

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL064028</b>                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                                                                                                                                                                                                                    | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>01/24/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE GARDEN OF NASHVILLE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1022 EASTERN AVENUE<br/>NASHVILLE, NC 27856</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 a Biennial Follow Up Construction Survey by Suzanna Fay conducted on January 24, 2024.<br><br>There are deficiencies cited in the Biennial Construction Survey that remain to be corrected and one new deficiency was identified.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | {C 000}                                                                                     | Response to the cited deficiencies does not constitute 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 the State Law. |                                                                 |
| {C 154}                                                            | Entrances/Exits-Wanderer Alarms<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT<br>(h) The requirements for outside entrances and exits are:<br>(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 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.<br><br>This Rule is not met as evidenced by:<br>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. | {C 154}                                                                                     |                                                                                                                                                                                                                                                                                                               |                                                                 |
|                                                                    | Findings on January 24, 2024:<br>a. Exit at the SCU Dining - the screamer box did not alarm when opened.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                             | C154 1(a)<br>Item will be repaired by in house maintenance.                                                                                                                                                                                                                                                   | 03/29/24<br>1(a)                                                |

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| {C 160}                                                            | <p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0305 PHYSICAL<br/>ENVIRONMENT</p> <p>(m) The requirements for outside premises are:<br/>(1) The outside grounds of new and existing<br/>facilities shall be maintained in a clean and safe<br/>condition;</p> <p>This Rule is not met as evidenced by:<br/>1. Observations revealed that the outside<br/>premises were not maintained in a clean and safe<br/>condition.</p> <p>Findings on January 24, 2024:<br/>b. A section of the gable exterior siding is<br/>popping off over Exit door 3 on the 200 Hall.</p> | {C 160}                                                                       | <p>C160 1(b)<br/>Item will be repaired by in house<br/>maintenance.</p>                                                  | 3/29/2024                |                                                                    |
| {C 164}                                                            | <p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0306 HOUSEKEEPING AND<br/>FURNISHINGS</p> <p>(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.</p>                                                                                                                                                             | {C 164}                                                                       |                                                                                                                          |                          |                                                                    |
|                                                                    | <p>This Rule is not met as evidenced by:<br/>1. Observations revealed that the ceilings were<br/>not kept in good repair.</p> <p>Findings on January 24, 2024:<br/>a. 100 Hall Med Room - there is a large water</p>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               | <p>C164 1(a)<br/>Item to be repaired by in house maintenance.</p>                                                        | 03/29/2024               |                                                                    |

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| {C 164}                                                            | Continued From page 2<br><br>stain in the front corner of the room and some of<br>the finish is peeling off. There are four small<br>water stains in the back corner of the room.<br>c. Kitchen - there is an 18" long stain outside the<br>freezer unit and the finish at the stain is bubbled<br>and flaking.<br><br>New Deficiency:<br>d. Kitchen - there is a gap around the sprinkler<br>head in front of the hood and there are deep<br>cracks radiating out from the head.                                                                                                                                                                                                                                                                                                                                                  | {C 164}                                                                                     | C164 1(c)<br>Item to be repaired by in house<br>maintenance.<br><br>C164 1(d)<br>Item to be repaired by in house<br>maintenance. | 3/29/2024<br>1(c)<br><br>3/29/2024<br>1(d)                         |
| {C 189}                                                            | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in an adult<br>care home shall be maintained in a safe and<br>operating condition.<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. Based on observation the facility's fire safety<br>equipment is not maintained in operating<br>condition. Failure to maintain fire safety<br>equipment in operating condition could affect<br>occupants of the facility if the equipment did not<br>function as intended during a fire or other<br>emergency. | {C 189}                                                                                     |                                                                                                                                  |                                                                    |
|                                                                    | Findings on January 24, 2024:<br>a. The most current sprinkler inspection dated<br>November 21, 2022 listed several deficiencies<br>including: painted pendant heads, the quick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             | C189 1(a)<br>Task has been completed by in house maintenance.                                                                    | 02/23/2024<br>1(a)                                                 |

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| {C 189}                                                            | Continued From page 4<br><br>resistant rated ceiling.<br>l. 300 Hall IT Room C - there is an unsealed<br>cable bundle penetrating the ceiling.<br>m. Mechanical across from 229 - there are three<br>sleeve penetrations that have been sealed with<br>an orange foam product which does not meet the<br>requirements for the fire resistant rating.<br>n. Mechanical across from 229 - the sprinkler<br>head has dropped leaving a gap in the fire<br>resistant rated ceiling.<br>p. 200 Hall Apothecary - there is an unsealed<br>conduit over the counter area.<br>q. Mechanical by Room 213 - one of the conduits<br>has been sealed at the ceiling with an orange<br>foam product that does not meet the<br>requirements for the fire resistant rating.<br>r. Mechanical by Room 213 - the escutcheon ring<br>has dropped on the sprinkler head leaving a gap<br>in the fire resistant rated ceiling.<br>s. 100 Hall Housekeeping Closet by the FACP -<br>there is a 1" diameter hole in the ceiling at the<br>back wall and two unsealed conduit penetrations<br>at the front wall.<br><br>5. Based on observation there is a failure to<br>maintain the facility's fire safety equipment in a<br>safe operating condition. The occupants in the<br>smoke compartment could be affected if the fire<br>resistant rated doors do not completely close and<br>latch to help limit the spread of smoke and/or fire<br>to the area of origin.<br><br>Findings on January 24, 2024:<br>a. The door hardware for the right hand door of<br>the cross corridor doors by Room 110 is partially<br>repaired but the door does not automatically latch<br>when released.<br>b. The door hardware for the right hand door of<br>the cross corridor doors by Room 123 is broken<br>and the door does not latch when released by the | {C 189}                                                                                     | C 189 2(l,m,n,p,q,r,s)<br>Task has been completed by in<br>house maintenance.                                            | 2/20/2024<br>2(l,m,n,p,q,r,s)                                      |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             | C 189- 2(s)<br>Item to be repaired by in house maintenance.                                                              | 3/29/2024<br>2(s)                                                  |

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| {C 189}                                                            | Continued From page 5<br><br>fire alarm.<br><br>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.<br><br>Findings on September 6, 2023:<br>a. Room 127 - the door does not latch when closed.                                                                                                                                                                                                                              | {C 189}                                                                       | C 189 5(a,b)<br>Items to be repaired by in house maintenance.                                                                           | 3/29/2024<br>5(a,b)      |                                                                    |
| {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 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:<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 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. | {C 199}                                                                       | C 199 1(g)<br><br>Gardens of Nashville will engage a certified vendor to assess Exhaust Ventilation and complete any required repairs . | 3/29/2024<br>1(g)        |                                                                    |
|                                                                    | This Rule is not met as evidenced by:<br>1. Observations revealed that the facility did not provide exhaust ventilation in specified spaces.<br><br>Findings on January 24, 2024:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                         |                          |                                                                    |

If continuation sheet 7 of 7