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 _____	R 08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS 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 Biennial Follow Up Construction Survey by Ed Miller conducted onAugust 20, 2024. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected and one new deficiency was identified.	{C 000}	Reponses to the cited defeciences do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth. In the statement of defeciencies, the plan of correction is prepared solely as a matter of compliance with State Law. It is the policy of The Gardens of Nashville to maintain the physical plant and all requirements therein, Section .0300 - Physical Plant 10ANCAC	
{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 August 20, 2024: c. Kitchen - there is an 18" long stain outside the freezer unit and the finish at the stain is bubbled and flaking. d. Kitchen - there is a gap around the sprinkler head in front of the hood and there are deep cracks radiating out from the head.	{C 164}	C164 1.c. The kitchen ceiling stain and bubbling on the outside of the freezer is being repaired and painted by Maintence Tech. 1.d. Cracks on the ceiling and the gap around the sprinkler has been repaired by the Maintenance Tech. C189 1.a. Regional Maintenance and Impact Fire have been contacted and will be completing necessary repairs noted in the Sprinkler Inspection 2.a. The missing escutcheon on the sprinkler was repaired by facility staff while surveyor was still on site. 2.e. The ceiling penetrations with orange foam product have been corrected with approved fire resistant rated product. 2.k. The ceiling around the duct in the kitchen water heater room has been corrected with approved fire resistant rated product. 2.l. The unsealed cable bundle penetrating the the ceiling of the 300 Hall IT Room C has been corrected with approved fire resistant product.	11/10/2024 11/10/2024 11/4/2024 8/20/2024 11/8/2024 11/8/2024 11/8/2024
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	{C 189}	2.p. The unsealed conduit over the counter area in the 200 Hall Apothecary has been corrected with approved fire resistant product.	11/8/2024

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE — TITLE: Area Executive Director — (X6) DATE: 11/4/2024

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{C 189}	Continued From page 1 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 affect occupants of the facility if the equipment did not function as intended during a fire or other emergency. Findings on August 20, 2024: a. The most current annual sprinkler inspection dated February 23, 2024, listed several deficiencies. There was no documentation that these deficiencies had been corrected at the time of follow up. 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 August 20, 2024: a. Living Room - the escutcheon on the sprinkler head by the TV is missing leaving a gap in the fire resistant rated ceiling. Facility Staff corrected this deficiency before the Construction Surveyor left the site. e. Mechanical off of the Game Room - there are	{C 189}	2.q. The conduit in the Mechanical Room by Room 213 has been corrected with approved fire resistant product. 5.a. The top door latch for the right hand door of the cross corridor doors by Room 110 has been corrected and latches properly now. 6.a. The door strike on Room 127 has been corrected and door latches properly now. C199 1.a. Regional Maintenance is currently facilitating the work to be done through a 3rd party vendor and resolve the exhaust issues in the affected areas. 2.c. Regional Maintenance is currently facilitating the work to be done through a 3rd party vendor and resolve the exhaust issues in the affected areas. 2.e. Regional Maintenance is currently facilitating the work to be done through a 3rd party vendor and resolve the exhaust issues in the affected areas. 2.f. Regional Maintenance is currently facilitating the work to be done through a 3rd party vendor and resolve the exhaust issues in the affected areas.	11/8/2024 10/22/2024 11/8/2024 11/4/2024 11/4/2024 11/4/2024 11/4/2024

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{C 189}	Continued From page 2 three sleeve penetrations that have been sealed using an orange foam product that does not meet the requirements for the fire resistant rating. k. Exterior Water Heater Room outside kitchen - 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. 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. 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 affected 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. Finding on August 20, 2024: a. The door's top latch for the right hand door of the cross corridor doors by Room 110 is loose and will not automatically latch when released. 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. Finding on August 20, 2024: a. Room 127 - the door does not latch when closed.	{C 189}		

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{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 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 January 24, 2024: a. 100 Hall Housekeeping Closet by the FACP - 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 August 20, 2024: c. Several of the resident bathroom exhaust fans along the long corridor of the 100 Hall are still not working. e. Main Laundry - there is no working exhaust in this area.	{C 199}		

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{C 199}	Continued From page 4 f. Housekeeping by Room 223 - the fan is not working. Parts are on back order.	{C 199}		