

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL032071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/18/2016</b>
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NAME OF PROVIDER OR SUPPLIER  
**CAMELLIA GARDENS**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**5010 S ALSTON AVENUE  
DURHAM, NC 27713**

(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)	<p><b>Initial Comments</b></p> <p>This report is of a Followup Survey done by Bob Getchell on February 18, 2016.</p> <p>The Followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required</p>	(C 000)		
(C 189)	<p><b>Building Equipment Maintained Safe, Operating</b></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 (a) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</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.</p> <p>Followup Findings on February 18, 2016 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>h) The kitchen range hood exhaust enclosure in the attic has unprotected penetrations by pipe</p>	(C 189)	<p><i>Completed. Will monitor Construction Contractors 3/10/16</i></p> <p><i>Completed. Will monitor Construction Contractors 3/10/16</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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(C 189)	<p>Continued From page 1</p> <p>k) Dining Room has unprotected ceiling penetrations by conduit</p> <p>m) B Hall Laundry ceiling is penetrated by 3" PVC and needs a fire collar.</p> <p>n) The ceiling over the freezer in the kitchen has collapsed onto the top of the freezer</p> <p>o) In the kitchen there is an unprotected ceiling penetration by a camera wire</p> <p>These unprotected openings are not in conformance with the requirement to use a 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.</p> <p>Followup Findings on February 18, 2016 include:</p> <p>a. Ensure all attic sprinkler heads near the outer walls have blown insulation removed.</p> <p>c) One of the kitchen HVAC supply vents is missing the radiation damper.</p> <p>d) Two radiation dampers in the Chapel HVAC supply vents are being held open with electrical tape.</p> <p>e) One of the HVAC supply vents in the Chapel has no radiation damper.</p> <p>f) Two HVAC supply vents in the Utility Room have no radiation dampers</p> <p>i) Radiation damper in HVAC return vent in Laundry Room covered with dust,</p> <p>j) Radiation damper in HVAC return vent in Utility Room covered with dust.</p> <p>k) Smoke damper motor is disconnected from HVAC damper linkage above cross corridor doors at room 11.</p> <p>3. Based on observation, the building was not maintained in a safe manner by improper storage</p>	(C 189)	<p>Completed. Will monitor 3/1/16</p> <p>Completed. Will monitor 3/1/16</p> <p>Completed. Will monitor 3/1/16</p> <p>Completed. Will monitor 3/1/16</p> <p>Completed. Will monitor 3/1/16</p> <p>Repair. Will monitor 3/19/16</p> <p>Completed. Will monitor 3/14/16</p> <p>Scheduled for Replace 3/24/16</p> <p>Scheduled for Replace 3/24/16</p> <p>Completed. Will monitor 3/14/16</p> <p>What is on order 3/1/16</p>	

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(C 189)	<p>Continued From page 2</p> <p>of oxygen cylinders. This would affect all residents by potentially exposing them to hazards from a ruptured cylinder.</p> <p>Followup Findings on February 18, 2016 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>Followup Findings on February 18, 2016 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) Two smoke barrier doors at room 9 have hardware missing and won't close and latch,                      g) The smoke barrier door at room 6 won't close and latch,                      h) Right smoke barrier door to the Chapel won't close and latch,                      i) 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.</p> <p>Followup Findings on February 18, 2016 include:                      Exit signs and emergency lights are not working in the following locations:</p>	(C 189)	<p><i>approved</i>                      Secured by oxygen racks                      Company must supply approved                      rack when supply oxygen</p> <p><i>Completed</i> 3/10/16</p> <p><i>Wedge removed</i> 2/20/16                      Ask Resident to Rep door</p> <p><i>Completed. Will monitor</i> 3/14/16</p> <p><i>Wanted on hardware</i> 2/20/16</p> <p><i>2</i></p> <p><i>Repaired. Will monitor</i> 3/14/16</p>	

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NAME OF PROVIDER OR SUPPLIER  CAMELLIA GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 8010 S ALSTON AVENUE DURHAM, NC 27713		
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(C 189)	Continued From page 3 a) Exit sign in kitchen has been removed.  8. Based on observation, the building fire protection equipment was not maintained to keep the facility safe.  Followup Findings on February 18, 2016 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 17A	(C 189)	Didn't see.  Completed. Will monitor  Completed. Will monitor	2/18/16  2/25/16  2/25/16

- 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.
- 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 Plan of Correction can be:

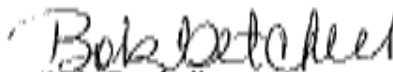
Mail to: DHSR Construction Section  
2705 Mail Service Center  
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: [DHSR.Construction.Admin@dhhs.nc.gov](mailto:DHSR.Construction.Admin@dhhs.nc.gov)

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

Sincerely,

  
Bob Getchell  
Architectural Engineering Technician  
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment  
County Building Inspection Department - with attachment  
Durham County DSS - with attachment