



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

SECOND NOTICE

December 10, 2019
Hatie Dunham (via e-mail only)
209 Ganyard Farmway
Durham, NC 27703

RE: Changing Places Family Care Home Of Durham - FC Biennial Construction Survey
725 Hanson Road
Durham Durham County
FID #960821 Fcl032146

Dear Ms. Dunham:

The Division of Health Service Regulation (DHSR) - Construction Section conducted a Biennial Survey of your facility on November 12, 2019. This survey was conducted by David Hickman. As a result of this survey, deficiencies were cited which required an acceptable Plan of Correction that was to be returned to our office by December 04, 2019.

As of the date of this letter, the Construction Section has not received your Plan of Correction. Enclosed is a copy of the letter and Statement of Deficiencies that was mailed or emailed to you.

You will need to type or print clearly your correction action and then **SIGN, DATE AND RETURN** the Plan of Correction to DHSR-Construction by December 25, 2019. Failure to return the signed Plan of Correction within this time period could potentially cause a suspension of admissions, provisional license or license revocation. The Provider may copy form(s) to be retained for your files.

Your Plan of Correction can be:

Mail to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Fax to: (919)-733-6592

Email to: DHSR.Construction.Admin@dhhs.nc.gov

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3893 • FAX: 919-733-6592

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL032146	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED R 11/12/2019
NAME OF PROVIDER OR SUPPLIER CHANGING PLACES FAMILY CARE HOME OF I			STREET ADDRESS, CITY, STATE, ZIP CODE 725 HANSON ROAD DURHAM, NC 27713		
(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 Report by David Hickman DHSR Construction Section conducted a third Biennial Follow-up Survey on November 12, 2019 from 1:00 PM to 1:15 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}			
{C 183}	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. During our visit it was observed that the window frames at the rear of the home had chipped paint and possible rot damage. LAP-02/25/2019 At the time of the survey it was observed that this deficiency had remained outstanding. This is not compliant with the rule. DEH-11/12/2019 At the time of the survey the window frames at the rear of the home still had chipping paint and rot damage.	{C 183}	The job will be completed 12-20-19		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

ZOOD24

If continuation sheet 1 of 1

Sincerely,

David Hickman

David Hickman

Architectural/ Engineering Technica

DHSR - Construction Section

cc: DHSR - Adult Care Licensure Section
City Building Inspection Department-(via e-mail only)
Durham County DSS-(via e-mail only)