

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 02/01/2024
NAME OF PROVIDER OR SUPPLIER DURHAM RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3420 WAKE FOREST HWY DURHAM, NC 27703		
(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 February 1, 2024. 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. Based on observation and interviews with Staff, the facility failed to meet the Code requirements in effect at the time of construction or alterations by not having all the components required and procedures to comply and properly operate doors equipped with Special Locking. This could affect all occupants who need to evacuate through the door(s).	{C 101}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 02/01/2024
NAME OF PROVIDER OR SUPPLIER DURHAM RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3420 WAKE FOREST HWY DURHAM, NC 27703		
(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 101}	Continued From page 1 Findings on February 1, 2024: c. Exterior Main Dining - the local keyed on/off emergency release switch does not work. The key did not turn to release the gate when tested.	{C 101}		
{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: 2. Based on observation, the building ceilings are not kept clean and in good repair. Findings on February 1, 2024: a. Main Hall, Exterior Electrical Room - part of the gypsum ceiling is stained with a mold growth. At the time of the follow up, there was a large crack in the ceiling with mildew spots around the opening. Interview with staff revealed that the roof leaks were causing the problems and the roof has been replaced. They will repair the ceiling again.	{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,	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 02/01/2024
NAME OF PROVIDER OR SUPPLIER DURHAM RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3420 WAKE FOREST HWY DURHAM, NC 27703		
(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 189}	Continued From page 2 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: 4. Based on observations, the Building fire safety is not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in room of origin. Findings on February 1, 2024: f. Main Hall, Exterior Electrical Room - the joint compound and the joint tape are separating from the gypsum ceiling leaving several openings not firestopped. At the time of the follow up survey, there was evidence that the ceiling was patched and painted, but the patch has not held due to ongoing issues with the roof. Interview with staff revealed that the roof was replaced. 5. Based on observations, the call system is not maintained in a safe and operating condition. This could delay assistance arriving for a call request. Findings on February 1, 2024: a. 100 Hall, Bedroom 120 - staff do not receive notification when the call system's pull station is activated. At the time of the follow up survey, the room did not have the call button chords to be able to test the system. 9. Based on Observation, the facility plumbing system is not maintained in a safe and operating condition. Findings on February 1, 2024:	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL032091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 02/01/2024
NAME OF PROVIDER OR SUPPLIER DURHAM RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3420 WAKE FOREST HWY DURHAM, NC 27703		
(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 189}	Continued From page 3 d. 400 Hall, Spa near Bedroom 408 - the commode is not secure to the floor.	{C 189}		
{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 does not provide working exhaust ventilation in required spaces. Findings on February 1, 2024: a. 200 Hall, Tub Room - the exhaust ventilation system is not working. b. 200 Hall, Admin Office - the exhaust ventilation system is not working	{C 199}		