		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL064020	B. WING		07/2	5/2016
NAME OF PROVIDER OR SUPPLIER HUNTER HILL ASSISTED LIVING 891 NOELI ROCKY MO				27804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
		ensure Section conducted an uly 20, 21, 22 and 25, 2016.				
D 282	10A NCAC 13F .09 Service	04(a)(1) Nutrition and Food	D 282			
	(a) Food ProcurementHomes:(1) The kitchen, din	04 Nutrition and Food Service ent and Safety in Adult Care ing and food storage areas erly and protected from				
	failed to assure the freezer, kitchen sto and walls in the kitchen	et as evidenced by: ons and interviews, the facility walk-in cooler, walk-in rage areas, exit door, floors then and dining areas were pair and free of contamination.				
	The findings are:					
	at 12:10 p.m. at the	dining room floor on 07/20/16 beginning of the lunch meal rge, black stained areas on the				
	area on 07/20/16 at -The exit door was -Clipped and peelin middle to the bottor -Large dark brown:	exit door located in the kitchen to 12:15 p.m. revealed: slightly ajar when closed. If paint was observed on the mof the door. If the door were observed to bottom of the door.				
	12:27 p.m. revealed -The door of the wa	walk-in cooler on 7/20/16 at d: alk-in cooler had dark brown r seal of the door from the top				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL064020	B. WING		07/2	5/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HUNTER	R HILL ASSISTED LIV	NG 891 NOEL ROCKY N	LL LANE IOUNT, NC	27804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 282	of the door and dov-The exterior of the brown stainsTwelve of twelve nrust stainsOne fan cover locadirty with dark brown and black tarlike sta-Several black, sticnear the fan in the several areas on the particlesThe entire floor of springy, and unstate and black rust stain. Observation of the 12:32 p.m. revealed-Five of sixteen merust stainsTwo fan covers located with dark brown and black tates and grown, black and	wn the side of the door. I door was dirty with dark netal shelves had dark brown ated in the walk-in cooler was In areas and had dark brown ains. It particles were on the ceiling walk-in cooler. I he shelves had dried food the walk-in cooler was rotten, lie with several dark brown hed areas. Walk-in freezer on 07/20/16 at d: tal shelves had dark brown cated in the walk-in freezer to brown areas and had dark rlike stains. Alk-in freezer had several dark rey stained areas with dried hers. nonperishable food storage to 12:40 p.m. revealed one of large area of dried food on the	D 282			

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	COMPLETED
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	
HAL064020 B. WING	07/25/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
HUNTER HILL ASSISTED LIVING 891 NOELL LANE ROCKY MOUNT, NC 27804	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD TAG (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIES OF THE PROPRIES OF THE	D BE COMPLETE
freezer, and walk-in cooler areas were cleaned once monthly by the kitchen staff. -The racks in the walk-in cooler and walk-in freezer rust over after cleaning and the rust could not be prevented. -Maintenance cleaned the fans and fan covers in the walk-in cooler and walk-in freezer but she was unsure as to how often he cleaned theseShe monitored the cleaning of the kitchen and dining room areas on a daily basisMaintenance would repair or replace the floor in the walk-in coolerShe had not informed the maintenance worker regarding the floor in the walk-in cooler needing repair or replacementThe exit door in the kitchen area had clipped paint and damage due to the delivery cart with supplies hitting it. The maintenance worker would fix the door. Observation of the dining room and kitchen areas on 07/22/16 at 9:15 a.m. revealed: -The dining room floor had been stripped and was being cleaned by the maintenance workerThe maintenance worker had painted the exit door located in the kitchen area. Interview with the Maintenance Worker on 07/22/16 at 9:20 a.m. revealed: -He was not aware of the condition of the floors in the walk-in cooler or walk-in freezer until that dayHe had stripped the dining room floors that morning and was deep cleaning the floors nowHe was responsible for cleaning the floors nowHe was responsible for cleaning the floors nowHe had not cleaned the fans or fan covers or ceilings in the walk-in cooler and walk-in freezer areasHe had not cleaned the fans or fan covers or ceilings in the walk-in cooler and walk-in freezer areas in over a yearThe facility had not contacted him regarding	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		COM		SURVEY LETED
			A. BUILDING.			
HAL064020		B. WING		07/25/2016		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
HUNTER HILL ASSISTED LIVING 891 NOELL ROCKY MO				27804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 282	cleaning or the con room, walk-in cooled Interview with the E Administrator on 07. The dietary managensuring the dining cleaned and were in the dietary managensuring the dining cleaned and were in the dietary managensuring the dining areas by the areas. They conduct morn and dining areas by the expectation wareas be kept clear cleaning floors, and the kitchen staff and the cleaning or dining occur every day, the needed. Every Wednesday scheduled to perfor baseboards, etc. Black marks and a were caused by leg chairs and wheelched the dietary staff morn and kitchen and the room and kitche	dition of the floors in the dining er, and walk-in freezer. Executive Director and 7/25/16 at 3:00 p.m. revealed: ger was responsible for and kitchen areas were n working order. ger used a daily checkoff sheet kitchen, dining, and storage of the dining and kitchen as the dining and kitchen n which included wiping tables, as the dining and kitchen n which included wiping tables, all general cleaning, be informed of any issues by d/or dietary manager. and kitchen areas should ree times a day, or more if a certain was a day, or more if a certain of the dining room floor gends of the dining room the floors of the dining	D 282			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL064020	B. WING		07/2	25/2016	
	NAME OF PROVIDER OR SUPPLIER HUNTER HILL ASSISTED LIVING STREET ADDRESS, CITY, STATE, ZIP CODE 891 NOELL LANE ROCKY MOUNT, NC 27804						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
D 282	-The floor in the wa "ongoing issue" and than anything else.' owner regarding the -She was not aware cleanliness or any ror storage areasIt was the respons to ensure the clean followed by dietary	Ik-in cooler had been an d was "more of a trip hazard". They would follow-up with the effoor in the walk-in cooler. It of any problems with the needed repairs for the kitchen sibility of the Dietary Manager ing schedule was being staff. (There was no a written provided for review when	D 282				

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