

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032099 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/02/2021 |
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| NAME OF PROVIDER OR SUPPLIER RAMSGATE FAMILY CARE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 3676 GUESS ROAD DURHAM, NC 27705 |
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| (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 |
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| C 000 | Initial Comments The Adult Care Licensure Section conducted an annual survey on August 2, 2021. | 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 possible changes that may be required to the | C 007 | | |

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| 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 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 the resident's evacuation capabilities were different from the evacuation capabilities listed on the facility's license for 2 of 3 sampled residents (#1 and #2) who could not ambulate on her own (#1) and had cognitive impairments (#1, #2), which could prevent the resident from independently evacuating the facility.</p> <p>The findings are:</p> <p>Review of the facility's current license effective 01/01/21 revealed the facility was licensed for 4 ambulatory residents.</p> <p>Review of the daily census revealed 3 residents resided in the facility on 08/02/21.</p> <p>Observation of the facility on 08/02/21 at 8:00am revealed the Administrator was the only staff.</p> <p>Review of resident records revealed 1 of 3 residents had a diagnosis of dementia and 1 of 3 residents had a diagnosis of Downs Syndrome .</p> <p>Interview with the Administrator on 08/02/21 at 5:31am revealed: -She thought all of the residents could exit the facility without her assistance and would not have difficulties exiting the facility during a fire drill.</p> | C 007 | | |

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| C 007 | Continued From page 2 -She was aware the residents had to be able to exit the facility independently without verbal prompting or assistance from anyone. -She was aware she needed to contact construction if a resident had dementia and was unable to exit the facility without being prompted during a fire drill but she thought she had been cleared from a previous inspection so she had not contacted them. Refer to a Tag C0022 10A NCAC 13G .0302(b) Design and Construction. | 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 ensure the residents' evacuation capabilities were in accordance with the evacuation capability listed on the facility's current license for 2 of 3 sampled residents (#1 and #2) who had cognitive impairments and required verbal prompting (#1) and physical assistance (#2) to exit the facility during a fire drill. | 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 current license effective 01/01/21 revealed the facility was licensed for 4 ambulatory residents.</p> <p>Observation of the facility on 08/02/21 at 8:00am revealed:</p> <ul style="list-style-type: none"> -There were two residents seated at the dining room table for breakfast and one resident was still asleep in the bed. -There was a wheelchair setting outside of the sleeping resident's room. <p>Interview with the Administrator on 08/02/21 at 8:19am revealed:</p> <ul style="list-style-type: none"> -There were 3 residents that resided at the facility and were ambulatory. -The wheelchair was used to assist one resident for ease when they were transported outside the facility but was not used to transport the resident while in the facility. <p>1. Review of Resident #1's current FL-2 dated 04/21/21 revealed:</p> <ul style="list-style-type: none"> -Diagnoses included dementia, hypertension, osteoarthritis, pulmonary embolism, glaucoma, degenerative disc disease. -The resident was ambulatory, and no devices were listed for assistance. -The resident was non-verbal and required total care. <p>Review of Resident #1's assessment and care plan dated 02/08/21 revealed:</p> <ul style="list-style-type: none"> -The resident was forgetful and needed reminders. -The resident was ambulatory with limited assistance with ambulation and transfers. | C 022 | | |

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| C 022 | <p>Continued From page 4</p> <ul style="list-style-type: none"> -The resident required extensive assistance with eating. -The resident required total assistance with toileting, dressing, grooming and bathing. <p>Review of Resident #1's physician's notes dated 10/25/20 revealed Resident #1 was referred to physical therapy for ambulation because she required assistance of another person to exit the facility.</p> <p>Review of after visit notes form Residents #1's Neurologist dated 04/13/21 revealed:</p> <ul style="list-style-type: none"> -Resident #1 was less verbal and had trouble answering simple yes and no questions. -The Administrator indicated there was a significant cognitive decline. -She no longer fed herself and required assistance with all activities of daily living. <p>Observation of Resident #1 on 08/02/21 from 9:06am to 5:36pm revealed:</p> <ul style="list-style-type: none"> -The Administrator assisted Resident #1 out of the bed and into the wheelchair by verbally prompting and guiding her with her hands. -The Administrator guided Resident #1 to her feet and set her into the wheelchair. -The Administrator pushed Resident #1 in the wheelchair to the dining room table and began to feed the resident breakfast. -The Administrator pushed Resident #1 to the living room and assisted the resident in transferring from the wheelchair to the sofa. -Resident #1 did not move off the sofa after breakfast. -At 10:41am the Administrator assisted the resident to a standing position; the resident turned and lowered herself into the wheelchair with verbal cues and physical guidance from the Administrator. | C 022 | | |

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| C 022 | <p>Continued From page 5</p> <ul style="list-style-type: none"> -The Administrator then pushed Resident #1 from the living room to the dining room in the wheelchair. -Resident #1 did not move off the sofa after breakfast. -The Administrator verbally and physically assisted the resident to transfer from the sofa to the wheelchair. -The Administrator assisted Resident #1 to a standing position and then lowered her to the wheelchair. -At 12:35pm the Administrator assisted Resident #1 to the toilet by pushing her in the wheelchair. -Resident #1 did not ambulate with a walker; she was pushed in a wheelchair. -Resident #1 did not move from the sofa, bed or from the wheelchair without assistance. <p>Telephone interview with a representative from Resident #1's physical therapy office on 08/02/21 at 2:48pm revealed:</p> <ul style="list-style-type: none"> -Resident #1 received physical therapy (PT) from 10/08/20 to 11/03/20. -Resident #1 was referred to PT due to altered mental status and increased difficulties with bathing and dressing. -Resident #1 had increased weakness, balance loss and zero muscle tone. -Resident #1's goal was to increase her gait, and to increase her ability to transfer and to increase her ambulation abilities. -Resident #1's PT was discontinued because she had gained some mobility and was able to transfer with assistance and ambulate up to 100 feet with a wheeled walker and the assistance of staff beside her. -She was able to transfer with cues and reminders. -The staff assistance consisted of a staff standing beside her while she went from a sit to standing | C 022 | | |

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| C 022 | <p>Continued From page 6</p> <p>position, cues to stand and turn and verbal reminders and encouragement.</p> <p>-Resident #1 could not ambulate by herself and staff needed to walk beside Resident #1 when she ambulated in case, she fell.</p> <p>Interview with a resident on 08/02/21 at 5:12pm revealed:</p> <p>-The Administrator assisted Resident #1 during a fire drill.</p> <p>-She knew the Administrator assisted Resident #1 with daily activities during the day.</p> <p>-Resident #1 had a wheelchair and was pushed around by staff while at the facility.</p> <p>-She wanted to help the Administrator and the other residents so during a fire drill she told the other residents they needed to leave [evacuate].</p> <p>Observation of a fire drill on 08/02/21 at 5:36pm revealed:</p> <p>-Resident #1 was seated on the sofa in the living room.</p> <p>-The Administrator blew a whistle to replicate a fire alarm.</p> <p>-Resident #1 sat up on the sofa but did not begin to exit.</p> <p>-The Administrator went to Resident #1 and assisted her to her feet and transferred her to her wheelchair and pushed her outside to the assigned meeting area with one of the other residents.</p> <p>-The residents took 3 minutes to exit during the fire drill with the assistance of another resident and the Administrator.</p> <p>Interview with the Administrator on 08/02/21 at 5:31pm revealed:</p> <p>-Resident #1 knew what a fire drill was and could respond to the fire drill.</p> <p>-She would have to cue Resident #1 because she</p> | C 022 | | |

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| C 022 | <p>Continued From page 7</p> <p>was asleep on the sofa and would need to be woken up.</p> <p>-Resident #1 could not exit on her own because she needed assistance to get off the sofa, into her wheelchair and out the door.</p> <p>-Resident #1 would see and hear the fire drill and start to move on her own but could not get out of the facility on her own.</p> <p>-She had to assist Resident #1 during the fire drill because her legs would buckle, and she would fall.</p> <p>-Resident #1 had a walker and could ambulate on her own but the Administrator preferred a wheelchair for the resident to make it easier for her and the resident in case the resident started to fall.</p> <p>-Resident #1 could ambulate with the assistance of a walker but the Administrator did not want to risk a fall.</p> <p>Attempted telephone interview with Resident #1's primary care provider (PCP) on 08/02/21 at 2:27am was unsuccessful.</p> <p>Based on observations, record reviews and interviews it was determined Resident #1 was not interviewable.</p> <p>2. Review of Resident #3's FL-2 dated 04/13/21 revealed diagnosis included Down syndrome, depression, muscle weakness, hypertension, dyslipidemia, and cerebrovascular accident.</p> <p>Review of Resident #3's care plan dated 10/23/20 revealed:</p> <p>-The resident was forgetful and needed reminders.</p> <p>-The resident required extensive assistance with dressing and grooming.</p> <p>-The resident required total assistance with</p> | C 022 | | |

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| C 022 | <p>Continued From page 8</p> <p>bathing.</p> <p>Observation of Resident #3 on 08/02/21 from 8:00am to 5:36pm revealed: -Resident #3 sat on a small sofa located in the dining room. -Resident #3 played with board games and books by herself. -Resident #3 did not interact with other residents. -Resident #3 did not leave the dining room during the day.</p> <p>Interview with a resident on 08/02/21 at 5:12pm revealed: -Resident #3 would follow her outside during a fire drill; if everyone was evacuating, she would leave too. -She would tell Resident #3 it was time to leave if there was a fire drill and she was not leaving. -She wanted to help the Administrator and the other residents so during a fire drill she told the other residents they needed to leave [evacuate].</p> <p>Observation of a fire drill on 08/02/21 at 5:36pm revealed: -Resident #3 was seated on the sofa in the dining room. -The Administrator blew a whistle to replicate a fire alarm. -One of the residents started to exit the facility and verbally told Resident #3 there was a fire drill and they needed to leave. -Resident #3 followed the other resident to the living room and out of the house onto the front porch. -Resident #3 went outside and sat on a bench located on the front porch against the wall of the house. -The Administrator and two other residents went to the designated meeting place in the yard;</p> | C 022 | | |

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| C 022 | <p>Continued From page 9</p> <p>Resident #3 continued to sit on the bench on the porch.</p> <p>-The Administrator and another resident instructed Resident #3 to come to them at the meeting place in the yard.</p> <p>-The residents took 3 minutes to exit during the fire drill with the assistance of another resident and the Administrator.</p> <p>-Resident #3 took an additional 45 seconds to join the Administrator and the other residents at the designated meeting place in the yard.</p> <p>Interview with the Administrator on 08/02/21 at 5:31pm revealed:</p> <p>-Resident #3 knew what a fire drill was and could respond to the fire drill.</p> <p>-She would not have to be prompt Resident #3 to exit during a fire drill.</p> <p>-Resident #3 would hear the fire drill and start to exit the facility on her own.</p> <p>-Resident #3 knew what was going on during a fire drill and would evacuate on her own; she would also follow the other residents when they started to leave.</p> <p>Attempted telephone interview with Resident #1's primary care provider (PCP) on 08/02/21 at 2:32am was unsuccessful.</p> <p>Based on observations, record reviews and interviews it was determined Resident #3 was not interviewable.</p> <p>_____</p> <p>The facility failed to ensure the building was equipped and maintained in accordance with the facility's license capacity to allow 2 of 3 residents living in the facility who had physical and cognitive deficits to evacuate independently in case of an emergency such as a fire. The facility's failure was detrimental to the health, safety, and welfare</p> | C 022 | | |

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| C 022 | Continued From page 10 of the residents and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/02/21 for this violation. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 16, 2021. | C 022 | | |
| 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 to ensure residents received care and services which were adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to health care. The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure the residents' evacuation capabilities were in accordance with the evacuation capability listed on the facility's current license for 2 of 3 sampled residents (#1 and #2) who had cognitive impairments and required verbal prompting (#1) and physical assistance (#2) to exit the facility during a fire drill. [refer to Tag 022, 10A NCAC 13G .0302(b) | C 912 | | |

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| C 912 | Continued From page 11 Design and Construction (Type B Violation)]. | C 912 | | |