STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL077010	A. BUILDING: **01** B. WING _____	**05/03/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMLET HOUSE	**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 a Construction Section Biennial Survey by Suzanna Fay and Billy S. Bryant conducted on May 3, 2017. Records indicate this facility was first licensed on October 27, 1997. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1991 (1997 Revisions) Edition of the North Carolina Building Code, Institutional Occupancy, and the 1996 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the Staff did not have current building safety inspection reports available for review. Findings on May 3, 2017: a. The last fire alarm inspection report available for review was dated March 19, 2015.	C 111		
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT	C 135		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL077010	A. BUILDING: **01** B. WING _____	**05/03/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMLET HOUSE	**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 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. Observations revealed that one of the bathrooms was being utilized for storage. Findings on May 3, 2017: a. The bathroom on the 200 Hall contained mattresses, bedframes, wheelchairs and other stored items.	C 135		
C 155	Floors-Non-skid, in Good Repair SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Observations revealed that throw rugs were used in one bathroom. Findings on May 3, 2017: a. Room 208-an 18"x24" throw rug was on the floor outside of the shower. The rug did not have a non-slip mat on the back and the rug moved easily on the floor creating a slip hazard for one Resident.	C 155		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL077010	A. BUILDING: **01** B. WING _____	**05/03/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMLET HOUSE	**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 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean condition. Findings on May 3, 2017: a. The grass was in need of cutting and weeds were observed growing in the cracks of the sidewalks.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility's furnishings were not kept in good repair. Findings on May 3, 2017: a. Room 105-the towel bar was broken. b. One of the towel bars had broken off in the	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL077010	A. BUILDING: **01** B. WING _____	**05/03/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMLET HOUSE	**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 164	Continued From page 3 following rooms: 1.) Room 111. 2.) Room 223. 2. Observations revealed that the facility was not maintained free of unpleasant odors. Findings on May 3, 2017: a. There was a strong, unpleasant odor in the front lobby and down the 100 Hall. b. Room 114-there was a strong unpleasant odor in the room. c. Room 124-the bath had an unpleasant odor. 3. Based on observations, the walls were not maintained in good repair. Findings on May 3, 2017: a. Room 202-there is a 4"x6" hole in the bathroom wall by the door. b. Living Room at 200 Hall-there is a hole approximately 3" x 12" cut into the wall of the mechanical closet. c. 200 Hall Spa-there is a 4" x 6" hole in the back wall of the shower area. d. 200 Hall Spa-there is evidence of a leak at the middle of the right wall. The leak has damaged the wall and the ceiling. e. Women's bath-there is a 1/4" gap along the right side of wall mounted fire strobe. 4. Based on observations, the floors were not maintained in good repair. Findings on May 3, 2017: a. Room 202-the vinyl floor is torn at the entry to the bath, creating a tripping hazard for one Resident. b. Room 208-the floor is torn at the bathroom door, creating a tripping hazard for one Resident.	C 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL077010	A. BUILDING: **01** B. WING _____	**05/03/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMLET HOUSE	**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 164	Continued From page 4 5. Observations revealed that two pieces of furniture were not maintained safe and in good repair. Findings on May 3, 2017: a. There was a heavily damaged rocking chair on the porch outside of the 200 Hall Living room. The chair was removed at the time of this survey. No further action is required. b. There was a bench that was damaged and leaning heavily to one side outside of the Staff area.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the home was not maintained free of obstructions and hazards. Findings on May 3, 2017: a. Room 101-four oxygen tanks were found unsecured in the closet.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION	C 185		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL077010	A. BUILDING: **01** B. WING _____	**05/03/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMLET HOUSE	**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 185	Continued From page 5 (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of 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, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Review of records revealed that records of the evacuation rehearsals were not available for review. Findings on May 3, 2017: a. Copies of the evacuation rehearsals were not available at the time of this survey.	C 185		
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. Observations revealed that the plumbing equipment was not maintained in operating	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL077010	A. BUILDING: **01** B. WING _____	**05/03/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMLET HOUSE	**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 6 condition. Findings on May 3, 2017: a. The faucet was leaking at the sink in the Activity Room. b. Room 124-the sink was dripping. c. Room 225-the tank lid for the toilet was missing. d. Beauty Salon-the sink did not have a vacuum breaker installed. 2. Observations revealed that the fire safety equipment was not maintained in a safe and operating condition. This affects the safety of the Residents, Staff and Visitors. Findings on May 3, 2017: a. Activity Room-items were stored within 18" of the sprinkler head in the closet which may affect the ability for the sprinkler head to operate in the case of a fire. b. 100 Hall-the Exit sign at the cross corridor doors did not light in test mode. c. Mechanical Room off of the copy room-the sampling tube at the smoke detector access panel had a heavy accumulation of dust. This may affect the ability for the duct detectors to operate. d. Copy Room-heavy tablecloths were hung over the open shelving. The shelving contained combustible materials. The tablecloths could prohibit the ability of the sprinklers to douse a fire where there are combustible materials. e. The Exit sign at the end of the 200 hall was not lit. 3. Observations revealed that the building was not maintained in a safe condition. Findings on May 3, 2017:	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL077010	A. BUILDING: **01** B. WING _____	**05/03/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMLET HOUSE	**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 7 a. Room 101-the towel bar was loose which could cause a Resident to fall. b. Room 223-a screw was mounted into the door surface. The screw protruded approximately 1/2" which creates a possible hazard. c. Room 224-a nail was mounted into the door surface. The nail protruded approximately 1/2" which creates a possible hazard. 4. Observations revealed that the building electrical equipment was not maintained in a safe operating condition. Findings on May 3, 2017: a. Light lenses were broken in the Administrative Office and outside of Room 132. b. Living Room at 100 Hall-items were being stored in the electrical closet. c. The exterior GFCI outlet outside of the Mechanical Room did not trip when tested. d. Copy Room-items were stored in front of the electrical panel which did not allow for the minimum 3'-0" clearance as required by the building code. 5. Observations revealed that the doors were not maintained in a safe and operating condition. Findings on May 3, 2017: a. The doors to Rooms 105 and 116 did not close completely to contain fire and smoke. b. Room 202-there are two holes in the bathroom door, one approximately 1" in diameter and the other about 1/2" in diameter. The door has heavy gouges in the veneer at the holes. c. Room 225-the door hardware is loose. d. Beauty Salon-the door hardware is missing on the inside of the closet. 6. Observations revealed that the fire resistance	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL077010	A. BUILDING: **01** B. WING _____	**05/03/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMLET HOUSE	**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 8 rating of the ceilings were not maintained in a safe condition. Findings on May 3, 2017: a. 200 Hall Living room-the attic access hatch has indentations along the opening edge and the door no longer closes completely which compromises the ceiling assembly's ability to contain fire and smoke. b. Room 207-there is a 1" diameter hole in the closet ceiling. c. Beauty Salon-there is a 1/4" gap around the perimeter of the sprinkler head.	C 189		
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (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. Observations revealed that a range in the	C 193		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL077010	A. BUILDING: **01** B. WING _____	**05/03/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMLET HOUSE	**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 193	Continued From page 9 activity room was not supervised by facility staff. Findings on May 3, 2017: a. The Activity room was occupied by several Residents. The range had a locking feature that was not engaged. When tested, the burners were working. No Staff were within close proximity of the range to provide supervision.	C 193		
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. Observations revealed that the mechanical exhaust system was not maintained to provide exhaust ventilation at the rate of two cubic feet per minute per square foot. Findings on May 3, 2017: a. The exhaust fans were not working in the following areas: 1.) Room 101 Bath.	C 199		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL077010	A. BUILDING: **01** B. WING _____	**05/03/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMLET HOUSE	**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 199	Continued From page 10 2.) Room 111 Bath. 3.) Room 115 Bath. 4.) Room 124 Bath. 5.) Room 129 Bath. 6.) Room 208 Bath. 7.) Laundry Room. b. Room 202-the exhaust fan had been removed. A new fan has been ordered. 2. Based on observation, housekeeping chemicals were being stored in a closet that did not have ventilation. Findings on May 3, 2017: a. Insect spray and other chemicals were being stored in the hall Maintenance closet. The closet was not ventilated.	C 199		