nuation sheet 1 of 7

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL032071 08/11/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5010 S ALSTON AVENUE **CAMELLIA GARDENS** DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Billy S. Bryant and Frank Strickland conducted on 08/11/2017. Records indicate this facility was first licensed on 06/16/1994. The facility is currently licensed for 81 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Bed sand applicable portions of the 1991 (1994 Revisions) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1993 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 160 Outside Premises-Clean, Safe C 160 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. The exterior of the building was not maintained in a safe condition. Finding on 08/11/2017: a. A the rear of the building there are HVAC piping that is installed through the building wall. There are gaps around the piping that could all the intrusion of insects or vermin into the building. C 164 Housekeeping and Furnishings-Clean, Repaired C 164 Division of Health Service Regulation VIDER/SUPPLIER REPRESENTATIVE'S SIGN TITLE (X6) DATE

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL032071 B. WING 08/11/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5010 S ALSTON AVENUE CAMELLIA GARDENS DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 164 Continued From page 1 C 164 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair, have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation the ceilings were not maintained clean and in good repair. Findings on 08/11/2017: a. The return air grilles in the ceilings and Completed and had meeting with radiation dampers above the grilles were clogged 8/15/2017 hskp about making sure grilles are clean with dust periodically b. There is a pattern of ceiling tiles that are Tiles replaced. Maintence will keep eye on 8/15/17 stained, or bowed, or broken and need replacing bad tiles. replacement. C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation the facility was not maintained free from hazards.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: 01 COMPLETED HAL032071 B. WING 08/11/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5010 S ALSTON AVENUE** CAMELLIA GARDENS DURHAM, NC 27713 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 2 C 166 Finding on 08/11/2017: a. Kitchen - There is a tripping hazard due to a pipe and several electrical outlets that provided power for equipment that has been removed remain and are stubbed up approximaetley 6" from the floor. b. Dining Room - Behind the service line equipment there is piping that is run across the Plumber called and new line put in. floor that poses a tripping hazard. 8/15/17 c. Business Office- There is a dead bolt on the 8/15/17 Lock replaced door without an interior thumb turn so that it is possible a person could be locked in the office and not be able to exit. Kitchen Pantry - 1 gallon jugs of bleach were stored in the pantry, the pantry does not have an exhaust fan vented to the exterior of the building. Correct Note: Corrected while surveyor was on site. C 175 Bedroom Furnishings-Clean Towel, Towel Bar C 175 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation the facility was not in All rooms will be checked and a 9/14/17 compliance to provide an individual towel bar for appropiate towel put in place each resident.

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL032071 B. WING 08/11/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5010 S ALSTON AVENUE** CAMELLIA GARDENS DURHAM, NC 27713 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) C 175 | Continued From page 3 C 175 Finding on 08/11/2017: a. A random selection of rooms for inspection throughout the facility revealed some rooms did not have an individual towel bar for each resident. C 189 Building Equipment Maintained Safe, Operating C 189 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: Based on observation and testing there is failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. Failure to maintain fire alarm system devices and equipment in a safe and operable condition could effect all occupants of the facility if the equipment did not function when and as required. Unauthorized silencing of the fire alarm could present a danger to the occupants of the facility who may assume there is no real danger and consequently may not evacuate or shelter in place Finding on 08/11/2017: a. There is a fault in the fire alarm system that causes sporadic false/nuisance alarms. In addition after the initial false alarm the panel

could not be reset to normal operation without

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL032071 B. WING 08/11/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CAMELLIA GARDENS** 5010 S ALSTON AVENUE DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 189 Continued From page 4 C 189 triggering a false alarm. While the surveyors were present the fire alarm system activated (not on test). A staff member silenced the audible fire Will confer DIchiet
al Security Confint
assure everyne is an
Son Dioxe. alarm. The Durham Fire Department Battalion Chief informed the staff not to silence the alarm until given permission by the fire department 1st responders. Finding on 08/11/2017: 2. Based on observation there is a failure to maintain the building's fire safety equipment systems in a safe condition. Holes or gaps at penetrations in the fire resistant rated ceilings and walls could allow fire and smoke to spread beyond the area of origin. Findings on 08/11/2017: a. Mechanical Room #5, Adjacent to Room #9 -Where the fire resistant rated ceiling is Repaired and will be monitored periodically 8/20/17 penetrated by HVAC piping there is a hole that for penetration holes has been covered with a foil type of tape. b. Suite, Rooms #3, #4, and #5 - In the common area there is a gap in the fire resistant rated Gaps have been repaired 8/20/17 ceiling at the base of the smoke detector and where the HVAC grille has detached from the ceiling.. c. Corridor for Rooms #38 to #45 and also in the Rooms - The fire sprinkler head escutcheons have dislodged creating gaps in the fire resistant All Gaps have been repaired 8/20/17 rated ceiling where it is penetrated by the fire sprinkler piping. d. Kitchen Freezer - The fire sprinkler head has To be repaired by Sprinkler Co. been removed from the interior of the freezer.. 9/15/17 e. Data Room - There are gaps in the corridor side of the wall above the door where the is Gaps have been repaired 8/15/17

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING HAL032071 08/11/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5010 S ALSTON AVENUE** CAMELLIA GARDENS DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 C 189 Continued From page 5 penetrated by a conduit sleeve and coax cables. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be effected if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on 08/11/2017: a. "B" Hall, Adjacent to Room #19 - One leaf of the cross corridor double doors did not completely close and latch when released from its magnetic hold open device. b. "B" Hall, Adjacent to Laundry - The cross corridor double doors did not completely close and latch when released from their magnetic hold open devices. Cross corridor Doors, Adjacent to Activity Director's Office - One leaf of the cross corridor double doors binds on the frame when closed and cannot be opened using a normal amount of effort. d. Large Bath, Adjacent to Room #24 - The Door has been repaired and maintenance 8/20/17 corridor door contacts the frame an will not close will monitor and latch e. Room #39 - The hardware for the door that opens to the corridor is broken and the door will Door has been repaired and maintenance 8/20/17 not latch to remain closed when shut. will monitor Based on observation electrical safety equipment is not being maintained in safe operating condition. Failure to maintain electrical emergency safety equipment in safe and operable condition could effect the occupant of the room if the equipment did not function when

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 AND PLAN OF CORRECTION 08/11/2017 B. WING HAL032071 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5010 S ALSTON AVENUE** CAMELLIA GARDENS DURHAM, NC 27713 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 Continued From page 6 C 189 and as required. Finding on 08/11/2017: 8/20/17 GFCI repaired by electrician a. The GFCI electrical outlet is broken and did not trip when tested. Based on observation the building's plumbing equipment is not maintained in a safe operating condition. Fining on 08/11/2017: Entire sink to be placed with a vacuum 9/13/17 a, Salon - The sink's hand held rinse wand does added by plumber not have a vacuum breaker/anti-siphon device installed on the water supply line.

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