| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------|--|--|
| | FCL032099 | B. WING | | 03/0 | 3/2016 | | |
| NAME OF PROVIDER OR SUPPLIE | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | |
| RAMSGATE FAMILY CARE HOME 3676 GUESS ROAD DURHAM, NC 27705 | | | | | | | |
| PREFIX (EACH DEFICIEN | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE | (X5) COMPLETE DATE | | |
| C 000 Initial Comments | | C 000 | | | | | |
| Survey on March PM at the above r records indicate the February 25, 2010 four ambulatory Four respond without a during a fire or othe information we are compliance with the 10A NCAC 13G for 2009 North Carolic Section 421.2 - R At the time of our | on Section conducted a Biennial 3, 2016 from 12:39 PM to 2:21 eferenced facility. DHSR he home was first licensed on 0 as a Family Care Home for esidents (able to evacuate and my physical or verbal assistance her emergency.) Based on this erequiring the home to maintain he following: the 2005 Rules or Family Care Homes and the ha State Building Code residential Care Homes. | | | | | | |
| C 147 Outside Entrance SECTION .0300 - 10A NCAC 13G .0 AND EXITS (d) All exit door I by a single hand r times without key buttons on the ins removed or disab This Rule is not r 1. Observations i the front entrance qualified technicia bolt. Provide doc | ocks shall be easily operable, notion, from the inside at all s. Existing deadbolts or turn ide of exit doors shall be | C 147 | | | | | |

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

(X6) DATE TITLE

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 _ FCL032099 03/03/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3676 GUESS ROAD **RAMSGATE FAMILY CARE HOME** DURHAM, NC 27705 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 148 Continued From page 1 C 148 C 148 Outside Entrances/Exits-Free of Obstructions C 148 SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency. This Rule is not met as evidenced by: 1. Observations revealed that the bedroom windows had safety catches which could deter exiting through the window in the case of an emergency. Have a qualified technician remove or disable the safety catches. Provide documentation of the repairs in the form of photos, receipts or work orders. C 169 Fire Safety-Smoke Detectors C 169 SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND **DISASTER PLAN** (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1. Observations revealed that the facility had two

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| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION 01 | | E SURVEY PLETED | |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------|------------------------------|--------------------------|--|
| | | FCL032099 | B. WING | | 03/ | 03/2016 | |
| NAME OF PROVIDER OR SUPPLIER RAMSGATE FAMILY CARE HOME STREET ADDRESS, CITY, STATE, ZIP CODE 3676 GUESS ROAD DURHAM, NC 27705 | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLETE DATE | |
| C 169 | attic compartments accessed through t detector, but the co the front room did r technician install a compartment to pro | upstairs. The compartment he hall closet had a heat impartment accessed through not. Have a qualified heat detector in the second ovide adequate coverage. | C 169 | | | | |
| C 174 | SECTION .0300 - T 10A NCAC 13G .03 EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition | and all fire safety, electrical, umbing equipment in a family maintained in a safe and | C 174 | | | | |
| | downstairs bathroo rotated approximate qualified technician base to help prever documentation of the photos, receipts or | vealed that the toilet in the m was very loose and had ely 45 degrees. Have a secure the toilet and seal the nt movement. Provide ne repairs in the form of | | | | | |
| | porch soffit to the le hanging down. Have secure the soffit. Prepairs in the form corders. 3. Observations re | vealed that a section of the left of the ramp was loose and we a qualified technician rovide documentation of the lof photos, receipts or work levealed that the rail cap at the plintered and broken off. | | | | | |

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| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | |
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| | PROVIDER OR SUPPLIER | 3676 GUE | DRESS, CITY, S SS ROAD , NC 27705 | STATE, ZIP CODE | | |
| (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) | JLD BE | (X5) COMPLETE DATE |
| C 174 | Have a qualified tec section of railing. F repairs in the form of orders. 4. Observations re- end of the ramp had exposed. Have a q nosing. Provide do the form of photos, 5. Observations re- cap had broken off Have a qualified tec | chnician replace the damaged Provide documentation of the of photos, receipts or work vealed that the nosing at the d broken off leaving the nails qualified technician replace the cumentation of the repairs in receipts or work orders. vealed that the exterior dryer outside of the laundry room. Chnician replace the cap. | C 174 | | | |

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