

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>12/13/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAMELLIA GARDENS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5010 S ALSTON AVENUE DURHAM, NC 27713</b>
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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
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{C 000}	<p><b>Initial Comments</b></p> <p>Report of a Biennial Follow Up Construction Survey by Ed Miller, conducted on December 13, 2016.</p> <p>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.</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 (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 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 December 13, 2016 include: a. The left leaf of the smoke barrier doors at room 9 did not latch into its frame.</p>	{C 189}	<p>New latch replace and door operating correctly.</p> <p>2/1/17</p>	

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