

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/18/2015
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NAME OF PROVIDER OR SUPPLIER  
DURHAM RIDGE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE  
3420 WAKE FOREST HWY  
DURHAM, NC 27703

(X4) ID PREFIX TAG	CORRECTOR'S 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
C 000	Initial Comments  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 000	<p style="text-align: center;">CONSTRUCTION SECTION AUG 03 2015 RECEIVED</p> <p>C133 It is the policy of Durham Ridge Assisted Living to have hand grips installed at all commodes and showers accessible by residents.</p>	
C 133	Bathrooms-Hand Grips  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (f) 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: 1. Based on observation the rule is not met due to the handrails may not function as required and completely pull away from 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	C 133	<p>300 Hall Tub Room grab bars have been tightened to the wall.</p> <p>400 Hall Tub Room grab bar has been tightened to the wall.</p> <p>Tub Room across from Room 205 and 207 grab bars have been tightened to the wall.</p> <p>All Grab Bars in the facility have been checked to assure that all grab bars are tightened, secure and safe.</p> <p>It will be the responsibility of the Maintenance Director to do weekly checks on all grab bars to assure they are tight and safe for resident use.</p> <p>Completed on 6-22-15</p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Janet Moore*

TITLE

*Administrator*

(X6) DATE

*8-3-2015*

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C 133	Continued From page 1  2. 400 Hall Tub Room - Grab bar is loose and detached from the wall.  3. Tub Room across from room 205 - The grab bars are detaching from the wall at the shower and toilet areas.  4. Room 207 - The water closet grab bar is detaching from the wall.	C 133		
C 137	Bathrooms-Nonskid Strips in Showers  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (12) Nonskid surfacing or strips shall be installed in showers and bath areas; and  This Rule is not met as evidenced by: I. Based on observation the facility has not met the requirement for nonskid surfacing or strips for shower and bath areas.  A. Finding from 06/18/2015: 1. Tub Room near room 305 - The shower floor and immediate area have a smooth floor surface that is not slip resistant.	C 137	C137  It is the policy of Durham Ridge Assisted Living to have non-skid surfacing in shower and bath areas. Non-skid surfacing options are being considered and will be installed or applied to all bath and shower areas.  It will be the responsibility of the Housekeeping Director to assure the non-skid method used is clean and in good working order.  Completed by 8-12-2015	
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;	C 164		

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C 164	<p>Continued From page 2</p> <p>(2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation the facility has not kept the furnished doors in good repair. The doors are fire resistant rated doors and their fire resistant rating may have been compromised due to modifications to the doors, repairs to the doors or outright damage to the doors.</p> <p>A. Findings on 06/18/2015:</p> <ol style="list-style-type: none"> <li>300 Hall Lounge - The door's wood stile is split and has been inadequately repaired with a surface mounted thin piece of wood.</li> <li>Room 101 - The door is damaged and has been inadequately repaired with a putty type material.</li> <li>Dining Room - The wood surface facing of the door is delaminating.</li> <li>Room 118 - The door hardware lock set is detaching from the door.</li> <li>Room 207 - The wood surface facing of the door is delaminating.</li> <li>Room 210 - The screw that attaches the latch plate to the door stile is missing.</li> <li>Room 218 - The wood surface facing of the door is delaminating, the door has been cut to relocate and re-install the hinges.</li> <li>Room 218 - The wood surface facing of the door is delaminating.</li> </ol>	C 164	<p>It is the policy of Durham Ridge Assisted Living to keep walls, ceilings, floors, and furnishings in good repair.</p> <p>Durham Ridge Assisted Living has purchased and installed 21 new approved fire rated doors. The following list are the doors which have been replaced.</p> <p>101, 102, 109, 100 Tub Room, 205, 200 Tub Room, 208, 212, 211, 214, 216, 215, 45, 302, 304, 300 Tub Room, 308, 316, 400 Hall Day Room (2 doors right and left) and 400 Tub Room.</p> <p>The remaining doors listed have below have been ordered:</p> <p>300 Hall Lounge, Dining Room, Room 207, Room 218, 200 Hall Lounge, Center Hall Dining Room door, Room 301, Room 307, Room 313, Room 53, Storage Room Door, Room 402, Room 405, Room 410, Room 412, Room 420 and 400 Dining Room</p> <p>These doors will be installed upon receipt. It will be the responsibility of the Maintenance Director to audit the integrity of all facility doors weekly.</p> <p>All ceiling finish material has been repaired and drywall surfaces have been covered.</p>	

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C 164	<p>Continued From page 3</p> <p>11. 13. Hall 200 Lounge - The wood surface facing of the door is delaminating.</p> <p>12. Center Hall - Laundry Room - The door is damaged at the door's wood lock stile latch plate.</p> <p>13. Center Hall Dining Room - The door's wood lock stile is splitting and door hardware lockset is loose.</p> <p>14. Breakroom - The screws that attach the latch plate to the door's wood lock stile are missing.</p> <p>15. Room 302 - The door's wood lock stile wood is splitting and the wood surface facing is damaged and delaminating.</p> <p>16. Nurses' Station - The latch plate is missing.</p> <p>17. 300 Hall Tub Room - The door is heavily damaged on the latch side and has been inadequately repaired with a type of filler material.</p> <p>18. Room 300 - The latch strike is missing from the door frame</p> <p>19. Room 301 - The door's wood lock stile is splitting.</p> <p>20. Room 302 - The door's wood lock stile is splitting and the wood surface facing is damaged and delaminating.</p> <p>21. Room 304 - The wood surface facing of the door is delaminating.</p> <p>22. Room 305 - The screws for the latch plate are missing.</p>	C 164	<p>It will be the responsibility of the Maintenance Director to inspect the ceiling for areas that need to be repaired.</p> <p>Dresser draws in Rooms 114, 315 and 316 have been repaired or replaced.</p> <p>All dresser draws have been inspected and repaired or replaced as needed.</p> <p>It will be the responsibility of the Maintenance Director to inspect the dressers and other furnishings for damage that may need to be repaired or replaced.</p> <p>Return air grille in the mechanical closet in the day room and in the laundry room have been unclogged.</p> <p>The duct tape on the dryer has been replaced with foil tape.</p> <p>The carpet in room 310 has been shampooed.</p> <p>Completed on 8-12-15</p>	

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C 184	<p>Continued From page 4</p> <p>23. Room 307 - The original dead bolt hardware for the door was removed and the holes in the door for previous dead bolt locatlon have been patched with a filler type material.</p> <p>24. Room 310 - The door and the door hinge is loose and damaged.</p> <p>25. Room 313 - The wood surface facing of the door is delaminating.</p> <p>26. Room 316 - The screws that attach the latch plate to the door lock stile are missing.</p> <p>27. Break Room - The screws that attach the strike plate to the frame are missing.</p> <p>28. Tub Room - The door's wood lock stile is damaged and the door has been inadequately repaired with a filler type material.</p> <p>29. Room 45 - The door's wood lock stile is damaged, and has been inadequately repaired by inserting nails into the door.</p> <p>30. Room 53 - A hole in door has been inadequately repaired with a thin gauge sheet metal square approximately 3"X3" screwed into the door.</p> <p>31. Storage Room Door - There are holes in the door.</p> <p>32. SCU, Room 402 - The door's wood stile is splitting and has been inadequately repaired by inserting screws into the door.</p> <p>33. SCU, Room 405 - The facing on the door is delaminating.</p>	C 184		

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C 164	<p>Continued From page 5</p> <p>34. SCU, Room 410 - The door's wood stile is splitting.</p> <p>35. SCU, Room 412 - The facing on the door is delaminating and the screws that attach the latch plate to the door are missing.</p> <p>36. SCU, Room 420 - The wood surface facing of the door is delaminating.</p> <p>37. SCU, Dining Room - The wood surface facing of the door is delaminating, the door is damaged at the hinge, there is barrel bolt type lock on the door.</p> <p>II. Based on observations the facility has not maintained the callings in good repair due to ceiling finishes deteriorating.</p> <p>A. Finding from 06/18/2015:</p> <p>1. The ceilings finish material is delaminating and in some areas is missing thus exposing the drywall surface of the ceiling in rooms, corridors and other areas throughout the facility.</p> <p>III. Based on observations the facility has not maintained furnishings in good repair.</p> <p>A. Finding from 06/18/2015:</p> <p>1. Room 114 - The dresser drawers are damaged.</p> <p>2. Room 315 - One dresser drawer is missing and another is damaged.</p> <p>3. Room 316 - The dresser drawers are damaged.</p> <p>IV. Based on observation the facility has not kept some items clean including floor finishes.</p>	C 164		

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C 184	Continued From page 6  A. Finding from 06/18/2015: 1. Mechanical Closet in the Day Room - The return air grille is clogged with dust.  2. Laundry a. The return air grille is clogged with dust. Note: Corrected while surveyor was on site.  b. Lint is escaping from the clothes dryer exhaust ducts - ducts are not connected with metal connectors but instead foil tape and duct tape has been used.  c. Room 310 - The carpet is badly stained.	C 184	C166  It is the policy of Durham Ridge Assisted Living to maintain the facility in an uncluttered, orderly manner, free of obstructions and hazards.  The 300 Hall Tub Room toilet partition rusty metal bracket has been removed and repaired.  The Nurse's Station counter top has been removed and a new counter top installed.  All sink vanity tops have been examined for damage or sharp edges. All sink vanity tops have been repaired or replaced.  Approved door knobs and locking hardware has been installed on the 300 Hall Utility Room Door, Diaper Room door and the Kitchen door. All door hardware has been examined to assure compliance.  It will be the responsibility of the Maintenance Director to assure all doors have approved hardware.  Approved stands have been provided for oxygen bottles to assure that oxygen bottles are restrained properly.  It will be the responsibility of the Resident Care Coordinator to assure all oxygen is stored properly in the facility.	
C 188	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation the facility is not free of hazards as there is damage that exposes the facility occupants to the possibility of being cut by contacting the sharp edges of damaged materials.  A. Findings from 06/18/2015: 1. 300 Hall Tub Room (across from room 305) - A toilet partition's rusty metal bracket with sharp edges is exposed and protruding approximately	C 188		

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C 166	<p>Continued From page 7</p> <p>6" up from the floor.</p> <p>2. Nurses' Station - The laminate for the sink counter top is damaged and peeling with creating sharp edges exposed.</p> <p>3. Various Resident Rooms - Corners and edges of sink vanity tops are damaged resulting in the laminate finishes detaching, peeling and creating sharp edges.</p> <p>II. Based on observations the facility is not free from hazards created by the types of hardware installed and used on some doors. The hardware installed could create a situation where occupants of the facility could become locked inside a room and unable to exit.</p> <p>A. Finding from 06/18/2015:</p> <p>1. 300 Hall Utility Room - The door has a keyed only double dead bolt lock installed.</p> <p>2. Diaper Room - The door has a keyed only double dead bolt lock installed.</p> <p>3. Kitchen - There is a barrel bolt type latch installed on the door from the kitchen to dining room.</p> <p>III. Based on observation the facility is not free from hazards due to improper storage of oxygen bottles. Oxygen bottles that are not stored in oxygen bottle racks or otherwise restrained from falling or being knocked over may present a danger to the occupants of the facility if they are damaged by falling over.</p> <p>Finding from 06/18/2015:</p> <p>1. Room 412 - There are oxygen bottles stored upright and unrestrained against the wall.</p>	C 166		



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C 188	Continued From page 8  IV. Based on observation the facility is not free from hazards. A new fence has been installed with the gate opening into instead of away from the path or direction of egress. The gate opening into the direction of egress could become an obstacle to occupants leaving the fenced in area in the event of evacuation.  A. Finding on 06/18/2015: 1. The fence gate at the dining room courtyard area opens against the path of egress.	C 188	The fence gate at the dining room courtyard has been changed to open with the path of egress.	
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: I. The fire extinguishing and fire alarm system equipment in the facility has not been maintained in a safe and operating condition. Failure of the fire extinguishing equipment to operate as needed in the event of a fire could effect all occupants of the facility.  A. Findings from 06/18/2015:  1. Corridor - Sprinkler head between rooms 301 and 303 is completely covered with spray on	C 189  C189  is the p	C189  It is the policy of Durham Ridge Assisted Living that the building and all equipment be maintained in a safe and operating condition.  The sprinkler head between room 301 and 303 has been clean from ceiling finish material. Room 304 sprinkler head has been feed from tape.  All sprinkler heads have been examined to assure they are clean and free from debris.	

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C 189	<p>Continued From page 9</p> <p>ceiling finish material.</p> <p>2. Room 304 - The sprinkler heads have been encased in tape. Note - Corrected while surveyor was on site.</p> <p>3. The fire extinguishers have not been inspected and Initialed on a monthly basis.</p> <p>4. AC Unit Closet - The duct detector smoke sampling tube is clogged with dust.</p> <p>II. Based on observation the fire resistant construction of the facility has not been maintained in a safe condition. All occupants of the facility could be effected if the fire resistant rating of walls and ceilings ceilings is compromised by holes and penetrations allowing the spread of smoke and fire from the area of origin to other areas of the facility.</p> <p>A. Findings from 06/18/2015:</p> <p>1. Telephone closet - There is a hole in the fire resistant rated ceiling at the light fixture.</p> <p>2. Oxygen Room</p> <p>a. There is a large hole in fire resistant rated ceiling where the conduit for computer cable penetrates the ceiling.</p> <p>b. Oxygen Room - There is a hole in the fire resistant rated ceiling at the light fixture.</p> <p>3. Corridor to Exterior Courtyard - There is a hole in the fire resistant rated ceiling above the soda vending machine.</p> <p>4. Exterior AC Room</p> <p>a. There are holes in the fire resistant rated ceiling where it is penetrated by piping.</p>	C 189	<p>The maintenance staff has been In-serviced by the Administrator regarding clean up after ceiling painting and sprinkler heads will be inspected during routine cleaning. It will be the responsibility of the Maintenance Director to keep sprinkler heads clean and free from debris.</p> <p>Complete 6-29-15</p> <p>All fire extinguishers have been inspected and Initialed. It will be the responsibility of the Maintenance Director to inspect and initial all fire extinguishers monthly.</p> <p>The A/C unit closet duct detector smoke sampling tube has been freed from dust.</p> <p>The Ceiling holes and damage have been repaired in the telephone closet, oxygen room, corridor to the exterior courtyard, exterior A/C room, the kitchen, and tub room across from Room 205.</p>	

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C 189	Continued From page 10  b. The fire resistant rated ceiling has moisture damage such that the drywall has badly deteriorated.  5. Kitchen a. In the dishwashing area the HVAC grille is detached from the ceiling creating a gap in the fire resistant rated ceiling.  b. There is a hole in the fire resistant rated ceiling at the light fixture.  6. Tub Room across from room 205 - There are holes in the fire resistant ceiling in the water heater room.  7. The large return air grill in the fire resistant rated wall separating the corridor from the exterior AC room does not have a fire damper installed in the fire resistant rated wall.  8. Throughout the facility there are gaps in the fire resistant rated ceiling where the escutcheons for the fire sprinkler head piping and heads have been dislodged.  III. Based on observation the facility has not maintained building components in a safe condition. Doors must be able to be fully closed and latch to resist the passage of smoke. Doors that do not fully close and latch could present a hazard by letting smoke migrate from the area of origin to other areas in the event of a fire.  A. Findings on 06/18/2015: 1. The following doors do not fully close and latch: a. The main dining Room Door.  b. Kitchen - Door to dining room does not have	C 189	A fire damper has been installed in the fire resistant rated wall in the exterior A/C room.  All escutcheons throughout the ceiling of the facility have been repaired.  The main dining room door, kitchen door to the dining room, the cross corridor doors adjacent to the diaper room and center hall maintenance room door have been repaired so they close and latch by approved standards.  Room 209 and 310 doors have been adjusted to prevent dragging.  The SCU day room doors have been replaced with new doors that do not have any gaps.	

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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
C 189	<p>Continued From page 11</p> <p>positive latching hardware.</p> <p>c. Corridor - The cross corridor doors adjacent to the diaper room do not completely close and latch.</p> <p>d. Room 209 - The door scrubs and drags on the floor.</p> <p>e. Room 310 - The door scrubs and drags on the floor.</p> <p>f. Center Hall - Maintenance Room - The door does not have a hardware set so that it can latch when closed.</p> <p>g. SCU Day Room - When the door is in the closed position there is a large gap at the top of the door.</p> <p>h. Room 400 - door is hitting the door frame.</p> <p>IV. Based on observation the facility has not maintained electrical equipment in a safe manner. Electrical repairs needed to prevent the occupants of the facility from being exposed to the possibility of electrical shock.</p> <p>A. Finding on 06/18/2015:</p> <p>1. Room 304 - GFCI at sink did not trip when tested.</p> <p>2. Room 210 and 410 - The multi light fixture above the sink has an open light bulb socket.</p> <p>3. Exterior AC Mech Room - The electrical outlet mounted low on the outside wall is missing its cover.</p> <p>4. Laundry - 240V electrical outlet behind dryer at</p>	C 189	<p>Room 304 GFCI outlet replaced</p> <p>Room 210 and 410 have had light bulbs installed.</p> <p>A covered outlet has been installed in the Exterior A/C Mechanical Room.</p> <p>The outlet in the Laundry Room behind the dryers has been replaced and all hazardous electrical repairs have been assessed and repaired.</p> <p>It will be the responsibility of the Maintenance Director to examine and inspect the laundry room and electrical outlets throughout the facility.</p> <p>Completed by 8-12-2015</p>	

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL032081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  06/18/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DURHAM RIDGE ASSISTED LIVING

3420 WAKE FOREST HWY  
DURHAM, NC 27703

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C 189	Continued From page 12 floor level has detached from the wall. II. Based on observation the facility is not free of hazards as there are electrical repairs needed to prevent the occupants of the facility from being exposed to the possibility of electrical shock.	C 189		
C 189	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: I. Based on observation the facility has failed to provide exhaust ventilation at the rate of 2 CFM/Min/SQ ft.  A. Finding on 06/18/2015: 1. Nurses' Station Restroom - The exhaust fan is not working.	C 189	C199  It is the policy of Durham Ridge Assisted Living to provide natural ventilation to areas including soiled linen storage, utility rooms, bathrooms, housekeeping, and laundry areas.  The exhaust fan in the nurse's station restroom has been replaced.  Completed 6-29-2015         The contents of the Construction Survey and the Rules cited have been in-serviced with the Maintenance Director, Housekeeping Director and Resident Care Coordinator. All areas on noncompliance listed in the survey, will now be included in the facility's Quality Assurance program with routine inspections to assure compliance.  Completed 8-12-2015	