

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL058011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/28/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 160 SANTREE DRIVE WILLIAMSTON, NC 27892
--	---

(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 Biennial Follow Up Construction Survey by Suzanna Fay conducted on May 28, 2025. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}		
{C 154}	Entrances/Exits-Wanderer Alarms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: 1. Based on observation and interview, the facility did not equip each exit with a sounding device on the door that activates when the door is opened when there is at least one resident who is disoriented or a wanderer. Findings on May 28, 2025: a. The exit doors were equipped with alarms that activated when the doors were opened but at the time of the survey, none of the alarms were turned on. The survey was conducted from 1:36	{C 154}		

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: HAL058011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/28/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 160 SANTREE DRIVE WILLIAMSTON, NC 27892
--	---

(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 154}	Continued From page 1 PM to 3:02 PM.	{C 154}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation.</p> <p>Findings on May 28, 2025:</p> <p>a. Exit by Room 210 - the exit sign did not illuminate on test.</p> <p>2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes or gaps through the face of the door.</p> <p>Findings on May 28, 2025:</p> <p>b. Clean Linen - there are two 1/4" diameter holes above and below the door hardware and there is a gap between the door and the door hardware. Staff had patched a wall behind the</p>	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL058011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/28/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 160 SANTREE DRIVE WILLIAMSTON, NC 27892
--	---

(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}	<p>Continued From page 2</p> <p>door instead.</p> <p>3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on May 28, 2025:</p> <p>a. Dining Room - the escutcheon ring on the center sprinkler head near the kitchen is missing and maintenance has caulked the head but there are gaps around the penetration.</p> <p>5. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Screamer boxes at emergency switches that do not alarm may allow for elopement by not alerting staff that the box has been opened and the switch may have been tampered with.</p> <p>Findings on May 28, 2025:</p> <p>b. Activity Room - the screamer box did not alarm when lifted.</p> <p>6. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Loose toilet seats can affect residents if they shift causing a slip or fall.</p> <p>Findings on May 28, 2025:</p> <p>a. Room 401 Bath - the toilet seat was not secure.</p> <p>7. Based on observation the facility's fire safety components are not being maintained in a safe operable manner. Doors were blocked open or held open by unapproved devices or methods. All</p>	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL058011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/28/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 160 SANTREE DRIVE WILLIAMSTON, NC 27892
--	---

(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 the occupants in the facility could be affected if doors cannot be closed or closed rapidly so as to limit the spread of smoke and fire to the area of origin. Findings on May 28, 2025: a. Laundry - the door between Laundry and Soiled Linen and the corridor door were propped open with a five gallon bucket of detergent. The corridor door was also blocked from closing due to soiled linen bins blocking the opening.	{C 189}		
{C 195}	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (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 and testing, it was revealed that the hot water temperature at all fixtures used by residents was not maintained between 100 degrees F and 116 degrees F. Findings on May 28, 2025: a. Room 401 Bath - the water temperature at the sink was still 120 degrees F.	{C 195}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL058011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/28/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WILLIAMSTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 160 SANTREE DRIVE WILLIAMSTON, NC 27892
--	---

(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