STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL032091 06/18/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3420 WAKE FOREST HWY **DURHAM RIDGE ASSISTED LIVING** DURHAM, NC 27703 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Survey by Billy S. Bryant and Greg Cates conducted on 06/18/2015. Records indicate this facility was first licensed or submitted for licensure on 02/14/1991 as a HA. The facility is currently licensed for 142 Beds with a 28 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1991 Edition of the North Carolina Building Code(s). Institutional Occupancy and the 1991 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 133 Bathrooms-Hand Grips C 133 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents: This Rule is not met as evidenced by: I. Based on observation the rule is not met due to the handrails may not function as required and completely pull away form the wall when force is applied. A. Findings on 06/18/2015: 1. 300 Hall Tub Room (across from room 305) -Grab bars at shower and water closet are loose and detaching from the wall

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation		ı			,		
	T OF DEFICIENCIES		R/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFIC	CATION NUMBER:	A. BUILDING:	01	COMP	LETED
		HAL03	32091	B. WING		06/1	8/2015
				l		1 00/1	0,2010
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DURHAM	I RIDGE ASSISTED L	IVING	3420 WA	(E FOREST	HWY		
DOMINAN	TRIBUL AGGIOTED E		DURHAM	NC 27703			
(X4) ID		TEMENT OF DE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENC) REGULATORY OR L			PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	REGOLATOR OR E	OO IDENTII TIIN		TAG	DEFICIENCY)	10701	
C 133	Continued From pa	ge 1		C 133			
	2. 400 Hall Tub Roo	om - Grab ba	ar is loose and				
	detached from the						
	3. Tub Room acros	s from room	205 - The grab				
	bars are detaching	from the wa	ll at the shower				
	and toilet areas.						
	4. Room 207 - The water closet grab bar is						
	detaching from the	wall.					
C 137	Bathrooms-Nonski	d Strips in St	nowers	C 137			
	05051011 0000 5						
	SECTION .0300 - F						
	10A NCAC 13F .03	05 PHYSI	CAL				
	ENVIRONMENT (e) The requirement	ate for bathr	name and tailet				
	rooms are:	its for battire	Don's and tollet				
	(12) Nonskid surfa	cina or string	s shall he installed				
	in showers and bat						
	in onoword and bac	ir aroao, arra					
	This Rule is not me	et as evidend	ced by:				
	I. Based on observa						
	the requirement for	nonskid sur	facing or strips for				
	shower and bath ar	eas.					
	A. Finding from 06/						
	1. Tub Room near i						
	and immediate area		ooth floor surface				
	that is not slip resis	tant.					
				0.46:			
C 164	Housekeeping and	Furnishings	-Clean, Repaired	C 164			
	SECTION .0300 - F	סטעפוראו ה	I ANT				
	10A NCAC 13F .03						
	FURNISHINGS	00 HOUS	LNEEFING AND				
	(a) Adult care home	es shall.					
	(1) have walls, ceil		ors or floor				
	coverings kept clea						

Division of Health Service Regulation

STATE FORM RQJ021 If continuation sheet 2 of 13

Division	<u>of Health Service Re</u>	egulation					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB	ED.	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL032091		B. WING		06/1	8/2015
NAME OF F	PROVIDER OR SUPPLIER				TATE, ZIP CODE		
DURHAN	I RIDGE ASSISTED L	IVING	420 WAKE DURHAM, N	FOREST I	łWY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 2		C 164			
	(3) have furniture of	c unpleasant odors; clean and in good repai apply to new and existi					
	the furnished doors fire resistant rated of rating may have be	ation the facility has not in good repair. The do doors and their fire resi en compromised due to doors, repairs to the d	ors are stant				
		 The door's wood stile equately repaired with a 					
		door is damaged and he repaired with a putty type					
	3. Dining Room - Todoor is delaminating	he wood surface facing g.	of the				
	4. Room 118 - The detaching from the	door hardware lock set door.	is				
	5. Room 207 - The door is delaminating	wood surface facing of g.	the				
	8. Room 210 - The plate to the door sti	screw that attaches the le is missing.	e latch				
		wood surface facing of g, the door has been cu all the hinges.					
	10 Room 218 - The	e wood surface facing o	of the				

6899

Division of Health Service Regulation STATE FORM

door is delaminating.

Division	of Health Service Re	egulation	•			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		HAL032091	B. WING		06/1	8/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DURHAN	I RIDGE ASSISTED L	IVING	KE FOREST I I, NC 27703	HWY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 3	C 164			
	11. 13. Hall 200 Lou facing of the door is	unge - The wood surface s delaminating.				
		nundry Room - The door is or's wood lock stile latch plate.				
		ing Room - The door's wood and door hardware lockset is				
		ne screws that attach the latch wood lock stile are missing.				
		e door's wood lock stile wood wood surface facing is minating.				
	16. Nurses' Station	- The latch plate is missing.				
	damaged on the lat	oom - The door is heavily ch side and has been ed with a type of filler material.				
	18. Room 300 - The the door frame	e latch strike is missing from				
	19. Room 301 - The splitting.	e door's wood lock stile is				
		e door's wood lock stile is od surface facing is damaged				
	21. Room 304 - The door is delaminating	e wood surface facing of the g.				
	22. Room 305 - The missing.	e screws for the latch plate are				

Division of Health Service Regulation STATE FORM

6899 If continuation sheet 4 of 13 RQJ021

DIVISION	of Health Service Re	eguiation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL032091	B. WING		06/1	8/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DURHAN	I RIDGE ASSISTED L	IVING	KE FOREST , NC 27703	HWY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 4	C 164			
	for the door was red door for previous do patched with a filler					
	loose and damaged	e door and the door hinge is d.				
	25. Room 313 - The door is delaminating	e wood surface facing of the g.				
	26. Room 316 - The plate to the door loo	e screws that attach the latch ck stile are missing.				
	27. Break Room - T strike plate to the fr	The screws that attach the rame are missing.				
		e door's wood lock stile is loor has been inadequately r type material.				
		door's wood lock stile is been inadequately repaired by he door.				
	inadequately repair	ole in door has been ed with a thin gauge sheet eximately 3"X3" screwed into				
	31. Storage Room door.	Door - There are holes in the				
		2 - The door's wood stile is en inadequately repaired by the door.				
	33. SCU, Room 40s delaminating.	5 - The facing on the door is				

6899

Division of Health Service Regulation STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY PLETED
		HAL032091	B. WING		06/1	8/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
DURHAN	N RIDGE ASSISTED L	IVING	KE FOREST	HWY		
		DURHAM	, NC 27703			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 164	Continued From pa	ige 5	C 164			
	34. SCU, Room 410 - The door's wood stile is splitting.					
	35. SCU, Room 412 - The facing on the door is delaminating and the screws that attach the latch plate to the door are missing.					
	36. SCU, Room 42 the door is delamin	0 - The wood surface facing of ating.				
	of the door is delan	oom - The wood surface facing ninating, the door is damaged is barrel bolt type lock on the				
		vations the facility has not ings in good repair due to eriorating.				
	in some areas is m	th material is delaminating and issing thus exposing the he ceiling in rooms, corridors				
	III. Based on obser maintained furnishi	vations the facility has not ngs in good repair.				
	A. Finding from 06/ 1. Room 114 - The damaged.	18/2015: dresser drawers are				
	2. Room 315 - One and another is dam	dresser drawer is missing aged.				
	3. Room 316 - The damaged.	dresser drawers are				
	IV Based on obser	vation the facility has not kent				

Division of Health Service Regulation

some items clean including floor finishes.

STATE FORM 6899 RQJ021 If continuation sheet 6 of 13

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL032091	B. WING		06/4	9/204 <i>E</i>
					1 06/1	8/2015
NAME OF I	PROVIDER OR SUPPLIER		CE FOREST I	STATE, ZIP CODE		
DURHAN	I RIDGE ASSISTED L	IVING	NC 27703	1		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 164	Continued From pa	ge 6	C 164			
	A. Finding from 06/ 1. Mechanical Clos return air grille is cl	et in the Day Room - The				
		lle is clogged with dust. ile surveyor was on site.				
	ducts - ducts are no	rom the clothes dryer exhaust of connected with metal ead foil tape and duct tape has				
	c. Room 310 - The	carpet is badly stained.				
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained i	06 HOUSEKEEPING AND				
	(e) This Rule shall facilities.	apply to new and existing				
	hazards as there is facility occupants to	et as evidenced by: ation the facility is not free of damage that exposes the the possibility of being cut by p edges of damaged				
	toilet partition's rust	6/18/2015: om (across from room 305) - A y metal bracket with sharp and protruding approximately				

Division of Health Service Regulation

STATE FORM 6899 RQJ021 If continuation sheet 7 of 13

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMF	SURVEY
		HAL032091	B. WING		06/18/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DURHAN	I RIDGE ASSISTED L	IVING	KE FOREST I I, NC 27703	HWY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 7	C 166			
	6" up from the floor					
		- The laminate for the sink aged and peeling with creating ed.				
	of sink vanity tops a	t Rooms - Corners and edges are damaged resulting in the etaching, peeling and creating				
	from hazards created installed and used of installed could created to the front installed could be a front installed to the front installed could be a front installed to the front install	rations the facility is not free ed by the types of hardware on some doors. The hardware te a situation where occupants become locked inside a room				
	A. Finding from 06/ 1. 300 Hall Utility R only double dead b	oom - The door has a keyed				
	2. Diaper Room - T double dead bolt lo	he door has a keyed only ck installed.				
		s a barrel bolt type latch or from the kitchen to dining				
	from hazards due to bottles. Oxygen bot oxygen bottle racks falling or being know	vation the facility is not free or improper storage of oxygen titles that are not stored in sor otherwise restrained from cked over may present a pants of the facility if they are over.				
	Finding from 06/18/	/2015: re are oxygen bottles stored				

upright and unrestrained against the wall.

Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL032091	B. WING		06/18/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
DURHAN	I RIDGE ASSISTED L	IVING	(E FOREST , NC 27703	HWY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 8	C 166			
	from hazards. A newith the gate opening the path or direction of obstacle to occupation the event of evacuation. A. Finding on 06/18	3/2015: It the dining room courtyard				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER Id all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	equipment in the fa in a safe and opera fire extinguishing ed	hing and fire alarm system cility has not been maintained ting condition. Failure of the quipment to operate as t of a fire could effect all				
	A. Findings from 06	6/18/2015:				
		ler head between rooms 301 ely covered with spray on				

6899

Division of Health Service Regulation STATE FORM

RQJ021 If continuation sheet 9 of 13

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	
		HAL032091	B. WING		06/18/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DURHAN	I RIDGE ASSISTED L	IVING	KE FOREST	HWY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 189	encased in tape. Note - Corrected with the facility could be rating of walls and compromised by he the spread of smok origin to other areas. A. Findings from 06. Telephone closed resistant rated ceiling where the components the components of the spread of smok origin to other areas. A. Findings from 06. Telephone closed resistant rated ceiling where the components of the components of the components of the spread of smok origin to other areas. A. Findings from 06. Telephone closed resistant rated ceiling where the components as a large of the components of the ceiling where the ceiling where the ceiling where the ceiling of the ceiling where the ceiling where the ceiling the fire resistant rated ceiling. A. Corridor to Externing the fire resistant vending machine.	al. e sprinkler heads have been hile surveyor was on site. shers have not been inspected bonthly basis. The duct detector smoke begged with dust. The fire resistant facility has not been be condition. All occupants of a feffected if the fire resistant sallowing be and fire from the area of so of the facility. There is a hole in the fire high at the light fixture. There is a hole in the fire high at the light fixture. There is a hole in the fire high at the light fixture. There is a hole in the fire high at the light fixture. There is a hole in the fire high at the light fixture.	C 189	DEFICIENCY)		
		m in the fire resistant rated				

6899

Division of Health Service Regulation STATE FORM

ceiling where it is penetrated by piping.

<u>Divisio</u> n	of Health Service Re	egulation				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL032091	B. WING		06/1	8/2015
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
DURHAN	I RIDGE ASSISTED L	IVING	KE FOREST , NC 27703	HWY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 10	C 189			
		rated ceiling has moisture he drywall has badly				
		ng area the HVAC grille is ceiling creating a gap in the ceiling.				
	b. There is a hole in at the light fixture.	the fire resistant rated ceiling				
		s from room 205 - There are istant ceiling in the water				
	rated wall separatin	air grill in the fire resistant g the corridor from the pes not have a fire damper resistant rated wall.				
	resistant rated ceilir	acility there are gaps in the fire ng where the escutcheons for ad piping and heads have				
	maintained building condition. Doors mu and latch to resist th that do not fully clos hazard by letting sm	vation the facility has not components in a safe ust be able to be fully closed he passage of smoke. Doors se and latch could present a noke migrate from the area of s in the event of a fire.				
	A. Findings on 06/1 1. The following doo a. The main dining	ors do not fully close and latch:				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE : COMPL	
		HAL032091	B. WING		06/18/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DURHAN	I RIDGE ASSISTED L	IVING	E FOREST NC 27703	HWY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 11	C 189			
	positive latching hardware.					
		oss corridor doors adjacent to not completely close and				
	d. Room 209 - The floor.	door scrubs and drags on the				
	e. Room 310 - The floor.	door scrubs and drags on the				
		ntenance Room - The door rdware set so that it can latch				
		- When the door is in the re is a large gap at the top of				
	h. Room 400 - door	is hitting the door frame.				
	maintained electrical Electrical repairs ne	vation the facility has not all equipment is a safe manner. eeded to prevent the cility from being exposed to ectrical shock.				
	A. Finding on 06/18 1. Room 304 - GFC tested.	s/2015: Cl at sink did not trip when				
		10 - The multi light fixture an open light bulb socket.				
		n Room - The electrical outlet e outside wall is missing its				

6899

4. Laundry - 240V electrical outlet behind dryer at Division of Health Service Regulation STATE FORM

RQJ021 If continuation sheet 12 of 13

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMPI	
		HAL032091	B. WING		06/1	8/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DURHAN	I RIDGE ASSISTED L	IVING	KE FOREST , NC 27703	HWY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 189	floor level has deta II. Based on observ hazards as there ar prevent the occupa		C 189			
C 199	provided with exhautwo cubic feet per requirement does repereduced before April 1, 1984 these specified spatch (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not appoint This Rule is not mel. Based on observation provide exhaust ve CFM/Min/SQ ft.	PHYSICAL PLANT 11 OTHER ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in inces: rage; toilet rooms; closets; and apply to new and existing apply to new and existing apply to existing facilities. et as evidenced by: eation the facility has failed to intilation at the rate of 2	C 199			

6899

Division of Health Service Regulation STATE FORM