Hamlet House
ASSISTED LIVING

632 Freeman Mill Road
Hamlet, NC 28345
(910) 582-0082

May 14, 2019

DHSR Construction Section
2705 Mail Service Center
Raleigh, NC 27699-2705

RE: Plan of Correction for Hamlet House

Dear Mr. Harrell,

Please find attached Hamlet House Assisted Living Plan of Correction. If you have questions concerning our POC, please feel free to call.

Sincerely,

Betty Kester Parrish

Betty Kester-Parrish,
Executive Director

cc: County Building Inspection Department –with attachment-e-mail only
Richmond County DSS – with attachment –email only

Division of Health Service Regulation

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 _____	04/24/2019

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C 000	Initial Comments Report of Construction Section Biennial Survey by Dennis Harrell on 4-24-2019. Records indicate this facility was first licensed on 10-27-1997, for 60 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1996 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	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged of conclussions set forth in the Statement of Deficiencies or Corrective Actions Report, the Plan of Corrections is prepared solely as a matter of compliance with state law.	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility is equipped with Special (magnetic) Locking on all the exit	C 101		

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C 101	Continued From page 1 doors. The magnetic locking failed to operate as required by the NC State Building Code. Magnetic locks that do not work properly could delay or prevent an evacuation in an emergency. Findings on 4-24-2019: a. None of the Special (magnetic) Locking unlocked on activation of the fire alarm system. b. None of the Special (magnetic) Locking unlocked on activation of the required central emergency release switch. Note: A Plan of Protection (POP) was accepted in which the facility agreed to do in-service training on all staff on each successive shift as to the location and use of the emergency release switches at the exits until the system is repaired and working properly 2. Based on observation and interview, most staff were not aware of the location or the use of the required central emergency release switch for the Special (magnetic) Locking for the exit doors. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment.	C 101	Magnetic Locks were repaired on 4/27/19 and are working properly with the Fire Alarm System which includes all Special (magnetic) Locking devices unlocking on activation of the central emergency release switch. Immediate Inservice of evacuation procedures, location and use of required central emergency release switch for Special magnetic locking for exit doors.	4/27/19
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, the handgrip provided at the toilet in the spa was loosely mounted to the	C 133		

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C 133	Continued From page 2 wall. A loose handgrip could cause a resident to fall.	C 133	Handgrip by toilet in spa has been made secure.	4/25/19
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: Based on observation, the Spa was being used to house large amounts of storage. Finding on 4-24-2019: Several mattresses (8) were found stored in the Spa.	C 135	8 Mattresses have been moved from spa and stored in a proper storage area.	4/26/19
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 building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if	C 166		

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C 166	Continued From page 3 cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 4-24-2019: a. Several (14) portable medical oxygen cylinders were stored in unapproved beverage crates. b. Several (8) portable medical oxygen cylinders were stored in an unapproved plastic crate. c. One portable medical oxygen cylinder was stored freestanding in no container at all. 2. Based on observation, the facility failed to meet the requirements of the NC State Electrical Code as relates to required access for electrical panels. The Electrical Code requires the area in front of an electrical panel to remain clear for at least 2.5 feet wide by 3 feet deep. Finding on 4-24-2019: There were many large boxes stored in front of 2 electric panels in the pantry. Note, This deficiency was corrected during the survey. 3. Based on observation, hoses on plumbing fixtures were long enough to reach the fixture basins and there were no vacuum breakers provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. Finding on 4-24-2019: a. There was no vacuum breaker installed on the shower wand at the tub in the Spa. b. There was no vacuum breaker installed on the shower wand at the tub in room 205.	C 166	By 5/31/19 safe and acceptable oxygen holders will be provided By 5/31/19 safe and acceptable oxygen holders will be provided. Vacuum breaker for shower wand in spa tub ordered. Scheduled delivery and repaired by 5/14/19. Vacuum breaker ordered for tub room 205. Scheduled delivery and repaired by 5/14/19.	5/31/19 5/31/19 5/14/19 5/14/19
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT	C 185		

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C 185	Continued From page 4 10A NCAC 13F .0309 PLAN FOR EVACUATION (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. Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved. 2. Based on review of documents, fire drill rehearsals are not being done regularly with at least one per shift each quarter. Failure to rehearse the fire plan could lead to confusion and delay in an actual emergency. Findings on 4-24-2019: a. In the 1st quarter of this year, there was no rehearsal done during the 3rd shift. b. In the 2nd quarter of last year, there was no rehearsal done during the 3rd shift. c. In the 4th quarter of last year, there was no rehearsal done during the 1st shift.	C 185	Immediate Inservice with team members going forward a fire drill will be held one per quarter as stated in Rule 13F .0309 Plan for Evacuation	4/25/19
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,	C 189		

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C 189	Continued From page 5 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 observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 4-24-2019; a. The 3/4 hour fire rated door to the pantry was wedged open. b. The door to the resident laundry was wedged open. c. The double doors to the dining room automatically latch to each other but not to the frame. These doors are not only corridor doors, but are part of the required smoke resisting separation of the kitchen from the remainder of the facility. d. The double doors to the copy room close out of sequence and cannot latch because of the astragal. e. One of the double doors to the copy room was blocked open by a wheelchair. f. The door to room 118 would not latch when closed. g. The door to room 206 would not latch when closed. h. The door to room 124 was propped open. i. The door to room 208 was propped open. 2. Based on observation, the sampling tubes for	C 189	The pantry door will remain closed and will be open when going in and out only. The laundry room will remain closed and will open when going in and out only. Projected date of 5/31/19 for dining room doors not latching to frame. Projected date of5/31/19 for copy room doors to latch and work properly. Wheelchair moved to storage area. Room 118 scheduled for repair by 5-31-18 Room 124 door closed Room 208 door closed	4/24/19 4/24/19 5/31/19 5/31/19 4/24/19 5/31/19 4/24/19 4/24/19

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C 189	Continued From page 6 the duct mounted smoke detectors in the mechanical room were clogged with lint. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. 3. Based on observation, warning devices, "screamers," protecting the emergency release switches were not working. Malfunctioning warning devices could allow resident elopement. Findings on 4-24-2019: a. The warning device did not work at the emergency release switch at the front door. b. The warning device did not work at the central emergency release switch. 4. Based on observation, the required one-hour fire rated walls compromised in a location. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Finding on 4-24-2019: Unsealed wire penetration in the smoke barrier wall above room 201. 5. Based on observation, the ice machine drain line had algae growning on the end of it and there was several pieces of trash under the machine. Ice machine drain lines must be kept clean and the area clear of trash or the ice could become contaminated. 6. Based on observation, there was no documentation of the required in house/owner's monthly inspections for January, February or March, provided on the inspection tag at the range hood fire suppression system. Range	C 189	All ducts cleaned of lint 4/24/19. Maintenace to provide weekly sweeps of lint to detectors. Screamer Boxes were replaced 4/25/19 at the front door and central emergency release switch. Reseal with approved fire rated material in smoke barrier wall above room 201 4/29/19 Clean ice machine drain line so to be free of algae as well as clean under ice machine.	4/24/19 4/25/19 4/29/19 4/25/19

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C 189	Continued From page 7 hood fire suppression systems must be inspected monthly and the inspections must be documented somewhere such as on the tag provided at the system pull.	C 189	Immediate In-service with Maintenace and dietary staff on documenting range hood fire suppression system.	4/24/19
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Finding on 2-24-2019: There was a portable electric heater found in the Business office.	C 191	4/24/19 Electric Heater was removed from Business office.	4/24/19
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	C 193		

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C 193	Continued From page 8 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: Based on observation, the power was on to the range in the activity room. There were several residents in the room and no staff were present.	C 193	The range was cut off 4/24/19 and will only be used under supervision.	4/24/19
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.	C 199		

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C 199	Continued From page 9 This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Findings on 4-24-2019; a. The exhaust provided was not working in the Spa. b. The exhaust provided was not working in the Resident laundry. c. The exhaust provided was not working in the janitor closet off the kitchen.	C 199	Exhaust fans have been ordered for Spa, Resident Laundry and Janitor Closet (kitchen). Projected date 5/31/19	5/31/19s