

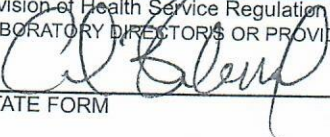
Division of Health Service Regulation

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 09/25/2019
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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	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ed Miller and Suzanna Fay, conducted on September 25, 2019.</p> <p>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.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director the facility failed to maintain the facility by not responding to deficiencies found on annual inspection reports. Findings on September 25, 2019: a. The current Fire Alarm inspection report, dated 7-12-2018, listed 2 deficiencies. There was no subsequent documentation available to indicate the deficiencies had been corrected.</p>	C 111	<p>Report located. Work Completed</p>	<p>9/30/19</p>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Administrator

(X6) DATE
10/29/19

Division of Health Service Regulation

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C 160	Continued From page 1	C 160		
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(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;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the outside grounds are not maintained in a clean and safe condition. Findings on September 25, 2019: a. Rear Entrance - the soffit material going up the rake is loose and may not stop vermin from entering the attic. b. Left Side near Kitchen Entrance- the gable end louver is missing some slat and cannot stop vermin from entering the attic.</p>	C 160	<p>Repair</p> <p>Repaired</p>	<p>9/30/19</p> <p>9/30/19</p>
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building mechanical systems are not kept clean and in</p>	C 164		

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C 164	Continued From page 2 good repair. Findings on September 25, 2019: a. Laundry - the HVAC supply and ventilation system with their radiation dampers have an excessive accumulation of dust/lint. 2. Based on observation, the building Ceilings are not kept clean and in good repair. Findings on September 25, 2019: a. Bedroom 34 - there is a leak from above damaging the ceiling. b. Activity Coordinator/Vending - there are two acoustical ceiling tiles that are stained from previous leaks. c. Bedroom 38 Closet, Window Side - there is a leak from above damaging the ceiling. d. Dining - a acoustical ceiling tile is stained from previous leaks.	C 164	cleaned Repaired Replaced Replaced	9/30/19 9/30/19 9/30/19 9/30/19
C 166	Housekeeping-Maintained Free of Hazards 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: 1. Based on Observation, the Building was not maintained free of hazards, if compress gas cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on September 25, 2019: a. Housekeeping - eight portable medical	C 166		

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C 166	<p>Continued From page 3</p> <p>oxygen cylinders are standing up on the floor in an unapproved plastic crate not physically secured in racks, stands or chained to the structure.</p> <p>2. Based on Observation, a hazard is present due to the possibility of the backflow of contaminated water into the domestic water supply.</p> <p>Findings on September 25, 2019:</p> <p>a. Bedroom 3, 4, 5 Bathroom - the shower is equipped with a 3-inch high step over curb, and a handheld shower wand with hose. The hose is long enough to reach gray water and is not equipped with a vacuum breaker to prevent the backflow of water.</p>	C 166	<p><i>Proper Oxygen Tank received & Oxygen Secured</i></p> <p><i>Vacuum breaker added New Shower Assembly Installed</i></p>	<p><i>9/30/19</i></p> <p><i>10/3/19</i></p>
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Record review and interview with Manager, fire safety rehearsals are not being performed regularly with at least one per shift for</p>	C 185		

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C 185	Continued From page 4 each quarter. Findings on September 25, 2019: a. In the 4th quarter for the last 12 months, no rehearsals occurred during 1st and 2nd shifts.	C 185	<i>Supervisors removed to document all fire rehearsals as indicated in licensure rule</i>	<i>9/30/19</i>
C 189	<p>Building Equipment Maintained Safe, Operating</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:</p> <p>1. Based on observation, and interview with Executive Director the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system.</p> <p>Findings on September 25, 2019:</p> <p>a. Electrical Panel Room - the smoke detector is covered with blue painter tape.</p> <p>b. All HVAC Units - the sampling tubes for the HVAC duct detectors are dirty.</p> <p>c. Bedroom 38 - the fire alarm system's smoke detector is dangling from the ceiling by its power/operational wires.</p> <p>d. All Cross-Corridor Doors - when the fire alarm system activates, the electromagnet hold-open devices released their doors, closing the openings in the smoke compartment. When the fire alarm system is put into silence mode, these hold open devices reenergized, which does</p>	C 189	<p><i>Tape removed</i></p> <p><i>All Sample tubes clean by Hvac company</i></p> <p><i>Repaired</i></p>	<p><i>9/25/19</i></p> <p><i>10/25/19</i></p> <p><i>10/1/19</i></p>

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C 189	Continued From page 5 not provide these openings with protection during an alarm that has been silenced. e. All HVAC Units - the sampling tubes for the HVAC duct detectors are dirty. f. Some HVAC Units - some HVAC duct mounted smoke detectors have no access doors to inspect and clean the duct detector's sample tubes. Dirty sampling tube may become obstructed and may not detect the existence of smoke in the air stream. 2. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on September 25, 2019: a. Smoke Barrier near Bedroom 19 - both ceiling mounted exit signs, do not illuminate on backup power when tested. b. Nurse Station - both header mounted exit signs, are not illuminating on normal power. c. Corridor near Bedroom 33 - the exit sign is not illuminating on normal power. d. Corridor near Bedroom 28 - the exit sign does not illuminate on backup power when tested. e. Smoke Barrier near Bedroom 34 - the exit sign does not illuminate on backup power when tested. f. Corridor near Bedrooms 3, 4, 5 - the exit sign does not illuminate on backup power when tested. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the	C 189	Spoke with Tyco fire repairman and he stated that is how they should operate. Tubing clean/HVAC repairman stated you enter underneath Batteries Replaced Bulbs replaced New Replaces Batteries Replaced New Batteries Replaced Batteries Replaced	10/25/19 10/25/19 11 11 11 11 11

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C 189	<p>Continued From page 6</p> <p>smoke of the fire in the compartment of origin. Findings on September 25, 2019:</p> <p>a. Smoke Barrier near Bedroom 34 - the right leaf, of the double-egress cross-corridor doors, does not latch into the frame when the fire alarm system released the doors.</p> <p>b. Smoke Barrier near Bedroom 35 - the right leaf, of the double-egress cross-corridor doors, does not latch into the frame when the fire alarm system released the doors.</p> <p>c. Smoke Barrier near Bedroom 6 - the back leaf, of the double-egress cross-corridor doors, does not latch into the frame when the fire alarm system released the doors.</p> <p>d. Smoke Barrier near Mechanical Room 5 - the right leaf, of the double-egress cross-corridor doors, does not latch into the frame when the fire alarm system released the doors.</p> <p>4. Based on observation and interview with Executive Director, the facility failed to provide and/or maintain the automatic roll-down fire door. This would affect all residents, staff, and visitors by not having emergency equipment in proper working order. Findings on September 25, 2019:</p> <p>a. Kitchen - the automatic roll-down fire door between Kitchen and Dining has not been inspected and tagged annually as required by NFPA 80. In addition, the fusible link and cable has been painted.</p> <p>5. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on September 25, 2019:</p> <p>a. Utility Room - there is a gap around a ventilation system grille not firestopped as it penetrates the fire-resistance-rated ceiling</p>	C 189	<p>(A) Repaired</p> <p>(B) Repaired</p> <p>(C) Repaired</p> <p>(D) Repaired</p> <p>fusible link to be replaced</p> <p>Repaired</p>	<p>10/2/19</p> <p>10/2/19</p> <p>10/2/19</p> <p>10/2/19</p> <p>10/31/19</p> <p>10/2/19</p>
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C 189	<p>Continued From page 7</p> <p>assembly.</p> <p>b. Records Room - there is a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>c. Records Room - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>d. Records Room - there is a hole with 3 PVC conduits not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>e. Bedroom 3, 4, 5 - there is a gap at the base of the exit sign not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>f. Electrical Room near Mechanical Room 3 - there is a conduit, from the front panel, not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>g. Laundry near Mechanical Room 5 - there is a gap around a ventilation system grille not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>6. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on September 25, 2019:</p> <p>a. Bedroom 14 - a light fixture is not secured to the ceiling, on one side.</p> <p>b. Laundry - the light switch is missing its cover plate.</p> <p>c. Executive Directors Office - a power tap (power strip) is plugged into another power tap then this power tap is plugged into another power tap connected to the wall. Power taps must connect directly to permanently installed branch circuit electrical power receptacles.</p> <p>d. Bedroom 41 - an electrical power receptacle has a broken cover plate.</p> <p>7. Based on observations, the Building is not</p>	C 189	<p>B Repaired</p> <p>C Repaired</p> <p>D Repaired</p> <p>E</p> <p>F Repaired</p> <p>G Repaired</p> <p>A Repaired</p> <p>C Fixed</p>	<p>11</p> <p>11</p> <p>11</p> <p>11</p> <p>11</p> <p>9/30/19</p> <p>9/30/19</p>

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C 189	<p>Continued From page 8</p> <p>being maintained in a safe and operating condition. The fire sprinkler heads have become obstructed. This could affect all if the fire sprinkler discharge pattern cannot reach all areas of a room.</p> <p>Findings on September 25, 2019:</p> <p>a. Pantry - items are stored within the minimum 18-inch clearance area below the fire sprinkler deflector.</p> <p>8. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition.</p> <p>Findings on September 25, 2019:</p> <p>a. Bedroom 33- the corridor door hits its frame, requiring extra force and/or effort to close the door so it can latch.</p> <p>b. Bedroom 35- the corridor door hits floor, requiring extra force and/or effort to close the door so it can latch.</p> <p>c. Chapel - the left self-closing door, on an electromagnetic hold-open device, closes on its own power but does not latch into its frame</p> <p>d. Chapel - the right self-closing door, on an electromagnetic hold-open device, does not close on its own power but will latch if assisted.</p> <p>e. Bedroom 37 - the corridor door's replacement handle does not completely cover the opening through the door, made for the previous door handle.</p> <p>f. Bedroom 7 - the corridor door's replacement handle does not completely cover the opening through the door, made for the previous door handle.</p> <p>g. Bedroom 47 - the corridor door latches to its frame, but a very light touch will cause the door to release.</p> <p>9. Based on observation, the Building Sprinkler System was not maintained in a safe and</p>	C 189	<p><i>Items were removed and lowered below required minimum</i></p> <p><i>Repaired</i></p> <p><i>Repaired</i></p> <p><i>Repaired</i></p> <p><i>Repaired</i></p> <p><i>Repaired</i></p> <p><i>Repaired</i></p>	<p><i>9/30/19</i></p> <p><i>10/2/19</i></p> <p><i>10/2/19</i></p> <p><i>10/2/19</i></p> <p><i>10/2/19</i></p> <p><i>10/2/19</i></p> <p><i>10/2/19</i></p>

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C 189	<p>Continued From page 9</p> <p>operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the room of origin.</p> <p>Findings on September 25, 2019:</p> <p>a. Corridor near Bedroom 35 - the escutcheon plate on the fire sprinkler has dropped from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.</p> <p>b. Bedroom 38 - the escutcheon plates on both fire sprinklers have dropped from the fire-resistance-rated ceiling exposing openings that allows the spread of smoke and heat.</p> <p>c. Bedroom 35 Closet, Corridor Side - the escutcheon plate on the fire sprinkler has dropped from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.</p> <p>d. Bedroom 41 Closet, Corridor Side - the escutcheon plate on the fire sprinkler has dropped from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat.</p> <p>e. Dining Room above Serving Line - the escutcheon plates on two fire sprinklers have dropped from the fire-resistance-rated ceiling exposing openings that allows the spread of smoke and heat.</p> <p>10. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin.</p> <p>Findings on September 25, 2019:</p> <p>a. Bedroom 15 - the corridor door has a trashcan holding the door open.</p> <p>b. TV Room - the corridor door has several</p>	C 189	<p>(A) Repaired</p> <p>(B) Repaired</p> <p>(C) Repaired</p> <p>(D) Repaired</p> <p>(E) Repaired</p> <p>Removed</p>	<p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>10/5/19</p>
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C 189	Continued From page 10 chairs with Residents holding the door open. c. Activity Coordinator/Vending - the corridor door has a wedge and a folded shoe sole holding the door open. d. Bedroom 40 - the corridor door has a trashcan holding the door open. e. Bedroom 41 - the corridor door has a wedge holding the door open. 11. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff, and visitors if items are broken or partially removed and left where they could injure all. Findings on September 25, 2019: a. Smoke Barrier near TV Room - the electromagnetic hold-open device for this Cross-Corridor Door is missing its cover plate. b. Smoke Barrier near Kitchen - the electromagnetic hold-open device cover plate for this Cross-Corridor Door is not secured to the device base. 12. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staff's ability to extinguish a small fire and permit it to grow larger. Findings on September 25, 2019: a. Riser Room - since the last annual maintenance, performed in January 2019, there has been no documentation of the portable fire extinguishers monthly in-house/owner inspections. b. Corridor near Chapel - the fire extinguisher cabinet is missing a screw in its handle making it difficult to open the cabinet. c. Dining Room near Exterior Exit - since the last annual maintenance, performed in January	C 189	Removed Removed Removed Tyco repair has part on order Completed and reminded staff not to over look Riser Room Repair	10/5/19 10/5/19 10/5/19 10/5/19 10/5/19

Division of Health Service Regulation

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 09/25/2019
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NAME OF PROVIDER OR SUPPLIER
CAMELLIA GARDENS

STREET ADDRESS, CITY, STATE, ZIP CODE
**5010 S ALSTON AVENUE
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C 189	Continued From page 11 2019, there has been no documentation of the portable fire extinguishers monthly in-house/owner inspections. d. Kitchen - since the last annual maintenance, performed in January 2019, there has been no documentation of the portable fire extinguishers monthly in-house/owner inspections of the "ABC" and "K" extinguishers in the kitchen.	C 189	<i>Remind kitchen staff of their responsibility to sign each month</i>	<i>10/5/19</i>
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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 and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in rooms required to be mechanically exhausted. Findings on September 25, 2019: a. Entire Building - the required exhaust/ventilation system does not work.	C 199	<i>Partial repair to system but following direction of Electrician as he continues to fix</i>	<i>10/31/19</i>