

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>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/07/2025</b>
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>		
(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	<p>Initial Comments</p> <p>Report by Kelly Myers</p> <p>DHSR Construction Section conducted a Biennial Survey on January 7, 2025, from 9:00 AM to 10:20 PM at the above referenced facility. DHSR records indicate the home was first licensed on February 25, 2010 as a Family Care Home for Four (4) ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Records indicate the capacity was reduced to (3) non-ambulatory residents. Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes the applicable portions of the 2009 North Carolina Residential Building Code - Section R101.2</p> <p>NOTES:</p> <p>1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows:</p>	C 000		
C 117	<p>Have Current San. And Fire Safety Approvals</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which</p>	C 117		

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

TITLE

(X6) DATE

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C 117	Continued From page 1  shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the current sanitation report was not on site for review. This is not compliant with the rule. Take the necessary steps to provide DSHR-Construction documentation with the Plan of Correction that you have a current health and sanitation report.	C 117		
C 144	Outside Entrances/Exits-Two Remote Exits  SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (a) In family care homes, all floor levels shall have at least two exits. If there are only two, the exit or exit access doors shall be so located and constructed to minimize the possibility that both may be blocked by any one fire or other emergency condition.  This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the the upper level was being used for storage without an remote exit. This is not compliant with the rule. Take the necessary steps to install a remote exit or remove all stored items.	C 144		
C 172	Fire Safety-Four Rehearsals  SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of	C 172		

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C 172	Continued From page 2  rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.  This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was not a fire drill log readily available for review. This is not compliant with the rule. Take the necessary steps to have fire drill logs available for review.	C 172		
C 174	Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire extinguisher was not mounted in the kitchen. This is not compliant with the rule. Take the necessary steps to properly mount the fire extinguisher.  2. At the time of the survey it was observed that the hall bath had several deficiencies that are not compliant with the rule. Take the necessary steps to repair the following deficiencies. A) The light switch plate was cracked and	C 174		

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C 174	Continued From page 3  damaged. B) The toilet seat was loose. C) There was a burnt bulb at the vanity light fixture.  3 At the time of the survey it was observed that there was peeling and chipping paint at the left exterior window trim. This is not compliant with the rule. Take the necessary steps to remove the peeling and chipping paint and paint.	C 174		
C 175	Heating Sys.-No Unvented or Portable Elec.  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was a space heater in the living room actively being used. This is not compliant with the rule. [10A NCAC 13G .0317 (b) ]. Take the necessary steps to remove the space heater.	C 175		