

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 R 04/13/2016 |
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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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| (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 This report is of a Followup Survey done by Bob Getchell on April 13, 2016. The Followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required | {C 000} | | |
| {C 189} | Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER 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 building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. Followup Findings on April 13, 2016 include: b. The attic smoke barrier wall over room 11 has broken gypsum, an unprotected penetration by cable, and, a smoke damper disconnected. (New smoke damper installed but not yet wired.) h) The kitchen range hood exhaust enclosure in the attic has unprotected penetrations by pipe 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. | {C 189} | | |

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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>2. Based on observation, the building fire protection equipment was not maintained to keep the facility safe.</p> <p>Followup Findings on April 13, 2016 include: c) One of the kitchen HVAC supply vents has no duct connected, is open to the attic and is missing the radiation damper. k) Smoke damper motor is disconnected from HVAC damper linkage above cross corridor doors at room 11. (New smoke damper installed but not yet wired.)</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 April 13, 2016 include:: The following doors have issues: g) Two smoke barrier doors at room 9 have hardware missing and won't close and latch (Parts on back order)</p> | {C 189} | | |