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 _____	R **03/15/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ADDISON OF DURHAM	**4713 GARRETT ROAD DURHAM, NC 27707**

(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 Ed Miller conducted on March 15, 2024. There were deficiencies not completed from the Biennial Survey and a new deficiency was cited that requires a new Plan of Correction.	{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 and interview with Executive Director and Maintenance Director revealed that the facility does not meet code requirements in effect at the time of construction, or alteration. Release switches shall be located and properly identified at each nurses station serving the locked unit.	{C 101}		

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{C 101}	Continued From page 1 Findings on March 15, 2024: a. Per staff, the release switch for the electromagnetic doors in the SCU Nurses' Station was labeled. The facility has been painted recently and the painter had removed label.	{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 and interview with Executive Director and Maintenance Director, revealed that the facility has residents known to be disoriented or a wanderer which requires that each exit door accessible by residents to be equipped with a sounding device that is activated when the door is opened. Findings on March 15, 2024: a. SCU - the alarms on the doors are no longer active. Staff indicated the new alarms are on order.	{C 154}		

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{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: 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 March 15, 2024: 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 was one unsealed cable bundle at the front wall. e. E Hall - the escutcheon ring is missing on the sprinkler head outside of Attic Access near Bedroom E4 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the	{C 189}		

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{C 189}	Continued From page 3 event of an emergency evacuation. Findings on March 15, 2024: a. The exit sign at Room A11 was replaced, but the new unit did not illuminate on test. 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. New Finding on March 15, 2024: ee. Room B3 - the door frame was missing its strike plate. 7. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. To resist the passage of smoke, resident room doors must not have holes or gaps through the door. Findings on March 15, 2024: a. C Hall, Storage by Office - there were 1/4" holes through the door above and below the door hardware.	{C 189}		