| | of Health Service Report of Deficiencies of Correction | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|---|---|--|-------------------------------|-------------------------------|--|
| | | | | | | 07/2 | 5/2016 | |
| NAME OF P | ROVIDER OR SUPPLIER | | STREET ADI | DRESS, CITY, | STATE, ZIP CODE | | | |
| HUNTER | HILL ASSISTED LIV | ING | 891 NOEL | L LANE | 27804 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIE Y MUST BE PRECEDE SC IDENTIFYING INF | ENCIES ED BY FULL | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | N SHOULD BE IE APPROPRIATE | (X5) COMPLETE DATE | |
| D 000 | Initial Comments | | | D 000 | | | | |
| | The Adult Care Lic annual survey on J | ensure Section of July 20, 21, 22 ar | conducted an ad 25, 2016. | | | | | |
| D 282 | 10A NCAC 13F .09 Service | 904(a)(1) Nutritio | n and Food | D 282 | * | | | |
| | 10A NCAC 13F .09 (a) Food Procurem Homes: (1) The kitchen, dir shall be clean, order contamination. | nent and Safety in | n Adult Care orage areas | | | | | |
| | This Rule is not m Based on observal failed to assure the freezer, kitchen sto and walls in the kit cleaned, in good re | tions and intervie e walk-in cooler, orage areas, exit ochen and dining | ws, the facility walk-in door, floors areas were | | | | | |
| | The findings are: | | | | | 1 =: 202 4 | | |
| | Observation of the at 12:10 p.m. at the revealed several la entire floor. | e beginning of th | e lunch meal | | Floor was 5 waxed during Floor waxing 6 month 50h | Sorvey. | 7-22- | |
| | Observation of the area on 07/20/16 a -The exit door was -Clipped and peeli | at 12:15 p.m. rev s slightly ajar whe ng paint was obs | ealed: en closed. | | MAI HANCE BY Executive Direct | Administrator or Dieta | dor, ry | |
| | -Large dark brown on the middle to the | stained areas we bottom of the | door. | | -Door Painted Survey. To be by Detary Supe | curing reported | 7-21- | |
| | Observation of the 12:27 p.m. reveals -The door of the w stains on the rubb | ed: ralk-in cooler had | dark brown | | rided | | | |

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B WING 07/25/2016 HAL064020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 891 NOELL LANE **HUNTER HILL ASSISTED LIVING** ROCKY MOUNT, NC 27804 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) D 282 cooler door was Cleaned D 282 Continued From page 1 7-21-16 Doring Survey of the door and down the side of the door. -The exterior of the door was dirty with dark ·Shelving was replaced with New Shelves daring brown stains. 7.21-16 -Twelve of twelve metal shelves had dark brown Survey was Cleaned -One fan cover located in the walk-in cooler was 7-22-16 dirty with dark brown areas and had dark brown and black tarlike stains. Cooler was deep cleaned during Survey -Several black, sticky particles were on the ceiling near the fan in the walk-in cooler. -Several areas on the shelves had dried food Cooler Floor was repair particles. -The entire floor of the walk-in cooler was rotten, during survey springy, and unstable with several dark brown and black rust stained areas. Observation of the walk-in freezer on 07/20/16 at 12:32 p.m. revealed: - Shelves have been 7-21-16 -Five of sixteen metal shelves had dark brown replaced. rust stains. -Freezer floor has been Cleaned -Two fan covers located in the walk-in freezer 7.22.16 were dirty with dark brown areas and had dark brown and black tarlike stains. -The floor of the walk-in freezer had several dark brown, black and grey stained areas with dried food on all four corners. Walls have been 7.21-16 Observation of the nonperishable food storage Cleaned area on 07/20/16 at 12:40 p.m. revealed one of three walls with a large area of dried food on the Cleaning Doties Are signed that of on each Snift per 8-14 Interview with the Dietary Manager on 07/21/16 at Form 1 Attached . + 10:15 a.m. revealed: to be Turnez into -The cooks and kitchen aides were responsible for cleaning the floors of the kitchen and dining Administrator end of room, the kitchen countertops, and walls of the each shift. kitchen storage areas three times daily after -The racks of the kitchen storage area, walk-in

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| STATE | on of Health Service F MENT OF DEFICIENCIES AN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | AND ADDRESS OF THE PARTY OF THE | LE CONSTRUCTION | (X3) DATE SURVEY COMPLETED 07/25/2016 |
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| I I to milities sees | OF PROVIDER OR SUPPLIEF | STREET AD. 891 NOEL | | STATE, ZIP CODE | |
| (X4) I PREF TAG | X (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY) | JLD BE COMPLETE |
| D 2 | once monthly by the The racks in the streezer rust over a not be prevented. -Maintenance cleathe walk-in cooler was unsure as to She monitored the dining room areas Maintenance wouthe walk-in cooler. She had not inforegarding the flooregarding the flooregarding the flooregarding the flooregarding the supplies hitting it. fix the door. Observation of the on 07/22/16 at 9:1 The dining room being cleaned by The maintenance door located in the linterview with the 07/22/16 at 9:20 a He was not awarthe walk-in cooler He had stripped forming and was The walk-in freezer are He had not clean ceilings in the walk areas in over a year and ceilings in the walk areas i | in cooler areas were cleaned the kitchen staff. walk-in cooler and walk-in after cleaning and the rust could aned the fans and fan covers in and walk-in freezer but she how often he cleaned these, the cleaning of the kitchen and son a daily basis. Uld repair or replace the floor in the walk-in cooler needing the fant. The walk-in cooler needing the due to the delivery cart with the maintenance worker would be dining room and kitchen areas the maintenance worker. If you worker had painted the exit the kitchen area. Maintenance Worker on a.m. revealed: The condition of the floors in or walk-in freezer until that day. The dining room floors that deep cleaning the floors now. The for cleaning the floors or k-in cooler and walk-in freezer | D 282 | Form 2 Attaches a Check off listed one monthly dietary Soperus If any issue and to be correct Noted on the forments unable to fix in request Administrator for as to be done mo by upper manage / Administrator. To sure Dietary Man is following up o Form Z. And For is being completes were | Sto 8-1-16 by to or going they ted to Connects Storte olution othly emust 0.1.16 make to ager on going |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING. | | (X3) DATE SURVEY COMPLETED | | |
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| | HAL064020 | | B. WING | | 07/ | 25/2016 |
| NAME OF | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, ST | TATE, ZIP CODE | | |
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| D 282 | cleaning or the corroom, walk-in coole Interview with the E Administrator on 0' -The dietary managensuring the dining cleaned and were and dietary managensuring the dining cleaned and were areasThey conduct morand dining areas by the expectation wareas be kept cleaning floors, and areas by expected to the kitchen staff and and areas are cleaning or dining occur every day, the neededEvery Wednesday scheduled to perform baseboards, etcBlack marks and a were caused by leg chairs and wheelch are and wheelch are and wheelch are and wheelch are and witchen and the rusted shelve replaced by mainter but would rust again materialThe shelves in the freezer were cleaneded. | 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 in working order. ger used a daily checkoff sheet kitchen, dining, and storage withly follow-up of the kitchen y using a sanitation checklist. Was the dining and kitchen in which included wiping tables, it all general cleaning. The informed of any issues by informed of any issues by informed and kitchen areas should ree times a day, or more if the extra kitchen staff were in the deep cleaning of walls, areas on the dining room floor gends of the dining room mairs. | D 282 | | | |

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| STATEMEN | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064020 | | (X2) MULTIPLE CONSTRUCTION A BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
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| D 282 | -The floor in the war ongoing issue" and than anything else owner regarding the She was not award cleanliness or any or storage areasIt was the responsito ensure the clean followed by dietary | alk-in cooler had been an old was "more of a trip hazard". They would follow-up with the ne floor in the walk-in cooler. The of any problems with the needed repairs for the kitchen sibility of the Dietary Manager ning schedule was being a staff. (There was no a written provided for review when | D 282 | | | | |
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