STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032133	A. BUILDING: **01** B. WING _____	**09/20/2023**

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THE ADDISON OF DURHAM	**4713 GARRETT ROAD DURHAM, NC 27707**

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on September 20, 2023. This facility was on October 23, 2012 and is currently licensed for 96 Beds with a 36 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2009 Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited and a Plan of Correction is required.	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;	C 101		

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Release switches shall be located and properly identified at each nurses station serving the locked unit. Findings on September 20, 2023: a. The release switch for the electromagnetic doors in the SCU Nurses' Station is not properly identified.	C 101		
C 154	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Observations revealed that the facility has residents known to be disoriented or a wanderer which requires that each exit door accessible by	C 154		

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C 154	Continued From page 2 residents to be equipped with a sounding device that is activated when the door is opened. Findings on September 20, 2023: a. SCU - the alarms on the doors are no longer active.	C 154		
C 160	Outside Premises-Clean, Safe 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. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on September 20, 2023: a. The access gate on the roof outside of the kitchen is damaged. The spindles are not attached to the lower rail and the gate is not closing. b. There is a small section of exterior trim outside of the main electrical room that the paint has flaked off leaving the wood exposed. c. There is a 4" x 12" hole in the exterior soffit as well as some damage to the fascia trim outside the SCU Activities areas. d. SCU Courtyard - the magnetic lock on the gate did not re-engage after testing the central release switch leaving the area unsecured. Note: access to the courtyard was secured until the issue could be resolved.	C 160		

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C 164	Housekeeping and Furnishings-Clean, Repaired 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; (2) 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: 1. Observations revealed that the ceilings were not kept clean and in good repair. Findings on September 20, 2023: a. Room A6 Bath - the ceiling was spotted with light gray mildew spots. b. SCU Spa - there is a hairline crack in the ceiling running the length of the right side wall.	C 164		
C 189	Building Equipment Maintained Safe, Operating 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: 1. Observations revealed that the electrical	C 189		

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C 189	Continued From page 4 equipment was not maintained in a safe and operating condition. Findings on September 20, 2023: a. Front Porch - the outlet to the right of the door was missing its protective cover. b. The protective cover for the exterior outlet outside of the main electrical room was broken off. 2. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin. Findings on September 20, 2023: a. Activity Storage - the escutcheon ring is missing on the sprinkler head leaving a gap in the fire resistant rated ceiling. b. A Hall Soiled Utility - the ceiling around the attic access panel was damaged and there were a couple of small holes in the ceiling from the damage. c. B Hall, Building Systems - there are two unsealed cable bundles at the front wall. d. Room C18 - the escutcheon ring on the sprinkler head at the door has dropped leaving a gap in the fire resistant rated ceiling. e. E Hall - the escutcheon ring is missing on the sprinkler head outside of Attic Access. f. Room F1 - the closet sprinkler head is missing its escutcheon ring. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be effected if the signs indicating exit paths could not be seen in the	C 189		

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C 189	Continued From page 5 event of an emergency evacuation. Findings on September 20, 2023: a. The exit sign at Room A11 did not illuminate on test. 4. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on September 30, 2023: a. Outside Electrical Room - the emergency light did not illuminate on test. 5. Based on observation there is a failure to install and maintain plumbing piping in a safe configuration. Failure to maintain or install plumbing piping with a minimum 2" air gap could effect all occupants of the facility if the domestic water supply became contaminated. Findings on September 20, 2023: a. Kitchen - the icemaker drain line was level to the floor drain. 6. 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 exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on September 20, 2023: a. Staff Lounge - the door did not latch when closed. b. Room B3 - the door was tight in the frame and required excessive force to open.	C 189		

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C 189	Continued From page 6 c. Laundry - the door between Clean Linen and Laundry was held open with a wedge causing the hinge to loosen and the door did not automatically close and latch when released. d. Room C7 - the door did not latch when closed. 7. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes or gaps through the door. Findings on September 20, 2023: a. C Hall, Storage by Office - there are 1/4" holes through the door above and below the door hardware. 8. Based on observation all electrical equipment was not maintained operating. Findings on September 20, 2023 a. The screamer box for the override switch at Stair 3 (B Hall) did not alarm when opened.	C 189		