



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 9, 2025

Ms. Virginia Jones, CEO (via email only)
Valleygate Dental Surgery Centers of the West
2028 Litho Place
Fayetteville, NC 28304

Re: Project No. AS-522-TKM
FID No. 160293
Valleygate Dental Surgery Center of the Triad
Renovation to Create 3 New Procedure Rooms & 3 New Pre/Post Bays
Greensboro (Guilford County)

Dear Ms. Jones:

The referenced project located at 510 Hickory Ridge Drive, Greensboro, NC was inspected on September 4, 2025, by Tony McQuage for conformance with licensure rules for the Licensing of Ambulatory Surgical Facilities (10A NCAC Chapter 13, Subchapter C) and the 2022 Facility Guidelines Institute (FGI) for Outpatient Facilities. This project cannot be approved, and the renovated space cannot be used until the following deficiencies have been corrected, inspected and accepted by DHSR:

1. Construction drawings were submitted and received in our office on August 27, 2025 for the construction modifications to the dental clinic to create three (3) new procedure rooms and renovations to existing space in the licensed Ambulatory Surgical Center (ASC) to create three (3) pre/post bays. These construction modifications were completed in July of 2025.
2. All critical and life safety branch circuits, including lighting and receptacles, must be mechanically protected with electrical metallic tubing (EMT). Verify all critical branch circuits in walls serving receptacles are installed in electrical metal conduit. [2020 NEC, 517.31 (C)(3)]
3. The wiring method above ceiling in procedure rooms utilized for lighting were connected with flexible metal conduit (FMC) which is limited to six feet in length. 2020 NEC, 517.13 (A)(B), 250.118] As discussed on site with the electrical engineer the electrical design specified all life safety and critical branch circuits in metal conduit only allowing the six feet connection to light fixtures.
4. Install an equipment ground bonding jumper between normal and essential branch circuit panelboards serving the same patient care vicinity. The bonding jumper must be an insulated continuous copper conductor not smaller than 10 AWG. [2020 NEC, 517.14]

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CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

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5. Label the remote generator manual stop located on exterior of building. [2010 NFPA 110, 5.6.5.6.1]
6. As indicated on construction plans the GFCI receptacles in procedure rooms must be a stand-alone GFCI receptacle. [2022 FGI Outpatient, 2.1-8.3.2.3] The receptacles installed did not meet this requirement, they were connected downstream of other GFCI receptacles.
7. Install knockout plug in electrical junction box above ceiling in Pre/Post 6 (Room 198 on construction plans). [2020 NEC, 110.12(A)]
8. Terminate MC cable with exposed conductors located above ceiling in Pre/Post 6 with an approved junction box or remove if abandoned.
9. Install knockout plug in electrical junction box above ceiling in Pre/Post 7 (Room 197 on construction plans). [2020 NEC, 110.12(A)]
10. Identify life safety branch circuit serving medical gas alarm panels.
11. As noted on construction plans, the oxygen manifold system must be connected to the life safety branch of power. [2020 NEC, 517.33 (C)(3)]
12. The nurse's emergency call (code blue) function was missing in all three procedure rooms. [2022 FGI Outpatient Table 2.1-3]
13. The nurse's patient station and emergency call (code blue) functions were missing in the three new Pre/Post bays. [2022 FGI Outpatient, Table 2.1-3]
14. A fire damper is installed in the repurposed 1-hour rated smoke barrier wall separating smoke compartments (as indicated on construction drawing G-101).. Replace fire damper with a combination fire/smoke damper or separate fire damper and smoke damper. [2018 NCSMC, 607.5]
15. The fire shutter located between Receptionist 199 and Waiting 177 did not close automatically with the release of the installed fusible link. [2013 NFPA 80, 11.4.1.2] It appeared the cable connected to the fusible link was filled with fire caulk which prevented the automatic release of the fire shutter. The fire shutter must be serviced by qualified technicians to verify compliance with manufacturer's requirements.
16. The roof mounted mechanical unit's air intake must be located a minimum of 25 feet from plumbing vents or exhaust. [2021 ASHRAE 170, Table 6-1, via 2022 FGI Outpatient] The mechanical unit's air intake serving the three new procedure rooms was located less than 25 feet from a plumbing vent. How will this requirement be met?
17. The required mechanical unit manual emergency stop switch to shut down supply and return fans in case of an emergency did not function when tested. [2012 NFPA 90A, 6.2.1] Repair as necessary.
18. The decontamination room serving the three new procedure rooms is missing the required work counter and handwashing sink. [2022 FGI, Outpatient, (2) (b) (i)(ii)]
19. Verify if the clean workroom serving the three new procedure requires an instrument air outlet or portable compressed air based on the equipment used. [2022 FGI Outpatient, 2.1-4.3.2.2 (3) (b)(vi), Table 2.1-2]

20. Based on discussion with project architect on site and as shown on the construction drawings, the hard ceiling in Soiled Linen Holding 190 is a required 1-hour rated ceiling assembly. At the time of inspection this ceiling was unfinished with drywall joints untaped or sealed. Complete the ceiling as required to provide 1-hour rating.
21. In Procedure Room 5, (Procedure Room 181 as noted on construction drawings) there was a leak on the vacuum inlet. The medical gas contractor observed that the vacuum inlet was loose and attempted to repair it.
22. Subsequent testing of medical gas alarm panel serving the three new procedure rooms appeared to indicate an additional leak on the vacuum system. The medical gas contractor suspected there was a leak on the WAGD (vacuum) line at zone valve box (ZVB) serving Procedure Room 4, (Procedure Room 182 as noted on construction drawings). Repair any leaks in the piping and have the medical gas system recertified for compliance with NFPA 99 by a third party verifier.
23. Consult with the local AHJ regarding the necessity of strobe lights in the procedure rooms that could adversely affect the doctor, staff, or patients during the procedure. If not required by the local AHJ strobe lights should be removed. [2018 NCSBC, Section 907.5.2.3, Exception 1]

When the deficiencies listed above have been corrected, we must receive a letter addressing each and confirming that the work is complete. Once the letter is received, we will schedule a re-inspection.

The following documentation must be available at the time of the reinspection and prior to our recommendation for occupancy and licensure:

1. A copy of the "Certificate of Occupancy" or "Certificate of Compliance" issued by the local code enforcement official having jurisdiction.
2. A copy of the inspection report approved by the Fire Marshal. (Please indicate if this is part of the "Certification of Occupancy"/"Certification of Compliance".)
3. Certification on the sprinkler contractor's letterhead stating that the sprinkler system has been installed in accordance with National Fire Protection Association Code Number 13 and that flow control and supervisory valve alarms are active.
4. A letter from the design architect and engineer confirming that their firms have inspected the project and have found it to be constructed in conformance with approved plans and specifications; and that our review conditions of drawing approval have been met in the construction.
5. A copy of the form "Fire Alarm System Record of Completion" from the fire alarm installer confirming that the fire alarm system and placement of fire alarm devices have been inspected and tested, and are in conformance with the NFPA 72, *National Fire Alarm and Signaling Code*.
6. Confirmation that all electrical materials, devices, appliances, and equipment located in the project area have been evaluated for safety and suitability for their intended use by an approved testing agency (such as Underwriters Laboratories). This evaluation must be conducted in conformance with nationally recognized standards and must be conducted by a qualified testing laboratory. (North Carolina General Statute 66-25) Please provide confirmation from the electrical contractor on their letterhead.

7. Documentation showing the values of voltage measurements (not to exceed 20 mV) made under no-fault conditions between a reference grounding point and the exposed conductive surfaces of fixed electrical equipment in all patient care areas. Please include the location of the common ground point in the documentation. (NFPA 99, *Health Care Facilities Code*)
8. Documentation showing the values of impedance (not to exceed 0.1 ohms) from the ground point of the receptacles and a common ground point in all patient care areas. Please include in the documentation the location of the common ground point. (NFPA 99, *Health Care Facilities Code*)
9. A copy of the air balance report for each HVAC system located in the project area(s).
10. Manufacturers' current detailed installation instructions for the specific fire dampers, ceiling radiation dampers, smoke dampers, and duct smoke detectors installed in the project area. These instruction sheets need to be available for reference during the final inspection.
11. A revised verification report that the medical gas piping system is ready for use, including:
 - a. Documentation by a medical gas certification company that contains copies of the various tests and field reports required by NFPA 99, *Health Care Facilities Code*. Any deficiencies noted by the third-party verifier must be corrected prior to our inspection.
 - b. A copy of the brazers' current certification.
 - c. A separate document, on the facility's letterhead showing that each medical gas outlet and inlet was tested prior to use by qualified facility staff to assure correct gas connections and pressures.

At the time of the reinspection, we expect to find that all building systems have been completed and tested and that they are operating properly. Representatives of the various trades and equipment installers should be present to demonstrate that all systems are functioning as designed, or as required by governing codes and regulations. Failure to have knowledgeable personnel at the final inspection may result in an incomplete inspection.

It is our understanding that this project was designed under the 2018 edition of the North Carolina State Building Codes as a renovation within a fully sprinklered building of Type II-B construction under Group B occupancy and 2018 NCSBC, *Section 422 Ambulatory Care Facilities*. The project has also been reviewed for Medicare/Medicaid certification under NFPA 101 Chapter 20 New Ambulatory Health Care Occupancies and Chapter 38 New Business Occupancies. You may access licensure rules at our DHSR website: <https://info.ncdhhs.gov/dhsr/rules.htm>.

Please use our Project No. AS-522-TKM and FID No. 160293 on all correspondence related to this project. If you have any questions or if we can be of any further assistance, please contact our office at the telephone number or e-mail address listed below.

Sincerely,
Tony McQuage

Tony McQuage
Engineering Supervisor

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cc: Steele Group Architects – Matthew Rodda (via email only)
AME Consulting Engineers – Stephen Turner, William Brown (via email only)
City of Greensboro Engineer & Inspection – Kenney McDowell (via email only)
Guilford County Fire Marshal – Robert Carmon (via email only)