



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 18, 2023
Joy Elliot, Executive Director (via email only)
P. O. Box 2568
Hickory, NC 28603

RE: The Gardens of Hendersonville – ACH Follow-up Biennial Construction Survey
1000 West Allen Street
Hendersonville (Henderson County)
FID #920163

Dear Ms. Elliot:

On August 22, 2023, a Biennial Follow-up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (POC)

A POC for the deficiencies must be submitted October 3, 2023.

Your POC for the deficiencies must contain the following:

- o What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- o How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- o How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mall Service Center, Raleigh, NC 27699-2705
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than 15 days from date of survey requires a written waiver from DHSR – Construction Section.
 - Corrective action must begin immediately.

Your Signed Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

If you have any questions concerning the instructions contained in this letter, please contact me.

Sincerely,

Tod Hancock

Tod Hancock
Biennial Institutional Engineering Surveyor
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section
County Building Inspection Department – with attachment (via email only)
Henderson County DSS – with attachment (via email only)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/22/2023
--------------------------------------------------	----------------------------------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER THE GARDENS OF HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

(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)	(X6) COMPLETE DATE
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	--------------------

{C 000}	Initial Comments Report of Construction Section Biennial Follow Up Survey by Tod Hancock and Suzanna Fay conducted on August 22, 2023. Cited Deficiencies were not mitigated and a Plan of Corrections is required.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: Based on observation the facility, the facility failed to meet the Code requirements in effect at the time of construction or alteration by not having all the components required to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through the door(s).	{C 101}	Diagram has been posted beside the Fire Alarm Control Panel Completed 10/3/2023	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sandy Greenwood</i>	TITLE ED	(X6) DATE 10/3/23
------------------------------------------------------------------------------------------------------------------------------------------	--------------------	-----------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL045129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/22/2023
--------------------------------------------------	----------------------------------------------------------------------------	--------------------------------------------------------------------	----------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER THE GARDENS OF HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739
--------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

(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 101}	<p>Continued From page 1</p> <p>Findings on August 22, 2023:</p> <p>1. The Special Locking System does not have a diagram and system component's location/map posted under glass at the Fire Alarm Control Panel (FACP). The diagram should include the name/location of the electrical panel and the circuit number that energizes the system if applicable.</p>	{C 101}		
---------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------	--	--

{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(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:</p> <p>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 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 August 22, 2023:</p> <p>b. 100 Hall - the right hand door did not latch when closed by activation of the fire alarm. Review of documentation revealed the door hardware replacement has been ordered.</p>	{C 189}	<p>Door has been readjusted to completely close and latch. Completed by 10/13/23</p> <p>New latch and crash bar has been ordered and will be installed upon arrival. Completed by 10/13/23</p>	
---------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--