

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032071 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 09/09/2015 |
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| NAME OF PROVIDER OR SUPPLIER CAMELLIA GARDENS | STREET ADDRESS, CITY, STATE, ZIP CODE 5010 S ALSTON AVENUE DURHAM, NC 27713 |
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| C 000 | <p>Initial Comments</p> <p>This report is of a Biennial Construction Survey done by Bob Getchell and Dennis Harrell on September 9, 2015.</p> <p>This facility was first licensed as a Home for the Aged serving 81 residents on June 16, 1994. Therefore the facility must meet the 1993 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1991 North Carolina State Building Code(s) (1994 revision), Institutional Occupancy.</p> <p>Deficiencies were noted which will require a new plan of correction</p> | C 000 | | |
| C 111 | <p>Must Have Current San. & Fire Safety Reports</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, inspection reports were not available at the time of the survey.</p> <p>Findings include: The following reports were not available at the time of the survey: a) Sprinkler Inspection Report</p> | C 111 | | |
| C 185 | <p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR</p> | C 185 | | |

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

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| C 185 | <p>Continued From page 1</p> <p>EVACUATION</p> <p>(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.</p> <p>(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.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the fire drill logs were not available to review during the survey. This may indicate that fire drills are not being performed on each shift.</p> <p>Findings include: The fire drill logs were not available to review during the survey.</p> | C 185 | | |
| 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> | C 189 | | |

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| C 189 | <p>Continued From page 2</p> <p>1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include:</p> <p>a. The attic smoke barrier wall over room 34 has an unprotected penetration by a PVC pipe</p> <p>b. The attic smoke barrier wall over room 11 has broken gypsum, an unprotected penetration by cable, and, a smoke damper disconnected.</p> <p>c. The smoke barrier wall over the cross corridor doors at room 10 has an unprotected penetration by cables above the drop ceiling,</p> <p>d. The attic smoke barrier wall over room 42 has unprotected penetrations by cables.</p> <p>e. Mechanical Room #4 ceiling has an unprotected penetration next to the duct</p> <p>f) The Phone Room has unprotected wall penetrations.</p> <p>g) There is an unsealed ceiling penetration by PVC pipe in the corridor closet outside the room 1, 2, and 3 suite.</p> <p>h) The fire-resistance rating of the kitchen range hood exhaust can not be inspected because there is no access hatch in the kitchen.</p> <p>i) Electrical Room near room 46 has unprotected ceiling penetrations above the panels</p> <p>j) Staff bath has unprotected wall penetrations</p> <p>k) Dining Room has unprotected ceiling penetrations by conduit</p> <p>l) Linen Room has a plywood patch on the ceiling.</p> <p>m) B Hall Laundry ceiling is penetrated by 3" PVC and needs a fire collar.</p> <p>These unprotected openings are not in conformance with the requirement to use a</p> | C 189 | | |

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| C 189 | <p>Continued From page 3</p> <p>through penetration fire stop system that has been tested in accordance with ASTM E-814.</p> <p>2. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the equipment failed to activate in a fire emergency.</p> <p>Findings include:</p> <ul style="list-style-type: none"> a. Some of the attic sprinkler heads near the outer walls have blown insulation covering them. b) The ceiling in the suite containing rooms 1, 2 and 3 has three HVAC returns with radiation dampers, and three supply vents with no radiation dampers. c) One of the kitchen HVAC supply vents is missing the radiation damper. d) Two radiation dampers in the Chapel HVAC supply vents are being held open with electrical tape. e) One of the HVAC supply vents in the Chapel has no radiation damper. f) Two HVAC supply vents in the Utility Room have no radiation dampers g) The duct detector sample tubes are dirty in Mechanical room #5 h) Radiation dampers in corridor HVAC return vent near room 45 covered with dust: i) Radiation damper in HVAC return vent in Laundry Room covered with dust, j) Radiation damper in HVAC return vent in Utility Room covered with dust. <p>3. Based on observation, the building was not maintained in a safe manner by improper storage of oxygen cylinders. This would affect all residents by potentially exposing them to hazards from a ruptured cylinder.</p> | C 189 | | |

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| C 189 | <p>Continued From page 4</p> <p>Findings include: Oxygen bottles were found unsecured in the following locations: a) Room 25, b) Med Room</p> <p>4. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.</p> <p>Findings include: The following doors have issues: a) Door to large shower room has gap at top. b) Cross corridor doors to foyer not coordinated and won't close and latch c) Door to the Canteen is wedged open d) Sprinkler Room corridor door missing knob on inside e) Smoke barrier door at room 33 won't close and latch, f) Smoke barrier door at room 12 won't close and latch, g) Two smoke barrier doors at room 9 won't close and latch, h) Thew smoke barrier door at room 6 won't close and latch, l) Two smoke barrier doors to the Chapel won't close and latch, j) Two smoke barrier doors at room 34 won't close and latch</p> <p>5. Based on observation, the building exit signage and emergency illumination were not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency.</p> <p>Findings include: Exit signs and emergency lights are not working in the following locations:</p> | C 189 | | |

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| C 189 | <p>Continued From page 5</p> <p>a) Exit sign at room 38 has no battery backup, b) Exit sign in corridor outside room 3,4, 5 suite not working c) Exit sign in kitchen is not working on battery backup. d) Exit sign near Dining Room not working</p> <p>6. Based on observation, the building plumbing equipment was not maintained in a safe manner by allowing the ice machine drain line to be inserted in the floor drain. This would affect all residents by the drain lines potentially backing up and contaminating the ice.</p> <p>Findings include: The drain line on the Ice Machine has no air gap between the end of the discharge pipe and the surface of the floor drain.</p> <p>7. Based on observation, the building electrical system was not maintained safe.</p> <p>Findings include: a) The GFCI outlet in room 11 will not trip.</p> <p>8. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents by not having fire protection equipment operable for use in an emergency.</p> <p>Findings include: a) The inspection tags on the fire extinguishers indicate that required monthly checks are not being performed per NFPA 10 b) The inspection tag on the Ansul range hood fire suppression system indicates that routine inspections are not being performed per NFPA 17</p> | C 189 | | |