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 _____ | 02/02/2024 |

| 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<br><br>The Adult Care Licensure Section conducted an Annual and a Complaint investigation on 01/30/24 - 02/01/24 with an exit date via telephone on 02/02/24. The Durham County Department of Social Services initiated the complaint investigation on 01/19/24. | D 000 | | |
| D 271 | 10A NCAC 13F .0901(c) Personal Care and Supervision<br><br>10A NCAC 13F .0901 Personal Care and Supervision<br>(c) Staff shall respond immediately in the case of an accident or incident involving a resident to provide care and intervention according to the facility's policies and procedures.<br><br>This Rule is not met as evidenced by:<br>TYPE A1 VIOLATION<br><br>Based on interviews and record reviews, the facility failed to ensure immediate response and intervention by staff for 2 of 2 sampled residents (#6, #8) for a resident who had an unwitnessed fall and was moved from the floor to a chair before calling 911 (#6); and a resident who was found on the bedroom floor unresponsive, not breathing, and with no pulse, and staff failed to provide cardiopulmonary resuscitation (#8).<br><br>1. Review of the facility's undated Incident/Accident Policy revealed it was the policy | D 271 | It is the policy of Durham Ridge Assisted Living to ensure that staff shall respond immediately in the case of an accident or incident invovling a resident to provide care and intervention according to the facility's policies and procedures.<br><br>CPR classes were held with staff on January 18th, February 27th and on March 12, 2024.<br><br>The President of the association conducted two trainings with care staff on March 6, 2024 on topics including but not limited to personal care and supervision, responding to accidents/ incidents and health care referral and follow up.<br><br>The RN Consultant from the pharmacy conducted trainings with staff on March 5th and is scheduled for additional trainings on March 12th and 19th, 2024. Topics of the training included but were not limited to, responding to and evaluating a resident that has fallen, is in distress, when to initiate CPR and skin assessments and wound care.<br><br>The RN from the home health company is scheduled to provide training to staff on March 14th and 21st, 2024 on topics including but not limited to, skin assessments, wounds, and responding to a resident that has fallen. | |



Reviewed and Acknowledged 03-14-24 Janet Thornburg

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 1<br>of the facility to always have at least one staff person on the premises who had completed a course on CPR within the last 24 months.<br><br>Review of Resident #8's current FL-2 dated 05/25/23 revealed:<br>-Diagnoses included dementia, anxiety disorder, insomnia, schizophrenia, major depressive disorder, hypertension, and type 2 diabetes.<br>-She was independent with ambulation.<br>-She was incontinent of bowel and bladder.<br><br>Review of the local emergency services communications report dated 12/28/23 revealed:<br>-A call was received on 12/28/23 at 6:38pm for a cardiac or respiratory arrest.<br>-The caller stated Resident #8 was not breathing, was unconscious, and the staff could not get a pulse.<br>-There was no defibrillator available in the facility.<br>-The caller stated she knew what to do and did not need directions from her (911 dispatcher); caller just needed an ambulance and hung up at 6:43pm.<br>-From the first dispatch to the first arrival it took 8 minutes and 3 seconds to arrive at the facility.<br><br>Review of the Emergency Medical Services (EMS) report dated 12/28/23 revealed:<br>-EMS arrived on the scene and found first responders from the local fire department performing CPR on Resident #8 as well as providing ventilation.<br>-The facility staff reported that Resident #8 was last seen at 6:15pm leaving the dining room and going to her room.<br>-The facility staff reported they were doing their rounds around 6:30pm when Resident #8 was found unresponsive on the floor and called 911.<br>-Resident #8 was cool to touch with no rigidity | D 271 | An all staff meeting is scheduled for March 14, 2024 with the Owner on topics including but limited to responding to incident/ accidents, skin assessments, CPR and meal service.<br><br>The Physical Therapist with an outpatient therapy clinic will conduct shift to shift training on March 14th and if necessary March 19th on topics including but not limited to transfers and evaluating a resident after a fall. | March 3, 2024 and ongoing |

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 2<br>(being stiff) or lividity (a discolored, bluish appearance caused by pooling of blood) noticed.<br>-Resident #8 had no visible injuries and staff reported Resident #8 had not been ill.<br>-Medical control was contacted because Resident #8 was in asystole (the heart was not beating) with extended downtime prior to CPR being started.<br>-Resident #8 went into asystole with no heart tones at 7:29pm.<br>-EMS telephoned medical control and was directed to discontinue the code.<br>-Time of death was documented as 7:47pm<br><br>Review of Resident #8's record on 02/01/24 revealed:<br>-Resident #8 did not have a Do Not Resuscitate (DNR) order.<br>-There was no incident/accident report available for review.<br>-There was no progress notes to review related to Resident #8's incident on 12/28/23.<br><br>Telephone interview with the captain of the local fire department on 01/19/24 at 10:10am revealed:<br>-The local fire department was dispatched to the facility on 12/28/23 for a cardiac arrest.<br>-A facility staff directed the first responders to a room on the 100-hallway.<br>-The door to the bedroom was closed, and Resident #8 was in the room alone when the first responders arrived at 6:47pm.<br>-There was no facility staff in the room with Resident #8, and CPR had not been started on Resident #8 prior to the first responders arrival.<br>-Resident #8 was assessed by the first responders and life saving measures were attempted.<br>-He performed CPR on Resident #8.<br>-Resident #8 was pronounced dead at the scene | D 271 | | |

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 3<br>by EMS paramedics.<br>-The facility staff reported Resident #8 had been in the dining room for dinner, left the dining room and went to her room.<br>-Resident #8 was found by facility staff during rounds.<br><br>Interview with a Supervisor on 01/31/24 at 3:26pm revealed:<br>-She was the Supervisor on second shift (3 to 11).<br>-She passed medications on the 200-hall and supervised the building.<br>-On 12/28/23, she was the Supervisor and she passed medications on the 100 and 200 hallways until another medication aide (MA) arrived at work.<br>-The MA arrived at 6:20pm and was to manage the 100-hall.<br>-She was seated at the nurse's station when she saw Resident #8 leave the dining room and walk past the nurse's station toward her room at 6:15pm.<br>-She spoke to Resident #8 when Resident #8 walked past the nurse's station, and Resident #8 responded with a "grunt", which was usual for Resident #8.<br>-The medication aide (MA) walked down the 100 hallway and as the MA was walking back toward the nurse's station the MA saw Resident #8 lying on the floor at 6:30pm.<br>-The MA asked her if Resident #8 was supposed to be on the floor and she replied "no."<br>-She yelled toward Resident #8's room and told her to get up off the floor, she would help her put her shoes on.<br>-The MA walked into Resident #8's room and said, "something was wrong with Resident #8."<br>-She went to Resident #8's room and saw Resident #8 lying on the floor between her bed | D 271 | | |

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 4<br>and the dresser; she was lying on her stomach with her left arm under her head; she had her bra on, an incontinent brief pulled "halfway up to her thighs," and her pajamas lying on her bed.<br>-She and the MA moved the dresser, and she turned Resident #8 over onto her back.<br>-Resident #8's eyes were open.<br>-She thought Resident #8 made a "grunt sound" but she was not sure.<br>-She touched Resident #8 to shake her and she did not respond to touch or being shaken.<br>-Resident #8 did not have a pulse and was not breathing.<br>-She told the MA to stay with Resident #8 while she called 911.<br>-She went to the nurse's station, which was about 30 to 40 feet from Resident #8's room and called 911.<br>-She told the 911 dispatcher she needed an ambulance, there was an unresponsive resident lying on the floor; her coworker, the MA, was with the resident.<br>-The 911 operator asked if the resident was responsive, she yelled from the nurse's station to Resident #8's room, and the MA responded "no."<br>-The 911 operator asked if the facility had an Automated External Defibrillator (AED), and she responded "no."<br>-She was instructed by the 911 operator not to give Resident #8 food or drink, and not to move her.<br>-She responded, "we know, we are not going to touch Resident #8, and we are not going to give her food or drink."<br>-The local fire department arrived; she hung up with 911 and opened the locked front door.<br>-Resident #8's bedroom door was open, and the MA was in the bedroom with Resident #8.<br>-The EMS arrived 2 to 3 minutes after the fire department. | D 271 | | |

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 5<br>-EMS worked on Resident #8 for about an hour.<br>-Residents who had an order for Do Not Resuscitate (DNR) wore a red or purple bracelet that had "Do Not Resuscitate" on the bracelet.<br>-Resident #8 did not have a DNR bracelet on.<br>-The MA called the previous Administrator who was on-call for the evening.<br>-The facility's protocol was to call the Manager on-call if there was no Manager in the facility.<br>-There was no Manager in the building when Resident #8 was found on the floor, unresponsive.<br>-She did not initiate cardiopulmonary resuscitation (CPR).<br>-She called 911 to try and get help in the facility.<br>-The 911 operator did not ask her any questions regarding CPR.<br>-She knew when to use CPR, when a resident was unresponsive.<br>-She should have started CPR on Resident #8, but she panicked.<br><br>Interview with the MA on 01/31/23 at 4:19pm revealed:<br>-She worked the 100-hall on 12/28/23.<br>-She clocked in at 6:26pm on 12/28/23.<br>-She walked down the 100-hall to get a towel.<br>-As she was returning to the nurse's station, she saw Resident #8 lying on the floor.<br>-She was lying between the bed and the dresser, on her left side, facing the bed.<br>-She touched Resident #8, but she did not respond.<br>-She was wearing a bra that was secured and an incontinent brief pulled all the way up.<br>-She called for the Supervisor to come to Resident #8's room.<br>-The Supervisor rolled Resident #8 onto her back.<br>-Resident #8 did not make any sounds when turned onto her back. | D 271 | | |

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 6<br>-She checked Resident #8 for a pulse at the neck and the wrist on the right side and the Supervisor checked for a pulse at the neck and the wrist on the left side.<br>-Neither she nor the Supervisor were able to feel a pulse.<br>-The Supervisor went to the phone in the hallway, which was diagonally across from Resident #8's door, to call 911.<br>-She stayed in the room with Resident #8; she did not notice any movement or sound.<br>-Resident #8 was cool to touch.<br>-Resident #8 did not have a pulse and was not breathing.<br>-She did not start CPR; she knew Resident #8 was dead.<br>-She did not know why she did not attempt CPR.<br>-She was standing in the hallway when the local fire department entered the room.<br>-She did not recall if Resident #8's door was opened or closed when the local fire department arrived.<br>-She called the previous Administrator from her personal phone after EMS arrived; the previous Administrator was on call the evening of 12/28/23.<br>-She was the Supervisor on third shift but would come in early on second shift to help due to being short staffed on second shift.<br><br>Telephone interview with the Supervisor of EMS on 02/02/24 at 9:06am revealed:<br>-The EMS and the local fire department were dispatched to the facility for a cardiac arrest on 12/28/23 around 6:30pm.<br>-The paramedics from the local fire department arrived on the scene first.<br>-The facility staff met the EMS staff at the front door and led the EMS staff down the 100-hallway to Resident #8's room which was the second door | D 271 | | |

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 7<br>on the right.<br>-CPR was being performed on Resident #8 by personnel from the local fire department.<br>-He observed CPR being performed on Resident #8.<br>-He spoke with the Chief of the local fire department, who informed him Resident #8 was lying on the bedroom floor, by herself, with the bedroom door closed; CPR had not been initiated when the local fire department arrived.<br>-The Supervisor reported to him Resident #8 was in the dining room around 6:00pm, she exited the dining room around 6:15pm, and walked past the nurse's station on the way to her room.<br>-The MA reported to him she started work at 6:30pm, walked down the 100-hallway, saw Resident #8 lying on the floor, unresponsive and not breathing, and then left the room to call 911.<br>-It was determined Resident #8 had been down for 7 to 8 minutes when CPR was started. (If downtime was less than 15 minutes, the criteria was to start CPR.)<br>-The fire local department responded within 7 to 8 minutes and initiated CPR.<br>-Medical Control was notified at 19:47pm and declared time of death.<br><br>Interview with current Primary Care Provider (PCP) on 02/02/24 at 7:56am revealed:<br>-He was the facility PCP until March 2023, when the previous PCP serviced the facility.<br>-He resumed services of the facility on 01/09/24.<br>-Resident #8 did not have a DNR order.<br>-CPR should start right away if a resident did not have a pulse and was not breathing.<br><br>Interview with the Regional Marketing Director on 02/01/24 at 2:45pm revealed:<br>-She was the previous Administrator of the facility and continued to share on-call with the | D 271 | | |

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 8<br>management team.<br>-She received a call on 12/28/23 at 6:40pm from the MA working the 100-hall.<br>-The MA called to notify her Resident #8 was found in her room unresponsive.<br>-The MA reported she was with Resident #8, and the Supervisor called the 911 operator.<br>-The MA informed the 911 operator the MA knew what to do; they did not discuss CPR.<br>-The conversation lasted about 60 seconds; the MA stated she had to hang up and let EMS in the facility.<br><br>Interview with the Administrator on 02/01/24 at 4:26pm revealed:<br>-He was notified that Resident #8 expired by the Regional Marketing Director.<br>-He did not realize CPR was not started by the facility staff.<br>-The Supervisor should have started CPR when Resident #8 was found on her bedroom floor.<br><br>Attempted telephone interview with the 911 dispatcher on 02/01/24 at 8:31pm was unsuccessful.<br><br>2. Review of Resident #6's current FL2 dated 10/18/23 revealed:<br>-Diagnoses included vascular dementia, osteoporosis, moderate protein-calorie malnutrition, and major neurocognitive disorder.<br>-She was intermittently disorientated.<br>-She was ambulatory.<br>-Her level of care was Special Care Unit (SCU).<br><br>Review of Resident #6's Resident Register revealed an admission date of 09/29/21.<br><br>Review of Resident #6's current plan of care dated 10/18/23 revealed: | D 271 | | |

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 9<br>-Resident #6 required supervision with eating, ambulation, and transferring.<br>-Resident #6 required extensive assistance with bathing and dressing.<br>-Resident #6 was dependent for toileting and grooming/personal hygiene.<br><br>Review of the facilities undated fall prevention program revealed:<br>-If a resident was found on the floor and the incident was unwitnessed the resident was not to be moved one staff member must stay with the resident until emergency medical services (EMS) arrived to ensure there was no further injury due to an injured resident trying to get up without assistance.<br>-A second staff member must immediately call 911.<br><br>Review of Resident #6's incident and accident report dated 01/07/24 revealed:<br>-The time of the incident was documented as between 3:00pm-4:00pm.<br>-The location of the incident was the television (TV) room.<br>-The description of the incident was documented as Resident #6 had an unwitnessed fall and the resident was saying she could not stand and was in pain.<br>-The description of the injury was documented as none.<br><br>Review of Resident #6's telemedicine triage note dated 01/07/24 revealed:<br>-Resident #6 had an unwitnessed fall.<br>-Resident #6's vitals were a blood pressure reading of 133/99, pulse was 76, and respirations were 18.<br>-It was documented Resident #6 did not have an injury. | D 271 | | |

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 10<br>-Resident #6 was complaining of pain.<br>-Resident #6 was not able to answer questions or get up.<br>-Triage responded if the resident could not get up, to call EMS and have the resident evaluated.<br>-The triage note was electronically signed at 5:27pm.<br>-There was no other time documented to know what time the call was received.<br><br>Review of Resident #6's EMS report dated 01/07/24 revealed:<br>-EMS was dispatched at 5:24pm<br>-Upon arrival at the facility Resident #6 was found in a slouched position in a chair.<br>-Per the facility Resident #6 had an unwitnessed fall today and it was unknown where the fall occurred or at what time.<br>-Resident #6 had obvious deformity to the left hip with noted discoloration of the foot with difficult to find pedal pulses.<br>-Resident #6 was given intravenous (IV) pain control to reduce pain.<br>-Resident #6 was unable to give a pain score but she was noted to not be able to get comfortable on the stretcher.<br>-Resident #6 was able to rest with IV pain control.<br><br>Telephone interview with Resident #6's family member on 01/31/24 at 10:08am revealed:<br>-Resident #6 was currently in a rehabilitation center after fracturing her hip from a fall at the facility.<br>-She did not know how Resident #6 fell but was told another resident fell into the resident causing the fall.<br>-She did not know the time Resident #6 fell because they did not know until the next day that Resident #6 had a fall.<br>-When they asked what time Resident #6 fell, | D 271 | | |

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 11<br>they were told by facility staff they did not know.<br><br>Telephone interview with a personal care aide (PCA) on 02/01/24 at 10:35am revealed:<br>-She had just come to work, between 3:05pm and 3:10pm, and when she went into the 400 hall TV room and found Resident #6 had.<br>-The PCA with the resident told her to help get Resident #6 off the floor.<br>-If a resident was on the floor, she would go under the resident's arms and pick the resident up, but Resident #6 was a large lady and she could not do that.<br>-She and the other PCA tried to get the resident up but were not able to and the PCA told her to go get another PCA.<br>-Resident #6 was whining and could not sit on her hip, it was like she was leaning away from the hip because she did not want to sit on it.<br>-When the PCA from the 300-hall picked Resident #6 off the floor she thought the resident cried but she was not sure.<br><br>Interview with the other PCA on 02/01/24 at 2:18pm revealed:<br>-Resident #6 had been sitting in a chair in the 400-hall TV room when she left the room to assist another resident.<br>-While she was assisting the other resident, she heard a scream.<br>-When she went into the television room, Resident #6 was lying on the floor.<br>-A resident was trying to get Resident #6 off the floor.<br>-She and another PCA tried to get Resident #6 off the floor but they could not, so she asked a third PCA (300-hall PCA) to help.<br>-The third PCA was able to pick Resident #6 off the floor, but the resident could not stand.<br>-Resident #6 could not sit in the chair "regularly", | D 271 | | |

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 12<br>she was stretched out.<br>-She thought something was wrong with Resident #6's leg because the resident was moaning when you touched her leg.<br>-She knew something was "not right" when Resident #6 did not get up and walk because Resident #6 walked a lot.<br>-If a resident hit their head the resident was not supposed to be moved.<br>-Staff would know if a resident had hit their head because they would have blood on it.<br><br>Interview with the 300-hall PCA on 02/01/24 at 12:19pm revealed:<br>-If a resident was found on the floor, he checked the resident to make sure they were okay.<br>-If the resident was not in pain, he would pick the resident up if he was able to, and if he needed help, he asked another staff member to help.<br>-He was working in the 300-hall when a PCA asked for his assistance getting Resident #6 off the floor.<br>-He thought Resident #6 "hollered out" when he picked her up, but he could not remember for sure.<br><br>Telephone interview with a MA on 02/01/24 at 9:07am revealed:<br>-She did not see Resident #6 fall.<br>-The PCAs had already gotten Resident #6 up and into a chair.<br>-Resident #6 was complaining that her leg was hurting.<br>-When she touched Resident #6's leg the resident stated "Ouch."<br>-She contacted the telemedicine triage and let them know Resident #6 was complaining of pain.<br>-The doctor then told her to send Resident #6 out, so she did.<br>-Any unwitnessed falls were reviewed on the | D 271 | | |

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 13<br>camera so they would know what happened.<br>-The Administrator reviewed the video footage and had the staff review the video too.<br>-She could see other residents trying to get Resident #6 up, the PCAs trying to get the resident up and then another PCA came and was able to get Resident #6 off the floor.<br><br>Telephone interview with the same MA on 02/02/24 at 12:59pm revealed:<br>-She did not know what time Resident #6 fell.<br>-The MA from the 300-hall told her a resident had fallen on the 400 hall and the PCAs had asked a PCA from the 300 hall to help get the resident up.<br>-She went immediately to the 400 hall.<br>-She assessed the resident and then initiated a telemedicine triage on the computer.<br>-She had to enter the resident's name and vital signs.<br>-It took a long time to get a response back so she asked another MA if she should go ahead, and call EMS and the other MA told her to wait for directions from triage.<br>-She received notification from triage to call EMS and have the resident evaluated.<br>-She did not know the length of time from when she assessed the resident until EMS was called but it was "maybe an hour, but that was it."<br><br>Interview with the Resident Care Coordinator (RCC) on 02/01/24 at 11:51am revealed:<br>-If a resident had a fall, the PCA should call the MA.<br>-The PCA should not move the resident but could put a pillow under the resident's head to get the resident comfortable.<br>-The MA would assess the resident and then contact EMS to have the resident sent to the hospital.<br>-An unwitnessed fall would be an automatic call | D 271 | | |

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 14<br>to EMS.<br>-She had received a call from the MA to notify her that Resident #6 had a fall.<br>-The MA did not tell her the PCAs had moved the resident from the floor.<br>-She could not recall the details of the call, but she knew the resident had a fall, EMS was called, and the hospital staff told her Resident #6 had a fractured hip.<br>-The PCAs were trained to not move a resident.<br><br>Interview with the Administrator on 02/01/24 at 11:00am and 3:44pm revealed:<br>-If a PCA found a resident on the floor, they should call 911.<br>-A staff member should stay with the resident and another staff member should call 911.<br>-If the fall was unwitnessed staff would immediately call 911.<br>-He reviewed the video footage of Resident #6's fall.<br>-Resident #6 was in the TV room and another resident was trying to assist the resident.<br>-He saw two staff members go into the TV room to assist Resident #6; was only 15-20 seconds.<br>-He did not look at the time of the fall, he was focused on the fall.<br>-Resident #6 was trying to move around and the PCAs were trying to get Resident #6 to sit up.<br>-He did not see Resident #6 "grimacing" or anything.<br>-Another PCA assisted Resident #6 from the floor to a chair.<br>-Staff should not move a resident from the floor until after the resident had been assessed because it could cause further injury.<br><br>Telephone interview with Resident #6's primary care provider (PCP) on 02/02/24 at 7:56am revealed: | D 271 | | |

| 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 _____ | 02/02/2024 |

| 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 271 | Continued From page 15<br>-If a resident was lying on the floor, the resident would usually be left on the floor.<br>-The facility's staff was not able to assess the resident, which was why the resident would be left on the floor and EMS would need to assess the resident.<br>-Moving a resident with an injury could cause the resident to have more pain.<br>-If a resident had an injury to the hip, you would not want to stand the resident or move the resident into a chair to sit.<br><br>Attempted telephone interview with the EMS responding staff on 02/01/24 at 10:45am was unsuccessful.<br><br>The facility failed to administer CPR to Resident #8, who was found lying on the floor of her bedroom without a pulse, and staff did not initiate CPR until the local fire department first responders arrived and initiated CPR; and staff picked Resident #6 off the floor after an unwitnessed fall, who was in pain, resulting from a fractured hip and the facility's policy was to not move the resident found on the floor after an unwitnessed fall and to immediately call 911. This failure resulted in serious physical harm and neglect and constitutes a Type A1 Violation.<br><br>The facility provided a plan of protection in accordance with G.S. 131D-34 on 01/31/24 for this violation.<br><br>CORRECTION DATE FOR THE TYPE A1 VIOLATION SHALL NOT EXCEED MARCH 3, 2024. | D 271 | | |
| D 273 | 10A NCAC 13F .0902(b) Health Care | D 273 | | |

| 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 _____ | 02/02/2024 |

| 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 273 | Continued From page 16<br>10A NCAC 13F .0902 Health Care<br>(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.<br><br>This Rule is not met as evidenced by:<br>TYPE A2 VIOLATION<br><br>Based on interviews and record reviews, the facility failed to ensure health care referral and follow-up to meet the healthcare needs for 1 of 7 sampled residents (#7) related to a resident with wounds to his lower extremities that were not treated.<br><br>The findings are:<br><br>Review of Resident #7's signed FL-2 dated 05/18/23 revealed:<br>-Diagnoses included dementia and memory loss.<br>-He was constantly disoriented.<br>-He wandered.<br>-He needed assistance with bathing and dressing.<br>-He was ambulatory.<br>-He was incontinent of bowel and bladder.<br>-He communicated verbally.<br>-His skin was normal.<br><br>Review of Resident #7's Resident Register signed on 06/01/21 revealed:<br>-There was no entry for the date of admission.<br>-He required assistance with dressing, bathing, nail care, toileting, and skin care.<br>-He had a significant loss of memory.<br><br>Review of Resident #7's signed quarterly resident profile dated 05/15/23 revealed:<br>-He could not answer questions.<br>-He was dependent on staff for grooming, | D 273 | It is the policy of Durham Ridge Assisted Living to assure that referral and follow-up to meet the routine and acute health care need of residents.<br><br>A bath team was established and implemented on March 1, 2024, headed by one of the most experienced PCAs at the facility. The bath team will be responsible for assisting all residents with their bathing and to complete skin assessments on all residents that have any skin abnormalities at the time that care is being provided.<br><br>The President of the association conducted two trainings with care staff on March 6, 2024 on topics including but not limited to personal care and supervision, responding to accidents/ incidents and health care referral and follow up to meet the needs of the residents.<br><br>The RN Consultant from the pharmacy conducted trainings with staff on March 5th and is scheduled for additional trainings on March 12th and 19th, 2024. Topics of the training included but were not limited to, responding to and evaluating a resident that has fallen, is in distress, when to initiate CPR and skin assessments and wound care.<br><br>The RN from the home health company is scheduled to provide training to staff on March 14th and 21st, 2024 on topics including but not limited to, skin assessments, wounds, and responding to a resident that has fallen.<br><br>An all staff meeting is scheduled for March 14, 2024 with the Owner on topics including but limited to responding to incident/accidents, skin assessments, CPR and meal service.<br><br>A meeting was held with representatives from the primary care provider on March 6, 2024 to ensure that residents are treated appropriately when they are referred to the primary care provider. | March 3, 2024 and ongoing |

| 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 _____ | 02/02/2024 |

| 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 273 | Continued From page 17<br>dressing, and bathing.<br>-His cognitive skills for daily decision making were severely impaired.<br><br>Review of Resident #7's signed standing orders dated 05/18/23 revealed:<br>-May clean skin tears, minor cuts, and abrasions with normal saline, apply triple antibiotic ointment, cover with band-aide or gauze, and secure with tape.<br>-Change dressing daily, if no improvement in 2 days notify the Primary Care Provider (PCP).<br><br>Review of Resident #7's podiatry visit dated 06/06/23 revealed:<br>-Resident #7 presented for at risk foot care.<br>-Resident #7 ambulated with a walker.<br>-The dorsalis pedal pulse (a main artery in the foot) was non-palpable on both feet.<br>-Capillary refill time (CRT) was +3 seconds bilaterally. (Normal CRT was 1 to 2 seconds, a CRT longer than 2 seconds suggested poor perfusion to the foot.)<br>-Skin color to both feet was red.<br>-Skin texture was thin, shiny, and dry on both feet.<br>-Resident #7 had peripheral vascular disease (PVD).<br><br>Review of Resident #7's signed care plan dated 06/19/23 revealed:<br>-The care plan was signed by the previous Resident Care Coordinator (RCC).<br>-He needed assistance with all activities of daily living (ADLs)<br>-He ambulated independently.<br>-His skin was normal.<br>-He had daily incontinence of bowel and bladder.<br>-He was always disoriented.<br>-He required extensive assistance with bathing, | D 273 | | |

| 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 _____ | 02/02/2024 |

| 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 273 | Continued From page 18<br>dressing, grooming, toileting, and eating.<br>-He required limited assistance with transfers and ambulation.<br><br>Review of Resident #7's PCP progress note dated 07/10/23 revealed:<br>-Reason for a visit was for leg wound, advanced dementia and gait instability.<br>-Resident #7 had a large abrasion on his left shin but no signs of a soft tissue infection.<br>-He did not require any specialized wound care.<br>-His skin was of normal temperature with a large abrasion on the medial aspect of the left shin.<br>-The PCP advised the staff to cover the wound of the left leg to keep it clean.<br>-The resident had no evidence of skin breakdown related to peripheral vascular disease.<br><br>Review of Resident #7's incident/accident report dated 07/12/23 revealed:<br>-The incident occurred at 6:00pm on 07/12/23.<br>-Resident #7 was not responding normally, shaking a lot and would not stand.<br>-There were no injuries.<br>-EMS was notified to transfer Resident #7 to the hospital.<br><br>Review of Resident #7's record on 01/31/24 revealed there were no wound location forms available for review.<br><br>Review of Resident #7's activities of daily living (ADL) log for June 2023 revealed:<br>-There was an entry for a sponge bath 4 days a week.<br>-There was documentation Resident #7 received a sponge bath on 06/01/23, 06/03/23, 06/04/23, 06/06/23,06/08/23, 06/10/23, 06/11/23, 06/13/23, 06/15/23, 06/17/23, 06/18/23, 06/20/23, 06/22/23, 06/24/23, 06/25/23, 06/27/23, and 06/29/23. | D 273 | | |

| 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 _____ | 02/02/2024 |

| 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 273 | Continued From page 19<br>-There was an entry for bathing 3 days a week.<br>-There was documentation Resident #7 received a bath on 06/07/23, 06/09/23, 06/12/23, 06/14/23, 06/16/23, 06/19/23, 06/21/23, 06/23/23, 06/26/23, 06/28/30, and 06/29/30.<br>-There was no documentation of a bath given to Resident #7 on 06/02/23 and 06/05/23.<br><br>Review of Resident #7's ADL log for July 2023 from 07/01/23 to 07/12/23 revealed:<br>-There was an entry for a sponge bath 4 days a week.<br>-There was documentation Resident #7 received a sponge bath on 07/01/23, 07/02/23, 07/04/23, 07/06/23, 07/08/23, 07/09/23, 07/11/23.<br>-There was an entry for bathing 3 days a week.<br>-There was documentation Resident #7 received a bath on 07/03/23, 07/05/23, 07/07/23, 07/10/23, and 07/12/23.<br><br>Review of Resident #7's electronic progress note dated 05/01/23 to 07/24/23 revealed:<br>-There was an entry created by an MA on 07/14/23 related to an incident observed on 07/12/23 at 6:00pm.<br>-Resident #3 was not acting his normal self; Resident #3 had chills and not responding when his name was called; Resident #3 was sent to the Emergency Room (ED).<br>-There was no documentation Resident #7 had skin breakdown or wounds to his lower legs or feet.<br><br>Review of Resident #7's Emergency Medical Services (EMS) report dated 07/12/23 revealed:<br>-Primary impression was fever.<br>-Secondary impression was altered mental status.<br>-At 6:20pm, Resident #7 had a temperature of 100.6 and pulse of 100. | D 273 | | |

| 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 _____ | 02/02/2024 |

| 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 273 | Continued From page 20<br>-At 6:22pm, Resident #7 had a pulse of 56 and oxygen (O2) saturation of 86.<br>-At 6:26pm, Resident #7 had a pulse of 48 and an O2 saturation of 85.<br>-At 6:27pm, Resident #7 had a temperature of 101.4 and respirations were 16.<br>-At 6:49pm, Resident #7 had a blood pressure of 149/85, pulse of 97 and his O2 saturation was 96 on room air.<br>-Resident #7's skin was dry, hot, and pale.<br>-Resident #7 was unable to ambulate as reported baseline; his arms were contracted and could not be straightened past 90 degrees; he had global tremors; this was a new onset today according to facility staff.<br>-At 6:52pm, Resident #7 was transported to the hospital.<br><br>Reviewed #7's hospital Emergency Department (ED) report dated 07/12/23 revealed:<br>-Resident #7 with a diagnosis of dementia presented with high fever and altered mental status.<br>-Sepsis protocol was initiated.<br>-Resident #7 had a scabbed-over lesion on his left lower leg and surrounding cellulitis as well as a healing wound on the back of his left heel.<br>-Resident also had a wound to his left ankle with surrounding erythema (redness of the skin.)<br>-Broad spectrum antibiotics, Vancomycin (used to treat infections caused by bacteria), and Zosyn (used to treat skin infections caused by bacteria), were ordered.<br>-Resident #7's blood pressure was 153/92, pulse 103, temperature was 104.6, and respirations were 20.<br>-Rigors (a sudden feeling of cold with shivering accompanied by a rise in temperature) were noted.<br>-ED clinical impression was severe sepsis, fever, | D 273 | | |

| 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 _____ | 02/02/2024 |

| 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 273 | Continued From page 21<br>cellulitis of the left leg, and altered mental status.<br>-Labs were drawn on 07/12/24 Resident #7's procalcitonin level was 2.81 (normal reference was 0.05ng/ml. Procalcitonin levels increase when there was a bacterial infection and the higher the lab value the more severe the infection) and his white blood count (WBC) was 30.4 (normal reference range was 3.2-9.8. WBC increased when there was infection or inflammation in the body.)<br>-Review of the wound management consult noted dated 07/13/23 at 11:48am revealed:<br>-There was a crusted 2.0 x 5.0 cm area of the left Achilles' tendon.<br>-There was a red area that measured 2.0 cm x 2.0 cm x 0.2 cm on the right foot with minimal serosanguinous drainage; treated with a Mepilex foam (an absorbent wound dressing) and with directions to be changed every 2 to 3 days.<br>-There were generalized scratches and skin tears.<br>-There was an order to apply Aquaphor (a moisturizer to treat dry, rough skin and minor irritations) to the arms/hands/legs/feet every 12 hours.<br><br>Telephone interview with a representative of the facility's contracted home health agency on 01/31/24 at 2:27pm revealed Resident #7 had not received any type of home health services from their agency.<br><br>Telephone interview with a representative of the facility's contracted pharmacy on 01/31/24 at 2:31pm revealed:<br>-They did not have an order for dressing changes and/or supplies for Resident #7.<br>-If Resident #7 was receiving wound care from a home health agency, they would not know anything about it. | D 273 | | |

| 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 _____ | 02/02/2024 |

| 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 273 | Continued From page 22<br><br>Interview with a personal care aide (PCA) on 02/01/24 at 8:53am revealed:<br>-Resident #7 received a shower three days a week and a sponge bath 4 days a week.<br>-She would go in the shower room with Resident #7 and bathe him.<br>-Resident #7 was ambulatory, but required assistance of staff with walking at times.<br>-Resident #7 required total assistance with dressing, including putting on his incontinent brief, pants, socks, and shoes.<br>-She showered and dressed Resident #7 on 07/10/23.<br>-She did not notice any wounds on Resident #7 during his shower and while dressing him on 07/10/23.<br>-If she had seen any wounds on Resident #7, she would have told the medication aide (MA) and documented them on the wound location form.<br><br>Interview with a MA on 2/01/24 at 8:45pm revealed:<br>-She would notify the PCP, Supervisor, and the RCC if a resident developed a wound.<br>-She worked with Resident #7 in July 2023, and she did not recall Resident #7 having any wounds.<br><br>Interview with a second MA on 02/01/24 at 10:07am revealed:<br>-She remembered working with Resident #7.<br>-The PCAs provided personal care to Resident #7.<br>-Resident #7 was total care with showers and dressing.<br>-She worked with Resident #7 on the first shift on 07/12/23, the same evening he was sent to the ED.<br>-The PCA did not say anything about Resident #7 | D 273 | | |

| 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 _____ | 02/02/2024 |

| 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 273 | Continued From page 23<br>having wounds on his feet or legs.<br>-The PCAs should do a full body skin check with each bath.<br>-No one had reported to her that Resident #7 had wounds on his feet or legs.<br>-If the PCA had noticed a wound, she would have expected the PCA to notify her so the PCP could be made aware.<br><br>Interview with a third MA on 02/01/24 at 12:38pm revealed:<br>-She was the Supervisor on the third shift and cared for Resident #7.<br>-She had not been notified by the staff that Resident #7 had skin breakdown on his legs and feet.<br>-She did not know Resident #7 had wounds on his legs and feet.<br><br>Interview with the current RCC on 02/01/24 at 9:10am revealed:<br>-Wound location forms were in the shower rooms.<br>-The PCAs should assess each resident for bruising and skin breakdown when bathing them.<br>-If a PCA noticed a wound, they completed a wound location form and gave it to the MA, who gave the form to her.<br>-She would place the wound location form in the PCP folder so the PCP could look at the wound on the next visit.<br>-The PCP was in the facility three times a week.<br>-If Resident #7 had a wound location form completed, it would be in his discharge chart.<br>-She did not recall anyone telling her Resident #7 had wounds on his feet and legs.<br>-If she had been told of any skin breakdown, she would have received an order from the PCP for Home Health to provide services.<br>-She would expect the PCAs to complete the | D 273 | | |

| 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 _____ | 02/02/2024 |

| 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 273 | Continued From page 24<br>wound location form when a resident had skin breakdown and the form given to her.<br><br>Interview with the previous RCC on 02/01/24 at 10:46am revealed:<br>-He was the RCC of the facility in July 2023 when Resident #7 was a resident.<br>-The PCAs were responsible for completing a wound location form when the PCA noticed skin breakdown.<br>-The PCA would give the completed form to the MA or the RCC.<br>-He did not receive a wound location form for Resident #7.<br>-He completed Resident #7's care plan in June 2023.<br>-He gathered information for the care plan from Resident #7's FL-2, the facility staff, and his interaction with the resident.<br>-He asked the PCA/MA about Resident #7's skin; the PCA was responsible for doing a skin assessment daily during showers or bathtime and the PCA would know if a resident had skin breakdown.<br>-No staff reported to him that Resident #7 had wounds on his feet and legs.<br>-The MA should have written a progress note indicating wounds and locations if skin breakdown was reported.<br>-He would have notified the PCP to obtain an order for home health to provide services for Resident #7 if he had been informed Resident #7 had wounds on his legs and feet.<br><br>Interview with Resident #7's previous Power of Attorney (POA) on 02/01/24 at 7:59 revealed:<br>-She received a call from the ED on 07/12/24 that Resident #7 was in the ED and required treatment and they needed authorization to treat.<br>-The ED staff stated Resident #7 had a | D 273 | | |

| 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 _____ | 02/02/2024 |

| 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 273 | Continued From page 25<br>temperature of 104 and they suspected he was septic.<br>-The facility did not notify her Resident #7 was taken to the ED.<br>-The facility had not informed her Resident #7 had wounds.<br>-When she arrived at the hospital, she was told the sepsis was due to multiple wounds and one was infected.<br>-She was not informed which wound was infected.<br>-The ED had dressed the wounds.<br>-Resident #7 was unresponsive when she arrived at the ED.<br>-She left the hospital and went to the facility to find out how and when Resident #7 got the wounds.<br>-If the staff were bathing Resident #7, they would have noticed the wounds on his leg and his feet.<br>-She did not speak to the Administrator about the wounds.<br>-She was in the process of turning POA over to Resident #7's family member.<br>-Resident #7 was in the hospital for 10 days and on intravenous (IV) antibiotics.<br><br>Interview with the Regional Marketing Director on 02/01/24 at 3:10pm revealed:<br>-She was the Administrator of the facility in July 2023 when Resident #7 was admitted to the hospital and discharged from the facility.<br>-The staff would do skin assessments with each shower.<br>-If skin breakdown was noted, a wound location form would be completed and given to the RCC.<br>-The RCC would notify the PCP and obtain an order for home health to start would care.<br>-Resident #7 was sent to the hospital on 07/12/24; she was told about Resident #7 the next day. | D 273 | | |

| 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 _____ | 02/02/2024 |

| 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 273 | Continued From page 26<br>-The RCC would have called the hospital to receive an update on Resident #7.<br>-The RCC should have documented the conversation she had with the hospital.<br>-Prior to today, 02/01/24, she did not know Resident #7 had wounds on his legs and feet.<br>-The staff should have reported the wounds to the RCC so treatment could start.<br>-She would have wanted to be notified of Resident #7's wounds to ensure the wounds could be managed in the facility.<br><br>Interview with the Administrator on 02/01/24 at 4:26pm revealed:<br>-The PCAs should complete a wound location form when a resident had skin breakdown.<br>-The wound location form should be given to the RCC, who would notify the PCP for orders to treat the wounds.<br>-He expected the staff to notify the RCC of any wounds so they could be treated.<br><br>Attempted telephone interview with Resident 7's PCP on 02/01/24 at 8:16am was unsuccessful.<br><br>The facility failed to notify the PCP for wounds on a resident's right Achilles, left inner ankle, and an abrasion on the left medial shin, which became infected, resulting in the resident becoming septic, and requiring hospitalization. This failure placed residents at substantial risk for physical harm and neglect and constitutes a Type A2 Violation.<br><br>The facility provided a plan of protection in accordance with G.S. 131D-34 on 02/01/24.<br><br>CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED MARCH 3, 2024. | D 273 | | |

| 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 _____ | 02/02/2024 |

| 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 273 | Continued From page 27 | D 273 | | |
| D 286 | 10A NCAC 13F .0904(b)(1) Nutrition and Food Service<br><br>10A NCAC 13F .0904 Nutrition and Food Service (b) Food Preparation and Service in Adult Care Homes:<br>(1) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers.<br><br>This Rule is not met as evidenced by:<br>Based on observations and interviews the facility failed to ensure mealtime table service included a place setting consisting of a non-disposable a knife, fork, and spoon on the 400 hall dining room and a place setting including a fork, knife and spoon in the main dining room.<br><br>The findings are:<br><br>1. Observation of the breakfast meal in the main dining hall on 01/30/24 at breakfast on 01/30/24 at 8:36am revealed there were no knives on the table; the place setting consisted of a spoon and a fork. | D 286 | It is the policy of Durham Ridge Assisted Living to ensure that table service at meals should include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers.<br><br>The owner held an inservice with dietary staff on January 18, 2024 on topics including but not limited to place settings including non-disposable knives, forks, spoons, plates and beverage containers, as well as a napkin.<br><br>The Administrator held an inservice with staff on 2/8/24 on topics including but not limited to place settings including non-disposable knives, forks, spoons, plates and beverage containers, as well as a napkin.<br><br>An all staff training is scheduled for 3/14/24 with the owner and management staff on topics including but not limited to place settings including non-disposable knives, forks, spoons, plates and beverage containers, as well as a napkin. | March 22, 2024 and going |

| 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 _____ | 02/02/2024 |

| 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 28<br><br>Observation of the breakfast meal service in the main dining room on 01/31/24 from 8:15am to 8:54am revealed:<br>-The meal consisted of scrambled egg, oatmeal, a split biscuit with ground sausage gravy on top, coffee, juice, milk and water.<br>-There were 65 place setting preset with a napkin a fork and a spoon; there were no knives on the place settings.<br>-One resident was observed cutting his biscuit with the side of his spoon; he only ate one half of the split biscuit.<br>-Another resident attempted to cut her biscuit with her fork then the spoon; she ate one half and did not eat the other half her biscuit<br>-Two residents were cutting their biscuits with the side of their forks.<br><br>Interview with two residents on 01/31/24 9:00am revealed:<br>-One resident said it was too much to handle cutting the biscuits with the side of her fork or the spoon; she only ate half the biscuit.<br>-Another resident only ate one side of his biscuit because it was too hard to cut it without a knife; he tried the fork and the spoon.<br>-Neither resident had asked for a knife to use during their meal.<br><br>Interview with a third resident on 01/31/24 at 3:32pm revealed:<br>-He had never seen any of the residents fighting with knives in the facility.<br>-He not had a knife to use at the facility in a couple of weeks.<br>-He had not asked for a knife because he had not needed a knife.<br><br>Interview with a fourth and fifth resident on 01/31/24 at 3:59pm revealed: | 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 _____ | 02/02/2024 |

| 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 29<br>-They had knives to use one day and the next day they did not have knives.<br>-They were not told why the knives were taken away.<br>-They had not seen anyone use knives aggressively or tried to fight with them in the dining room.<br>-They had not asked why they didn't have knives and they had not thought to ask why they did not have knives.<br>-They cut their food with the side of the fork or the side of the spoon.<br>-If they could not cut their food with a fork or spoon then they would pick it up and eat it with their fingers.<br>-If the food was too tough to cut and too messy to pick up with their fingers then they would not eat it.<br>-They would like knives to use to cut their food but they never thought to ask staff for one.<br><br>Interview with a kitchen staff on 01/31/24 at 2:25pm revealed:<br>-He preset the dining room tables.<br>-He had always been told to only set a fork and a spoon; he had never placed knives on the tables.<br>-He did not know why he was told not to set knives on the tables.<br><br>Refer to interview with the Kitchen Manager (KM) on 01/31/24 at 2:35pm.<br><br>Refer to interview with the Administrator on 01/31/24 at 2:54pm.<br>2. Observation of the 400-hall breakfast meal service on 01/30/24 at 8:26am revealed:<br>-The place setting only included a napkin and a disposable fork; there was no spoon or knife provided.<br>-The residents were served scrambled eggs, a | 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 _____ | 02/02/2024 |

| 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 30<br>slice of toast, yogurt with pineapple chunks and three slices of Canadian bacon; it was 4.0 by 4.0 inches.<br>-Two residents were observed trying to cut the bacon with their forks but were not able to do so; they did not eat their bacon.<br>-Two other residents picked the bacon up with their fingers and ate the bacon.<br>-Three residents put the bacon on their bread and made a sandwich.<br><br>Observation of the 400-hall lunch meal service on 01/30/24 at 12:07pm revealed each place setting contained a napkin and disposable fork; there was no spoon or knife provided.<br><br>Observation of the 400-hall breakfast meal service on 01/31/24 at 8:36am revealed:<br>-The place setting included a napkin, and a disposable spoon and fork; their was no knife provided.<br>-The residents were served scrambled eggs, oatmeal and a biscuit cut in half and covered with gravy; each slice of the biscuit was 4.0 by 4.0 inches.<br>-Four residents were observed trying to cut the biscuits with their forks but were not able to do so; they were able to use their spoon to cut out small bites of biscuit.<br><br>Interview with a personal care aide (PCA) on 01/31/24 at 11:14am revealed:<br>-She set up the place settings with what items were sent from dining services.<br>-Dining services always sent disposable spoons and forks.<br>-She set up the place setting with a disposable spoon and a fork today, 01/31/24.<br>-She did not set up the place setting with a knife because the 400 hall was a locked unit and most | 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 _____ | 02/02/2024 |

| 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 31<br>of the residents were there for "being bad" and they did not need a knife.<br><br>Interview with another PCA on 01/31/24 at 11:18am revealed:<br>-They had never had silverware in the 400-hall dining room, just a disposable spoon and fork.<br>-Knives were not given to the residents because it was a hazard; the residents might hurt each other.<br>-If something needed to be cut up, the staff would cut it up for the residents.<br><br>Refer to interview with the Kitchen Manager (KM) on 01/31/24 at 2:35pm.<br><br>Refer to interview with the Administrator on 01/31/24 at 2:54pm.<br><br>Interview with the Kitchen Manager (KM) on 01/31/24 at 2:35pm revealed;<br>-The Administrator requested the staff remove the knives from the tables because two residents were fighting with them at a dinner meal.<br>-She thought there was a blanket order for all the knives to be removed from the residents' place settings.<br>-She did not know why plastic forks and spoons were provided to the 400 hall residents; it had been that way since she began.<br>-There were enough forks, knives and spoons to provide them for each resident in the facility.<br><br>Interview with the Administrator on 01/31/24 at 2:54pm revealed:<br>-They were providing the residents with knives until there was a "sword" fight in the dining room one night between 2 or 3 residents.<br>-He decided to take the knives off the tables because they were not safe for the residents to | 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 _____ | 02/02/2024 |

| 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 32<br>use anymore.<br>-He removed the knives before it became a problem.<br>-The physician said he would do an order for no knives for residents.<br>-He did not know why only plastic forks and spoons were provided to the residents on the 400 hall. | D 286 | | |
| D 310 | 10A NCAC 13F .0904(e)(4) Nutrition and Food Service<br><br>10A NCAC 13F .0904 Nutrition and Food Service<br>(e) Therapeutic Diets in Adult Care Homes:<br>(4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.<br><br>This Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews, the facility failed to ensure therapeutic diets were served as ordered for 3 of 5 sampled residents with a diet order for a reduced carbohydrate (RCH) diet (#2, #3, #4).<br><br>The findings are:<br><br>Review of the week therapeutic diet menu for 01/30/24 revealed:<br>-The breakfast meal to be served for the regular diet was choice of cereal, 1 egg patty, 2 slices of Canadian bacon, English muffin, jelly, 6 ounces of juice of choice, and 8 ounces of 2/% milk.<br>-The breakfast meal to be served for the RCH diet was choice of cereal, a ¼ cup of low fat/low cholesterol eggs, 2 slices of Canadian bacon, half an English muffing, diet jelly, 4 ounces of juice of choice and 1 cup of skim milk. | D 310 | It is the policy of Durham Ridge Assisted Living to ensure all therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.<br><br>The owner held an inservice with dietary staff on January 18, 2024 with topics including but not limited to therapeutic diets, nutritional supplements and thickened liquids.<br><br>The Administrator held an inservice with staff on 2/8/24 on topics including but not limited to therapeutic diets, nutritional supplements and thickened liquids.<br><br>An all staff training is scheduled for 3/14/24 with the owner and management staff on topics including but not limited to therapeutic diets, nutritional supplements and thickened liquids.<br><br>The Dietary Manager was replaced on February 1, 2024 to ensure that the appropriate menus are being followed and therapeutic diets are being served.<br><br>New menus were implemented on March 11, 2024 and a new food group will begin servicing the facility the week of March 18, 2024 to ensure that the menus meet the requirement for all therapeutic diets. | March 22, 2024 and ongoing |

| 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 _____ | 02/02/2024 |

| 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 310 | Continued From page 33<br><br>Review of the therapeutic diet breakfast menu for 01/31/24 revealed:<br>-The breakfast meal to be served for the regular diet was choice of cereal, ¼ cup of scrambled eggs, one biscuit with 1ounce of sausage gravy, 6 ounces of choice of juice, and 8 ounces of 2% milk.<br>-The breakfast meal to be served for the RCH diet was choice of cereal, a ¼ cup of low fat/low cholesterol eggs, 1 slice of wheat toast, 4 ounces of juice of choice, and 1 cup of skim milk.<br><br>Observation of the food storage areas in the kitchen on 01/31/24 at 2:29pm revealed there were no low fat/low cholesterol eggs available for preparing for the residents who were ordered a RCH therapeutic diet.<br><br>1. Review of Resident #2's current FL2 dated 05/18/23 revealed:<br>-Diagnoses included Alzheimer's Disease, hypertension, and tremors.<br>-There was an order for a reduced carbohydrate diet (RCH).<br><br>Review of Resident #2's signed physician's order dated 11/20/23 revealed an order for a reduced carbohydrate diet.<br><br>Observation of the 400-hall breakfast meal service on 01/30/24 at 8:26am revealed Resident #2 was served 3 slices of Canadian bacon, scrambled eggs, a slice of toast and pineapples with yogurt.<br><br>Observation of the 400-hall breakfast meal service on 01/31/24 at 8:36am revealed Resident #2 was served scrambled eggs, oatmeal and a biscuit covered with gravy. | D 310 | | |

| 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 _____ | 02/02/2024 |

| 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 310 | Continued From page 34<br>Based on observations, record reviews and interviews it was determined Resident #2 was not interviewable.<br><br>Refer to interview with the cook on 02/01/24 at 10:28am.<br><br>Refer to interview with the Kitchen Manager on 01/31/24 at 2:54pm.<br><br>Refer to interview with the Administrator on 02/01/24 at 4:10am.<br><br>2. Review of Resident #3's current FL2 dated 11/27/23 revealed:<br>-Diagnoses included dementia, and type 2 diabetes.<br>-There was an order for a reduced carbohydrate (RCH) diet.<br><br>Observation of the breakfast meal in the main dining room on 01/30/24 at 8:36am revealed:<br>-Resident #3 was served ½ cup of scrambled eggs, oatmeal, 2 slices of Canadian bacon, a slice of toast and grapes in yogurt.<br>-Resident #3 ate 100% of his meal.<br><br>Observation of the breakfast meal in the main dining room on 01/31/24 at 8:15am revealed:<br>-Resident #3 was served scrambled egg, oatmeal, a split biscuit with ground sausage gravy on top, coffee, juice, milk and water.<br>-Resident #3 ate 100 percent of his eggs, oatmeal and half of his biscuits and gravy.<br><br>Attempted telephone interview with Resident #3's primary care provider (PCP) on 02/01/24 at 10:57am was unsuccessful.<br><br>Refer to interview with the cook on 02/01/24 at | D 310 | | |

| 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 _____ | 02/02/2024 |

| 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 310 | Continued From page 35<br>10:28am.<br><br>Refer to interview with the Kitchen Manager on 01/31/24 at 2:54pm.<br><br>Refer to interview with the Administrator on 02/01/24 at 4:10am.<br><br>Based on observations, interviews and record reviews Resident #3 was not interviewable.<br><br>2. Review of Resident #4's current FL2 dated 03/13/23 revealed:<br>-Diagnoses included vascular dementia, and hypertension.<br>-There was an order for a reduced carbohydrate (RCH) diet.<br><br>Observation of the breakfast meal in the main dining room on 01/30/24 at 8:36am revealed:<br>-Resident #4 was served ½ cup of scrambled eggs, oatmeal, 2 slices of Canadian bacon, a slice of toast and grapes in yogurt.<br>-Resident #4 ate 100% of his meal.<br><br>Observation of the breakfast meal in the main dining room on 01/31/24 at 8:15am revealed:<br>-Resident #4 was served scrambled egg, oatmeal, a split biscuit with ground sausage gravy on top, coffee, juice, milk and water.<br>-Resident #4 ate 100 percent meal.<br><br>Attempted telephone interview with Resident #4's primary care provider (PCP) on 02/01/24 at 10:57am was unsuccessful.<br><br>Based on observations, interviews and record reviews Resident #4 was not interviewable.<br><br>Refer to interview with the cook on 02/01/24 at | D 310 | | |

| 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 _____ | 02/02/2024 |

| 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 310 | Continued From page 36<br>10:28am.<br><br>Refer to interview with the Kitchen Manager on 01/31/24 at 2:54pm.<br><br>Refer to interview with the Administrator on 02/01/24 at 4:10am.<br><br>Interview with the cook on 02/01/24 at 10:28am revealed:<br>-She used the weak at a glance menu when she prepared meals for all the residents.<br>-There was a mix up with the menus and she had not been provided the therapeutic diet menu yet.<br>-She thought there was a low concentrated sweets (LCS) diet for the residents who were diagnosed with diabetes.<br>-She pretty much knew what the LCS diet was supposed to be served.<br>-She knew not to serve white starches because it increased blood sugar.<br>-She provided sugar free syrups, sherbet ice cream, sugar free jello and artificial sweeteners for the LCS diet.<br>-She thought the residents were ordered a LCS diet; she was not familiar with the RCH diet.<br>-She did not know how long she had not referenced the therapeutic diet menu for guidance when preparing meals for residents.<br><br>Interview with the Kitchen Manager (KM) on 01/31/24 at 2:54pm revealed;<br>-She was responsible for the food orders.<br>-There had been a mix up with the menus and she was trying to straighten them out.<br><br>Interview with the Administrator on 02/01/24 at 4:10am revealed:<br>-The KM was responsible for the week at a glance menus and the therapeutic diet menus. | D 310 | | |

| 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 _____ | 02/02/2024 |

| 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 310 | Continued From page 37<br>-She was responsible for ordering the food needed for the menus and for making sure the cooks knew how to follow them.<br>-There had been issues with the therapeutic diet menus not being followed and the KM was going to fix the issues.<br>-He expected the cooks to follow the therapeutic diet menus and he expected the KM to order the food needed for the menus. | D 310 | | |
| D 311 | 10A NCAC 13F .0904(f)(1) Nutrition and Food Service<br><br>10A NCAC 13F .0904 Nutrition and Food Service<br>(f) Individual Feeding Assistance in Adult Care Homes:<br>(1) The facility shall provide staff for individual feeding assistance in accordance to residents' needs.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews and record reviews, the facility failed to ensure there was enough staff available to provide feeding assistance for 2 of 3 sampled residents (#1 and #9) resulting in staff feeding two residents at the same time.<br><br>The findings are:<br><br>Observation of the breakfast meal service in the main dining room on 01/31/24 from 8:15am to 9:00am revealed:<br>-The meal consisted of scrambled egg, oatmeal, | D 311 | It is the policy of Durham Ridge Assisted Living to provide staff for individual feeding assistance in accordance to residents' needs.<br><br>Durham Ridge Assisted Living has changed the meal service times for Residents needing assistance feeding. Residents that need assistance feeding were divided up in to three groups. The first group is brought in at 7:20 am, 11:20 am and 5:20 pm. The remaining groups are brought in to the dining room as the previous group finishes. Each staff member feeds one resident at a time.<br><br>A food and nutrition inservices was held by the Administrator on 1/26/24 on topics including but not limited to resident feeding and the new schedule for feeders in the dining room.<br><br>An inserviced was held on topics including but not limited to individualized feeding was held by the Administrator on 2/8/24.<br><br>The owner held an inservice with dietary staff on January 18, 2024 with topics including but not limited to therapeutic diets and individualized feeding.<br><br>An all staff training is scheduled for 3/14/24 with the owner and management staff on topics including but not limited to therapeutic diets, and individualized feeding. | March 22, 2024 and going |

| 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 _____ | 02/02/2024 |

| 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 311 | Continued From page 38<br>a split biscuit with ground sausage gravy on top, coffee, juice, milk and water.<br>-There was a semi-circle shaped table with four residents seated at it.<br>-A personal care aide (PCA) sat on the inside of the semi-circle and assisted feeding two while another PCA sat on the outside of the table and assisted a third resident and encouraged the forth to eat.<br><br>Observation of the breakfast meal service in the main dining room on 02/01/24 from 8:36am to 8:50am revealed:<br>-The meal consisted of a pancake, bacon slices, scrambled eggs, coffee, juice, milk and water.<br>-There was a semi-circle table with three residents seated at it.<br>-A PCA sat on the inside of the semi-circle table and assisted two residents with feeding and encouraged the third resident to eat.<br><br>1. Review of Resident #1's current FL2 dated 08/23/23 revealed diagnoses included dementia, hypertension, hyperlipidemia, and diabetes mellitus.<br><br>Review of Resident #1's care plan dated 08/23/23 revealed she required supervision with eating.<br><br>Review of Resident #1's signed physician's order dated 01/15/24 revealed she had a diet order for a mechanical soft diet.<br><br>Observation of the breakfast meal service in the main dining room on 01/31/24 from 8:15am to 9:00am revealed:<br>-A personal care aide (PCA) sat on the inside of the semi-circle and assisted feeding Resident #1 and a second resident at the same time.<br>-The PCA alternated feeding Resident #1 and a | D 311 | | |

| 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 _____ | 02/02/2024 |

| 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 311 | Continued From page 39<br>second resident bites of food and offering sips of beverages for the entire meal.<br><br>Observation of the breakfast meal service in the main dining room on 02/01/24 from 8:36am to 8:50am revealed:<br>-A PCA sat on the inside of the semi-circle and assisted feeding Resident #1 and a second resident at the same time.<br>-The PCA alternated feeding Resident #1 and a second resident bites of food and offering sips of beverages for the entire meal.<br><br>Refer to telephone interview with the Licensed Health Professional Support (LHPS) nurse on 02/01/24 at 4:46pm.<br><br>Refer to the interview with a PCA on 02/01/24 at 10:12am.<br><br>Refer to the interview with the Resident Care Coordinator (RCC) on 02/01/24 at 12:31pm.<br><br>Refer to the interview with the Administrator on 02/01/24 at 3:53pm.<br><br>2. Review of Resident #9's current FL2 dated 12/28/23 revealed:<br>-Diagnoses included dementia, impaired cognition, rheumatoid arthritis and essential tremors.<br>-Resident #9 required assistance with eating.<br><br>Review of Resident #9's care plan dated 12/27/23 revealed she required limited assistance with eating.<br><br>Review of Resident #9's physicians signed diet order dated 12/27/23 revealed she was ordered a regular diet. | D 311 | | |

| 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 _____ | 02/02/2024 |

| 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 311 | Continued From page 40<br><br>Observation of the breakfast meal service in the main dining room on 01/31/24 from 8:15am to 9:00am revealed:<br>-A personal care aide (PCA) sat on the inside of the semi-circle and assisted feeding another resident and Resident #9 at the same time.<br>-The PCA alternated offering Resident #9 bites of food and sips of beverages and she would turn to the other resident and offer her bites of food and sips of beverages during the entire meal.<br><br>Observation of the breakfast meal service in the main dining room on 02/01/24 from 8:36am to 8:50am revealed:<br>-A PCA sat on the inside of the semi-circle and assisted feeding another resident and Resident #9 at the same time.<br>-The PCA alternated offering Resident #9 bites of food and sips of beverages and she would turn to the other resident and offer her bites of food and sips of beverages during the entire meal.<br><br>Based on observations, interviews and record reviews it was determined Resident #9 was not interviewable.<br><br>Refer to the telephone interview with the Licensed Health Professional Support (LHPS) nurse on 02/01/24 at 4:46pm.<br><br>Refer to the interview with a PCA on 02/01/24 at 10:12am.<br><br>Refer to the interview with the Resident Care Coordinator (RCC) on 02/01/24 at 12:31pm.<br><br>Refer to the interview with the Administrator on 02/01/24 at 3:53pm. | D 311 | | |

| 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 _____ | 02/02/2024 |

| 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 311 | Continued From page 41<br><br>Telephone interview with the Licensed Health Professional Support (LHPS) nurse on 02/01/24 at 4:46pm revealed:<br>-She provided training for the facility's personal care aides (PCA) for feeding assistance of residents.<br>-She observed the PCAs during meal time to ensure they were providing correct feeding techniques.<br>-The PCAs were trained to make sure the resident was sitting up, the resident was served the correct diet order, small bites were given, the resident swallowed before the next bite was offered, to offer fluids and to sit and not stand while providing feeding assistance.<br>-The PCAs used the feeding tables and fed more than one resident at a time.<br><br>Interview with a PCA on 02/01/24 at 10:12am revealed:<br>-She assisted feeding the residence during meals when they were not feeding themselves.<br>-Most of the residents could feed themselves.<br>-She would assist two residents at a time with eating when she provided feeding assistance.<br>-She would offer three bites of food, a sip of a beverage and then feed the next resident.<br>-She was told to feed two residents at a time when she was feeding them.<br>-She had feed more than two at a time before.<br>-She was trained by another PCA.<br>-The Administrator would come into the dining room almost daily and walk around.<br>-The Administrator would correct her if he saw her not feeding residents correctly.<br><br>Interview with the Resident Care Coordinator (RCC) on 02/01/24 at 12:31pm revealed:<br>-The PCAs trained each other on how to provide feeding assistance to residents. | D 311 | | |

| 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 _____ | 02/02/2024 |

| 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 311 | Continued From page 42<br>-The LHPS nurse checked them off on the LHPS competency task list after they were trained.<br>-She watched the new PCAs after they had been trained and asked the other PCAs how they were doing.<br>-The PCAs were trained to feed two residents at a time.<br>-They were trained to alternate offering a couple bites of food and sips of beverages to one resident and then offer bites and sips to the second resident.<br>-There were four residents who required total assistance with eating and a few residents who needed prompting while eating.<br><br>Interview with the Administrator on 02/01/24 at 3:53pm revealed:<br>-The PCAs were trained on feeding assistance techniques by the LHPS nurse.<br>-The facility had "C" shaped tables for feeding assistance.<br>-A PCA would sit on the inside of the table and assist as many as 5 residents at a time with feeding.<br>-The PCAs were trained not to touch the food with their bare hands, not to shovel food into the residence mouth, not to put too much food on the utensil, and to offer sips of beverages between bites of food.<br>-Not all the residents at a table would need to be fed; some of the residents only required queuing.<br>-The PCAs were trained to feed more than one resident at a time.<br>-He was not aware that individual feeding assistance should have been provided for residents who required feeding assistance. | D 311 | | |
| D 451 | 10A NCAC 13F .1212(a) Reporting of Accidents and Incidents | D 451 | | |

| 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 _____ | 02/02/2024 |

| 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 451 | Continued From page 43<br><br>10A NCAC 13F .1212 Reporting of Accidents and Incidents<br>(a) An adult care home shall notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to notify the local county Department of Social Services (DSS) of an incident/accident that required emergency medical evaluation for 1 of 1 sampled resident (#8) who was found unresponsive, not breathing and had no pulse and expired at the facility.<br><br>The findings are:<br><br>Review of the facility's Incident/accident policy revealed:<br>-The policy was not dated.<br>-It was the policy of the facility that all incidents/accidents which result in death be reported to the local county DSS.<br><br>Review of Resident #8's current FL-2 dated 05/25/23 revealed:<br>-Diagnoses included dementia, anxiety disorder, insomnia, schizophrenia, major depressive disorder, hypertension, and type 2 diabetes.<br>-She was independent with ambulation.<br>-She was incontinent of bowel and bladder.<br><br>Review of Resident #8's record revealed there was no incident report available for review. | D 451 | It is the policy of Durham Ridge Assisted Living to notify the county department of social services of any accident or incident resulting in resident death or any accident or incident resulting in injury to a resident requiring referral for emergency medical evaluation, hospitalization, or medical treatment other than first aid.<br><br>The President of the association conducted two trainings with care staff on March 6, 2024 on topics including but not limited to personal care and supervision, responding to accidents/ incidents and health care referral and follow up.<br><br>The Administrator held a Med Tech inservices shift to shift on January 18, 2024 on topics including but not limited to responding to and reporting accidents and incidents.<br><br>An all staff training is scheduled on March 14, 2024 on topics including but not limited to responding to and reporting accidents and incidents. | March 22, 2024 and ongoing |

| 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 _____ | 02/02/2024 |

| 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 451 | Continued From page 44<br><br>Interview with the adult care specialist (AHS) with the local county DSS on 02/01/24 at 1:30pm revealed he did not receive an incident/accident report for Resident #8 dated 12/28/23.<br><br>Interview with a medication aide (MA) on 02/01/24 at 10:07am revealed:<br>-Incident/Accident reports were completed by the MA who worked the hallway of the resident that was involved in the incident/accident.<br>-The incident/accident report was given to the RCC when completed.<br>-The Resident Care Coordinator (RCC) was responsible for sending the incident/accident report to the county DSS.<br><br>Interview with a second MA on 01/31/24 at 3:26pm revealed:<br>-She would have been responsible for completing the incident/accident report for Resident #8 on 12/28/23, the evening Resident #8 expired.<br>-She did not recall completing an incident/accident report for Resident #8.<br><br>Interview with the RCC on 02/01/24 at 11:11am revealed:<br>-Incident/accident reports were given to her after they were completed by the MAs.<br>-She was responsible for faxing the incident/accident reports to the county DSS.<br>-She thought she received and faxed an incident/accident report for Resident #8 when she expired at the facility.<br>-She did not realize that an incident report was not completed or faxed to the county DSS.<br><br>Interview with the Administrator on 02/01/24 at 4:26pm revealed:<br>-An incident/accident report should have been | D 451 | | |

| 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 _____ | 02/02/2024 |

| 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 451 | Continued From page 45<br>completed for Resident #8.<br>-He did not realize an incident/accident report was not completed and sent to the county DSS.<br>-The MA should have completed the incident/accident report and gave it to the RCC.<br>-The RCC was responsible for sending the incident/accident report to the county DSS.<br>-He expected incident/accidents to be completed when needed and the RCC to send the report to the county DSS if needed. | D 451 | | |