STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032071	A. BUILDING: 01 B. WING _____	R 11/02/2023

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 Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on November 2, 2023. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Observations revealed that the facility does not meet code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Fully sprinklered requires protection in closets and bathrooms. Findings on November 2, 2023: a. Room 49 - there is not a sprinkler head in the	{C 101}	New Sprinkler Head installed 2/13/24	

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{C 101}	Continued From page 1 left closet. Interview with staff revealed that the parts have not come in for the contractor.	{C 101}		
{C 134}	Bathrooms-Roll-in Shower SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (7) Each home shall have at least one bathroom opening off the corridor with: (A) a door of three feet minimum width; (B) a three feet by three feet roll-in shower designed to allow the staff to assist a resident in taking a shower without the staff getting wet; (C) a bathtub accessible on at least two sides; (D) a lavatory; and (E) a toilet. (8) If the tub and shower are in separate rooms, each room shall have a lavatory and a toilet; This Rule is not met as evidenced by: 1. Observations revealed that the facility did not have a bathroom opening off the corridor with a bathtub accessible on at least two sides. Findings on November 2, 2023: a. The facility had one bathroom opening off the corridor for residents with a shower only. The tub had been removed. Interview with staff revealed that they have had the space measured for the tub but the tub in not installed.	{C 134}	We are still waiting on plumbing to find appropriate tub for install 3/31/24	
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS	{C 199}		

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{C 199}	Continued From page 2 (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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on November 2, 2023: a. There was a pattern of fans not working in the facility. Some locations include but are not limited to: Community Bath, Staff Bathroom, Laundry by Room 34 and Housekeeping.	{C 199}	HVAC Company still assessing the problem. Work should be completed 3/31/24	

☑ **Raleigh Office**
832-101 Purser Drive, Raleigh, NC 27603
☐ **Greensboro Office**
1225 Rail Street, Greensboro, NC 27407
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2724 Old Wrightsboro Rd., 10A, Wilmington, NC 28405

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3656 Clay Pond Rd., Myrtle Beach, SC 29579

CUSTOMER Camellia Gardens BUILDING OR LOCATION _____

STREET 5010 S. Alston Ave. PHONE _____

CITY/STATE: Durham, NC. ZIP: 27713 DATE 2-13-24

☐ **Fire Alarm** ☑ **Sprinkler System** ☐ **Suppression Systems** ☐ **Other /** _____

NOTES

Made + installed New drop + Put dry system back to Normal operation.

The above inspection is made for the purpose of checking the mechanical or electrical operation of the system and not to determine or guarantee proper capacity, engineering or original installation. Vendor shall not be responsible for the improper operation of any inspected equipment that, after servicemen has left premises, has been discharged, vandalized, tampered with or damaged. The reverse of this agreement is incorporated herein. Please read carefully. We are not an insurer. Our maximum liability is limited to $250.00. User acknowledges receipt of copy that he has read and understands reverse side of agreement.

CUSTOMER SIGNATURE _____ **TECHNICIAN SIGNATURE** _____

NC LICENSE # _____

SC LICENSE # _____

MEBANE AIR, INC.
P.O. Box 1116
MEBANE, NC 27302
(919) 563-2093
www.mebaneair.com

HVAC INVOICE

50129

MAKE	MAKE
MODEL	MODEL
SERIAL NUMBER	SERIAL NUMBER
MAKE	MAKE
MODEL	MODEL
SERIAL NUMBER	SERIAL NUMBER

BILL TO
Carl Blackwell
336-213-2132

NAME: Camellia Gardens Assisted-Living
STREET: 5010 S. Alston Ave
DATE: 2-13-24
CITY, STATE, ZIPCODE:
COUNTY:
PHONE:
TECHNICIAN:
WO#/PO #:
WORK TO BE PERFORMED: Vent Fans not Working

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
	FILTERS X X		
	FILTERS X X		
	TOTAL MATERIALS		

HRS.	LABOR	RATE	AMOUNT
15			208 50
	TOTAL LABOR		208 50

CHECK LIST

- [ ] COMPRESSOR
  - [ ] VOLTS _____ AMPS
  - [ ] ELECTRICAL CONNECTIONS
  - [ ] CONTACTS TIGHT & CLEAN
  - [ ] OIL LEVEL & CONDITION
- [ ] CONDENSER COIL
  - [ ] CLEAN COIL & CHECK FIN COND.
  - [ ] ENT. _____ °F LVG. _____ °F
- [ ] REFRIGERANT
  - [ ] LEAK [ ] CHARGE [ ] OK
  - [ ] SUCTION _____ PSI
  - [ ] HEAD _____ PSI
- [ ] FAN AND MOTOR
  - [ ] VOLTS _____ AMPS _____
  - [ ] ELECTRICAL CONNECTIONS
  - [ ] CONTACTS TIGHT & CLEAN
  - [ ] FAN PULLEYS (ADJUST BELT)
  - [ ] CHK. LUB BEARINGS & MOTOR
- [ ] EVAPORATOR COIL
  - [ ] CLEAN COIL & CHECK FIN
  - [ ] ENT DB _____ °F LVG DB _____ °F
  - [ ] ENT WB _____ °F LVG WB _____ °F
- [ ] CONDENSATE AREAS
  - [ ] INSPECT [ ] CLEAN DRAIN PAN
  - [ ] INSPECT [ ] CLEAN DRAIN
- [ ] AIR FILTERS
  - [ ] CLEANED [ ] REPLACED [ ] OK
  - FILTER SIZE _____
- [ ] HEATING ASSEMBLY
  - [ ] BURNER & HEAT EXCHANGER
  - [ ] FUEL SUPPLY & PRESSURE
  - [ ] PILOT ASSEMBLY
  - [ ] FLAME ADJUSTMENT
  - [ ] PRIMARY RELAY & FLUE
  - [ ] FAN & LIMIT SWITCH OPER.
  - [ ] BLOWER ASSEMBLY
  - [ ] RV VALVE
  - [ ] STRIP HEAT
  - [ ] DEFROST CYCLE
- [ ] ELECTRICAL COMP'TS.
  - [ ] RELAYS [ ] CONTACTORS
  - [ ] OVERLOAD [ ] PRESS. SWITCH
- [ ] THERMOSTAT
  - [ ] O.K. [ ] REPLACE
  - [ ] RELOCATE

DESCRIPTION OF WORK PERFORMED

Checked Exhaust Vents in Problem Rooms Per maintenance. Checked Exhaust Fan Duct work in Attic found leaky also of A/C Square Exhaust Due routine Checked all exhaust Fans on Roof for Area. all are working.

RECOMMENDATIONS

Sealing up all Exhaust Duct work Also Sealing Exhaust Fans on roof ~~as Roof~~

TERMS: THIS WORK IS TO BE [ ] C.O.D. [ ] CHARGE [ ] NO CHARGE

[ ] CASH [ ] CHECK# _____ [ ] CREDIT CARD

CC# _____ EXP. _____

CC Billing Information _____

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, Seller can remove said equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller

CUSTOMER SIGNATURE _____ DATE _____

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.
Invoice amount is due within 30 days. If not paid in full, 1.5% interest will be added monthly until fully paid.

Thank You

TOTAL SUMMARY		
TOTAL MATERIALS		
TOTAL LABOR	208	50
SUBTOTAL		
7.5% SALES TAX	15.	64
TOTAL	224.	14