

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032119	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/26/2015
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NAME OF PROVIDER OR SUPPLIER CHANGING PLACES FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 725 HANSON ROAD DURHAM, NC 27713
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATOR'S 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 Report by Greg Williams DHSR Construction Section conducted a Biennial Survey on March 26, 2015 from 1:00 pm to 2:30 pm at the above referenced facility. DHSR records indicate the home was first licensed on October 21, 1996 as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations," the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1996 North Carolina State Building Code - Section 419.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	CONSTRUCTION SECTION MAY 15 2015 RECEIVED	
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 there was a electrical outlet that was missing its cover at the top of the stairs leading to the basement. Have a cover	C 174	Covered replaced 3-27-15 March - 27 - 2015 for administrator will monitor to ensure this does not occur.	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Donald L. Brown Sr.

Administrator

4-15-15

STATE FORM

6893

17PW21

If continuation sheet 1 of 2

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CHANGING PLACES FAMILY CARE HOME

725 HANSON ROAD
DURHAM, NC 27713

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C 174	Continued From page 1 installed on electrical outlet and provide documentation to our office when corrected.	C 174	The cover was replaced 3-27-15 The administrator will continue to monitor to ensure this does not reoccur	3-27-15