	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
					R-C 09/14/2020	
		HAL032091	B. WING			
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
URHAM	RIDGE ASSISTED LIVIN	IG	AKE FOREST HWY M, NC 27703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 000}	Initial Comments		{D 000}			
	Durham County Dep conducted a follow-u infection control focu September 3, 2020 a desk review on Septe	and September 11, 2020 and ember 4, 2020 through with an exit conference via				
D 276	10A NCAC 13F .0902(c)(3-4) Health Care		D 276			
	following in the residu (3) written procedure a physician or other I and (4) implementation or	assure documentation of the				
	This Rule is not met Based on observatio	as evidenced by: ns, interviews, and record				
		ailed to implement a ne application of compression ampled resident (#4).				
	The findings are:					
	Review of Resident # 11/22/19 revealed:	4's current FL-2 dated				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
			A. BUILDING:		R-C	
		HAL032091	B. WING			/14/2020
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
URHAM	RIDGE ASSISTED LIVIN	G	AKE FOREST HWY			
			M, NC 27703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From page	e 1	D 276			
	-Diagnoses included muscle weakness.	dementia, dysphagia, and				
		for the resident to wear				
	compression stocking					
	peripheral edema and prevent blood clots) daily.					
	Review of Resident #4's electronic medication					
	administration records (eMARs) for July 2020,					
	August 2020, and September 2020 revealed: -There was an entry to apply compression					
	stockings in the morning and remove in the					
	evening with a scheduled administration time of					
	6:00am and 8:00pm.					
	-There was documentation from					
	07/01/20-09/10/20 the compression stockings					
	were applied and removed.					
	-There was no docun	esident #4 ever refused to				
	wear the compression					
		as documentation Resident				
	#4's compression sto	ockings had been applied.				
		ent #4 on 09/11/2020 at				
	9:10am revealed:					
	-She was sitting in a room.	wheelchair in the dining				
	-She was wearing gre	ev socks				
		g compression stockings.				
	Second observation	of Resident #4 on 09/11/20				
		he was laying in her bed				
		n her left foot; she was not				
	wearing compression	n stockings.				
	-	onal care aide (PCA) on				
	09/11/20 at 9:33am re					
	-He dressed Residen Resident #4 into her					
	-He did not put comp					
						1

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BLN212

If continuation sheet 2 of 8

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	SI CONNECTION	DENTIFICATION NOMBER.	A. BUILDING:			
		HAL032091	B. WING			R-C // 14/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DURHAM	RIDGE ASSISTED LIVIN	G	KE FOREST HWY I, NC 27703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From page	e 2	D 276			
		with Resident #4 for the past know she had an order for gs.				
	10:19am revealed: -She had not put com Resident #4 lately, "r -Resident #4 probabl stockings because so were swollen. -Residents who wore were on a list that wo on each hall. -She did not see a list on the 100-hall where -Third shift staff was compression stocking of bed. -If the third shift did not	y needed the compression ometimes Resident #4's legs compression stockings build be hanging on the wall at for compression stockings e Resident #4's room was. responsible for applying gs before residents were out not apply the compression be responsible for applying				
	-She did not recall, "e stockings on Resider -She had not told any wearing compression not know Resident #4 compression stocking -If Resident #4 had c	ever" putting compression nt #4. yone Resident #4 was not n stockings, because she did 4 was supposed to wear				
	revealed Resident #4	CA on 09/11/20 at 10:19am I had a pair of white gs in the top drawer of her				
	-	CA communication area on /20 at 10:19am revealed a resident who wore				

Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY IPLETED
		BENTI IOATION NOMBER.	A. BUILDING:			
		HAL032091	B. WING		R-C 09/14/2020	
IAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
URHAM	RIDGE ASSISTED LIVIN	IG	AKE FOREST HWY M, NC 27703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From pag	e 3	D 276			
	compression stocking	gs posted.				
	09/11/20 at 11:01am -Resident #4's order was at 6:00am and the would be responsible compression stocking -Usually, the PCA wo not have compression supposed to; no one not have compression -No one told her Res compression stocking -She had not looked compression stocking -The PCA's were res compression stocking -The PCA's were res compression stocking -The PCA's were res compression stocking -The PCA's were res compression stocking -The PCA was support the compression stocking -She used to check to sure compression stocking -She used to check to she was busy with C oxygen checks every -She documented Res stockings on because what they were supp -She could not recall	for compression stockings herefore the third shift PCA e for applying the gs. build tell her if a resident did on stockings on if they were had told her Resident #4 did on stockings on. ident #4 did not have gs on today, 09/11/20. to see if Resident #4 had gs hose on or not. with a third shift MA on revealed: ponsible for applying gs on residents in the osed to let the MAs know if ckings were not put on and know Resident #4's gs had not been applied. behind the PCA's to make ockings had been applied he had not lately because OVID-19 temperature and r morning. esident #4 had compression e she trusted the PCA's did osed to do.				
	Interview with the Re (RCC) on 091120 at	esident Care Coordinator 11:42am revealed:				

STATE FORM

STATEMENT	of Health Service Regu r of DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL032091	B. WING			R-C // 14/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		3420 WA	KE FOREST HWY			
DURHAM	RIDGE ASSISTED LIVIN	G DURHAN	M, NC 27703			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
D 276	Continued From page	e 4	D 276			
	-Compression stockir	ngs were kept in the				
	resident's rooms.					
		as responsible for applying				
		gs in the morning before				
	residents were gotter					
		d check to make sure the				
	compression stocking					
	-She expected the MA to apply the compression					
	stockings.	as an duty and the				
	-If a first shift MA came on duty and the compression stockings had not been applied, she					
	expected the MA to tell her.					
	•	Resident #4 did not have				
	compression stockings applied today, 09/11/20, until it had been brought to the MA's attention					
	Resident #4 did not have compression stockings					
	on today, 09/11/20.	1 3				
	-	Resident #4 did not have				
	compression stocking	gs on because there was an				
	order to apply compre	ession stockings daily.				
		npression stockings on,				
		because she saw them.				
		ounds every day to make				
		n stockings had been applied				
		ance to make rounds today,				
	09/11/20.					
	Interview with a seco	nd MA on 09/11/20 at				
	11:50am revealed:					
	-Third shift staff was i	responsible for applying				
		s before residents were out				
	of the bed.					
		did not do anything with the				
	compression stocking					
		#4 had an order "at one				
	point" for compressio					
		ook to see if compression				
		pplied because the third				
		ady checked off on the task				
	and It would not show alth Service Regulation	v up on her medication pass.				

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STATEMEN	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		HAL032091	B. WING		R-C 09/14/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		3420 WA	KE FOREST HWY			
DURHAM	RIDGE ASSISTED LIVIN	DURHAI	M, NC 27703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETE DATE
D 276	Continued From page	e 5	D 276			
	noticed if Resident #4 applied. -She knew "about a v compression stocking had a dress on, and compression stocking	wore pants and she had not 4 had compression stockings week ago" Resident #4 had gs on because Resident #4 she had noticed one of the gs needed to be pulled up. lent #4 at 12:15pm revealed npression stockings.				
	12:42am revealed: -Compression stocking the third shift PCAs. -He expected the firs compression stocking had not been done b -He expected the firs know the resident did stockings on so it cou RCC. -The RCC would be n touch with the third s knew the task neede -The MA was ultimated sure the compression applied. -He did not know why compression stocking	gs on a resident if the task y the third shift staff. t shift PCA to let the MA d not have compression uld be addressed by the responsible for getting in hift staff to make sure they d to be done. ely responsible for making n stockings had been y Resident #4 did not have gs on today, 09/11/20, been soiled, etc., and he				
	09/14/20 at 5:52am r -She worked on the 1 of Resident #4. -Resident #4 wore re	100-hall and had taken care gular socks. rn compression stockings				

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If continuation sheet 6 of 8

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		HAL032091	B. WING			R-C // 14/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	RIDGE ASSISTED LIVIN	G 3420 WA	KE FOREST HWY			
		DURHAN	A, NC 27703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From page	e 6	D 276			
	stockings for Residen -She had told the MA compression stocking not recall which MA o thought it was "about Telephone interview w Resident #4's primary on 09/14/20 at 10:05a -Resident #4's origina stockings was dated documented as due t apply compression st the elevation of legs. -She knew "in the pas refusals for wearing t -The order should hav	ble to find compression at #4. she could not find gs for Resident #4 but did ar when she told a MA but a week ago." with a medical assistant from y care providers (PCP) office am revealed: al order for compression 10/03/17 and was o congestive heart failure to ockings daily and encourage st" Resident #4 had a lot of he compression stockings. ve been followed as ordered uld have been encouraged sion stockings. ue the compression				
	09/14/20 at 12:02pm -She had seen Resid Resident #4 was not stockings and did hav -The staff told her Re wear the compression -Resident with demer wearing compression -She thought Resider compression stocking order. -Prior to today, 09/14	ent #4 today, 09/14/20, and wearing compression /e a trace of edema. sident #4 had refused to n stockings "here and there." ntia often did not tolerate				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C	
		HAL032091	B. WING			/14/2020
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
URHAM	RIDGE ASSISTED LIVIN	G	AKE FOREST HWY			
()(4) 15	SUMMARY ST		M, NC 27703	PROVIDER'S PLAN O		(25)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 276	Continued From page	e 7	D 276			
	Based on observation interviews, Resident	n, record review, and #4 was not interviewable.				