

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>R-C</b> <b>10/05/2021</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</b> <b>DURHAM, NC 27705</b>
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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
{C 000}	Initial Comments	{C 000}		
{C 022}	<p>10A NCAC 13G .0302 (b) Design And Construction</p> <p>10A NCAC 13G .0302 Design And Construction</p> <p>(b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home.</p> <p>This Rule is not met as evidenced by: 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 1 of 3 sampled residents who had a cognitive impairment and required verbal and physical assistance to exit the facility during a fire drill (#1).</p> <p>The findings are:</p> <p>Review of the facility's current license effective 09/15/21 revealed the facility was licensed for 4 ambulatory residents.</p> <p>Review of the facility's fire drill logs revealed: -On 08/28/21, the facility had a power surge, which caused the fire alarm panel to alarm, and all residents exited the facility within 5.5 minutes. -On 09/08/21, toast over-heated in the toaster, causing the fire alarm to alarm, and all residents</p>	{C 022}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 022}	<p>Continued From page 1</p> <p>exited the facility within 6.5 minutes.</p> <p>-On 09/29/21, cooking oil over-heated causing the kitchen to become smokey, which caused the fire alarm to alarm, and all residents exited the facility within 5.5 minutes.</p> <p>-There was no documentation if Resident #1 needed verbal prompting or physical assistance to exit the facility.</p> <p>Observation of the facility on 10/05/21 between 11:48am-12:32pm revealed:</p> <p>-One resident was asleep on the sofa in the living room.</p> <p>-There was a wheelchair placed in the hallway beside the sofa.</p> <p>-One resident was at the kitchen table.</p> <p>-One resident was in her room.</p> <p>Review of Resident #1's current FL-2 dated 04/21/21 revealed:</p> <p>-Diagnoses included dementia, hypertension, osteoarthritis, pulmonary embolism, glaucoma, degenerative disc disease.</p> <p>-The resident was ambulatory, and no devices were listed for assistance.</p> <p>-The resident was non-verbal and required total care.</p> <p>Review of Resident #1's assessment and care plan dated 02/08/21 revealed:</p> <p>-The resident was forgetful and needed reminders.</p> <p>-The resident was ambulatory with limited assistance with ambulation and transfers.</p> <p>-The resident required extensive assistance with eating.</p> <p>-The resident required total assistance with toileting, dressing, grooming, and bathing.</p> <p>Observation of Resident #1 on 10/05/21 between</p>	{C 022}		

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{C 022}	<p>Continued From page 2</p> <p>11:48am and 12:32pm revealed Resident #1 was asleep on the couch throughout the survey.</p> <p>Interview with the Administrator on 10/05/21 at 11:48am revealed:</p> <ul style="list-style-type: none"> <li>-Resident #1 had declined and required more assistance.</li> <li>-On Resident #1's good days the resident could do more, but the good days were coming less often.</li> <li>-Resident #1 could ambulate, but she used a wheelchair to transport the resident because it was easier due to the residents' decline.</li> <li>-Resident #1 was a family member and she wanted to be able to care for Resident #1 in the facility, no matter what the resident's needs were.</li> <li>-She had contacted construction to obtain the required paperwork to change the facility's license to non-ambulatory.</li> <li>-Per construction she was told the only thing she needed to complete at the facility to change the facility's license was to reconstruct the ramp at the back of the facility to meet the county code.</li> <li>-She had notified construction on 09/29/21 she was waiting on a permit approval to begin construction on the ramp.</li> <li>-She had a contractor hired to construct a new ramp and was waiting on the county to issue the permit to begin construction on the ramp.</li> <li>-The facility currently had three residents.</li> </ul> <p>Based on observations, record reviews, and interviews, it was determined Resident #1 was not interviewable.</p>	{C 022}		