Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: 01 B. WING _____	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	3420 WAKE FOREST HWY DURHAM, NC 27703

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C 000	Initial Comments Report of a Construction Section Biennial Survey by Suzanna Fay conducted on May 7, 2025. Records indicate this facility was first licensed on February 14, 1991. The facility is currently licensed for 144 Special Care Beds. Therefore, the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1991 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure and applicable portions of the 1991 Edition of the North Carolina Building Code, Institutional Occupancy. Deficiencies were cited that require a 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;	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 the requirements of NFPA 72. All doors that are required to be unlocked by the fire alarm system shall remain unlocked until the fire alarm condition is manually reset. Findings on May 7, 2025: a. The maglocks on the exit doors re-engaged when the alarm was placed in silence mode. 2. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking, for any required emergency release switch that is of the locking type, all staff that are responsible for the evacuation of the occupants of the locked unit must carry emergency release switch keys. Findings on May 7, 2025: a. The emergency release switches at the exterior doors and gates are keyed switches. All staff responsible for evacuation of the residents do not carry the release keys on them.	C 101	Contracted vendor contacted for service. Will be completed No later than. 6/21/25 New keys have been ordered through contracted vendor. Employees to be inserviced on importance of keys and the evacuation process involving the keys 6/21/25	6/21/25 6/21/25
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;	C 160		

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C 160	Continued From page 2 This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. The build up of dryer lint on the exterior walls and grounds is unattractive and creates a fire hazard. Findings on May 7, 2025: a. There is a large pile of dryer lint on the ground below the exhaust caps. The lint is collecting on the brick walls as well. 2. Observations revealed that the outside premises are not maintained in a clean and safe condition. Holes in the exterior soffit allow for pests to enter the facility. Findings on May 7, 2025: a. 300 Hall Exit - there is a twelve inch long hole in the exterior soffit porch overhang. Both a wasp nest and a straw nest were observed inside the opening. b. 300 Hall Exit - a section of the exterior soffit at the roof overhang is loose.	C 160	"Lint was Removed from outside premesis and Brick wall 5-2-25	6/21/25
			Outside walk through conducted and any soffits will Be fixed or replaced no later than 6/21/25	6/21/25
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.	C 164		

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C 164	Continued From page 3 This Rule is not met as evidenced by: 1. Observations revealed that the walls, ceilings and floors were not kept clean and in good repair. Findings on May 7, 2025: a. Front Office - the floor tiles at the the bathroom threshold are all broken out leaving the concrete exposed. b. Room 103 - there is a 3" long hole in the corridor wall. c. Room 105 - there is a 2" hole and wall damage behind the door where the door handle has hit. d. Room 105 - the veneer along the top of the door is splitting and breaking off leaving rough, splintered edged exposed. e. Room 120 Bath - there is an excessive amount of dust on the exhaust fan grille. f. Dining - the finishing tape is pulling away from the ceiling in the small, front area of the Dining Room. g. Kitchen - the ceiling finish in front of the freezer is cracked and flaking. h. 200 Hall - the ceiling finish above the lockers is splitting and peeling. i. 200 Hall Spa - the return air vent has a heavy accumulation of dust. j. 200 Hall Spa - there is a section of ceiling over the shower that was not properly patched and finished. The area has a crack running the length of the patch. The ceiling is bowed and has a rough textured patch. k. 200 Hall Spa - the water from the shower is overflowing onto the surrounding floor leaving a large patch of water in front of the hot water heater closet. The standing water is seeping into the wood door and causing the metal frame to rust. l. Room 214 - the cove base at the dresser alcove is falling off the wall.	C 164	a. maintenance Began work on 6/1/25. To Be completed By 6/21/25 B. wall was Repaired By maintenance following Survey 5-1-25 C. D. door to Be sanded so it is no longer dangerous e. Housekeeping thoroughly cleaned exhaust fan 6/3/25 f. finishing tape has Been Replaced g. area was scraped and ceiling Patched for good repair. H. area was scraped and ceiling in good Repair. I. vent was cleaned 5/20/25 J. ceiling patched and in compliance. K. Shower was adjusted By maintenance team and team members inserviced for Prevention	6/21/25

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C 164	Continued From page 4 m. Room 220 - the cove base under the sink has fallen off. n. Staff Lounge - there is a two foot by four foot darkly water stained section of ceiling at the camera by the corridor wall and the finish has been cut away. o. Room 304 - there are four 12" size areas where the popcorn finish has flaked off. p. 300 Hall Exit - two six inch square pieces of the laminate flooring are missing at the exit door. q. There is water damage at the ceiling outside of Room 311. There is a brown water stain where the wall steps back and the finish is flaking and peeling. r. Room 311 Bath - the fan cover is missing and there is an excessive amount of dust on the fan and radiation damper. s. 300 Hall - there are two 1" diameter holes in the wall outside of Room 304. t. Room 401 - there was a brown substance spread over the light switch and adjacent wall. The same brown substance was smeared on the wall above the bed and on the window blinds. u. Room 405 - a section of the cove base was missing near the closet. v. Room 411 - the left wall was scuffed and gouged from where the recliner was hitting the wall. w. Room 408 - the section of cove base under the sink was missing. 2. Observations revealed that the furniture was not clean and in good repair. Findings on May 7, 2025: a. Front Med Room/Nurses Station - one of the drawer fronts on the built in cabinets is broken leaving nails exposed. b. Resident Room Bathrooms - there is a general pattern of shelves over the toilets bowing	C 164	I. Cove Base has been Repaired and in compliance m. Cove Base has been Repaired and in good condition. N. area has been Killzed and repaired O. area was scraped and popcorn added. P. Flooring has been replaced by maintenance. Q. ceiling has been scraped and Repaired - in compliance. R. Fan cover has been replaced and dust removed. S. Wall 300 holes were patched and in compliance. T. Wall was cleaned and substance removed. U. Cove Base Replaced and in compliance V. area was Repaired and again moved to prevent Re-occurrence. W. Cove Base was reinstalled for compliance. a. drawers fixed with no nails exposed. B. a middle support Bar to be added.	6/21/25 6/21/25

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C 164	Continued From page 5 because there is not an intermediate support. c. Staff Bathroom - the hinges on the doors to the vanity cabinet are damaged and the doors are hanging loosely. d. Staff Lounge Bathroom - the hinges on the doors to the vanity cabinet are damaged and the doors are hanging loosely and one of the door knobs is missing. e. Room 305 - there is a brown leather chair that is stained and worn. The seat is worn and splitting. The headrest is stained and cracking as well as the armrests. f. Room 401 - four of the eight drawers in the chest of drawers were broken and missing. g. Room 403 - one of the nightstand drawers was broken. One of the drawers in the left chest of drawers was broken and missing. All of the other drawers in the two chests of drawers appeared to be off track and not closing properly. h. Room 408 - two of the drawers in the left chest of drawers were damaged or missing.	C 164	d. New hinges have been Replaced and door knob replaced. e chair thrown away. f. Dresser to be Replaced By maintenance team. g. Knight stand Replaced, Need dressers to be placed in room h. drawers to be repaired By maintenance	6/21/25
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. Observations revealed that the facility was not maintained free of all obstructions and hazards. Loose or damaged transitions strips create a trip	C 166	1. transition strips inspected and all that were loose were Repaired or replaced	6/21/25

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C 166	Continued From page 6 hazard. Findings on May 7, 2025: a. Room 118 - the rubber transition strip is loose creating a trip hazard. 2. Observations revealed that the facility was not maintained free of all hazards. Findings on May 7, 2025: a. Room 204 - there is a hole in the door frame with rough metal edges that could cut and injure the occupants of the facility.	C 166	a. Transition strip repaired a. 204 door was inspected and repaired to ensure safety	6/21/25
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. 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 gaps or holes through the surface of the door. Findings on May 7, 2025: a. Room 113 - there is a gap in the door around the door hardware.	C 189	a. door fitting (metal) purchased and placed on 113 to prevent hole	6/21/25

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C 189	Continued From page 7 2. Based on observation fire safety equipment has not been inspected to assure it has been maintained in a safe and operable condition. Occupants of the facility could be affected if fire safety equipment in the smoke compartment did not operate when needed to provide fire protection. Findings on May 7, 2025: a. The inspection tags on the fire extinguishers are dated March of 2024 and there is not a record of the in-house extinguisher inspections since January 2025. c. The door handle on the fire extinguisher cabinet outside of Room 102 is broken and the fire extinguisher is not accessible. 3. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition due to sprinkler heads being obstructed could affect occupants in the fire compartment if the sprinkler head could not suppress a fire. Findings on May 7, 2025: a. Room 120 Bath - there is an excessive amount of dust collecting on the sprinkler head. b. Laundry - there is an excessive amount of lint collecting on the sprinkler heads. c. Room 311 Bath - there is an excessive amount of dust collecting on the sprinkler head. 4. 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.	C 189	a. vendor contacted for new tags and in house inspections have proceeded c. door handle was been repaired and extinguisher is accessible. a, B, C : Sprinkler heads to be cleaned in order to be free from clutter and dust	6/21/25 6/21/25 6/21/25

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C 189	Continued From page 8 Findings on May 7, 2025: a. Room 118 - the cover plate for the television cable is broken leaving a hole in the fire resistant rated ceiling. b. Med Room/Nurses Station - the ceiling at the vent is heavily damaged and water stained. There are large cracks in the ceiling at the edge of the vent. c. 200 Hall Spa Hot Water Heater Closet - the flange for the duct penetrating the ceiling has dropped leaving a gap in the fire resistant rated ceiling. d. Staff Bath - one of the screws in the fan grille is out and the grille is not secure leaving a gap in the fire resistant rated ceiling. e. Staff Lounge Bathroom - there is a small hole at the base of the sprinkler head. f. Housekeeping Storage by Clean Linen - one of the screws in the fan grille is out and the grille is not secure leaving a gap in the fire resistant rated ceiling. g. Laundry - there is an unsealed conduit over the commercial dryer. h. 300 Hall Utility Room - there is a 1" diameter hole in the ceiling by the light with a short metal rod hanging down through the opening. i. 300 Hall Spa - there is a small hole at the base of the back sprinkler head. j. Physical Therapy - the escutcheon ring on the back sprinkler head has dropped leaving a gap in the fire resistant rated ceiling. k. 400 Hall Entry - the escutcheon ring on the sprinkler head has dropped. l. Room 403 - there is an unsealed cable penetration. m. 400 Hall Sitting Room - the ceiling around the sprinkler head is damaged and the escutcheon ring has dropped leaving a hole in the fire resistant rated ceiling.	C 189	a. Plate Replaced leaving no gap B. Ceiling has been ruined and Repaired C. flange has been placed back and working properly. d. Screw has been Replaced leaving no gap e. hole has been caulked with fire Resistant caulk f. Screw has been Replaced with no gap. g. contract vendor sealed conduit above dryer. h. hole has been patched and up to code. I. has been caulked using fire caulk J. escutcheon plate was properly Reinstalled leaving no gap K. Plate placed back to normal placement. L. has been sealed with fire caulk M ceiling Repaired and escutcheon adjusted	6/21/25 6/21/25 6/21/25 6/21/25

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C 189	Continued From page 9 5. Based on observation, the electrical equipment is not being maintained in a safe operating condition. Missing or broken cover plates on electrical devices may cause injury to the occupants of the facility if wiring is exposed. Findings on May 7, 2025: a. Corridor outside of Room 110 - there is an open junction box from an old call system above the door. b. Room 213 - the electrical outlet between the beds is missing its cover plate. 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 May 7, 2025: a. Room 218 - the door latch is not extending far enough to engage the latch plate. b. Room 220 - the door hits the frame and does not close and latch. c. Room 309 - the door hits the frame and does not close and latch. d. Room 418 - the latch plate is broken and the veneer is pulling away from the door around the door hardware. 7. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Water closets and hoppers securely mounted to maintain seal prevent water leaks and sewer gas from entering the facility. Findings on May 7, 2025:	C 189	a. junction Box has Been covered B. plate Replaced a-d: all doors have Been inspected and repaired so they properly open and close.	6/21/25 6/21/25

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C 189	Continued From page 10 a. 300 Hall Utility Room - the hopper was not securely mounted. b. Room 305 - moisture is seeping under the flooring around the toilet. 8. Observations revealed that the plumbing equipment was not maintained in a safe and operating manner. Findings on May 7, 2025: a. Room 315 - there is a plastic bag with a brownish liquid tied around the sink pipes. 9. Observations revealed that the electrical equipment was not maintained in a safe and operating manner. Findings on May 7, 2025: a. Room 305 - the light is missing its lens leaving the bulbs and wiring exposed. b. Dining Courtyard - one of the screws on the maglock has rusted out and the magnet swings loose when the gate is opened. 10. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on May 7, 2025: a. The exit/emergency light at the 400 exterior exit door did not illuminate on test. b. 400 Hall Courtyard - the emergency light at the gate is damaged.	C 189	a. hopper has been bolted down and is secured. B. 305 toilet was pulled up and placed back properly to prevent moisture seeping a. Sink was repaired and Bag removed a. light fixture replaced B contracted vendor to provide screws for maglock to ensure works properly A+B: contracted electrician to look at both lights and get them in proper working condition	6/21/25 6/21/25 6/21/25 6/21/25
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT	C 199		

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C 199	Continued From page 11 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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up of humidity that can cause mildew and prevents the dissipation of odors. Findings on May 7, 2025: a. 300 Hall Utility Room - the exhaust fan is not working. b. 400 Hall Spa - the exhaust fan is not working.	C 199	a+B: Contracted vendor to complete work on exhaust fans By 6/21/25	6/21/25