

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>07/13/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CAMELLIA GARDENS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5010 S ALSTON AVENUE DURHAM, NC 27713</b>
---	---

(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  Report of a Follow-Up Construction Survey by Ed Miller on July 13, 2016.  The following deficiencies cited during the pervious Follow-up Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	{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 July 13, 2016 include: 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.  4. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.	{C 189}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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>07/13/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CAMELLIA GARDENS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5010 S ALSTON AVENUE DURHAM, NC 27713</b>
---	---

(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 189}	Continued From page 1  Followup Findings on July 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	{C 189}		