STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060157	A. BUILDING: **01** B. WING _____	R **03/19/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMILTON FAMILY CARE HOME	**13418 HAMILTON ROAD CHARLOTTE, NC 28278**

(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 Jonathan Gamsey DHSR Construction Section conducted a Biennial Follow-up Survey on March 19, 2025 from 11:50 AM to 12:20 PM at the above-referenced facility. At the time of the survey, not all deficiencies were corrected therefore further action is required. Additional deficiencies were also observed. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from the previous survey. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	{C 000}		
{C 105}	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State	{C 105}		

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{C 105}	Continued From page 1 Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars ($380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that neither of the two residents present in the house responded and evacuated at the time the smoke detectors were activated. This is not compliant with the rule due to the home being licensed for all ambulatory clients. Take the necessary steps to train the clients to respond and evacuate, without staff prompting or assistance, at any time the smoke detectors are activated. The clients must perform this task on their own for the home to maintain its ambulatory status. This deficiency was previously cited during our 2025 biennial survey and action hasn't been taken to address the deficiency.	{C 105}		
{C 174}	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing	{C 174}		

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{C 174}	Continued From page 2 family care homes. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the fire extinguishers were not checked by the staff monthly to evaluate the status of the extinguisher. This is not compliant with the rule. Take the necessary steps to have the staff inspect the extinguishers once a month and date the tags accordingly to prevent the extinguisher from becoming damaged or losing its charge and being unusable in a time of need. This deficiency was previously cited during our 2025 biennial survey and action hasn't been taken to address the deficiency. 2.) At the time of the survey, it was observed that the heat detector in the attic had been removed. This is not compliant with the rule. Take the necessary steps to reinstall the heat detector. This deficiency was previously cited during our 2025 biennial survey and action hasn't been taken to address the deficiency. New Deficiencies 3.) At the time of the survey, it was observed that the top of the water heater had exposed wires with only red electrical tape wrapped around them. This is not compliant with the rule. Take the necessary steps to install a wire grommet to cover the exposed wires to help prevent electrical shock.	{C 174}		