

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 R 06/12/2019
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 Follow Up Construction Survey by Dennis Harrell on 6-12-2019. Several deficiencies were not corrected. Further action is required.	{C 000}	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions 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: 2. Based on observation and interview, some 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. Specifically, the first 2 staff interviewed knew nothing about the central emergency release switch. All staff responsible for evacuation in an emergency must be properly trained in evacuation procedures and equipment.	{C 101}		
			Immediate Inservice on Central emergency release switch for the Special Magnetic Locking for the exit doors. Staff will be inserviced at monthly staff meetings on Central emergency release switch for the Special Magnetic Locking for the exit doors.	

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

TITLE

(X6) DATE

Betty Tester - Parrish

Executive Director

7-5-19

STATE FORM

6899

TE4D22

If continuation sheet 1 of 5

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{C 135}	Continued From page 1	{C 135}		
{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 6-12-2019: Several mattresses (8) were still found stored in the Spa and there is now a paper sign stating "Temporary Storage" taped over the original Spa sign.	{C 135}	8 Mattresses removed from Spa room on 6-28-2019 and Temporary Storage paper sign removed from original Spa sign	
{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: 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	{C 166}		

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{C 166}	Continued From page 2 present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. Finding on 6-12-2019: a. There appeared to be no vacuum breaker installed on the shower wand at the tub in the Spa.	{C 166}	Vacuum breaker installed. Picture available.	
{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 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 6-12-2019; a. The 3/4 hour fire rated door to the pantry 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.	{C 189}	Wedge has been removed. Staff has been inserviced on the pantry door not to be wedged open. Parts are on order for double doors to the dining room to latch appropriately. Projected date for doors to be fixed is August 5, 2019.	

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{C 189}	Continued From page 3 d. The double doors to the copy room automatically latch to each other but not to the frame. 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 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.	{C 189}	Parts are on order for doors to copy room to latch appropriately. Projected date for doors to be fixed will be August 5, 2019. Residents in rooms 124 and 208 have been advised not to prop their doors open. Staff have been advised to close doors when seen open. Sampling tubes for duct mounted smoke detectors were immediately inspected and unclogged. Sampling tubes will be cleaned and inspected weekly by maintenance for proper operation.	
{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 6-12-2019: There was no key onsite to allow entry into the room to determine if the portable electric heater	{C 191}	No electric heater in the building. A Key will be made available for any doors needing open	

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{C 191}	Continued From page 4 was still in the Business office.	{C 191}		
{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: Based on observation the facility failed to maintain required exhaust in a working condition. Findings on 6-12-2019; a. The exhaust provided was still not working in the Spa. c. The exhaust provided was still not working in the janitor closet off the kitchen.	{C 199}	Exhaust Fan has been ordered for Spa. Projected date Exhaust fan will be fixed is August 5, 2019. Exhaust fan in janitor closet off the Kitchen was installed and working 7-2-2019.	