

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL077010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2015
NAME OF PROVIDER OR SUPPLIER HAMLET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 632 FREEMAN MILL ROAD HAMLET, NC 28345		
(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 of Biennial Construction Survey by Frank Strickland and Ed Miller on 02/04/2015: Based on Information gathered by DHSR databases, this facility was either first licensed or submitted for licensure on 10/27/1997. Based on this information, we are requiring the facility to meet the 1996 Rules for Homes for the Aged and Disabled - Minimum Standards and Regulations, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 Edition of the North Carolina State Building Code; Section 409.1 Group I Unrestrained Occupancy. FACILITY IS LICENSED SIXTY BEDS. Cited deficiencies have been observed and documented. A Plan of Correction is required.	C 000		
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: 1-Based on observations, the facility shall maintain all bathrooms and toilet room for their designated purposes as indicated in Item (4) of this Rule. Findings on 02/04/2015: The Spa Room located in the 200 Hall is currently being utilized as a storage room and does effect	C 135		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL077010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2015
NAME OF PROVIDER OR SUPPLIER HAMLET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 632 FREEMAN MILL ROAD HAMLET, NC 28345		
(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 135	Continued From page 1 the residents since bathing in the tub can not occur due to blockage of stored items.	C 135		
C 136	Bathrooms-Must Be Mechanically Ventilated SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (11) Toilets and baths shall be well lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation; This Rule is not met as evidenced by: 1-Based on observations, the resident bathroom mechanical exhaust fans have not been maintained that could effect the residents and staff. Findings on 02/04/2015: All of the mechanical bathroom exhaust fans for Rooms 102,120,130,201 & 218 are not operational and odor is evident.	C 136		
C 140	Linen Storage-Separate Clean & Soiled SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (2) Linen Storage. Storage areas shall be adequate in size and number for separate storage of clean linens and separate storage of soiled linens. Access to soiled linen storage shall be from a corridor or laundry room;	C 140		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL077010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2015
NAME OF PROVIDER OR SUPPLIER HAMLET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 632 FREEMAN MILL ROAD HAMLET, NC 28345		
(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 140	Continued From page 2 This Rule is not met as evidenced by: 1-Based on observations, storage spaces shall be separated for clean linen storage and soiled linen storage. The facility has not maintained this requirement for linen in accordance with the Rule. Findings on 02/04/2015: Clean linen is being stored in the designated soiled linen storage adjacent to the Main Laundry Room and could effect the health standards for all residents.	C 140		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observations, the facility failed to maintain the maintenance and operation of resident room entry doors. This could effect all residents and staff during day to day activities. Findings on 02/05/2015: The door to Room 102 does not latch. 2-Based on observations, the facility mechanical system has not been maintained that may effect the residents and staff.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL077010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2015
NAME OF PROVIDER OR SUPPLIER HAMLET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 632 FREEMAN MILL ROAD HAMLET, NC 28345		
(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 189	Continued From page 3 Findings on 02/03/2015: All of the HVAC and mechanical exhaust fan return-air grilles and ductwork collars have excessive particulate build-up.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observations, the facility mechanical exhaust ventilation has not been maintained or provided in accordance with this Rule. Findings on 02/04/2015: Mechanical exhaust ventilation has not been provided in the working area of the Main Laundry and the Kitchen Mop Sink closet mechanical ventilation fan is not operational.	C 199		