NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  ### HUNTER HILL ASSISTED LIVING  (K4) ID PREFIX (EACH OPERCIENCY MUST BE PRECEDED BY FULL TAG  TAG    NAME OF PROVIDER OR SUPPLIER    SUMMARY STATEMENT OF DEFICIENCIES (EACH OPERCIENCY MOUNT, NC 27804)    PREFIX (EACH OPERCIENCY MUST BE PRECEDED BY FULL TAG    PREFIX (EACH OPERCIENCY ACTION SHOULD BE CROSS-RI FERENCED TO THE APPROPRIATE DEFICIENCY)    D 000   Initial Comments		(X3) DATE SI		CONSTRUCTION		Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	of Health Service Required FOF DEFICIENCIES OF CORRECTION	STATEMENT
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  ### HUNTER HILL ASSISTED LIVING    SUMMARY STATEMENT OF DEFICIENCIES ROCKY MOUNT, NC 27804    REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS RIFERENCED TO THE APPROPRIATE DEFICIENCY)    D 000   Initial Comments   D 000	•				A. BUILDING:			
HUNTER HILL ASSISTED LIVING  ROCKY MOUNT, NC 27884    KAJ ID   SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   PREFIX TAG	<b>)2</b> 4	10/0			B. WING	HAL064035		
ROCKY MOUNT, NC 27804   ROCKY MOUNT, NC 27804			Section the Section Section Section	TE, ZIP CODE	RESS, CITY, STA	STREET ADD	ROVIDER OR SUPPLIER	NAME OF PI
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PREFIX TAG   CROSS-RIFERENCED TO THE APPROPRIATE   DEFICIENCY)      D 000   Initial Comments   D 000      The Adult Care Licensure Section conducted an annual and follow up survey on October 2, 2024 and October 3, 2024.      D 276   10A NCAC 13F .0902(c)(3-4) Health Care (C) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders from the physician or other licensed health professional; and (4) implementation of procedures, treatments or orders from the physician or other licensed health professional; and (4) implementation of procedures, treatments or orders from the physician or other licensed health professional; and (4) implementation of procedures, treatments or orders from the physician or other licensed health professional; and (4) implementation of procedures, treatments or orders from the physician or other licensed health professional; and (4) implementation of procedures, treatments or orders from the physician or other licensed health professional; and (4) implementation of procedures, treatments or orders from the physician or other licensed health professional; and (4) implementation of procedures, treatments or orders from the procedures, treatments or orders from the physician or other licensed health professional; and the procedures or orders from the procedures or order				na.			HILL ASSISTED LIVING	HUNTER I
D 000 Initial Comments  The Adult Care Licensure Section conducted an annual and follow up survey on October 2, 2024 and October 3, 2024.  D 276 10A NCAC 13F .0902(c)(3-4) Health Care  (c) The facility shall assure documentation of the following in the resident's record:  (3) written procedures, treatments or orders from a physician or other licensed health professional; and  (4) implementation of procedures, treatments or orders for orders procedure and of the following in the resident's record:  (3) written procedures, treatments or orders from a physician or other licensed health professional; and  (4) implementation of procedures, treatments or orders from the following in the resident's record:  (5) The facility shall assure documentation of the following in the resident's record:  (6) Initial Comments  D 000  Il is the policy of Hunter Hill Assisted Living lo assure documintation of written procedures, treatments or including bright in the resident's record and implementation of procedures, treatments or including but not limited to application of TED	{X5}	N	IDER'S PLAN OF CORRECTION		<del>1</del>	ATEMENT OF DEFICIENCIES		
The Adult Care Licensure Section conducted an annual and follow up survey on October 2, 2024 and October 3, 2024.  D 276  10A NCAC 13F .0902(c)(3-4) Health Care  10A NCAC 13F .0902 Health Care  (c) The facility shall assure documentation of the following in the resident's record:  (3) written procedures, treatments or orders from a physician or other licensed health professional; and  (4) implementation of procedures, treatments or orders from the procedures, treatments or orders from the physician or other licensed health professional; and the procedures, treatments or orders from the physician or other licensed health professional; and the professional; and the professional in the resident's record and implementation of procedures, treatments or including but into the manager and the professional in the resident's record and implementation of procedures, treatments or including but into the manager and the professional in the resident's record and implementation of procedures, treatments or including but into the manager and the professional in the resident's record and implementation of procedures, treatments or including but into the manager and the professional in the resident's record and implementation of procedures, treatments or including but into the manager and the professional in the resident's record and implementation of procedures, treatments or including but into the professional in the resident's record and implementation of procedures, treatments or including but into the professional in the resident's record and implementation of procedures, treatments or including but into the professional in the resident's record and implementation of procedures, treatments or including but into the professional in the resident's record and implementation of procedures, treatments or including but into the professional in the resident's record and implementation of procedures, treatments or including but into the professional in the resident's record and implementation of procedures, treatments or including	OMPLETE DATE		FERENCED TO THE APPROPRI					
annual and follow up survey on October 2, 2024 and October 3, 2024.  D 276  10A NCAC 13F .0902(c)(3-4) Health Care  10A NCAC 13F .0902 Health Care  (c) The facility shall assure documentation of the following in the resident's record:  (3) written procedures, treatments or orders from a physician or other ficensed health professional; and  (4) implementation of procedures, treatments or orders from the following in the resident's record:  (4) implementation of procedures, treatments or orders from the ficensed health professional; and the ficensed health professional in the resident's record and implementation of procedures, treatments or professional in the resident's record and implementation of procedures, treatments or professional in the resident's record and implementation of procedures, treatments or professional in the resident's record and implementation of procedures, treatments or professional in the resident's record a				36 33	D 000		Initial Comments	D 000
assure documintation of written procedures, treatments or inderesting the manager and (4) implementation of procedures, treatments or orders from the manager and (4) implementation of procedures, treatments or orders from the manager and						survey on October 2, 2024	annual and follow up	
Rule.  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure physicians' orders were implemented for 3 of 5 sampled residents (#1, #4, and #5) with orders for thrombo-embolic deterrent hose (TED).  The Resident (are Coordinator audited all orders to ensure that the orders were being followed as written by the rimary Care Provider and documented a curately in the Resident Record.  The Resident (are Coordinator audited all orders to ensure that the orders were being followed as written by the curately in the Resident Record.  The Resident (are Coordinator audited all orders to ensure that the orders were being followed as written by the curately in the Resident Record.  The Resident (are Coordinator audited all orders to ensure that the orders were being followed as written by the curately in the Resident Record.	vember 5, 24 and going	ntation of written procedures, rders from a physician or other professional in the resident's lementation of procedures, rders.  Its conducted shift to shift with halicians by the Manager and Coordinator to cover topics of limited to application of TED medication and treatment orders and 3rd, 2024.  Its coordinator audited all orders has orders were being followed as rimary Care Provider and curately in the Resident Record.  Its coordinator will monitor the all residents with orders for		assure docum treatments or licensed health record and im treatments or An inservice we Medication Te Resident Care including but it hose and othe on October 2n The Resident it to ensure that written by the documented a The Resident weekly to ensure	D 276	2 Health Care ssure documentation of the ent's record: s, treatments or orders from icensed health professional; f procedures, treatments or ubparagraph (c)(3) of this as evidenced by: ns, interviews, and record alled to ensure physicians' ented for 3 of 5 sampled d #5) with orders for	10A NCAC 13F .0902 (c) The facility shall a following in the reside (3) written procedures a physician or other li and (4) implementation of orders specified in St. Rule.  This Rule is not met Based on observation reviews, the facility fa orders were impleme residents (#1, #4, and thrombo-embolic determined the shall appear to the shall be a shall be	D 276
1. Review of Resident #1's current FL-2 dated 04/11/24 revealed: -Diagnoses included femoral deep vein thrombosis, diabetes mellitus, hyperlipidemia, thrombophlebitis left arm, and primary atrioventricular blockThe resident needed assistance with bathing, dressing, toileting, and ambulation.  Review of Resident #1's physician orders dated 05/14/24 revealed thrombo-embolic deterrent hose (TED) hose were to be applied every morning and removed at night.						femoral deep vein mellitus, hyperlipidemia, arm, and primary d assistance with bathing, and ambulation.  1's physician orders dated rombo-embolic deterrent re to be applied every	1. Review of Residen 04/11/24 revealed: -Diagnoses included thrombosis, diabetes thrombophlebitis left atrioventricular blockThe resident needed dressing, toileting, an Review of Resident # 05/14/24 revealed the hose (TED) hose wei	
Owner   Administrator	date 12/2/2	trator	ner Adminis	<b>ે</b>		SUPPLIER REPRESENTATIVE'S SIGNATURE	DIRECTOR BY OR PROVIDER	LABORATORY
STATE FORM 6589 03L111 If continuation	sheet 1 of 1			031.111				
Keelwest was enail 12/2/200						12/12/200	est pra oni	Keclure
Reclived via enail 12/2/2014. Reviewed and Reknowledged 12/6/2014. Adopto, R				D, R	vy. Har	browledged 12/6/201	ed and Res	Review

Division of	f Health Service Requ	lation			1		
STATEMENT	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SU COMPLE	
		HAL084035	8. WNG			10/03	3/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE			
HUNTER I	HILL ASSISTED LIVING	891 Noel Rocky M	l Lane Ount, NC 278	34	L *		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	(D PREFIX TAG	(EACH	JIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD EFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 276	Continued From page	1	D 276				
	Review of Resident # professional services 08/22/24 revealed the						
	medication administrates revealed: -There was an entry for at 6:00am and remover the control of	or TED hose to be applied ed at 6:00pm daily.					
	9:51am revealed: -The TED hose on the the knee and not pulled.	ent #1 on 10/02/24 at e left leg was sitting below ed all the way to the knees. cane to try to pull up the leg.				,	
		ent #1 on 10/03/24 at was not wearing TED hose ng breakfast.					
	revealed: -He had been wearin year, "they are not or -His TED hose were he often had to ask a sometimes they were -Three days ago, he (MA) that the left TED his ankle, and she to	ent #1 on 10/02/24 at 9:46am  g TED hose for about one ilike they supposed to be." not applied every day, and istaff to place them on and is not placed on correctly. told the medication aide D hose was sagging around ld the personal care aide off and apply them correctly.					
		h Resident #1 on 10/03/24 at one asked him to apply his akfast.					H

Division of	of Health Service Regu	lation				) Oran	VILLYONED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION		(X3) DATE S COMPLE	
		HAL084035	B. WING			10/0	3/2024
NAME OF P	ROVIDER OR SUPPLIER	STREETA	ODRESS, CITY, STATE	E ZIP CODE			
HUNTER	HILL ASSISTED LIVING	aon rea	LL LANE				
		ROCKY	Mount, NC 2780	4			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH	JIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD I EFERENCED TO THE APPROPR DEFICIENCY)	9E	(X5) COMPLETE DATE
D 276	Continued From page	2	D 276		P		
	Interview with a person 10/03/24 at 8:35am re- She was aware that hose.  -3rd shift was responself the TED hose were shift, then 1st shift was them.  -She was assigned to and assisted him with the had never completed in the hoses were not applied in the morning before bed.  -He got the current passo they were not worrectly.  -She was not aware the did not refuse to with they were not on correctly.  -The TED hose bunch she would take them ask a PCA to do it.  -Third shift was responded to the passon on the putting morning and 1st shift had not placed them completed in the morning applied immediately corrected resident brought it to the she would it to the she would take them ask a PCA to do it.	anal care aide (PCA) on avealed: Resident #1 wore TED  sible for applying TED hose. In not placed on during 3rd is responsible for applying  him during 1st shift this am his personal care. Isined to her that his TED id correctly.  Cation aide (MA) on revealed: It is an expensed to be and removed at night  air on September 17, 2024, but were not placed on that he did not have his TED fast.  In wear his TED hose unless eatly. In and put them back on or insible for placing the TED his clothes on in the were responsible if 3rd shift on. In agement about the TED in agem	D 2/6				
		fuse to wear his TED hose.					

03L111

STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			(X3) DATE S	
	***		A. BUILDING:	······································	<del>i</del>	COMPL	EIED
			a uma				
		HAL064035	B. WING			10/0	3/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
HUNTER	HILL ASSISTED LIVING	891 NOE	LL LANE				
			ROUNT, NC 27804		No. of the Control of		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH	(IDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD EFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 276	Continued From page	3	D 276	- <del> </del>	N. C.		
İ	-He had notified the r	rimary care provider (PCP),	1 1				
	but could not recall w	hen, and she would speak					
	with him about the importance of wearing his TED hose.						8
		ne staff did not give a reason	1				
	why Resident#1 did						
	hose on the October		1 }				
		se consisted of reviewing re to wear TED hose then	1				
		it to see if they had them on,					
	and if not, he notified	the MA.					8
	Interview with the facility manager on 10/03/24 3:20pm revealed:						
	-She was not aware F	Resident #1 was having					
	hose.	ance with applying his TED					
		hat he did not have on his	ļ.				
i	TED hose during brea						
		the MA who notified the					
	RCC about any issue						
	-She and the RCC wa	ere responsible for tation issues with staff.		Î			
		o follow all physician orders.					
	Silo expodica stati to	Tonom an priyotolari Ordera.					
	Telephone interview v 10/03/24 at 12:40pm	vith Resident #1's PCP on revealed:					
		ing to wear his TED hose.					
		sits he did not have them on,					
		e PCA to place them on.					
		that Resident #1 did not				33	
	have on his TED hose						
	-Resident #1 had con was not on correctly a	nplained that the TED hose	<b>j</b>			10	
		at umes. ot applying the TED hose		· ·			
		were not doing what they					
		and could make swelling					
		n, and could cause other					
	problems such as dev						
		the staff to implement the	1				

Division (	of Health Service Requ	lation				FORM	APPROVED
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE S	
		HAL084035	B. WING			401	12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY ST	ATE ZID CODE		80/1	03/2024
HUNTER	DAIVIJ DETRIBRA JJIK	891 NOE	LL LANE MOUNT, NC 27				
(X4) ID				_	IIDEDIO DI ANI CE CODDICATIONI		
PREFIX TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)  PREF TAC			(EACH)	/IDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE EFERENCED TO THE APPROPRI DEFICIENCY)	3E	(XS) COMPLETE DATE
D 276	Continued From page	4	D 276			-	
	order and to reach ou or measuring was nee						
	Review of Resident #4's current FL-2 dated 03/12/24 revealed diagnoses included schizophrenia, hyperlipidemia, type II diabetes, hypertensive disorder and bipolar disorder.						
	was an order for comp	4's physician order 1 06/20/24 revealed there pression socks apply every or 12 hours and remove at		,			in en
	Observation of Reside 2:50pm revealed she hose.	ent #4 on 10/02/24 at did not have on her TED					
	medications on 10/03/	ent #4 receiving her moming 24 at 9:50pm revealed the ot attempt to apply her TED		:			
	revealed: -There was an entry for	ds October 2024 eMAR or compression socks wear		4			
18. 17		ing and remove at night. vere documented applied 3 d 2 of 2 days.					
	Interview with a medic 10/03/24 at 10:50am of Resident #4 often refu- it had been about a mer TED hose.	evealed:					
	-She did not attempt to morning because Resi	o apply her TED hose that ident #4 always refused.					
	Interview with a secon 3:30pm revealed:	d MA on 09/19/24 at		3			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING:\_ B. WING HAL064035 10/03/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 891 NOELL LANE **HUNTER HILL ASSISTED LIVING** ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-I EFERENCED TO THE APPROPRIATE TAG DEFICIENCY D 276 Continued From page 5 D 276 -Resident #4 often refused her TED hose. -It had been a long time since she had worn her TED hose. 3. Review of Resident #5's current FL-2 dated 12/09/23 revealed: Diagnoses included dementia, type II diabetes. hypertension, rhabdomyolysis, debility muscles weakness -The resident needed assistance with bathing. dressing, and ambulation. Review of Resident #5's physician orders dated 04/09/24 revealed thrombo-embolic deterrent hose (TED) hose were to be applied every morning and removed at night. Review of Resident #5's licensed health professional services (LHPS) form dated 08/08/24 revealed documentation that the resident wore TED hose. Review of Resident #5's October 2024 eMAR revealed: -There was an entry for TED hose to be applied at 8:00am and removed at 8:00pm daily. -TED hose were documented as off from 08/01/24 to 08/03/24. -The exception documented was the resident refused to wear the TED hose. Review of Resident #5's September 2024 eMAR revealed: -There was an entry for TED hose to be applied at 8:00am and removed at 8:00pm daily. -TED hose were documented as off at 8:00am from 09/01/24 to 09/10/24 with no explanation of why they were off. -TED hose were documented as off at 8:00am from 09/12/24 to 09/20/24 with no explanation of

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL A (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING HAL064035 10/03/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE **B91 NOELL LANE HUNTER HILL ASSISTED LIVING** ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION CROSS-EFFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY D 276 Continued From page 6 D 276 why they were off. -TED hose were documented as off at 8:00am from 09/22/24 to 09/27/24 and on 09/30/24 with no explanation of why they were off. Review of Resident #5's August 2024 eMAR revealed: -There was an entry for TED hose to be applied at 8:00am and removed at 8:00pm daily. -TED hose were documented as off at 8:00am on 08/02/24 with no explanation of why they were off. -TED hose were documented as off at 8:00am on 08/08/24 and 08/09/24 with no explanation of why they were off. -TED hose were documented as off at 8:00am from 08/12/24 to 08/16/24 with no explanation of why they were off. -TED hose were documented as off at 8:00am from 08/20/24 to 08/25/24 with no explanation of why they were off. -TED hose were documented as off at 8:00am from 08/27/24 to 08/31/24 with no explanation of why they were off. Observation of Resident #5 on 10/02/24 at 4:27pm revealed she was sitting in her wheelchair in the day area not wearing TED hose. Observation of Resident #5 on 10/03/24 at 8:17am revealed she was not wearing TED hose in the dining hall during breakfast. Interview with a personal care aide (PCA) on 10/03/24 at 8:30am revealed she was not aware that Resident #5 wore TED hose and that she had never put them on her as her PCA. Interview with a medication aide (MA) on 10/03/24 at 12:30pm revealed: -She was aware that Resident #5 had an order

Division	of Health Service Requ	lation		was	FUR	WIAPPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING	ONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL064035	B. WING	719	10.	103/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	. ZIP CODE		
HUNTER	HILL ASSISTED LIVING		ell Lane Mount, NC 27804	\$		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PR(  VIDER'S PLAN ( (EACH CORRECTIVE A CROSS !) EFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 276	Continued From page	7	D 276			
	TED hose but she did-Resident #5 had refulin the last four months. She had not told the refused to wear the Trecall why she had not interview with the Reside (RCC) on 10/03/24 at the was aware that Rivear her TED hose but had been since the the had not notified the and could not recall with the was aware that the on the MARs why Reside wear her TED hose.  Interview with the fact 3:20pm revealed: She was not aware the TED hose on during the TED hose on during the TED hose. The MA should have #5's chart and notified refusal to wear TED hose. The MA should have #5's chart and notified refusal to wear TED hose. The MA should have #5's chart and notified refusal to wear TED hose. The MA should have #5's chart and notified refusal to wear TED hose. The mand the RCC we addressing implement to the she was not aware the twearing her TED hose. The TED hose helped when sitting in her whole was not aware the wearing her TED hose helped when sitting in her whole was a sitting in her whole wa	not like to wear them. sed to wear the TED hose s. RCC that the resident ED hose and could not it notified the RCC. sident Care Coordinator 9:15am revealed: esident #5 would refuse to ut could not recall how long refusal started. he PCP about her refusal hy he had not. e staff did not put a reason sident #5 did not want to  lity manager on 10/03/24 at hat Resident #5 did not have he breakfast this morning, he resident had refused to written notes in Resident I the PCP about the issue of ose. re responsible for lation issues with staff. of follow all physician orders.  with Resident #5's PCP on revealed: hat Resident #5 was not ed with swelling with her legs eelchair. that staff was to notify her lew in order to decide to				

Division of Health Service Regulation

	dealth Service Regul	ation				FORIV	APPROVED
STATEMENT OF C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	And the second s	E CONSTRUCTION		(X3) DATE S COMPL	
		HAL084035	8. WNG			4010	12/2024
NAME OF PROV	VIDER OR SUPPLIER	STREET A	DORESS, CITY, ST	ATE, ZIP CODE	······································	10/0	13/2024
HUNTER HIL	L ASSISTED LIVING	START TOUR TOUR	ill Lane Mount, NC 27	304			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PRCI	/IDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD R EFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLEYE DATE
D 276 C	ontinued From page	8	D 276				
re	views, it was determ terviewable.	s, interviews, and record ined Resident #5 was not	D 310				
The Real of the Control of the Contr	DA NCAC 13F .0904 Therapeutic Diets All therapeutic Diets All therapeutic diet upplements and thick erved as ordered by the nis Rule is not met a assed on observations view, the facility faile et was served as ord sidents (#3) with a te ne findings are: eview of Resident #3 7/09/24 revealed diag tellectual disability, ty pertension, and peri- eview of Resident #3 8/16/23 revealed: there was an order for lechanical Soft/Chop beervations during the 1/02/24 at 9:45am rev there was a resident e wall.	is, interviews, and record do to ensure a therapeutic ered for 1 of 5 sampled exture modified diet order.  Is current FL-2 dated enoses included moderate ence in diabetes, primary pheral vascular disease.  Is diet order sheet dated er a reduced concentrated er an Advanced ped) diet.  e initial kitchen tour on	D 310	shall be served physician.  The owner custaff on October appropriation thickened in the Wanager of the Wanager	r Resident Care Coording Vand as needed to ensur	liquids, ent's dietary uding but nat items ified diet ator will e	November 5, 2024 and ongoing

PRINTED: 10/14/2024 FORM APPROVED

	of Health Service Requ	lation				PURIV	APPROVED
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE A. BUILDING	CONSTRUCTION		(X3) DATE S COMPLI	
		HAL064036	B. WING		-	40/0	3/2024
NAME OF P	ROVIDER OR SUPPLIER	\$TREET /	ADDRESS, CITY STA	TE, ZIP CODE			
HUNTER I	HILL ASSISTED LIVING		ell Lane Mount, NC 278	04			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COR	ERS PLAN OF CORRECTION RECTIVE ACTION SHOULD I RENGED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 310	Continued From page requiring a chopped of 10/02/24 at 12:10pm - Chef salad with ham, crackers, and apple s-Resident #3's plate of ham, cottage cheese apple slices.  Observation of the the lunch service on 10/03 soft/chopped diet sho cottage cheese with fit sauce.  Observation of breakf on 10/03/24 at 7:30ar - Eggs, bacon, oatmes choice were on the m-Resident #3's plate of bacon (cut up), oatmes observation of the the breakfast service on 1 mechanical soft/chopp scrambled eggs, grout toast.  Observation of lunch 10/03/24 at 12:15pm - Lasagna, salad, garli were on the munu. Resident #3 requeste the lasagna.	liet.  service for Resident #3 on revealed: , cottage cheese with fruit, lices were on the menu, consisted of chef salad with with fruit, crackers, and  erapeutic diet menu for 2/24 revealed mechanical uld have been salad, ruit, white bread, and apple fast service for Resident #3 in revealed: al, toast and cereal of enu. consisted of scrambled eggs. eral, and toast.  erapeutic diet menu for 10/03/24 revealed ped diet should have been and sausage, oatmeal, and	D 310				
	Interview with the Din	ing Services Manager on		3 -0			

10/03/24 at 2:20pm revealed:
Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER. COMPLETED A BUILDING: \_ HAL084035 B. WING 10/03/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 891 NOELL LANE HUNTER HILL ASSISTED LIVING ROCKY MOUNT, NC 27804 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRI VIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH) CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-EFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY D 310 Continued From page 10 D 310 -He was aware that resident #3 was on a mechanical soft/chopped diet. -He thought that the personal care aides (PCAs) were responsible for chopping up food for residents with chopped diets. -He should have been following the therapeutic diet menu. -He was a new employee and was still tearning the process. Interview with the Resident Care Coordinator (RCC) on 10/03/24 at 2:40pm revealed: -The kitchen staff had a modified diet list posted in the kitchen. -Kitchen staff were responsible for plating residents' food and ensuring therapeutic diets were prepared correctly. -PCAs were expected to give each resident their plate. -Interview with the Facility Manager on 10/03/24 at 3:30pm revealed: -She was aware that resident #3 was on a mechanical soft/chopped diet. -The meals that were observed on 10/02/24 and 10/03/24 were not properly prepared. -There was a diet order sheet posed in the kitchen for staff to follow. -Kitchen staff should follow the therapeutic diet menu in order to serve proper therapeutic diets to the residents. -Kitchen staff were responsible for plating residents' food and ensuring therapeutic diets were prepared correctly. -She believed that the kitchen staff were allowing Resident #3 to tell them what he wanted to eat and not following the proper menu. Telephone interview with Resident #3's primary care provider (PCP) on 10/03/24 at 12:30pm

Division o	of Health Service Regul	lation			I	FURN	MAPPROVED
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	At September - Proceedings	E CONSTRUCTION		(X3) DATE S COMPL	
		HALG64035	B. WING			10/0	3/2024
	ROVIDER OR SUPPLIER HILL ASSISTED LIVING	891 NOE	DDRESS, CITY, ST LL LANE MOUNT, NC 270				W Bad is 4
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PR( (EACH	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD I EFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 367	revealed: -Resident #3 was on a because he did not ha swallowing foodShe was concerned to choke on his food or induction to being served. She expected the factor Resident #3.  10A NCAC 13F .1004 Administration  10A NCAC 13F .1004 (i) The resident's medication of the medications for administered; (2) name of the medic (3) strength and dosage administered; (4) instructions for admort reatment; (5) reason or justification medications or treatmed documenting the result (6) date and time of action of the medication or treatmed (8) name or initials of the medication or treasignature equivalent to documented and main administration record.  This Rule is not met at the contraction of the medication or treasignature equivalent to documented and main administration record.	a mechanical soft diet ave teeth and had difficulty that Resident #3 could not eat his food completely ed his proper diet. Cility to follow the diet order with Medication Administration dication administration e accurate and include the cation or treatment order; ge or quantity of medication ministering the medication entry as needed (PRN) and alting effect on the resident; dministration; any omission of teents and the reason for the susuals; and, the person administering the medication of the person administering atment. If initials are used, a to those initials is to be intained with the medication (MAR).	D 367	ensure that the record shall be name, name of the strength at administration date and time omission or reperson administration.  An inservice we Medication Teresident Care but not limited treatment order Record on Oci	of Hunter Hill Assisted Living residents' medication admission admission and include the resident control dosage, instructions for reason for administration if administration, document usel of administration and n	nistration esident's dered, a PRN, alion or lame of ith ind including stration	November 5, 2024 and ongoing
		s, interviews, and record					

Div	ision (	of Health Service Regu	lation_				FOR	M APPROVED
STA	TEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	E CONSTRUCTION		(X3) DATE	SHOVEY
CHAL	, t. (1)-114 .	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING				LETED
			1			S 4627 16	10	
			HAL084035	B. WING		<u></u>	1 40	14418484
NAN	IE OF P	ROVIDER OR SUPPLIER					10/	03/2024
		THE THEORY OF THE SERVICE		Odress. City, St	ATE, ZIP CODE			
HUI	NTER	HILL ASSISTED LIVING		ELL LANE				
				MOUNT, NC 27	804	<u></u>		15
	(4) ID REFIX	SUMMARY STA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	IĐ	PRO	VIDER'S PLAN OF CORRECTION	V	(X5)
	TAG .	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS	CORRECTIVE ACTION SHOULD LEFERENCED TO THE APPROPE	BE NATE	COMPLETE
						DEFICIENCY)	WIL	
ı	D 367	Continued From page	12	D 367		<del></del>		
				2 30,	l			
		for 1 of 5 complet see	ation records were accurate					
		for 1 of 5 sampled res	sidents (#4) including					
	inaccurate documentation of thromboembolic deterrent hose (TED).  The findings are:  Review of Resident #4's current FL-2 dated 03/12/24 revealed diagnoses included schizophrenia, hyperlipidemia, type II diabetes, hypertensive disorder and bipolar disorder.							
				İ				
							1 1	
				ļ				
							1	
							! !	
		Review of Resident #4	s physician order		ļ			
	j	summary report dated	06/20/24 revealed there	3				
	į	was an order for comp	pression socks apply every					1 1
		night for 12 hours.	or 12 hours and remove at					1
	1	might for 12 flours.						
		Observation of Reside	int #4 on 10/02/24 at					i
		2:50pm revealed she	did not have on her TED	1				!
	-	hose.						
	ļ			1				]
	ĺ	Observation of Reside	nt #4 receiving her morning	II .	'			ĺ
	- 1	medications on 10/03/	24 at 9:50pm revealed the					
	- 1		t attempt to apply her TED		27			
		hose.		1				
	l	Posious of Docident 44	No Assessed ODO 4 - 1		8			
	- 1	medication administrat	's August 2024 electronic					
		revealed:	non record (eraiAK)	Ī				
			r compression socks wear					
		beginning in the morni	ing and remove at night.					
	- 1	-Compression socks w	rere documented at applied	Į	*			
		and removed 30 of 31	days.	l i				
			was documented as being					
		out of the building.					į	
	I	90.700.		1	'			
			s September 2024 eMAR					
		revealed:					j	
	- 1	-There was an entry for	r compression socks (wear					

STATE FORM

Division	Division of Health Service Regulation FORM APPROVE				APPROVED		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE S COMPL	
		HAL064035	B, WING		<u> </u>	400	3/2024
NAME OF S	PROVIDER OR SUPPLIER	STREET A	DRESS, CITY, ST	ATE, ZIP CODE			
Hunter	HILL ASSISTED LIVING	891 NOE ROCKY I	LL LANE HOUNT, NC 27	304			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST 8E PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH I	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD E EFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETE DATE
D 367	Continued From page	13	D 367				
	beginning in the more -Compression socks to and removed 3 of 3 d	ning and remove at night). were documented at applied ays.					
	revealed: -There was an entry for beginning in the more	4s October 2024 eMAR or compression socks wear ning and remove at night. were documented at applied					
	3 of 3 days and remov	ved 2 of 2 days.					
	Interview with a medic 10/03/24 at 10:50am i -Resident #4 often ref -It had been about a n her TED hose.	revealed:					
	-She signed off that si TED hose that mornin behind and rushing. -She did not attempt t	ne applied Resident #4's  ig because she was running  o apply her TED hose that  ident #4 always refused.					
	Interview with a secon 3:30pm revealed: -Resident #4 often ref -It had been a long tim TED hoseShe signed off that si because she was usu medication pass in the -It took extra time to d	nd MA on 09/19/24 at used her TED hose. he since she had wom her he applied her TED hose ally in a hurry to complete					
	Interview with the Res (RCC) on 10/03/24 at -He was responsible fi eMARs in the facility.			1			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: **HAL084035** B. WNG 10/03/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 891 NOELL LANE HUNTER HILL ASSISTED LIVING ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PRI VIDER'S PLAN OF CORRECTION ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 367 Continued From page 14 D 367 Interview with the Facility Manager on 10/03/24 at 10:38am revealed: -She expected the MAs to document Resident #4 was refusing her TED hose if that was the case. -She expected the MAs to document what they were applying and what was being refused accurately. Telephone interview with Resident #4's primary care provider (PCP) on 10/03/24 at 12:30pm revealed: -Resident #4 had an order for TED hose due to edema swelling in her legs. -She told staff members to encourage Resident #4 to wear her TED hose daily. -She was concerned about Resident #4's edema and swelling in her legs getting worse. -If the refusals of the TED hose were documented on the eMAR she would have been aware.

## Forte, Hope

From:

Brad Brady <br/>bbrady@hunterhillassistedliving.com>

Sent:

Monday, December 2, 2024 3:41 PM

To:

Forte, Hope

Subject:

[External] Re: Hunter Hill Assisted Living 2024-10-03 POCN 03L111

**Attachments:** 

Scanned from a Xerox Multifunction Printer (22) (1).pdf

**CAUTION:** External email. Do not click links or open attachments unless verified. Report sispicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Ms. Forte,

Here is the updated Plan of Correction. Please let me know if you need anything else.

Thanks,

**Brad Brady** 

From: Forte, Hope <hope.forte@dhhs.nc.gov> Sent: Friday, November 22, 2024 4:58 PM

**To:** Brad Brady <br/>
Star@dhunterhillassistedliving.com>; DHSR.AdultCare.Star < DHSR.AdultCare.Star@dhhs.nc.gov>; dhsr.adultcare.poc5 < dhsr.adultcare.poc5@dhhs.nc.gov>

Cc: Locklear, Robert <robert.locklear@nashcountync.gov>; Bingham, Heather D <llleather.Bingham@dhhs.nc.gov>;

Morgan, Suzy B <Suzy.Morgan@dhhs.nc.gov>

Subject: Hunter Hill Assisted Living 2024-10-03 POCN 03L111

Dear Mr. Brady, Owner/Administrator,

As discussed with you on today, November 22, 2024, the plan of correction for the survey completed on October 3, 2024 at facility name was not accepted. Please see the attached notification. If you have any questions, please feel free to call me.

Sincerely,

Team Leader

Hope Forte, RN

**Facility Survey Consultant** 

Hore Josto, RN

Division of Health Service Regulation, Adult Care Licensure Section

NC Department of Health and Human Services

Cell: 910-305-5145 Fax: 919-733-9379 hope.forte@dhhs.nc.gov

815 Palmer Drive, Dobbin Building 2708 Mail Service Center