2023: a. There is damage and cracking on the trim of the front portico where the bottom edge was hit by a service vehicle. b. A section of the gable exterior siding is	C 160	C160 1a, 1b In house maintenance to fix cracks in front portico and gable exterior siding.	5/05/23 1a, 1b

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064028	A. BUILDING: 01 B. WING	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDEN OF NASHVILLE	1022 EASTERN AVENUE NASHVILLE, NC 27856

(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
C 160	Continued From page 3 popping off over Exit door 3 on the 200 Hall. c. The gate outside the kitchen is damaged where the vinyl is broken at the hinge side. d. Dining Porch - a section of the ceiling at the front left corner is damaged. The finish is peeling and hanging from the ceiling. The sheetrock joints are exposed and there is a yellow water stain around the area of damage.	C 160	C160 1c, 1d In house maintenance to fix broken gate and ceiling on dining porch,	7/14/23 1c,1d
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the ceilings were not kept in good repair. Findings on May 4, 2023: a. 100 Hall Med Room - there is a large water stain in the front corner of the room and some of the finish is peeling off. There are four small water stains in the back corner of the room. b. Dining - there is a 12" by 24" yellow water stain and a 4" diameter yellow water stain on the ceiling at the exterior wall. c. Kitchen - there is an 18" long stain outside the freezer unit and the finish at the stain is bubbled and flaking. d. There is a pattern of exhaust fans with heavy	C 164	C164 1a, 1b, 1c, In house maintenance to fix and paint front corner in med room.Paint yellow areas in dining area. Fix area outside freezer unit.	8/08/23 1a 5/09/23 1b 8/08/23 1c

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064028	A. BUILDING: 01 B. WING _____	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDEN OF NASHVILLE	1022 EASTERN AVENUE NASHVILLE, NC 27856

(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
C 164	Continued From page 4 accumulations of dust. 2. Observations revealed that the floors were not kept in good repair. Findings on May 4, 2023: a. Kitchen - the transition strip at the storage area by the Janitor's Closet is loose creating a tripping hazard.	C 164	C164 1d Facility ED, Maintenance, and Housekeeping to monitor monthly exhaust fans for dust. C164 2a In house maintenance to fix transition strip.	5/05/23 1d 7/17/23 2a
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not maintain records of the quarterly fire rehearsals which include the date and time of the rehearsals, the shift, staff members present and a short description of what the rehearsal involved. Findings on May 4, 2023: a. There was not a record of fire rehearsals for 2022. b. There was not a record of a fire rehearsal on	C 185	C185 1a, 1b Facility ED and Maintenance will ensure that monthly fire rehearsals are conducted.	5/11/23 1a, 1b

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064028	A. BUILDING: 01 B. WING _____	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDEN OF NASHVILLE	1022 EASTERN AVENUE NASHVILLE, NC 27856

(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
C 185	Continued From page 5 the first shift of the first quarter of 2023. c. The rehearsal logs did not include a short description of what the rehearsal involved.	C 185	C185 1b, 1c Facility ED and maintenance will ensure monthly fire rehearsals and all shifts to participate every quarter. Facility ED and Maintenace will ensure correct documentation is completed at time of fire rehearsal.	5/11/23 1b 5/11/23 1c
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 the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not function as intended during a fire or other emergency. Findings on May 4, 2023: a. The most current sprinkler inspection dated November 21, 2022 listed several deficiencies including: painted pendant heads, the quick opening device did not trip in the usual amount of time, the main drain could not be fully flowed into the floor drain because the 2" main drain needs to be run to an exterior location and the accelerator did not work in a timely manner. There was not a record that these deficiencies had been corrected.	C 189	C189 1a The Gardens of Nashville will contact a certified vendor to inspect and repair the fire safety equipment.	8/08/23 1a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064028	A. BUILDING: 01 B. WING	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDEN OF NASHVILLE	1022 EASTERN AVENUE NASHVILLE, NC 27856

(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
C 189	Continued From page 6 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on may 4, 2023: a. Living Room - the escutcheon on the sprinkler head by the TV has dropped leaving a gap in the fire resistant rated ceiling. b. 100 Hall IT Room A - there is an unsealed cable bundle penetration. c. 100 Hall IT Room A - there is a stress crack running across the width of the room leaving a gap in the fire resistant rated ceiling. d. 100 Hall - the escutcheon ring on the sprinkler head in the corridor outside of the IT Room A has dropped. e. Mechanical off of the Game Room - there are two sleeve penetrations that are not sealed at the bottom opening leaving a hole in the fire resistant rated ceiling. The 3" sleeve has been sealed at the ceiling with an orange foam product that does not meet the requirements for the fire resistant rating. f. Kitchen - there is a small hole and ceiling damage at the sprinkler head over the food prep area. g. Kitchen Pantry - there is an unsealed conduit penetration over the HVAC equipment. h. Dining Room doors to Courtyard - there are two 1" diameter holes above the door. i. Main Laundry - the grille over the dryer is loose where the screws are backing out leaving a gap in the fire resistant rated ceiling. j. Mechanical at 300 Hall - the fire caulk for the water heater pipe is deteriorating leaving gaps in the fire resistant rated ceiling. k. Exterior Water Heater Room outside kitchen -	C 189	C189 2a, 2b, 2c,2d,2e,2f, 2g, 2h, 2i, 2j, 2k, Facility in house maintenance to fix.	6/07/23 2a, 2b, 2d, 2e, 2g, 2i, 2j, 8/08/23 2c, 2f, 2h,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064028	A. BUILDING: 01 B. WING	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDEN OF NASHVILLE	1022 EASTERN AVENUE NASHVILLE, NC 27856

(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
C 189	Continued From page 7 the ceiling is damaged around the duct at the kitchen water heater leaving openings in the fire resistant rated ceiling. l. 300 Hall IT Room C - there is an unsealed cable bundle penetrating the ceiling. m. Mechanical across from 229 - there are three sleeve penetrations that are not sealed at the bottom opening leaving a hole in the fire resistant rated ceiling. The 3" sleeve has been sealed at the ceiling with an orange foam product that does not meet the requirements for the fire resistant rating. n. Mechanical across from 229 - the sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. o. Life Enrichment Washer/Dryer - there is a small hole at the corridor wall. p. 200 Hall Apothecary - there is an unsealed conduit over the counter area. q. Mechanical by Room 213 - one of the conduits has been sealed at the ceiling with an orange foam product that does not meet the requirements for the fire resistant rating. r. Mechanical by Room 213 - the escutcheon ring has dropped on the sprinkler head leaving a gap in the fire resistant rated ceiling. 3. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition. Findings on May 4, 2023: a. 100 Hall Soiled Linen Room - the drain for the hopper has been filled with an orange foam fire stop product. 4. Based on observation electrical equipment has not been maintained in a safe manner. Findings on May 4, 2023:	C 189	C189 2k, 2l, 2m, 2n, 2o, 2p, 2q, 2r In house maintenance to fix. C189 3a The Gardens of Nashville will contact a certified plumber to assess and fix.	6/07/23 2k,2l, 2m 2n,2o,2q,2r 8/08/23 2p 8/08/23 3a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064028	A. BUILDING: 01 B. WING _____	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDEN OF NASHVILLE	1022 EASTERN AVENUE NASHVILLE, NC 27856

(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
C 189	Continued From page 8 a. Room 117 Bath - there is not power to the electrical outlet at the sink. 5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be effected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin. Findings on May 4, 2023: a. The door hardware for the right hand door of the cross corridor doors by Room 110 is broken and the door does not latch when released by the fire alarm. b. The door hardware for the right hand door of the cross corridor doors by Room 123 is broken and the door does not latch when released by the fire alarm. 6. 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. Findings on May 4, 2023: a. Room 127 - the door does not latch when closed. 7. Based on observation the facility's fire safety components are not being maintained in a safe operable manner. Doors were blocked open or held open by unapproved devices or methods. All the occupants in the facility could be effected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of	C 189	C189 4a In house maintenance to fix. C189 5a, 5b The Gardens of Nashville will contact a certified vendor to inspect and fix latches to doors. C189 6a In house maintenace to fix.	8/08/23 4a 8/08/23 5a, 5b 6/08/23 6a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064028	A. BUILDING: 01 B. WING _____	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDEN OF NASHVILLE	1022 EASTERN AVENUE NASHVILLE, NC 27856

(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
C 189	Continued From page 9 origin. Findings on May 4, 2023: a. Room 217 - the door was held open using a wedged device.	C 189	C189 7a Issue fixed at time of survey. Staff educated on not propping doors open.	5/04/23 7a
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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. Observations revealed that the facility did not maintain a hot water temperature between 100 and 116 degrees F at all fixtures used by residents. Findings on May 4, 2023: a. Room 122 - the water temperature did not get warm after running for several minutes. Note: the room was vacant at the time of survey.	C 195	C195 1a Facility maintenance to monitor water temps weekly.	5/05/23 1a
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064028	A. BUILDING: 01 B. WING _____	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDEN OF NASHVILLE	1022 EASTERN AVENUE NASHVILLE, NC 27856

(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
C 199	Continued From page 10 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. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide exhaust ventilation in specified spaces. Findings on May 4, 2023: a. 100 Hall Housekeeping Closet by the FACP - there is no exhaust ventilation in this space. b. Restroom near Room 226 - there is no exhaust ventilation in this space. 2. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on May 4, 2023: a. 100 Hall Soiled Linen - the fan is not working and there is a strong unpleasant odor in the room. b. Housekeeping by Room 115 - the exhaust fan is not working. c. There is a pattern of fans not working in	C 199	C199 1a, 1b The Gardens of Nashville will contact a certified vendor to assess and fix exhaust ventilation issues. C199 2a, 2b, 2c The Gardens of Nashville will contact a certified vendor to assess and fix the exhaust ventilation issues.	8/08/23 1a,1b 8/08/23 2a,2b,2c

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064028	A. BUILDING: 01 B. WING _____	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDEN OF NASHVILLE	1022 EASTERN AVENUE NASHVILLE, NC 27856

(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
C 199	Continued From page 11 required spaces along the long corridor of the 100 Hall. d. Kitchen Janitor's Closet - the exhaust fan is not working. e. Main Laundry - there is no working exhaust in this area. f. Housekeeping by Room 223 - the fan is not working. g. 200 Hall - there is a general pattern of exhaust fans not working on this hall.	C 199	C199 2d, 2e, 2f, 2g The Gardens of Nashville will contact a certified vendor to assess and fix any exhaust issues.	8/08/23 2d, 2e, 2f, 2g