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: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 000	Initial Comments The Adult Care Licensure Section and the Durham County Department of Social Services conducted an annual survey and complaint investigation on June 20, 21, 22 and 25, 26, 2018. The complaint investigation was initiated by the Durham County Department of Social Services on May 17, 2018.	D 000		
D 074	10A NCAC 13F .0306(a)(1) Housekeeping And Furnishings 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; This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain resident rooms #105,#207, #209, #218, #220,#305, #307, #308, #310, #316, and #414, bathrooms, walls, floors, air vents, doors, hand railings, exit door area, and hall entryways clean and in good repair for the 100, 200, 300, and 400 Halls. The findings are: Observation of the bathroom in resident room #105 on 06/20/18 at 10:17am revealed: -There was cracked, chipped, and missing caulking around the base of the commode. -The caulking around the base of the toilet was dark greenish black. Observation of the bathroom in resident room	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 074	Continued From page 1 #220 on 06/20/18 at 9:51am revealed: -All of the tiles were stained brown. -There was no caulking around the base of the commode. -The caulking around the sink had cracked. Observation of the bathroom in resident room #218 on 06/20/18 at 10:00am revealed: -There were multiple tiles stained dark brown around the base of the commode. -There was no caulking around the base of the commode. -The caulking around the sink had cracked. Observation of the bathroom in resident room #207 on 06/20/18 at 10:06am revealed: -There were multiple tiles stained dark brown surrounding the base of the commode. -There was no caulking around the base of the commode. -There was a dark black substance around the entire base of the commode. -The caulking around the sink had cracked. Observation of the bathroom in resident room #209 on 06/20/18 at 10:12am revealed: -There were multiple tiles stained dark brown around the base of the commode. -There was no caulking around the base of the commode. -The caulking around the sink had cracked. Interview with a housekeeper, who worked on the 200 hall, on 06/22/18 at 10:01am revealed: -If he saw something that needed to done on the 200 hall he would write it down and pass it on to a maintenance worker. -He had noticed the stains in the resident's bathrooms and the sinks and commodes that needed to be caulked on the 200 hall.	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 074	Continued From page 2 -He had reported the needs to maintenance; he did not recall which rooms on the 200 hall he reported or when. Interview with a second housekeeper, who worked on the 200 hall, on 06/22/18 at 11:07am revealed: -She had noticed there were commodes and sinks that needed to be caulked on the 200 hall. -She had noticed there were floors that were stained in resident bathrooms on the 200 hall. -She had not told anyone about the stains in resident bathrooms or that there were sinks and commodes that did not have caulking on the 200 hall. Interview with a personal care aide (PCA) on 06/22/18 at 11:12am revealed: -She had noticed the stains in resident bathrooms on the 200 hall and reported it to maintenance. -She had noticed there were sinks and commodes that did not have caulking on the 200 hall and had reported this to maintenance. -She did not recall when she had reported the needs on the 200 hall to maintenance. Interview with the maintenance staff supervisor on 06/22/18 at 11:36am revealed: -He was not aware there were any floors in resident's bathrooms that were stained or commodes and sinks that did not have caulking on the 200 hall. -He would look at the 200 hall today to see what needed to be completed. Observation on 06/20/18 at 9:57am of the shared bathroom for resident rooms #301 and #303 revealed: -The linoleum flooring had yellow-brown stain marks. -The linoleum flooring around the base of the	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 074	Continued From page 3 toilet was coated with yellow-brown stains. -There were black and brown stains coating the cracked grout at the base of the toilet. -There were dark brown splatter marks on the walls at the toilet area. -There was a build-up of brown dirt and dust on the floor at the corners of the room. Observation on 06/20/18 at 10:05am of the shared bathroom for resident rooms #302 and #304 revealed: -The linoleum flooring had yellow-brown stain marks. -The linoleum flooring around the base of the toilet was coated with yellow-brown stains. -There were black and brown stains coating the cracked grout at the base of the toilet. -The floor in front of the toilet was wet. -There was a build-up of brown dirt and dust on the floor at the corners of the room. -The wall vent was covered with gray-brown dust. Observation on 6/20/18 at 10:30am of the shared bathroom for resident rooms #305 and #307 revealed: -There were yellow-brown stain marks on linoleum flooring. -There were dark brown stains on the floor around the base of the toilet. -There were two dark gray puddle shaped stains on the floor between the toilet and the wall. -There was a build-up of orange, brown and black dirt and grime on the floor at the corners, lower walls, and base of the door frame. -The baseboard was coated with a gray dust and specks of a white substance along the bottom edge. -There was a 1 inch strip of linoleum flooring missing along the wall edge; the sub-flooring was coated with gray dust.	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 074	Continued From page 4 Observation on 06/20/18 at 8:50am of the shared bathroom for resident rooms #308 and #310 revealed: -There was a very strong urine odor in the bathroom. -There were yellow and dark brown stains on the linoleum flooring. -There were dark gray and brown water marks on the linoleum flooring around the base of the toilet. -There were gray-green stains on the linoleum flooring at the front of the toilet. -There was a build-up of brown dirt and dust on the floor at the corners of the room. -Paint was missing on the walls beside and behind the toilet. Observation on 06/22/18 at 8:49am of resident room #316 revealed: -The wall baseboard was missing; paint was missing on the wall and there were orange and brown stains on the lower 4 inches of the walls. -There were orange-brown stains on the walls. -There was a coating of gray-brown dust on wall air vent. Observation on 06/22/18 at 8:56am of the 300 Hall Spa bathroom revealed: -There were brown stains between the tiles around the towel rack ends. -There were dark brown and black stains in the grout between the tiles on the floor. -There was a build-up of dark brown dust and dirt in the corners of the room. Interview on 06/22/18 at 8:50am with 6 residents revealed: -Housekeeping cleaned the toilets and mopped the bathroom floors every day. -The stains on the floors have been that way for 5	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 074	Continued From page 5 months. -The bathrooms needed to be cleaned better, remove the stains and dust in the corners. -The bathroom floors needed to be cleaned or replaced, there were stains on the floors. -Housekeeping cleaned the bathrooms every other day. Observation on 6/22/18 at 9:05am of the 300 Hall exit door area revealed: -There was a build-up of dark brown and black dirt and dust on the bottom edge of the baseboard and on the floor. -The baseboard was separating from the wall; the wall was cracked above the top edges of the baseboard. -There were black and dark gray stains and dirt build-up on the exit door threshold and linoleum flooring. Observation on 06/22/18 at 9:10am of the 300 hallway revealed: -There were horizontal scrapes and dark brown stains on the lower 2 feet of 8 resident room doors; there was a build-up of dirt and dust around the base of the door frames. -There were scrape marks and missing paint on the sides of the upper hand railings and lower railings in the hallway. Observation on 06/22/18 at 9:20am of the 300 Hall double door entryway revealed: -There was a heavy coating of black stains and dust on the linoleum tiles on both sides of the entryway threshold. -There was a heavy build-up of dirt and dust at the base of the door frames. -There were yellow-brown stains on the linoleum flooring in the hallway.	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 074	Continued From page 6 Interview on 06/22/18 at 10:25am with Housekeeping staff on 300 Hall revealed: -The staff worked 1st shift on 300 Hall and was a "floater" to other halls as needed. -There were 4 Housekeeping staff to clean the 4 resident halls, do resident laundry, and clean offices. -The sinks and toilets were cleaned and the floors mopped every day; a professional cleaning product was used for cleaning. -The staff had a scrub brush used to clean corner,s every other day, to be sure there was no build-up of dirt or dust. Interview on 6/22/18 at 10:32am with the Assistant Administrator/Business Manager while on tour of the 300 Hall revealed: -The facility had 7 Housekeeping staff that worked 7 days a week on 1st shift. -The staff cleaned the resident rooms and bathrooms and the common areas. -He made rounds of the facility daily to check on Housekeeping staff's progress. Observation of the 400 hall (separate locked unit) on 06/20/18 between 11:15am and 11:45am revealed: -The living room on 06/20/18 at 11:15am revealed a 12 inch X 4 inch scrape off paint on the wall under the blind and above the baseboard. -There was a missing floor strip at the first entrance door of the television room on 06/20/18 at 11:20am -There was a rusty floor drain near room 414 and broke off ½ inch to 1 inch pieces of title around the drain on 06/20/18 at 10:25am -There was scraped off paint on the handrails on 06/20/18 at 11:35am.	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 074	Continued From page 7 Interview with a maintenance staff on 06/21/18 at 11:00am revealed: -He was aware the handrails on the 400 hall had scraped off paint. -He was not aware that the floor strip at the first entrance door of the television room was missing. -He was aware the rusty floor drain near room 414 had broken tile around the drain. -He was not aware of the scraped off paint on the wall under the blinds and above the baseboard. -He had been off for 3 weeks, but he normally painted every day. Interview with a personal care aide (PCA) on 6/22/18 at 9:45am revealed: -She had noticed the scraped off paint on the handrails on the 400 hall. -If she saw something that needed to be repaired, she would verbally report it to the maintenance staff. Interview with a second PCA on 06/22/18 at 12:30pm revealed: -She was aware the hand railings on the 400 hall needed to be painted. -If she found something in need of repair, she would verbally report to maintenance staff or write information on the maintenance form. -She would put a copy of the form under the Administrator and maintenance staff door. Interview with the Assistant Administrator /Business Manager on 06/22/18 at 3:30pm revealed he referred all questions related to maintenance repairs on the 400 hall to the maintenance staff supervisor. Interview with the maintenance staff supervisor on 06/22/18 at 4:00 p.m. revealed: -He was aware the handrails on the 400 hall had	D 074		

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: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 074	Continued From page 8 scraped off paint. -The handrails were painted every other month. -He did not say the last time the handrails had been painted. -He was not aware the floor strip at the first entrance door of the television room was missing. -He was aware the rusty floor drain near room 414 had broken tile around the drain. -He was not aware of the scraped off paint on the wall under the blinds and above the baseboard in the living room. -He normally made rounds every day. -A log of the repairs or needed repairs were not kept. -He would report the needed repairs on the 400 hall to the AA/BM on 06/22/18. Interview with the same maintenance staff on 06/22/18 at 9:00am revealed: -He made rounds at the facility every day and made a list of things that needed to be repaired. -He reported the needed repairs to the maintenance supervisor daily. -Staff wrote down or verbally reported needed repairs to him or the maintenance staff supervisor. -He did not keep a log of the needed repairs or repairs made at the facility. Interview with the maintenance staff supervisor on 06/22/18 at 11:36am revealed: -Anyone on staff could report maintenance needs. -When housekeeping had cleaned a resident's room he expected them to let him know if stains could not be removed. -He expected the housekeepers to let him know of anything that needed to be repaired. -He did not have any outstanding work orders at this time.	D 074		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 074	Continued From page 9 Interview with the Assistant Administrator/Business Manager on 06/22/18 at 12:40pm revealed: -All department heads made round daily. -Over the course of a week, they would go into every resident room. -Caulking around commodes and sinks was an ongoing need that maintenance was continuously working on. -Stained floors were being addressed by the maintenance department, they finished the 300 hall Wednesday afternoon (06/20/18) and would continue to address the needs on other halls.	D 074		
D 079	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings 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; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations and interviews, the facility failed to assure residents' sink vanity tops were free of hazards as evidenced by sharp edges and exposed wood on 10 out of 12 sink vanity tops on the 400 hall (separate locked unit).	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 079	Continued From page 10 The findings are: Observation during the facility tour on 06/20/18 between 10:00am and 11:15am revealed 10 out of 12 sink vanity tops had sharp edges and exposed wood. Observation of resident room 401 on 06/20/18 at 10:00am revealed the sink vanity top had a 2 inch X .25 inch sharp edge and exposed wood on the front side edge near the bathroom door opening. Observation of resident room 403 on 06/20/18 at 10:08am revealed the sink vanity top had a 2 inch X 2 inch sharp edge and exposed wood on the front side edge near the bathroom door opening. Observation of resident room 405 on 06/20/18 at 10:15am the sink vanity top had a 2 inch X 2 inch sharp edge and exposed wood on the front side edge near the bathroom door opening. Observation of resident room 407 on 06/20/18 at 10:22 am revealed the sink vanity top had a 2 inch X .50 inch sharp edge and exposed wood on the front side edge near the bathroom door opening Observation of resident room 409 on 06/20/18 at 10:30 a.m. revealed the sink vanity top had a 2 inch X .50 inch sharp edge and exposed wood on the front side edge near the bathroom door opening. Observation of resident room 410 on 06/20/18 at 10:37am revealed the sink vanity top had a 2 inch X 2 inch sharp edge and exposed wood on the front side edge near the bathroom door opening. . Observation of resident room 411 on 06/20/18 at	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 079	Continued From page 11 10:43am revealed the sink vanity top had a 2 inch X 2.5 inch sharp edge and exposed wood on the front side edge near the bathroom door opening Observation of resident room 412 on 06/20/18 at 10:50am revealed the sink vanity top had a 2 inch X .25 inch sharp edge and exposed wood on the front side edge near the bathroom door opening Observation of resident room 414 on 6/20/18 at 11:00am revealed the sink vanity top had a 2 inch X .125 inch sharp edges and exposed wood on the front side edge near the bathroom door opening. Observation of resident room 420 on 06/20/18 at 11:10 am revealed the sink vanity top had a 2 inch X .333 inch sharp edge and exposed wood on the front side edge near the bathroom door opening. Attempted interview with a resident on 06/20/18 at 10:30am was unsuccessful Attempted interview with a second resident on 06/25/18 at 2:45pm was unsuccessful. Interview with a maintenance staff on 06/21/18 at 11:00am revealed: -He was aware the sink vanity tops on the 400 hall had broken areas and exposed wood. -He had noticed it about 2 weeks ago, and facility was in the process of fixing the damage vanity tops. -The broken areas on the vanity tops and the exposed wood could be a hazard. -The damage to the vanity tops had been caused by the bathroom door hitting the vanity top. Interview with the same maintenance staff on	D 079		

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: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 079	Continued From page 12 06/22/18 at 9:00 am revealed: -He made rounds at the facility every day and made a list of things that needed to be repaired. -He reported the needed repairs to the maintenance supervisor daily. -Staff wrote down or verbally reported needed repairs at the facility. -He did not write down needed repairs in a maintenance book. Interview with a personal care aide (PCA) on 06/22/18 at 9:45am revealed if she saw something that needed to be repaired, she would verbally report it to the maintenance staff. Interview with a second PCA on 06/22/18 at 12:30pm revealed: -If she found something in need of repair, she would verbally report to maintenance staff or write information on the maintenance form. -She would put a copy of the form under the Administrator and maintenance staff door. Interview with the Assistant Administrator (AA)/Business Manager (BM) on 6/22/18 at 3:30pm revealed: -He referred all questions related to maintenance repairs on the 400 hall to the maintenance staff supervisor. -He was not aware of the broken and exposed wood on the sink counter tops on the 400 hall. Interview with the maintenance staff supervisor on 06/22/18 at 4:00pm revealed: -He was aware some of the sink vanity tops needed repairs, but he had no idea all the sink vanity tops were in need of repair except two sink vanity tops. -The sharp edges and wood splinters could be filed off, and this process would be completed on	D 079		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	C 06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 079	Continued From page 13 06/25/18. -The damage to the sink vanity tops had been caused by the bathroom door hitting the vanity tops. -He normally made rounds every day. -A log of the needed repairs were not kept. -He would report the needed repairs on the 400 hall to the AA/BM on 06/22/18. The failure of the facility to protect confused and disoriented residents from potential injury from sharp edges and exposed wood on 10 out of 12 sink vanity tops on the 400 hall (separate locked unit) was detrimental to the safety of the residents and constitutes a Type B Violation The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/25/18 with this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 10, 2018	D 079		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms. This Rule is not met as evidenced by: TYPE A2 VIOLATION	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 270	Continued From page 14 Based on observations, interviews and record reviews, the facility failed to provide supervision in the 400 hall (a separate locked unit) television room for residents who were confused and disoriented and were at high risk for falls; 2 of 4 sampled residents on the 400 hall, who were at high risk for falls, had multiple unwitnessed falls in the television room between 01/03/18 and 06/05/18 . The falls resulted in multiple bruises, lacerations and open fracture to the nasal bone (#10), contusion (#11) and emergency department (ED) visits (#10, #11). The findings are: Observation of the 400 hall (separate locked unit) television room on 06/21/18 from 7:44am-8:16am revealed: -There were seven residents sitting in the television room; four residents were seated in wheelchairs, three residents were seated in chairs, and one had a walker. -There was no staff present in the television room. -One of the residents seated in the television room was observed rolling his wheelchair into other residents; one resident became frustrated, and pushed the wheelchair away and hollered "stop." -At 7:54am, two personal care aides (PCAs) were observed walking a resident to the dining room; they did not look into or enter the television room. -At 7:58am, the television room was still unsupervised. -At 8:01am, a PCA came into the television room, took an empty wheelchair that was sitting right inside the doorway and left; the entire room could not be seen from the doorway where the wheelchair was sitting. -At 8:06am, there were several residents leaving	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 270	Continued From page 15 the television room on their own to go to breakfast. -At 8:13am, there were three residents sitting in wheelchairs and one resident sitting in a chair unsupervised in the television room. -At 8:16am, staff entered the television room and began taking residents to the dining room. -Residents were unsupervised in the television room for 32 minutes. Observation of the television room on 06/21/18 from 11:58am-12:38pm revealed: -A PCA left the television room unsupervised at 11:58am. -There were fourteen residents, with diagnoses of dementia, in the television room without supervision. -At 12:02pm, a PCA started taking residents from the television room to the dining room. -At 12:04pm, there were two residents in wheelchairs in the television room without supervision. -At 12:08pm, a PCA went into the television room and brought one of two residents in wheelchairs to the dining room. -At 12:08pm, there was one resident in a wheelchair in the television room without supervision. -At 12:19pm, a PCA went to the television room and brought the resident to the dining room for lunch. -The resident had been unsupervised for 11 minutes in the television room. -At 12:20pm, three residents in wheelchairs were in the television room without supervision. -At 12:34pm, a PCA took a resident into the television room in a wheelchair and left the room. -At 12:35pm, a PCA went into the television room. -At 12:38pm, the medication aide (MA) told the PCA to monitor the television room and hallway at	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 270	Continued From page 16 all times. -Residents were unsupervised in the television room for 15 additional minutes. Observation of the 400 hall (separate locked unit) television room on 06/22/18 from 7:50am-8:15am revealed: -There were four residents sitting in the television room unsupervised, one resident in a wheelchair, one resident with a walker and two ambulatory residents. -At 8:02am, there was one resident observed sitting in a wheelchair and one resident sitting in a chair. -At 8:08am, the resident in the wheelchair, stood up and walked into the hall. -At 8:15am, staff began taking the residents from the television room into the dining room. -Residents were left unsupervised in the television room for 25 minutes. Observation of the dining room on 06/26/18 from 8:36am-8:41am revealed: -There were four staff in the dining room. -There was one resident in a wheelchair in the television room with no staff present. -At 8:41am, a PCA took a resident from the dining room into the television room and stayed with both residents. -The resident in the wheelchair was unsupervised in the television room for 5 minutes. 1. Review of Resident #10's current FL-2 dated 06/21/18 revealed: -Diagnoses included advanced dementia and peptic ulcer. -Resident #10 was constantly disoriented, semi-ambulatory with a wheelchair, incontinent of bowel and bladder.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 270	Continued From page 17 Review of Resident #10's current Care Plan dated 10/11/17 revealed: -Resident #10 wandered, was verbally and physically abusive, resisted care and had disruptive behavior. -Resident #10 was injurious to self, others and property. -Resident #10 liked one on one interaction. -Resident #10 was incontinent of bowel and bladder and was dependent for his activities of daily living (ADLS). Review of a Licensed Health Professional Support (LHPS) evaluation for Resident #10 dated 04/02/18 revealed task of cleaning wound secondary to fall and applying dressing. Review of Resident #10's Accident/Incident reports revealed: -Resident #10 had 11 falls between 1/12/18 and 05/20/18. -Six of 11 were unwitnessed falls. -Four of the unwitnessed falls were in the television room. -Resident #10 had 4 additional falls/altercations that the location was not documented. Review of Incident/Accident report for Resident #10 dated 01/12/18 at 4:00pm revealed: -Resident #10 sat on a walker and fell over. -Resident #10 complained of pain in his finger. -The resident was not sent to the ED. -The location of the fall was not documented on the incident report. Review of Incident/Accident report for Resident #10 dated 01/18/18 at 7:00pm revealed: -Resident #10 was in an altercation with another resident. -Resident #10 had a bruise on his left knee.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 270	Continued From page 18 -The resident was not sent to the ED. -The location of the altercation was not documented on the incident report. Interview with MA on 06/25/18 at 3:04pm revealed: -Resident #10 had an altercation with another resident and was pushed hard and lost his balance and fell. -They separated the two residents involved. Review of Incident/Accident report for Resident #10 dated 01/21/18 at 6:00pm revealed: -Resident #10 fell backwards on the floor. -Resident #10 had a small gash on the back of his head. -Resident #10 was sent to the ED. -The location of the incident/accident was not documented on the incident report. Review of the hospital discharge summary for Resident #10 dated 01/21/18 revealed: -Resident #10 was seen for a fall and diagnosed with closed head injury. -Resident #10 had staples placed and returned to the facility. Review of the hospital discharge summary for Resident #10 dated 01/26/18 revealed: -Resident #10 was admitted on 01/26/18 and discharged on 01/28/18 secondary to a fall and head laceration. -Resident #10 was diagnosed with a closed head injury. -Resident #10 was referred to hospice care due to his overall decline and returned to the facility. Review of Resident #10's progress notes and Incident/Accident Reports revealed no documentation of an Incident/Accident dated	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 270	Continued From page 19 01/26/18. Review of Incident/Accident report for Resident #10 dated 02/03/18 at 5:15pm revealed: -A personal care aide (PCA) heard a loud noise; Resident #10 had fallen in the television room. -Resident #10 had a small skin tear on his left elbow. -There was no staff who witnessed the incident/accident. Review of Incident/Accident report for Resident #10 dated 03/05/18 at 10:30am revealed: -Resident #10 was observed sitting on the floor in the television room bleeding from his left temple and left elbow. -There was no staff who witnessed the incident/accident. Review of Incident/Accident report for Resident #10 dated 03/06/18 at 12:04pm revealed: -Resident #10 was observed lying face down in the television room. -Resident #10 had a laceration to the bridge of his nose. -There was no staff who witnessed the incident/accident. Review of Incident/Accident report for Resident #10 dated 03/22/18 at 5:15pm revealed: -Resident #10 tripped over another resident's wheelchair pedal and fell, hitting his face on the floor in the television room. -Resident #10's nose was busted, and he had two teeth loose and one tooth knocked out. -Resident #10 was sent to the ED. -There was no staff who witnessed the incident/accident. Review of the hospital discharge summary for	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 270	Continued From page 20 Resident #10 dated 03/22/18 revealed: -Resident #10 was seen for a fall. -Resident #10 had facial lacerations and an open fracture of the nasal bone. -Resident #10 was treated and returned to the facility. Interview with a PCA on 06/25/18 at 4:05pm revealed Resident #10 was rambling when he tripped on the leg of another resident's w/c. Interview with a MA on 06/25/18 at 3:04pm revealed resident #10 tripped over another resident's wheelchair leg and fractured his nose. Review of Incident/Accident report for Resident #10 dated 05/28/18 at 2:30pm revealed: -Resident #10 bumped into another resident's wheelchair; the other resident punched Resident #10 in the face. -Resident #10 had redness to the right eyebrow. -Action taken was to separate the residents and applied cold compress to Resident #10's right eye. -The location of the altercation was not documented on the incident report. Interview with a PCA on 06/22/18 at 2:27pm revealed Resident #10 should not be left alone in the television room because he was at risk for falls. Telephone interview with Resident #10's family member on 06/25/18 at 4:45pm revealed: -He received calls from the facility related to Resident #10's falls and altercations with other residents. -He felt Resident #10 required constant supervision, but knew the facility "could not provide that twenty-four seven"; "they have	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 270	Continued From page 21 someone with him as much as they can." Interview with the Nurse Practicioner (NP) on 06/26/18 at 9:08am revealed: -She was aware Resident #10 had multiple falls. -Resident #10 had behavior problems that contributed to his falls. -Resident #10 required constant supervision. Interview with a MA on 06/26/18 4:30pm revealed: -They checked on Resident #10 every 35-40 minutes, because he was high risk for falls. -Resident #10 required a lot of redirection. Attempted interviews with the hospice nurse on 06/25/18 at 11:16am and 12:28pm were unsuccessful. Attempted interview with the mental health provider on 06/25/18 at 11:18am was unsuccessful. Refer to interview with a PCA, who worked on the 400 hall, on 06/22/18 at 9:18am. Refer to interview with a MA, who worked on the 400 hall, on 06/22/18 at 9:41am. Refer to interview with a second PCA, who worked on the 400 hall, on 06/22/18 at 2:27pm. Based on observations, interviews and record reviews, Resident #10 was not interviewable. Refer to interview with the RCC on 06/26/18 at 2:50pm. Refer to interview with the Assistant Administrator/Business Manager on 6/26/18 at	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 270	Continued From page 22 3:14pm and 4:45pm. 2. Review of Resident #11's current FL-2 dated 4/18/18 revealed: -Diagnoses included Alzheimer's Dementia, anemia, hypertension (HTN) and osteoarthritis (OA). -Resident #11 was constantly disoriented. -Resident #11 was non-ambulatory. Review of Resident #11's current Care Plan dated 06/26/17 revealed: -Resident #11 was ambulatory with the aid of a wheelchair. -Resident #11 was sometimes disoriented, -Resident #11 was forgetful and needed reminders. Review of the Incident/Accident Report for Resident #11 dated 03/06/18 at 6:30 p.m. revealed: -Resident #11 was found lying on her right side on the floor in the television room. -Resident #11 had a large knot on her head, and she was sent to the emergency room. Review of the record for Resident #11 revealed there was no documentation of interventions in the progress notes for the 03/06/18 incident. Review of the Incident/Accident Report for Resident #11 dated 05/03/18 at 9:30am revealed: -Resident #11 was found lying on her back on the floor in the television room. -No injuries were found. Review of the record for Resident #11 revealed there was no documentation of interventions in the progress notes for the 05/03/18 incident. Review of the Incident/Accident Report for	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 270	Continued From page 23 Resident #11 dated 06/05/18 at 12:20pm revealed: -Resident #11 fell out of the chair in the television room. -No injuries were found. Review of the record for Resident #11 revealed there was no documentation of interventions in the progress notes for the 06/05/18 incident. Observation on 06/25/18 at 2:30pm in room 408 revealed a fall mat was lying beside Resident #11's bed, and the resident was resting in the bed. Based on observations, interviews and record reviews, it was determined Resident #11 was not interviewable. Interview with the Nurse Practitioner (NP) on 06/26/18 at 2:50 p.m. revealed: -Resident #11 was unsteady on her feet. -She knew that Resident #11 had a floor mat placed on the floor when she was in the bed. -The NP did not think that it was appropriate for her to say how often Resident #11 should be monitored. -Resident #11 was a high fall risk, and she required increased supervision for falls. Interview with the personal care aide (PCA) on 06/25/18 at 3:05pm revealed: -Resident #11 had a lot of falls because her legs were weak. -Resident #11 would try to stand up and walk by herself. -She had not witnessed Resident #11 fall or observed the resident on the floor from a fall. -One PCA was assigned to monitor the television room, another PCA was assigned to monitor the	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 270	Continued From page 24 hallway and the other PCA was assigned to do personal care. -A fall mat was placed beside Resident #11's bed at night or during naptime. Interview with the second PCA on 06/25/18 at 3:00pm revealed: -Resident #11 was a high fall risk, and she required increased supervision for falls. -Resident #11 stayed in the television room most of the time. -The television room was always monitored by a PCA or MA. -A fall mat was placed beside Resident #11's bed at night or during naptime. -The hallway was monitored by staff at all times. Interview with a third PCA on 06/25/18 at 3:30pm revealed: -Resident #11 was a high risk for falls. -Resident #11 was not able to stand up by herself, but she would forget and try to stand up without assistance. -There was always one staff in the television room, and another staff was always monitoring the hallway. -A fall mat was placed beside Resident #11's bed at night or during naptime. Interview with a medication aide (MA) on 06/25/18 at 3:45pm revealed: -Resident #11 was a high risk for falls because she has been known to get out of the chair and standup without assistance. -Resident #11 required staff assistance to transfer from wheelchair to regular chair. -A staff person was always assigned to the television room, and a staff person was always assigned to the hallway. -The MA was responsible for making sure a staff	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 270	Continued From page 25 person was in the television room at all times. Attempted interview with Resident #11's family member on 06/26/18 at 3:05pm was unsuccessful. Interview with the Resident Care Coordinator (RCC) on 06/26/18 at 2:50pm revealed: -Resident #11 was a high fall risk and required increase supervision for falls. -Her expectations were that Resident #11 should have continuously supervision in the television room, during meal times and personal care needs. -A staff member should be assigned to monitor the hallways and the television room at all times. -A fall mat was placed on the floor beside Resident #11's bed when she was in bed. -The RCC did not know the exact date that the fall mat was used at the facility. Refer to interview with the PCA on 06/22/18 at 9:18am. Refer to interview with the MA on 06/22/18 at 9:41am. Refer to interview with the second PCA on 06/22/18 at 2:27pm. Refer to interview with the Assistant Administrator /Business Manager on 06/26/18 at 4:45pm. Refer to interview with the Resident Care Coordinator (RCC) on 06/26/18 at 2:50pm. Interview with a PCA, who worked on the 400 hall, on 06/22/18 at 9:18am revealed: -They had a lot of falls on the 400 hall. -They were not supposed to leave the television	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 270	Continued From page 26 room unsupervised because someone might fall. Interview with a MA, who worked on the 400 hall, on 06/22/18 at 9:41am revealed: -They try to keep the residents at risk for falls together. -They did a walk through continuously from the television room to the hall. -There should be someone's eyes on the television room at all times. Interview with a second PCA, who worked on the 400 hall, on 06/22/18 at 2:27pm revealed: -There had been several incidents in the television room. -There were certain residents you had to make sure were separated, "one on one side of the room and another on the other side." -Once residents were up and dressed, they took them to the television room, so they could watch them easier. -They were not assigned areas to "watch" but, the PCA knew someone was supposed to be in the television room, hallway and in the dining room with the residents. -If a resident was high risk for falls, she made sure she was wherever they were. -There had been times that residents were left unsupervised in the television room at meal times, not more than 10 minutes, but more like 5 minutes when they were moving residents in and out of the dining room. Interview with the RCC on 06/26/18 at 2:50 pm revealed: -She was responsible for making the assignment sheets for the 400 hall, and a staff person was assigned to the living room. -The MA was responsible for making sure the PCA supervised the television room at all times.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 270	Continued From page 27 -Her expectations were that all residents be monitored in the television room, in the hallways, during mealtimes and personal care needs. Interview with the Assistant Administrator/Business Manager on 026/18 at 4:45 p.m. revealed: -The RCC was responsible was responsible for making the assignment sheets for the 400 hall. -No residents should be left unsupervised in the television room, and a staff person was assigned to the television room. -The hallway of the 400 hall should be supervised at all times. -All residents on the 400 hall should be supervised during meal times and personal care needs. The facility's failure to supervise confused and disoriented residents (#10, #11) in the television room on the 400 hall who were high risk for falls, resulted in multiple bruises, lacerations (#10), contusion (#11) open fracture to the nasal bone (#10) and emergency department (ED) visits (#10, #11) which resulted in a substantial risk of serious injury to Resident #10 and #11 and constitutes a Type A2 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/26/18 with this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JULY 26, 2018.	D 270		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 276	Continued From page 28 (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to notify the Nurse Practitioner (NP) for 1 of 7 sampled residents (Resident #5) with an order to contact the NP if systolic blood pressure was greater than 150 or less than 100 or if diastolic blood pressure was greater than 110. The findings are: Review of Resident #5's current FL-2 dated 04/18/18 revealed diagnoses included vascular dementia with behavioral disturbances, diabetes mellitus, hypertension, and history of cerebrovascular disease. Review of physician's orders for Resident #5 revealed an order dated 05/09/18 to check his blood pressure once per week and notify the NP if the systolic blood pressure (SBP) was greater than 150 or less than 100 or if the diastolic blood pressure (DBP) was greater than 110. Review of Resident #5's May 2018 electronic Medication Administration Record (eMAR) revealed: -There was an entry to check blood pressure once weekly and notify the NP if SBP was greater	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 276	Continued From page 29 than 150 or below 100 and if diastolic blood pressure was greater than 110. -There was an entry on 05/11/18 at 8:00pm that Resident #5's blood pressure was 68/41. -There was an entry on 05/14/18 at 8:00pm that Resident #5's blood pressure was 78/55. -There was an entry on 05/15/18 at 8:00pm that Resident #5's blood pressure was 166/97. -There was an entry on 05/30/18 at 8:00pm that Resident #5's blood pressure was 182/76. Review of Resident #5's June 2018 electronic Medication Administration Record (eMAR) revealed: -There was an entry on 06/01/18 at 5:00pm that Resident #5's blood pressure was 187/105. -There was an entry on 06/03/18 at 5:00pm that Resident #5's blood pressure was 212/117. -There was an entry on 06/07/18 at 5:00pm that Resident #5's blood pressure was 184/76. -There was an entry on 06/11/18 at 5:00pm that Resident #5's blood pressure was 181/98. Review of Resident #5's progress notes revealed the NP was notified of Resident #5's BP of 184/76 on 06/07/18; There was no other documentation staff contacted the NP for blood pressures that were greater than 150 or less than 100 or if the diastolic blood pressure was greater than 110. Review of the Blood Pressure Policy provided by the Assistant Administrator revealed: -The facility would provide appropriate care and services to residents that had a diagnosis of hypertension, hypotension or other blood pressure related issues. -Blood pressures would be taken prior to the administration of anti-hypertensive only if ordered by the physician or if the resident was exhibiting signs and symptoms of hypotension.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 276	Continued From page 30 -Parameters would be included in the physicians order. -If the resident was exhibiting signs and symptoms of hypotension, the blood pressure would be taken prior to administration of the medication. -If the reading was below 90 systolic or 50 diastolic, the pressure will be rechecked. -The medication would be held and the NP notified. -If the individual resident had an order for different parameters, the order for the individual was to be followed. Interview with a medication aide (MA) on 06/22/18 at 9:32am revealed: -The MA's were responsible for taking residents blood pressures. -Resident #5 was on medication that required his blood pressure be taken every day. -She did not recall Resident #5's blood pressure being outside the parameters to call the NP. -Had Resident #5's blood pressure been outside the parameters she would have called the NP. Interview with a personal care aide (PCA) on 06/22/18 at 2:27pm revealed: -There had been times she observed Resident #5 "not acting right", like he was light-headed (she did not recall the last time she had observed this behavior). -You could tell Resident #5 might be light-headed by the way he was walking, "stumbling and sleepy". -She always told the MA when she noticed Resident #5 "not acting right"; the MA would check his blood sugar, but she did not see the MA check his blood pressure. Interview with a second MA on 06/22/18 at	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 276	Continued From page 31 3:02pm revealed: -She was aware of a physician's order to call if Resident #5's blood pressure was too low or too high. -She sometimes documented calling the NP, but she did not always call. Telephone interview with Resident #5's guardian on 06/25/18 at 12:10pm revealed they had not received any calls from the facility related to any issues related to Resident #5's blood pressure. Interview with Resident #5's NP on 06/26/18 at 9:08am revealed: -Resident #5's blood pressure had been fluctuating a lot, and she had been concerned. -If Resident #5's blood pressure was too low he could experience dizziness, and increase his risk of falls. -If Resident #5's blood pressure was too high it was dangerous. -She expected to be notified when Resident #5's blood pressure was high or low. -If the staff did not notify her of Resident #5's blood pressure being high or low, "they were not doing their job well". Telephone interview with the Office Manager of the NP office on 06/26/18 at 10:01am revealed: -The policy between their office and the facility is after calling in with any concerns, they are supposed to send a fax as well with the concern noted. -They create a telephone log of all calls received. -The provider was supposed to sign the fax, and they send it back to the facility as it showed the facility the NP was aware of the concern. -There was no documentation they had received any communication related to Resident #5's blood pressure.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 276	Continued From page 32 Telephone interview with a third MA on 06/26/18 at 3:08pm revealed: -He checked Resident #5's vitals when he was the MA on duty. -If Resident #5's blood pressure was outside the parameter the NP had ordered you would have to call the NP. -He did not recall calling the NP about Resident #5's blood pressure being too low or too high. Interview with a fourth MA on 06/26/18 at 4:30pm revealed: -She knew there were blood pressure parameters for Resident #5's blood pressure medication, but she was not aware that Resident #5 had an order to call the NP if his systolic blood pressure was greater than 150 or less than 100 or his diastolic blood pressure was greater than 110. -If she had known she was supposed to call the NP if Resident #5's blood pressure was too high or too low, she would have called. Interview with the Assistant Administrator/Business Manager on 06/26/18 at 3:14pm revealed: -He expected the staff to read the order and follow it. -The staff should be paying more attention to the orders. -The MA should call the NP if the blood pressures were out of the ordered parameters and document that the call. Interview with the Resident Care Coordinator (RCC) on 06/26/18 at 4:11pm revealed: -She did not recall if she had received any calls or documentation related to Resident #5's blood pressure. -Staff were supposed to notify the NP if Resident	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 276	Continued From page 33 #5 had a BP reading outside of the parameters set by the NP. Based on observations, interviews, and record reviews, Resident #5 was not interviewable.	D 276		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to assure the dry food storage area shelves and floor, walk-in refrigerator floor, walk-in freezer door and floor, convection oven, ventilation hood and kitchen air return vent register were clean, orderly, and protected from contamination. The findings are: Observation of the dry storage area on 06/20/18 at 4:04pm revealed: -There were multiple dry rust colored spots on the floor in front of the metal shelving units. -There was a grayish dirt buildup under the shelving units and in the corners. -There was sticky build-up on all metal shelving. -Some of the metal shelves had rust build-up on them. -There was also multiple areas in which a black substance had built up on the metal shelves which had packaged loaf bread lying on it. -There was sticky brownish-red build-up on the	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 282	Continued From page 34 white vinyl shelving cart and the area above the wheels were brownish black. -The metal wheel locks on the white vinyl cart were rusted. Observation of the walk-in refrigerator on 06/20/18 at 4:11pm revealed: -There were brownish yellow stains, blackened areas, and rust on the floors of the refrigerator. - There was a strip of packing material laying on the floor of the walk-in refrigerator under the shelves. Observation of the walk-in freezer on 06/20/18 at 4:14pm revealed: -There was grayish black dirt on the floor of the freezer. -Ice had built up on the inside of the freezer door where the handle is located. -The ice was approximately an inch thick and kept the freezer door from closing completely. -Frost had built up on the bottom of the freezer fan and was approximately 1-2 inches thick. Observation of the convection oven on 06/20/18 at 4:16pm revealed: -The convection oven had yellowish brown greasy build-up on the front doors and the top. -The glass oven doors, on the inside, were completely coated with a black baked on substance which prevented one from viewing the contents of the oven. -All the walls of the oven were coated with blackened baked on grime that did not wipe off. -The back of the oven on the outside had built up dust, grease, and grime on it. -The motor on the back of the oven was covered with built up dust and grime. Observation of the overhead ventilation hood on	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 282	Continued From page 35 06/20/18 at 4:23pm revealed it was covered with dust, grease and grime. Observation of the return air vent register in the kitchen on 06/20/18 at 4:27pm revealed: -The vent measured approximately 48 inches by 36 inches and was located on the back kitchen wall. -The vent was covered with black spots, dust and grime. -The register was very sticky to touch and when wiping a finger across the register, some of the dust and grime would make a small pile. Review of the cleaning assignment sheet revealed: -The assignment sheets were posted on the back wall bulletin board. -The assignments were divided into two sections, daily cleaning assignments and weekly. -The assignments contained the listing of staff names beside the task. -There was no documentation for checking off the task or the dates the tasks were completed. Interview with the dietary aide (DA) on 06/21/18 at 3:35pm revealed: -His job duties included cooking, sweeping and moping the kitchen, dining room and cleaning kitchen equipment. -The cleaning schedule was posted on the bulletin board by the dry storage room. -He was not sure who cleaned the overhead ventilation hood or the convection oven. Interview with a second DA on 06/21/18 at 3:40pm revealed: -He tried to clean the convection oven every other week. -He probably cleaned it last about one week ago.	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 282	Continued From page 36 -He cleaned the convection oven by scrubbing it with a brillo pad. -The stove was cleaned every night. -The dietary staff did not clean the overhead ventilation hood. -The dietary aides swept and mopped the kitchen and dining room after each meal. -He also swept and mopped the storage area every night but some stuff would not come off the floor. Interview with the Dietary Manager (DM) on 6/26/18 at 9:30am revealed: -She was hired in September 2017. -She was responsible for ensuring the kitchen and the equipment were cleaned and maintained. -Dietary staff had a cleaning schedule to go by that was posted on the bulletin board in the kitchen. -The dry food storage area was organized every evening and the floor was swept and mopped nightly. -The shelves in the dry food storage area had only been wiped down with a cloth since she had been there. -Dietary staff mopped the floor every night but they did not know how to get the stains up. -She knew the floor to the walk-in refrigerator and walk-in freezer were dirty and needed to be cleaned. -She did not know how to get the ice off of the freezer door or how to remove the frost that had built up on the fan in the freezer. -She did not know if or when the convection oven had ever been professionally cleaned but dietary staff did what they could. -Dietary staff did not clean the overhead ventilation; it was completed by someone outside the facility. -She did not know when the overhead ventilation	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 282	Continued From page 37 had been cleaned last or when it was scheduled to be cleaned again. -The air vent return register had been cleaned 2 weeks ago by using a brush and then wiping over it with a clean cloth. Interview with the Assistant Administrator (AA) on 06/26/18 at 10:03am revealed: -The DM was responsible for ensuring the kitchen and food storage areas were cleaned properly. -She was supposed to report items that could not be cleaned or fixed to the Maintenance Supervisor. -He did not know the floors were dirty and stained in the dry food storage area but he knew there was some rust spots on the floor. -The shelves were not supposed to be sticky, greasy, rusty, or have built up grime on them. -Dietary staff had a cleaning schedule to go by that was posted on the bulletin board in the kitchen. -He expected the kitchen and storage areas to be thoroughly cleaned weekly. -A professional cleaning company came quarterly to clean the overhead ventilation and was scheduled to clean them 07/01/18. -He would have the convection oven cleaned by a professional company. -He would ensure all the cleaning and repairs are completed.	D 282		
D 286	10A NCAC 13F .0904(b)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (b) Food Preparation and Service in Adult Care Homes: (1) Sufficient staff, space and equipment shall be provided for safe and sanitary food storage,	D 286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 286	Continued From page 38 preparation and service. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to have sufficient space for safe and sanitary meal service. The findings are: Observation of the 400 hall dining room (a separate locked unit) on 06/21/18 at 8:16am revealed: -The spaces between the table and chairs were narrow and limited. -A resident in a wheelchair was moved away from his table four times during his breakfast meal to move other residents around in the dining room. -Another resident was moved one time to get a resident out of the dining room who had finished their breakfast. Observation of the 400 hall dining room on 06/22/18 at 8:22am revealed: -A female resident folded her walker, leaned over a broom and industrial size dust pan to place the walker by her chair; she then stepped over the broom and dust pan to get to her chair. -At 8:44am a resident was attempting to leave the dining room, a personal care aide (PCA) had to take the resident's walker, turn it sideways, the resident then had to walk between two residents in wheelchairs without their walker; the PCA returned the walker to the resident to exit the dining room. -At 8:56am an ambulatory resident was observed holding onto two wheelchairs and then stretching his legs to climb between the two wheelchairs to exit his table. -At 8:46am a PCA was observed with a trash can sitting beside a resident in a wheelchair who was	D 286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 286	Continued From page 39 seated at the table with his breakfast; the PCA was scraping food from dirty plates into the trash can and then sitting the plates in front of the resident. -Dirty plates, glasses and silverware were observed stacked on the table while the resident was still present. Interview with a medication aide (MA) on 06/22/18 at 9:55am revealed: -The 400 hall dining room was crowded now that more residents were using wheelchairs. -She wished they had more space in the dining room. Interview with a second MA on 06/22/18 at 10:51am revealed: -Spacing was terrible in the 400 hall dining room. -There was "just not enough room." Interview with at MA on 06/26/18 at 4:30pm revealed: -They had so many residents with wheelchairs that the dining room gets very congested. -Sometimes you have to move residents around after they had started eating to make room to get other residents in and out. -If a resident eats fast and was ready to go they can not t leave the dining room without hitting someone else's chair, and then they get mad and hit each other. -It causes a lot of problems not having enough space. Observation of the 400 hall dining room on 06/26/18 at 8:18am revealed: -There were nineteen residents in the dining room. -A twentieth resident arrived at 8:19am and the staff had to pick up the back of a wheelchair	D 286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 286	Continued From page 40 (while the resident was eating) and move the resident to make room for another resident in a wheelchair. -A twenty-first resident arrived for breakfast and there was nowhere for her wheelchair to placed at a table. -A resident in a wheelchair who had finished eating and was drinking his milk, was pushed into the middle of the dining room and the resident was placed at his spot at the table. -The table was not cleaned before seating the resident at the table; there was an empty glass, a dirty napkin and spilled grits on the table. -At 8:31am another resident arrived for breakfast, he was placed at a table for breakfast and given a glass of water; he was then moved to another table, to make space for residents to exit the dining room who had finished eating. Interview with a PCA on 06/26/18 at 10:52am revealed: -The dining room can be "kind of congested." -You have to keep rearranging residents around to make it work during meals. -There was not much space to serve the residents and clean the dishes. Interview with the Assistant Administrator /Business Manager on 06/26/18 at 3:16pm revealed: -He was not aware that space was an issue in the 400 hall dining room. -He guessed they would have to start eating in shifts if space was an issue. Interview with the Resident Care Coordinator on 06/26/18 at 4:11pm revealed: -She tried to make rounds on the 400 hall several times per week at meals. -When she was back there at meals she would	D 286		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 286	Continued From page 41 tell the staff how to position the residents at tables, so they wouldn't have to move other residents around. -It had been about a year since someone had reported to her an issue with spacing.	D 286		
D 287	10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all residents received a place setting of a knife, spoon and fork in the 400 hall dining room (a separate locked unit). The findings are: Review of the breakfast menu for 06/21/18 revealed eggs, a breakfast meat, sausage gravy and biscuit was to be served. Observation of the 400 hall dining room on 06/22/18 between 7:54am and 8:56am revealed: -Several residents were attempting to cut their sausage with a fork; the fork would not cut all the way through the sausage without difficulty.	D 287		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 287	Continued From page 42 -A PCA assisted one resident with cutting his sausage using the resident's fork. Observation of the 400 hall dining room on 06/21/18 at 8:16am revealed: -Each resident had a place setting of a spoon and fork. -There were no knives at resident's place setting. Review of the lunch menu for 06/21/18 revealed beef tips in gravy, noodles, broccoli, dessert and roll was to be served. Observation of the 400 hall dining room on 06/21/18 at the lunch meal service revealed: -Each resident had a place setting of a spoon and fork. -There were no knives at resident's place setting. Review of the breakfast menu for 06/22/18 revealed eggs, a breakfast meat and toast was to be served. Observation of the beverage cart for the 400 hall dining room on 06/22/18 at 7:54am revealed: -There were two containers of silverware, one contained spoons and the other contained forks. -There were no knives on the beverage cart. Observation of the 400 hall dining room on 06/22/18 at 8:00am revealed: -Each resident had a place setting of a spoon and fork. -There were no knives at resident's place setting. Interview with a resident in the special care unit on 06/22/18 at 9:12am revealed: -He had not been given at knife at meals. -He would cut up his own food if he had a knife.	D 287		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 287	Continued From page 43 Interview with a second resident on the 400 hall on 06/22/18 at 9:13am revealed: -Staff cut their food up when needed. -He would like to do it himself, but would need a knife. Interview with a dietary aide on 06/22/18 at 3:11pm revealed: -He was responsible for taking the beverage cart on the 400 hall. -He put 23 forks and 23 spoons on the beverage cart for meals. -He did not send knives on the 400 hall. -Some of the residents on the 400 hall could be aggressive, so he thought it was common sense not to take them knives. -No one had told him not to take knives on the 400 hall. Interview with a second dietary aide on 06/22/18 at 3:19pm revealed: -He did not take knives on the 400 hall because he did not think they were supposed to have them. -He thought a previous employee that trained him had told him not to take knives to the 400 hall dining room. Interview with a cook on 06/22/18 at 3:24pm revealed: -They do not send knives to be given to the residents on the 400 hall because of behaviors. -They automatically send knives for the staff to use. -A resident could use their fork or spoon to cut up their food. -If a resident had food that needed to be cut up the staff would assist them. Interview with the Assistant	D 287		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 287	Continued From page 44 Administrator/Business Manager and the Resident Care Coordinator on 06/22/18 at 3:43pm revealed: -Residents on the 400 hall should have a complete place setting at each meal, consisting of a spoon, fork and knife. -They were not aware the residents on the 400 hall were not provided with a knife at each meal. -There were no residents on the 400 hall who should not have a knife because of behaviors. Interview with a personal care aide (PCA) on 06/26/18 at 10:52am revealed: -Residents were given a fork and spoon at their meals. -Sometimes knives would come from the kitchen for staff to cut things for the residents. -She did not know why they did not give knives to the residents.	D 287		
D 288	10A NCAC 13F .0904(b)(3) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (3) Hot foods shall be served hot and cold foods shall be served cold. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to assure hot foods were maintained hot until served to the residents in the 400 hall dining room (a separate locked unit). The findings are: Observation of the breakfast meal in the 400 hall dining room on 06/21/18 between 8:08am and	D 288		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 288	Continued From page 45 8:55am revealed: -A multi-tiered cart arrived on the 400 hall at 8:08am. -The multi-tiered cart was covered in a cloth insulated cover, which was zipped on all four sides. -At 8:16am the food cart panels were unzipped on one side, and staff began serving plates to the residents in the dining room. -At 8:28am a resident who ate in her room was served a plate. -Forty-seven minutes after the food cart arrived, a resident asked for a second plate of food (8:55am). -The personal care aide (PCA) retrieved a second plate of food from the cart and served it to the resident. -The resident began to eat and made the comment s"I want a hot plate." -No one responded to the resident, and she continued to eat. -The food cart was not zipped up between serving plates. Interview with a resident on 06/21/18 at 8:30am revealed: -She always ate in her room. -Her breakfast plate served today (06/21/18) was not hot; food served in her room was "not always hot". Observation of the 400 hall dining room on 06/22/18 between 7:54am and 9:00am revealed: -The food cart arrived on the 400 hall at 8:09am.. -The first plate served to a resident was at 8:26am. -At 8:29am the insulated food cart was unzipped and one panel of the insulated cover was flipped back over the top of the cart leaving 6 plates uncovered sitting on the shelves.	D 288		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 288	Continued From page 46 -At 8:33am the insulated food cart continued to be left unzipped with the open panel flipped over the top with 6 plates sitting on the shelves. -At 8:38am a PCA closed the unzipped food cart. -At 8:46am a PCA served a plate to a resident from the food cart, the plate was cool to touch. -At 8:47am the PCA was made aware of the cold plates; the PCA left the 400 hall with the food cart, which conatined 6 plates of unserved food. -The food cart returned from the kitchen at 8:59am and warmed plates were served to three residents who had not been served. Interview with a resident on the 400 hall on 06/22/18 at 9:12am revealed that sometimes the food could be hotter, "it would be nice." Interview with a second resident on the 400 hall on 06/22/18 at 9:13am revealed he would like his food to always be hot, "it is not always hot." Interview with a medication aide (MA) on 06/22/18 at 10:51am revealed: -She wished the kitchen would wait longer to bring the meals on the 400 hall, "when we are ready." -It would be nice if they had a cart that was more insulated to keep the food warm longer. Observation of the kitchen on 06/26/18 at 8:01am revealed: -The Dietary Manager (DM) was being assisted by management staff to prepare plates for the 400 hall dining room. -The first resident plate was completed and placed into the cart at 8:01am. -The last plate was put into the cart at 8:08am. -At 8:09am the food cart was taken from the kitchen to the 400 hall.	D 288		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 288	Continued From page 47 Observation of the 400 hall dining room on 06/26/18 at 8:18am revealed: -There were nineteen residents in the dining room with their plates served. -The twentieth resident arrived at 8:19am and at 8:20am the resident was served their plate. -At 8:21 they delivered a plate to a resident who ate her meals in her room. -At 8:25am the twenty-first resident arrived for breakfast -At 8:31am the twenty-second resident arrived for breakfast and was given a plate at 8:33am; He did not have a napkin or silverware, this was given at 8:34am, and he began to eat his breakfast. -It was thirty-three minutes between the first plate being prepared in the kitchen, until the last resident was able to begin eating their meal. Interview with a PCA on 06/26/18 at 10:52am revealed: -There have been times the food plates "could have been hotter" when served to the residents. -Some staff take longer to serve the residents than others. -They would want the food hotter if it they were eating. -They wished they had a kitchen on the 400 hall so the food was served hotter. Interview with the DM on 06/26/18 at 1:01pm revealed: -She usually started plating the 400 hall plates at 8:00am. -It "did not take her long to plate the food" with her and a dietary aide (DA). -The food was the correct temperature when it left the ktichen, "nothing less than 140 degrees." -The DA took the food cart, zipped, to the 400 hall dining room.	D 288		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 288	Continued From page 48 -She did not know how long it took the staff on the 400 hall to serve the plates. -The food cart would need to be zipped to keep the food warm. Interview with the Assistant Administrator/Business Manager on 06/26/18 at 3:14pm revealed: -He had seen the cart with the flaps unzipped on Friday, 06/22/18. -The staff should keep the cover closed, they purchased the insulated cover several years ago to help keep the food warm. -He wanted the food to be "right" and expected hot food to be hot and cold food to be cold. Interview with the Resident Care Coordinator (RCC) on 06/26/18 at 4:11pm revealed: -She tried to make rounds on the 400 hall several times per week at meals. -She did not observe how long it took to serve the resident because the residents were already eating by the time she made her rounds in the locked unit. -She expected the staff to take the plate back to the kitchen and heat it if it was not hot.	D 288		
D 299	10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 299	Continued From page 49 purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure 8 ounces of milk was served to the residents twice daily in the 400 hall dining room (separate locked unit). The findings are: Observation of the reach-in-cooler in the kitchen on 06/20/18 at 4:14pm revealed one gallon of milk that had not been opened. Review of the menu for 06/21/18 revealed two percent milk was to be served for the breakfast and dinner meal service. Observation of the beverage cart on 06/21/18 at 8:16am revealed: -There were two pitchers of orange juice, two pitchers of water and one canister of coffee. -There was no milk observed. Observation of the 400 hall dining room on 06/21/18 at 8:16am revealed: -There were twenty-two residents seated in the dining room. -Residents were not offered or served milk. Review of the menu for 06/22/18 revealed two percent milk was to be served for the breakfast and dinner meal service. Observation of the reach-in-cooler in the kitchen on 06/22/18 revealed there were multiple gallons of milk available to be served to the residents.	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 299	Continued From page 50 Observation of the refrigerator in the dining room of the locked unit on 06/22/18 at 7:54am revealed there was no milk available to be served to the residents. Observation of the 400 hall dining room on 06/22/18 between 7:54am-8:56am revealed: -The dietary aide delivered the beverage cart to the dining room with one large container of coffee, two pitchers of water and two pitchers of orange juice. -There was no milk on the beverage cart. -The residents were served juice, water and coffee. -There was no milk offered or served to the residents. -At 8:22am the Assistant Administrator delivered a gallon of milk to the dining room. -At 8:39am there were twenty-one residents in the dining room who had not been offered or served milk. -A PCA said they did not have any beverage glasses to serve the milk.. -At 8:42am the Activities Director arrived with beverage glasses. -There were eleven of twenty-one residents served milk; there were ten residents who were not served milk because they did not have enough glasses. -At 8:54am a resident asked for milk and was told by a personal care assistant (PCA) that they did not have any glasses. -At 8:56am a PCA returned from the dining room with glasses. -At 8:58am the same resident asked for milk and was given a glass of milk. Interview with a resident on the 400 hall on 06/22/18 at 9:10am revealed: -He did not recall having milk before today	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 299	Continued From page 51 (06/22/18). -He would like to have milk at meals. Interview with a resident on the 400 hall on 06/22/18 at 9:13am revealed: -He was served juice, water and coffee for breakfast. -Sometimes they might get milk, "we had milk today." -He would like to have milk all the time. Interview with a PCA, who worked on the 400 hall, on 06/22/18 at 9:18am revealed: -Residents were served orange juice, water and coffee for breakfast. -Sometimes they may send milk, but if they were low in the front they did not send it to the back. -They do not have milk available to be served at the dinner meal. -If they did not bring milk to the 400 hall or if a resident needed something from the kitchen they could not leave to go get it, because they are too busy. Interview with a medication aide (MA) on 06/22/18 at 9:55am revealed: -Residents were served orange juice, water and milk for breakfast. -There were times when milk was not brought in on the beverage cart and no one thought to ask the dietary staff for milk. Interview with a resident's family member on 06/22/18 at 11:59am revealed: -They visited a lot during the lunch and dinner meal. -They had not observed milk being offered at either meal. -Their family member would drink milk if offered.	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 299	Continued From page 52 Interview with a dietary aide (DA) on 06/22/18 at 3:11pm revealed: -He was responsible for taking the beverage cart on the 400 hall. -He loaded the beverage cart with orange juice, water, coffee and enough milk for the coffee. -They did not automatically take a gallon of milk on the 400 hall unless the 400 hall staff requested. Interview with a second DA on 06/22/18 at 3:19pm revealed: -When he was assigned to the beverage cart for the 400 hall dining room, he loaded it with orange juice, water, coffee, cups, spoons and forks. -He did not take milk on the 400 hall because no one had asked for any. Interview with a cook on 06/22/18 at 3:24pm revealed: -He trained the dietary aides on what to take on the beverage cart on the 400 hall. -He taught them to take, two sets of glasses, one for orange juice and one for water, coffee cups, spoons, forks and thickened liquids. -They did not take milk on the beverage cart every day, but they took several gallons of milk weekly to keep in the refrigerator in the 400 halls dining room. Interview with the Assistant Administrator/Business Manager and the Resident Care Coordinator on 06/22/18 at 3:43pm revealed: -Milk should be offered at breakfast and lunch. -A lot of residents wanted milk at breakfast, but not as many at lunch. -The dietary department was responsible for stocking the refrigerator in the dining room of the 400 hall.	D 299		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 299	Continued From page 53 -He was concerned the residents on the 400 hall had not been served milk daily. Interview with a PCA, who worked on the 400 hall, on 06/26/18 at 10:52am revealed: -Residents were served juice and water at breakfast. -There was milk available if they want it, "they just have to ask for it." Interview with the Dietary Manager on 06/26/18 at 1:01pm revealed: -The beverage cart was loaded every meal with water and another beverage for the 400 hall dining room. -Milk was not sent on the 400 hall beverage cart. -She was not aware eight ounces of milk should be offered twice a day to all residents. -There was milk available for anyone who wanted milk.	D 299		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to follow written policies on resident	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 338	Continued From page 54 falls for 1 of 1 sampled residents (#2). The findings are: Review of Resident #2's current FL-2 dated 1-02-18 revealed diagnoses included dementia, abnormal brain scan, breast cancer, hypertension and Parkinson's disease. Review of Resident #2's record revealed: -The resident was found on the floor in her room on 05/12/18. -Resident #2 complained of hip pain and was sent out to a local hospital via emergency medical services (EMS). Interview with Resident #2's Responsible Party (RP) on 05/17/18 at 10:45am revealed: -The facility had contacted her about Resident #2's fall on 05/12/18. -The RP had learned that Resident #2 had fallen and that a staff had picked the resident up prior to EMS arriving. -Resident #2 had a fractured hip and did not return to the facility. Review of hospital records for Resident #2 dated 05/12/18 revealed: -Resident #2 was admitted with a nondisplaced right femoral neck fracture. -Surgical interventions were not pursued due to the resident's age and Do Not Resuscitate (DNR)/hospice status. -Resident #2 was transferred to skilled nursing/rehab facility. Review of the EMS records for Resident #2 dated 05/12/18 revealed: -EMS personnel arrived on scene to find Resident # 2 sitting in her chair.	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 338	Continued From page 55 -Staff and family advised the resident fell out of her wheelchair. -Resident #2 indicated having some pain in her right upper thigh. -Resident #2 had no obvious, deformity, bleeding or injury. -The resident's family advised they wanted Resident #2 taken to the hospital for evaluation. -Resident #2 was secured to a stretcher and no changes were noted in the resident's condition during transport to the hospital. Confidential resident interview on 05/17/18 at 1:15pm revealed: -Resident #2 was sitting in her wheelchair, sometime after lunch. -Resident #2 attempted to stand up from the wheelchair and she fell. -A staff assisted Resident #2 up and placed her back in her wheelchair. -EMS took Resident #2 to a local hospital. Confidential interview with a staff revealed: -Resident #2 was found on the floor. -Resident #2 was complaining of hip pain, and was requesting to be picked up from the floor. -The staff picked up Resident #2 and placed the resident back in the resident's wheelchair. -The staff was honoring the resident's request. Confidential interview with another staff revealed: -Resident #2 was found on the floor by another staff. -When she went to attend to Resident #2, the resident was already back in the wheelchair, and had been assisted by another staff. -Resident #2 had been moved prior to the (MA) Supervisor's assessment of the resident. -The resident was complaining of hip pain. EMS was called and the resident was sent to a local	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 338	Continued From page 56 hospital. Interview with the Nurse Practitioner on 06/26/18 at 2:49pm revealed: -If a resident was found on the floor, the resident should not be moved immediately. -Resident #2 should have been left on the floor because of the probability of a hip fracture. -Moving the resident could have led to unseen complications. Interview with the Assistant Administrator/Business Manager on 06/26/18 at 3:58pm revealed: -The expectation was that the (MA) Supervisor assess residents prior to moving them after a fall. -He was informed that in the situation with Resident #2, the resident was moved after the Supervisor assessed the resident. -He was not aware that Resident #2 was moved prior to the (MA) Supervisor's assessment. Review of the facility's Resident Fall Protocol revealed if a resident was found on the floor, the (MA) Supervisor would assess the resident to see if they could be safely moved. Interview with the Assistant Administrator/Business Manager on 06/26/18 at 3:58pm revealed: -He was informed that Resident #2 was moved after the (MA) Supervisor assessed the resident. -He was not aware that Resident #2 was moved prior to the (MA) Supervisor making the assessment. -His expectation was that the (MA) Supervisor assesses residents prior to moving them after a fall. The failure of the facility to follow written policies	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 338	Continued From page 57 on resident falls for a resident who had a fall, complained of hip pain, and was moved from the floor to a wheelchair prior to being assessed by the MA Supervisor, and suffered a fractured hip (Resident #2), was detrimental to the health, safety and welfare of the resident and constitutes a Type B Violation. _____ The facility provided a plan of correction in accordance with G.S. 131D-34 on 06/26/18 with this violation. The facility provided an amended plan of correction on 07/16/18. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 10, 2018	D 338		
D 358	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, interviews and record reviews, the facility failed to administer medications as ordered by a licensed prescribing	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 58 practitioner for 2 of 7 residents including a blood pressure medication for (#5, #7) and Novolog insulin with orders for sliding scale for (#5). The findings are: 1. Review of Resident #5's current FL-2 dated 04/18/18 revealed diagnoses included vascular dementia with behavioral disturbances, diabetes mellitus, hypertension, and history of cerebrovascular disease. a. Review of Resident #5's record revealed an order for Coreg (Coreg is used to treat high blood pressure) 3.125mg tablet twice a day with meals, hold for systolic blood pressure (SBP) less than 100 or heart rate (HR) less than 50. Review of Resident #5's April 2018 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Coreg 3.125mg take one tablet twice a day with meals, hold for SBP of less than 100 or heart rate less than 50. -Coreg was documented as administered 5 of 60 opportunities outside of ordered parameters. Review of Resident #5's progress notes revealed there was no documentation staff held the Coreg based on the parameters ordered. Review of Resident #5's May 2018 eMAR revealed: -There was an entry for Carvedilol (generic for Coreg) 3.125mg take one tablet twice a day with meals, hold for SBP of less than 100 or heart rate less than 50. -Coreg was documented as administered 3 of 62 opportunities outside of ordered parameters.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 59 Review of Resident #5's progress notes revealed there was no documentation staff held the Coreg based on the parameters ordered. Review of the facility's Blood Pressure Policy revealed: -Parameters will be included in the physician's order. -If an individual resident has an order for different parameters, the order for the individual is to be followed. Interview with a medication aide (MA) on 06/22/18 at 9:32am revealed: -The MA's were responsible for taking residents blood pressures. -Resident #5 was on medication (Coreg) that required his blood pressure be taken every day. -She recalled 1 or 2 times that Resident #5's blood pressure was too low to give his medication. -She would document not giving the medication and slide it under the Resident Care Coordinator's (RCC) door. Interview with the PCP on 06/26/18 at 9:08am revealed: -She wrote the order for Coreg 3.25 to be administered to Resident #5 with parameters of hold for SBP of less than 100 or heart rate less than 50. -She expected the Coreg to be held, if Resident #5's systolic blood pressure was less than 100. -If Coreg was administered when Resident #5's blood pressure was already low, he would be at a high risk for dizziness, falls, and brain bleeding. -If they had notified her they had administered Coreg when Resident #5's BP was already low, she would have instructed them to monitor the blood pressure every 15 minutes for 1 hour, then	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 60	D 358		

every 30 minutes for 1 hour and continue to monitor until the BP was stable for 24 hours.
-She would have also instructed the staff to provide increased supervision and "push fluids".
-She was concerned that Coreg had been administered when Resident #5's BP was already low.
-If she knew Coreg had been administered with a low BP, she would have talked to her corporate staff to see what they needed to do different to assure medications were administered as ordered.

Review of the Quarterly Pharmacy Reviews for Resident #5 revealed documentation that on 05/04/17, Consultant Pharmacist Note: Coreg errors.

Review of the Consultant Pharmacist's Medication Regimen Reviews revealed:
-For review on 05/01/18 and 05/07/18: "Coreg was not held 10 times (all with the PM dose) since February for SBP less than 100. Please review with staff."
-There were no follow-through notations made by staff beside the pharmacist's recommendation for Resident #5.

Telephone interview with the pharmacy consultant on 06/26/18 at 10:21am revealed:
-She had completed a review of Resident #5's March 2018, April 2018 and May 2018 eMARs on 05/04 /18.
-She had noted Coreg was not held 10 times based on the parameters ordered by the PCP.
-She gave a report to the RCC with her findings.

Interview with a MA on 06/26/18 at 2:39pm revealed:
-He was aware of the parameters for blood

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 61 pressures to be taken prior to administering Resident #5's Coreg. -The eMAR prompts you to take the BP before administering Coreg. -If Resident #5's BP was outside of the parameters he would not administer Coreg. Telephone interview with a second MA on 06/26/18 at 3:08pm revealed: -He checked #5's vitals prior to administering Coreg. -He did not recall any blood pressures that would have been too low to administer the medication. Interview with the Assistant Administrator/Business Manager on 06/26/18 at 3:14pm revealed: -He expected the staff to read the PCP's order and follow it. -The staff should notify the RCC and PCP if they administered Coreg to Resident #5 when they should not have. Interview with the RCC on 06/26/18 at 4:11pm revealed she did not recall if she had received any calls or documentation related to Resident #5's blood pressure medication being administered when his blood pressure was too low. Interview with a third MA on 06/26/18 at 4:30pm revealed: -She was familiar with Resident #5's Coreg order. -She knew if Resident #5's blood pressure was low she should not administer his Coreg. -She did not recall Resident #5's blood pressure being too low to administer Coreg. -She did not know why she had documented that she had given the Coreg to Resident #5 when his BP was low and the Coreg should have been	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 62 held. Refer to interview with the Assistant Administrator/Business Manager on 6/26/18 at 3:14pm and 5:00pm. Refer to interview with the RCC on 6/25/18 at 3:10pm and 6/26/18 at 4:11pm. b. Review of Resident #5's record revealed an order for Novolog (Novolog is a rapid acting insulin used to help lower blood sugars) to be administered with the following parameters: -If finger stick blood sugars (FSBS) ranged from 0-200, give 0 units of Novolog. -If FSBS ranged from 201-300, give 2 units of Novolog. -If FSBS ranged from 301-400, give 4 units of Novolog. -If FSBS ranged from 401-500, give 6 units of Novolog. -If FSBS was greater than 500 call PCP. -If FSBS was less than 60, give the resident orange juice with sugar. Review of Resident #5's April 2018 eMAR revealed: -There was an entry to check FSBS before meals, 8:00am, 11:30am and 6:00pm and inject Novolog insulin per sliding scale (If FSBS was 0-200 give 0 units, 201-300 give 2 units, 301-400 give 4 units, 401-500 give 6 units; 500 call PCP, less than 60 give orange juice with sugar) was transcribed on the eMAR. -There was an entry on 04/05/18 at 6:00pm that Resident #5's FSBS was 306 and resident was administered 6 units of Novolog. -Based on sliding scale resident should have been administered 4 units of Novolog.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 63 Review of Resident #5's May 2018 eMAR revealed: -There was an entry to check FSBS before meals, 8:00am, 11:30am and 6:00pm and inject Novolog insulin per sliding scale (If FSBS was 0-200 give 0 units, 201-300 give 2 units, 301-400 give 4 units, 401-500 give 6 units;500 call PCP, less than 60 give orange juice with sugar) was transcribed on the eMAR. -There was an entry on 05/06/18 at 6:00pm that Resident #5's FSBS was 220 and resident was administered 0 units of Novolog. -Based on sliding scale resident should have been administered Novolog 2 units of Novolog. -There was an entry on 05/16/18 at 11:30pm that Resident #5's FSBS was 198 and resident was administered 2 units of Novolog. -Based on sliding scale resident should not have been administered Novolog. -There was an entry on 05/18/18 at 8:00am that Resident #5's FSBS was 124 and resident was administered 124 units of Novolog. -Based on sliding scale resident should not have been administered Novolog. -There was an entry on 05/21/18 at 11:30am that Resident #5's FSBS was 200 and resident was administered 2 units of Novolog. -Based on sliding scale resident should not have been administered Novolog. Review of Resident #5's June 2018 eMAR revealed: -There was an entry to check FSBS before meals, 8:00am, 11:30am and 6:00pm and inject Novolog insulin per sliding scale (If FSBS was 0-200 give 0 units, 201-300 give 2 units, 301-400 give 4 units, 401-500 give 6 units;500 call PCP, less than 60 give orange juice with sugar) was transcribed on the eMAR. -There was an entry on 06/03/18 at 6:00pm that	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 64 Resident #5's FSBS was 336 and resident was administered 6 units of Novolog. -Based on sliding scale resident should have been administered 4 units of Novolog. -There was an entry on 06/05/18 at 6:00pm that Resident #5's FSBS was 250 and resident was administered 4 units of Novolog. -Based on sliding scale resident should have been administered 2 units of Novolog. Review of Resident #5's progress notes revealed there was no documentation where staff notified the PCP that the incorrect dosage of insulin was administered to Resident #5 based on the PCP's order. Review of the facility's Diabetic Policy revealed: -It is the policy of the facility to provide appropriate care and services to residents that have a diagnosis of diabetes. -Bullet #13 instructed if an individual resident has parameters listed other than what is outlined in this policy, follow the individual orders from the primary care provider. Interview with a MA on 06/22/18 at 9:32am revealed: -Resident #5 had a sliding scale for Novolog insulin. -If Resident #5's FSBS was less than 200 Novolog insulin would not be administered. -She was not sure the procedure as she had not given the wrong amount of insulin. -If she had given the wrong dosage she "imagined she would call the PCP and increase monitoring" -If Resident #5's FSBS dropped too low she would administer glucose if directed to do so by the PCP. -She was not aware of any chart audits for the	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 65 eMARs. Interview with a second MA on 06/22/18 at 10:28am revealed: -When administering Novolog for Resident #5 the sliding scale "pops up on the screen" and you follow the scale. -The procedure to follow if you gave the wrong dosage of insulin, would be to call the PCP, notify the RCC, and document the error in the resident's record. -They would then monitor Resident #5 for 72 hours after the medication error was reported. -She was not aware of any chart audits for the eMARs. Interview with a PCA on 06/22/18 at 2:27pm revealed: -There have been times she observed Resident #5 not" acting right", like he was light-headed. -You could tell he might be light-headed by the way he was walking, stumbling, and sleepy. -She always told the MA when she noticed Resident #5 "not acting right". -There were times when the MA would check his FSBS and give him orange juice. -She did not recall the last time she had observed him being light-headed or given orange juice. Interview with Resident #5's PCP on 06/26/18 at 9:08am revealed: -She had written the order for Resident #5's sliding scale insulin. -She expected the order to be followed as written. -If the insulin was not administered correctly it would increase his risk of hypoglycemia (low blood sugar). -Hypoglycemia can increase the risk of dizziness, falls and even loss of consciousness. -It was of concern because Resident #5 was	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 66 already a fall risk. -Giving the wrong dosage of insulin can be very dangerous. -She did not recall being notified of incorrect dosage of insulin being given. -She expected the staff to do exactly what the order instructed. -The staff needed to be more careful and needed more education. Interview with the Assistant Administrator on 06/26/18 at 3:14pm revealed: -He expected the staff to follow the PCP orders for insulin administration. -He was concerned they had not followed the PCP's orders for Resident #5. -The PCP and the RCC should have been notified if wrong dose of insulin was administered. Interview with the RCC on 06/26/18 at 4:11pm revealed: -MA's were supposed to follow the PCP's orders for sliding scale insulin. -The eMAR directed the MA on how much Novolog to administer based on the FSBS. -She was not aware of any medication errors related to the Novolog sliding scale on Resident #5. -She had not caught the errors when auditing Resident #5's record. -She did not recall when she audited Resident #5's record. Refer to interview with the Assistant Administrator/Business Manager on 6/26/18 at 3:14pm and 5:00pm. Refer to interview with the Resident Care Coordinator on 06/26/18 at 4:11pm	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 67 Based on observations, interviews, and record reviews, Resident #5 was not interviewable. 2. Observation on 06/21/18 at 7:50am of the morning medication pass revealed: -The medication aide (MA) secured a digital blood pressure cuff to Resident #8's left upper arm and took the resident's blood pressure; the reading was 90/71 (systolic/diastolic pressure). -The MA administered 1 tablet of Coreg 3.125 mg. to Resident #8. Review of Resident #8's current FL-2 dated 02/12/18 revealed: -Diagnoses included dementia, acute encephalopathy (brain disease that alters brain function or structure), coronary artery disease, and hypertension. -A physician's order for Coreg (Carvedilol, used to treat high blood pressure) 3.125 mg. 1 tablet by mouth twice a day; hold if systolic blood pressure (SBP) 105 or less. Interview on 06/21/18 at 8:15am with the MA for the 300 Hall revealed: -The MA had been nervous and did not read the complete order for Resident #8's Coreg medication; she should have read the order more carefully before administering the Coreg to the resident. -There was a hold order for the Coreg if the SBP was 105 or less; the resident's SBP was 90. -She should not have administered the Coreg. -She needed to report the error to the Resident Care Coordinator (RCC). Interview on 06/21/18 at 8:25am with the Resident Care Coordinator (RCC) revealed: -The MA for 300 Hall informed her a medication error had been made while administering Coreg to Resident #8; the medication should have been	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 68 held according to the SBP parameters. -She would notify Resident #8's PCP of the medication error. Review of Resident #8's April electronic medication administration record (eMAR) revealed: -There was an entry for Coreg 3.125 mg.1 tablet by mouth twice a day, hold if systolic blood pressure (SBP) 105 or less. -Coreg was documented as administered 10 of 60 opportunities outside of ordered parameters. Review of Resident #8's May eMAR revealed: -There was an entry for Coreg 3.125 mg.1 tablet by mouth twice a day, hold if systolic blood pressure (SBP) 105 or less. -Coreg was documented as administered 10 of 62 opportunities outside of ordered parameters. Review of Resident #8's June (1-21) eMAR revealed: -There was an entry for Coreg 3.125 mg.1 tablet by mouth twice a day, hold if systolic blood pressure (SBP) 105 or less. -Coreg was documented as administered 4 of 39 opportunities of ordered parameters. Review of the facility's Blood Pressure Policy revealed: -Parameters will be included in the physician's order. -If an individual resident has an order for different parameters, the order for the individual was to be followed. Review of the Quarterly Pharmacy Reviews for Resident #8 revealed: -On 02/27/18, Consultant Pharmacist Note: Coreg parameters (14 errors).	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 69 -On 05/04/17, Consultant Pharmacist Note: Coreg parameters (17 errors). Review of the Consultant Pharmacist's Medication Regimen Reviews revealed: -For review on 02/01/18 and 02/05/18: "Please review Coreg administration relative to hold parameters; for Dec/Jan, I noted 14 errors when (medication) was given but should have been held." -There were no follow-through notations made by staff beside the pharmacist's recommendation for Resident #8. -For review on 05/01/18 and 05/07/18: "please review Coreg administration relative to hold parameters; for March/April/May, I noted 17 errors when the (medication) was given but should have been held." -There were no follow-through notations made by staff beside the pharmacist's recommendation for Resident #8. Interview on 06/26/18 at 10:20am with the Consultant Pharmacist revealed: -The Pharmacist reviewed the past 60 days of a resident's medication history when making quarterly visits. -Consultation reports of reviews were given to the RCC or left under her office door when reviews were completed; the RCC would have received the Pharmacist reports. -She expected the RCC to review Resident #8's MARs related to the Coreg administration errors and identify why the errors were happening. Interview on 06/25/18 at 9:00am with a 1st shift MA revealed: -When administering Coreg to Resident #8, the blood pressure was taken; if the SBP was 105 or less, Coreg was to be held.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 70 -If there was a Coreg medication error, the MA would document the error in the resident's Progress Notes. -She was not aware of any Coreg medication errors for Resident #8. -The MA was not aware of any audits done on residents' MARs, if one was scheduled, she was not aware of when it was to be done. Interview on 06/25/18 at 2:43pm with a 1st shift MA revealed: -There were 1 or 2 times last month that Coreg was held for Resident #8 due to her SBP being less than 105. -Sometimes Resident #8 was wobbly on her feet, she did not use a walker. Interview on 06/25/18 at 3:40pm with a second 1st shift MA revealed: -She was not aware of any Coreg medication errors for Resident #8. -If the SBP for Resident #8 was less than 105, the medication was to be held; to administer the medication could be dangerous, her blood pressure could go very low and she could need to go to the hospital for treatment. Interview on 06/26/18 at 4:45pm with a 2nd shift MA revealed: -The MA worked at the facility for 2 years; when administering medications to residents she looked at the e-MARS for the right orders for each resident and matched the pills with the right resident. -If a blood pressure reading was needed prior to the administration of a medication, she let the resident know, used the blood pressure cuff, and obtained a reading. -If a resident's blood pressure was low the medication might be held.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 71 -She was not aware of Resident #8 having Coreg medication errors, she did not usually work on that hall. -She did not know why her initials were on Resident #8's MARs on the dates of Coreg medication errors. -Someone else may have used her initials when documenting the administration of Coreg to Resident #8. -She could have made mistakes when administering medications. Interview on 06/25/18 at 11:35am with the NP revealed: -The NP saw patients at the facility; she had a mailbox for the RCC to place documents in for review. -The NP was not aware of other Coreg administration errors for Resident #8; she had not seen the pharmacy review documents for Resident #8. -If Resident #8's SBP was 105 or lower, she wanted to be aware of each occurrence. -It was dangerous for Resident #8 to be administered Coreg not as ordered, the resident would be at a high risk for falls, brain bleeding, dizziness. -The NP would recommend monitoring Resident #8's blood pressure every 15 minutes for 1 hour and every 30 minutes for 1 hour until the blood pressure was stable for 24 hours if the resident had a low blood pressure. -The NP expected MAs to be more cautious, to read the orders carefully, to question readings, to have more education on medication administration. -There was a need to prevent dangerous situations for Resident #8; safety and health was the priority.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 72 Refer to interview with the Resident Care Coordinator on 6/25/18 at 3:10pm and on 06/26/18 at 4:11pm. Refer to interview with the Assistant Administrator/Business Manager on 6/26/18 at 3:14pm and 5:00pm. Interviews on 06/25/18 at 3:10pm and 06/26/18 at 4:11pm with the Resident Care Coordinator (RCC) revealed: -If a medication error occurred, she made herself a note and gave a medication error report to the PCP. -Audits of the MARs were conducted to determine accuracy in medication administration; She tried to audit the resident records every week. -Audits were done for one hall at the time, every 3 months; residents' FL-2's were pulled and orders were checked. -The MA's were supposed to read the MAR 3 times before administering the medication. -The system was for the MAs to notify the RCC when an error occurred, the MAs were to call the PCP. -The pharmacy consultant reviewed the MAR quarterly. -Pharmacy Review reports were given to her by the Pharmacist or were left under her office door for review. -It was her responsibility as the RCC to follow through on the pharmacy consultant's recommendations. -She did not recall what she did with the recommendations from the pharmacy consultant from the last review (May 2018). -She did not know if she responded to the Pharmacist's recommendations for Resident #8, it was her responsibility to follow through with the reports.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 73 Interview on 6/26/18 at 3:14pm and 5:00pm with the Assistant Administrator/Business Manager revealed: -He expected the MAs to follow the PCP orders. -He was concerned the MAs had not followed the PCP's orders. -He was not aware of the Coreg medication errors for Resident #8; the RCC was responsible for reporting errors to the Administrator and for filling out the Medication Error Reports. -He did not know what the process was for auditing the MARs for errors; the RCC was part of the process, but he did not know how the process was conducted. -He did not know if the Administrator read the Quarterly Pharmacy Reviews, the Pharmacist's notifications of Coreg medication errors for Resident #8, or responded to the recommendations to correct the medication errors. Attempted phone interview on 6/26/17 at 9:30am with the Administrator was unsuccessful. The failure of the facility to assure medications were administered as ordered for 2 of 7 sampled residents receiving Novolog sliding scale insulin, and placing the resident at risk for dizziness, falls, and loss of consciousness (Resident #5), and Coreg, placing the residents at a high risk for falls, brain bleeding, and dizziness (Resident #5, Resident #8), was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/25/18 for this violation.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D 358	Continued From page 74 CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED AUGUST 10, 2018.	D 358		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, record reviews ans interviews, the facility failed to assure residents received care and services necessary to maintain the residents health, sefety, and welfare as related to housekeeping and furnishings, personal care and supervision, medication administration, and residents rights. The findings are: 1. Based on observations and interviews, the facility failed to assure residents' sink vanity tops were free of hazards as evidenced by sharp edges and exposed wood on 10 out of 12 sink vanity tops on the 400 hall (separate locked unit). [Refer to Tag D 79 10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings (Type B Violation)]. 2. Based on observations, interviews and record reviews, the facility failed to provide supervision in the 400 hall (a separate locked unit) television	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL032091	A. BUILDING: _____ B. WING _____	06/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RIDGE ASSISTED LIVING	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
D912	Continued From page 75 room for residents who were confused and disoriented and were at high risk for falls; 2 of 4 sampled residents on the 400 hall, who were at high risk for falls, had multiple unwitnessed falls in the television room between 01/03/18 and 06/05/18 . The falls resulted in multiple bruises, lacerations and open fracture to the nasal bone (#10), contusion (#11) and emergency department (ED) visits (#10, #11). [Refer to Tag D 270 10A NCAC 13F .0901(b) Personal Care and Supervision (Type A2 Violation)]. 3. Based on interviews and record reviews, the facility failed to follow written policies on resident falls for 1 of 1 sampled residents (#2). [Refer to Tag D 338 10A NCAC 13F .0909 Resident Rights (Type B Violation)]. 4. Based on observations, interviews and record reviews, the facility failed to administer medications as ordered by a licensed prescribing practitioner for 2 of 7 residents including Coreg (a blood pressure medication) for (#5, #8) and Novolog insulin with orders for sliding scale (#5). [Refer to Tag D358, 10A NCAC 13F .1004(a)(1) Medication Administration (Type B Violation)].	D912		