| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL032071 | A. BUILDING: **01**<br>B. WING _____ | R<br>**12/13/2016** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **CAMELLIA GARDENS** | **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} | Initial Comments<br><br>Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on December 13, 2016.<br><br>The following deficiency cited during the previous Biennial Follow Up Construction Survey, has not been satisfactorily corrected and will require a new Plan of Correction. | {C 000} | | |
| {C 189} | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>4. Based on observation, the facility components were not maintained operable by having doors that did not close completely and latch.<br><br>Followup Findings on December 13, 2016 include::<br>a. The left leaf of the smoke barrier doors at room 9 did not latch into its frame. | {C 189} | | |