Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | | | | |
|--|---|---|---------------------|---|--|--------|--|--|
| | | FCL032099 | B. WING | | 06/1 | 4/2019 | | |
| NAME OF F | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | |
| RAMSGATE FAMILY CARE HOME 3676 GUESS ROAD DURHAM, NC 27705 | | | | | | | | |
| (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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) | ACTION SHOULD BE COMPLI TO THE APPROPRIATE DATE | | | |
| C 000 | C 000 Initial Comments | | C 000 | | | | | |
| | Report by Glenn Ho | pppin | | | | | | |
| | Survey on June 14, PM at the above refrecords indicate the February 25, 2010 a Four (4) ambulatory and evacuate witho assistance during a Based on this we all compliance with the 10A NCAC 13G for applicable portions | a Section conducted a Biennial 2019 from 11:00 AM to 1:00 ferenced facility. DHSR home was first licensed on as a Family Care Home for A Residents (able to respond ut any physical or verbal fire or other emergency). The requiring the home to be in a following: the 2005 Rules Family Care Homes the of the 2009 North Carolina ction 421.2 - Residential Care | | | | | | |
| | NOTES: | | | | | | | |
| | that require an acce | or visit, we cited deficiencies eptable plan of correction. All were discussed with on-site interview. | | | | | | |
| | once completed pro | correct all listed deficiencies, byide verification in the form of voices, etc. for all work | | | | | | |
| | The cited deficienci | es are as follows: | | | | | | |
| C 105 | Initial Licensure-Me | et NCSBC | C 105 | | | | | |
| | family care home sl | | | | | | | |

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

(X6) DATE TITLE

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | |
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| RAMSGATE FAMILY CARE HOME 3676 GUES DURHAM, I | | | | | | |
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| C 105 | renovations to exist requirements of the Code for One and Residential Care Fa applicable volumes Building Code, whice reference, including may be purchased Insurance Engineer Chapanoke Road, Carolina 27603 at a dollars (\$380.00). (b) Each home she equipped and main offered in the home of the stacility had a non as | struction, additions and ting buildings shall meet the e North Carolina State Building Two Family Dwellings and acilities if applicable. All of The North Carolina State the is incorporated by gall subsequent amendments, from the Department of ring Division located at 322 Suite 200, Raleigh, North a cost of three hundred eighty all be planned, constructed, tained to provide the services expected as evidenced by: Let as evidenced by: Le | C 105 | | | |
| C 144 | SECTION .0300 - 7 10A NCAC 13G .03 AND EXITS (a) In family care I have at least two exit or exit access of constructed to mini | Exits-Two Remote Exits THE BUILDING B12 OUTSIDE ENTRANCE homes, all floor levels shall xits. If there are only two, the doors shall be so located and mize the possibility that both any one fire or other on. | C 144 | | | |

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

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|--|---|--|---|---|---------|-------------------------------|--|--|
| | | FCL032099 | B. WING | | 06/ | 14/2019 | | |
| NAME OF I | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | |
| RAMSGATE FAMILY CARE HOME 3676 GUESS ROAD DURHAM, NC 27705 | | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY) | OULD BE | (X5) COMPLETE DATE | | |
| C 144 | second floor did no not compliant with t *Note; the second f | t have a second exit. This is | C 144 | | | | | |
| C 174 | SECTION .0300 - 1 10A NCAC 13G .03 EQUIPMENT (a) The building a mechanical, and plicare home shall be operating condition (j) This Rule shall family care homes. This Rule is not me At the time of the s there was a door lo | and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing | C 174 | | | | | |

6899

Division of Health Service Regulation STATE FORM