

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL032099</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RAMSGATE FAMILY CARE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3676 GUESS ROAD DURHAM, NC 27705</b>
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C 000	Initial Comments  The Adult Care Licensure Section conducted an annual survey on June 11, 2019 through June 12, 2019.	C 000		
C 007	10A NCAC 13G .0206 Capacity  10A NCAC 13G .0206 Capacity (a) Pursuant to G.S. 131D-2(a)(5), family care homes have a capacity of two to six residents. (b) The total number of residents shall not exceed the number shown on the license. (c) A request for an increase in capacity by adding rooms, remodeling or without any building modifications shall be made to the county department of social services and submitted to the Division of Facility Services, accompanied by two copies of blueprints or floor plans. One plan showing the existing building with the current use of rooms and the second plan indicating the addition, remodeling or change in use of spaces showing the use of each room. If new construction, plans shall show how the addition will be tied into the existing building and all proposed changes in the structure. (d) When licensed homes increase their designed capacity by the addition to or remodeling of the existing physical plant, the entire home shall meet all current fire safety regulations. (e) The licensee or the licensee's designee shall notify the Division of Facility Services if the overall evacuation capability of the residents changes from the evacuation capability listed on the homes license or of the addition of any non-resident that will be residing within the home. This information shall be submitted through the county department of social services and forwarded to the Construction Section of the Division of Facility Services for review of any	C 007		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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C 007	<p>Continued From page 1</p> <p>possible changes that may be required to the building.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to notify the Division of Health Service Regulation (DHSR) that residents' evacuation capabilities were different from the evacuation capability listed on the home's license for 1 of 4 residents (Resident #4) residing at the facility who had physical impairments which would prevent the resident from independently evacuating the facility.</p> <p>Review of the facility's license with an effective date of 12/31/19 revealed the facility was licensed for a capacity of 4 ambulatory residents.</p> <p>Review of the daily census revealed 4 residents resided in the facility on 06/11/19.</p> <p>Observation on 06/11/19 at 9:30am of a facility conducted fire drill revealed: -Resident #4 was sitting on the couch in the living room. -Resident #4 did not evacuate the facility; she continued to sit on the couch as other residents exited the building.</p> <p>Review of fire drill logs revealed: -Fire drills were conducted quarterly on different shifts. -The maximum time for all residents to evacuate the facility was between 5.5-8.0 minutes.</p> <p>Interview with the Administrator on 06/12/19 at</p>	C 007		

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C 007	Continued From page 2  3:11pm revealed: -She had not notified construction that a resident had declined cognitively and may not be able to evacuate the building without prompting. -She did not know she needed to notify construction; she thought as long as all the residents could walk they were considered ambulatory. -She did not know the residents could not be prompted verbally to evacuate the building.  Refer to Tag C022 10A NCAC 13G .0302(b) Design And Construction Tag 0022 (Type B Violation)	C 007		
C 022	10A NCAC 13G .0302 (b) Design And Construction  10A NCAC 13G .0302 Design And Construction  (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.  This Rule is not met as evidenced by: TYPE B VIOLATION  Based on observations, interviews, and record reviews, the facility failed to assure that residents' evacuation capabilities were in accordance with the evacuation capability listed on the home's license for 1 of 4 sampled residents (#4) residing in the facility that had cognitive impairments which could prevent the resident from independently evacuating the facility.	C 022		

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C 022	<p>Continued From page 3</p> <p>The findings are:</p> <p>Review of the facility's license with an effective date of 12/31/19 revealed the facility was licensed for a capacity of 4 ambulatory residents.</p> <p>Review of the daily census revealed 4 residents resided in the facility on 06/11/19.</p> <p>Review of Resident #4's current FL-2 dated 03/19/19 revealed: -Diagnoses included dementia, hypertension, gastroesophageal reflux disease, osteoarthritis, glaucoma, and degenerative disk disease. -Resident #4 was intermittently disoriented. -Resident #4 was ambulatory.</p> <p>Review of Resident #4's Resident Register revealed she was admitted to the facility on 09/20/10.</p> <p>Review of Resident #4's care plan dated 10/16/18 revealed: -She required extensive assistance with eating, toileting, bathing, dressing, and grooming/personal hygiene. -Resident #4 was sometimes disoriented. -Resident #4 was independent with ambulation and transfers.</p> <p>Observation on 06/11/19 at 9:30am of a facility conducted fire drill revealed: -Resident #4 was sitting on the couch in the living room. -Resident #4 did not evacuate the facility; she continued to sit on the couch as other residents exited the building.</p> <p>Review of fire drill logs revealed: -Fire drills were conducted quarterly on different</p>	C 022		

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C 022	<p>Continued From page 4</p> <p>shifts.</p> <ul style="list-style-type: none"> <li>-The maximum time for all residents to evacuate the facility was between 5.5-8.0 minutes.</li> </ul> <p>Interview with the Administrator on 06/12/19 at 3:11pm revealed:</p> <ul style="list-style-type: none"> <li>-She had been the only staff for approximately 18 months.</li> <li>-She had hired someone in the summer of 2018 to work during the day; they only worked for approximately one month.</li> <li>-Resident #4 had good days where she was very lucid and other days she was not oriented.</li> <li>-Resident #4 would not know to respond to the fire alarm on the days she was not oriented.</li> <li>-Fire drills were held quarterly.</li> <li>-She held fire drills on different shifts.</li> <li>-Resident #4 was not always at the facility during fire drills as she went to a day program on Tuesdays and Thursdays.</li> <li>-The facility would assign an additional staff to give Resident #1 one-on-one care immediately.</li> </ul> <p>Based on observations, interviews, and record review, it was determined Resident #2 was not interviewable.</p> <p>_____</p> <p>The facility failed to assure the evacuation capabilities of 1 of 4 residents was consistent with the current license status of 4 ambulatory residents. The facility's failure to assure residents living in the facility were able to evacuate in an emergency without physical or verbal prompting by staff was detrimental to the safety of the residents and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/11/19 for this violation.</p> <p>_____</p>	C 022		

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C 022	Continued From page 5	C 022		
C 342	<p>10A NCAC 13G .1004(j) Medication Administration</p> <p>10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following:</p> <ol style="list-style-type: none"> <li>(1) resident's name;</li> <li>(2) name of the medication or treatment order;</li> <li>(3) strength and dosage or quantity of medication administered;</li> <li>(4) instructions for administering the medication or treatment;</li> <li>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;</li> <li>(6) date and time of administration;</li> <li>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and</li> <li>(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).</li> </ol> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure the accuracy of the Medication Administration Records for 1 of 3 sampled residents (Residents #1) related to the documentation of the administration of antipsychotic medication.</p>	C 342		

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C 342	<p>Continued From page 6</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 03/07/19 revealed: -Diagnoses included chronic schizophrenia, hypertension, gall stones, and hyperlipidemia. -There was an order for Clozapine 100mg take two tablets three times a day. (Clozapine is an antipsychotic medication used to treat schizophrenia.</p> <p>Review of Resident #1's Medication Administration Record (MAR) for March 2019-June 2019 revealed: -There was a handwritten entry for Clozapine 100mg take two tablets twice a day. -There was documentation Clozapine 100mg two tablets was administered twice a day with a scheduled time of 7:00am and 5:00pm. -There was no documentation the third dose of Clozapine 100mg was scheduled to be administered.</p> <p>Observation of Resident #1's medications on hand on 06/11/19 at 10:54am revealed: -There was a prescription bottle of Clozapine 100mg dispensed on 05/30/19 for 168 tablets. -The directions were to take two tablets three times a day.</p> <p>Interview with Resident #1 on 06/13/19 at 11:39am revealed: -She picked up her prescriptions at the hospital pharmacy during her follow-up visits; some prescriptions were mailed. -She took Clozapine 100mg (2) pills three times a day. -She took Clozapine 100mg in the morning, at noon and in the evening. -She had not missed any doses of Clozapine.</p>	C 342		

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C 342	<p>Continued From page 7</p> <p>Telephone interview with Resident #1's pharmacy provider on 06/11/19 at 1:23pm revealed: -Clozapine 100mg was dispensed on 04/09/19 for 168 tablets; a 28 day supply. -Clozapine 100mg was dispensed on 05/07/19 for 168 tablets; a 28 day supply. -Clozapine 100mg was dispensed 05/30/19 for 168 tablets; a 28 day supply.</p> <p>Interview with the Administrator on 06/11/19 at 1:09pm revealed: -She administered Resident #1's medications daily. -She administered Resident #1's Clozapine three times a day. -She did not know why she had not documented the third dose of Clozapine, but she knew she gave Clozapine three times a day every day. -She wrote the medications on Resident #1's MAR because her medication came from a different pharmacy. -She thought she had written in the noon dose on a separate entry but must have missed it. -She had not audited the MARs; she only audited the MARs if a resident was taking a new medication. -The pharmacy's Registered Nurse (RN) audited the MARs during the medication quarterly reviews. -Resident #1 had been taking the same medications for over ten years.</p> <p>Telephone interview with the contracted pharmacy's RN on 06/12/19 at 1:15pm revealed: -She audited the resident records quarterly. -She would look at the provider's last visit to see if there were any new orders. -She looked at the MAR and the current FL-2. -She looked to make sure the current orders</p>	C 342		



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C 342	Continued From page 8  matched the current months MARs. -If she saw a discrepancy, she would compare it to the medication bottle to see what the prescription instructions were. -She must have overlooked the order for Resident #1's Clozapine when comparing the MAR and the FL-2.	C 342		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights  G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.  This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to Design and Construction.  The findings are:  1. Based on observations, interviews, and record reviews, the facility failed to assure that residents' evacuation capabilities were in accordance with the evacuation capability listed on the home's license for 1 of 4 sampled residents (#4) residing in the facility that had cognitive impairments which could prevent the resident from independently evacuating the facility. [Refer to Tag 0022 10A NCAC 13G .0302(b) Design and Construction (Type B Violation)].	C 912		