Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064036	A. BUILDING: _____ B. WING _____	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER HILL ASSISTED LIVING	891 NOELL LANE ROCKY MOUNT, NC 27804

(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
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 000		
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 specified in Subparagraph (c)(3) of this 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 findings are: 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 block. -The 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.	D 276	**It is the policy of Hunter Hill Assisted Living to assure documentation of written procedures, treatments or orders from a physician or other licensed health professional in the resident's record and implementation of procedures, treatments or orders.** **An inservice was conducted shift to shift with Medication Technicians by the Manager and Resident Care Coordinator to cover topics including but not limited to application of TED hose and other medication and treatment orders on October 2nd and 3rd, 2024.** **The Resident Care Coordinator audited all orders to ensure that the orders were being followed as written by the Primary Care Provider and documented accurately in the Resident Record.** **The Resident Care Coordinator will monitor weekly to ensure all residents with orders for TED Hose have them applied as ordered.**	November 5, 2024 and ongoing

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Owner \ Administrator — (X6) DATE: 12/2/24

Received via email 12/2/2024.
Reviewed and Acknowledged 12/6/2024. N. Hart, RN

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D 276	Continued From page 1 Review of Resident #1's licensed health professional services (LHPS) form dated 08/22/24 revealed the resident wore TED hose. Review of Resident #1's October 2024 electronic medication administration record (eMAR) revealed: -There was an entry for TED hose to be applied at 6:00am and removed at 6:00pm daily. -TED hose were documented as off from 08/01/24 to 08/03/24 with no explanation of why they were off. Observation of Resident #1 on 10/02/24 at 9:51am revealed: -The TED hose on the left leg was sitting below the knee and not pulled all the way to the knees. -He used his walking cane to try to pull up the TED hose on the left leg. Observation of Resident #1 on 10/03/24 at 8:14am revealed he was not wearing TED hose in the dining hall during breakfast. Interview with Resident #1 on 10/02/24 at 9:46am revealed: -He had been wearing TED hose for about one year, "they are not on like they supposed to be." -His TED hose were not applied every day, and he often had to ask a staff to place them on and sometimes they were not placed on correctly. -Three days ago, he told the medication aide (MA) that the left TED hose was sagging around his ankle, and she told the personal care aide (PCA) to take them off and apply them correctly. Second interview with Resident #1 on 10/03/24 at 5:47pm revealed no one asked him to apply his TED hose before breakfast.	D 276		

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D 276	Continued From page 2 Interview with a personal care aide (PCA) on 10/03/24 at 8:35am revealed: -She was aware that Resident #1 wore TED hose. -3rd shift was responsible for applying TED hose. -If the TED hose were not placed on during 3rd shift, then 1st shift was responsible for applying them. -She was assigned to him during 1st shift this am and assisted him with his personal care. -He had never complained to her that his TED hoses were not applied correctly. Interview with a medication aide (MA) on 10/03/24 at 12:20pm revealed: -Resident #1's TED hoses were ordered to be applied in the morning and removed at night before bed. -He got the current pair on September 17, 2024, so they were not worn, but were not placed on correctly. -She was not aware that he did not have his TED hose on before breakfast. -He did not refuse to wear his TED hose unless they were not on correctly. -The TED hose bunched around his ankle, and she would take them off and put them back on or ask a PCA to do it. -Third shift was responsible for placing the TED hose on when putting his clothes on in the morning and 1st shift were responsible if 3rd shift had not placed them on. -She had not told management about the TED hose not being applied correctly because she immediately corrected the problem when the resident brought it to her attention. Interview with the Resident Care Coordinator (RCC) on 10/03/24 at 11:00am revealed: -Resident #1 would refuse to wear his TED hose.	D 276		

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D 276	Continued From page 3 -He had notified the primary care provider (PCP), but could not recall when, and she would speak with him about the importance of wearing his TED hose. -He was aware that the staff did not give a reason why Resident #1 did not want to wear the TED hose on the October MAR. -His audit for TED hose consisted of reviewing the orders of who were to wear TED hose then going to each resident to see if they had them on, and if not, he notified the MA. Interview with the facility manager on 10/03/24 at 3:20pm revealed: -She was not aware Resident #1 was having trouble getting assistance with applying his TED hose. -She was not aware that he did not have on his TED hose during breakfast this am. -The resident notified the MA who notified the RCC about any issues. -She and the RCC were responsible for addressing implementation issues with staff. -She expected staff to follow all physician orders. Telephone interview with Resident #1's PCP on 10/03/24 at 12:40pm revealed: -Resident #1 was willing to wear his TED hose. -During her weekly visits he did not have them on, and she would ask the PCA to place them on. -She notified the RCC that Resident #1 did not have on his TED hose. -Resident #1 had complained that the TED hose was not on correctly at times. -Her concerns with not applying the TED hose correctly meant they were not doing what they were supposed to do and could make swelling worse, poor circulation, and could cause other problems such as developing blood clots. -Her expectation was the staff to implement the	D 276		

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D 276	Continued From page 4 order and to reach out to the pharmacy if resizing or measuring was needed. 2. 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. Review of Resident #4's physician order summary report dated 06/20/24 revealed there was an order for compression socks apply every morning to both legs for 12 hours and remove at night for 12 hours. Observation of Resident #4 on 10/02/24 at 2:50pm revealed she did not have on her TED hose. Observation of Resident #4 receiving her morning medications on 10/03/24 at 9:50pm revealed the medication aide did not attempt to apply her TED hose. Review of Resident #4s October 2024 eMAR revealed: -There was an entry for compression socks wear beginning in the morning and remove at night. -Compression socks were documented applied 3 of 3 days and removed 2 of 2 days. Interview with a medication aide (MA) on 10/03/24 at 10:50am revealed: -Resident #4 often refused her TED hose. -It had been about a month since she had worn her TED hose. -She did not attempt to apply her TED hose that morning because Resident #4 always refused. Interview with a second MA on 09/19/24 at 3:30pm revealed:	D 276		

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D 276	Continued From page 5 -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	D 276		

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D 276	Continued From page 6 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	D 276		

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D 276	Continued From page 7 TED hose but she did not like to wear them. -Resident #5 had refused to wear the TED hose in the last four months. -She had not told the RCC that the resident refused to wear the TED hose and could not recall why she had not notified the RCC. Interview with the Resident Care Coordinator (RCC) on 10/03/24 at 9:15am revealed: -He was aware that Resident #5 would refuse to wear her TED hose but could not recall how long it had been since the refusal started. -He had not notified the PCP about her refusal and could not recall why he had not. -He was aware that the staff did not put a reason on the MARs why Resident #5 did not want to wear her TED hose. Interview with the facility manager on 10/03/24 at 3:20pm revealed: -She was not aware that Resident #5 did not have her TED hose on during breakfast this morning. -She was aware that the resident had refused to wear the TED hose. -The MA should have written notes in Resident #5's chart and notified the PCP about the issue of refusal to wear TED hose. -She and the RCC were responsible for addressing implementation issues with staff. -She expected staff to follow all physician orders. Telephone interview with Resident #5's PCP on 10/03/24 at 12:40pm revealed: -She was not aware that Resident #5 was not wearing her TED hose. -The TED hose helped with swelling with her legs when sitting in her wheelchair. -Her expectation was that staff was to notify her so that she could review in order to decide to continue or discontinue the TED hose.	D 276		

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D 276	Continued From page 8 Based on observations, interviews, and record reviews, it was determined Resident #5 was not interviewable.	D 276		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure a therapeutic diet was served as ordered for 1 of 5 sampled residents (#3) with a texture modified diet order. The findings are: Review of Resident #3's current FL-2 dated 07/09/24 revealed diagnoses included moderate intellectual disability, type II diabetes, primary hypertension, and peripheral vascular disease. Review of Resident #3's diet order sheet dated 08/16/23 revealed: -There was an order for a reduced concentrated sweets (RCS)diet. -There was an order for an Advanced (Mechanical Soft/Chopped) diet. Observations during the initial kitchen tour on 10/02/24 at 9:45am revealed: -There was a resident dietary report posted on the wall. -Resident #3 was listed on the dietary report as	D 310	**It is the policy of Hunter Hill Assisted Living to ensure that all therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.** **The owner conducted a training with dietary staff on October 7, 2024 on topics including but no limited to therapeutic diets and what items are appropriate for residents on a modified diet or thickened liquid.** **The Manager or Resident Care Coordinator will monitor weekly and as needed to ensure continued compliance.**	November 5, 2024 and ongoing

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D 310	Continued From page 9 requiring a chopped diet. Observation of lunch service for Resident #3 on 10/02/24 at 12:10pm revealed: -Chef salad with ham, cottage cheese with fruit, crackers, and apple slices were on the menu. -Resident #3's plate consisted of chef salad with ham, cottage cheese with fruit, crackers, and apple slices. Observation of the therapeutic diet menu for lunch service on 10/02/24 revealed mechanical soft/chopped diet should have been salad, cottage cheese with fruit, white bread, and apple sauce. Observation of breakfast service for Resident #3 on 10/03/24 at 7:30am revealed: -Eggs, bacon, oatmeal, toast, and cereal of choice were on the menu. -Resident #3's plate consisted of scrambled eggs, bacon (cut up), oatmeal, and toast. Observation of the therapeutic diet menu for breakfast service on 10/03/24 revealed mechanical soft/chopped diet should have been scrambled eggs, ground sausage, oatmeal, and toast. Observation of lunch service for Resident #3 on 10/03/24 at 12:15pm revealed: -Lasagna, salad, garlic bread, and a brownie were on the menu. -Resident #3 requested a sandwich in replace of the lasagna. -Resident #3's plate consisted of a sandwich (not cut up) and a salad. Interview with the Dining Services Manager on 10/03/24 at 2:20pm revealed:	D 310		

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D 310	Continued From page 10 -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 learning 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	D 310		

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D 310	Continued From page 11 revealed: -Resident #3 was on a mechanical soft diet because he did not have teeth and had difficulty swallowing food. -She was concerned that Resident #3 could choke on his food or not eat his food completely due to not being served his proper diet. -She expected the facility to follow the diet order for Resident #3.	D 310		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the	D 367	It is the policy of Hunter Hill Assisted Living to ensure that the residents' medication administration record shall be accurate and include the resident's name, name of medication or treatment ordered, the strength and dosage, instructions for administration, reason for administration if a PRN, date and time of administration, documentation or omission or refusal of administration and name of person administering. An inservice was conducted shift to shift with Medication Technicians by the Manager and Resident Care Coordinator to cover topics including but not limited to documentation of medication and treatment orders on the Medication Administration Record on October 2nd and 3rd, 2024. The Resident Care Coordinator will monitor three times a week to ensure continued compliance.	November 5, 2024 and ongoing

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D 367	Continued From page 12 medication administration records were accurate for 1 of 5 sampled residents (#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. Review of Resident #4's physician order summary report dated 06/20/24 revealed there was an order for compression socks apply every morning to both legs for 12 hours and remove at night for 12 hours. Observation of Resident #4 on 10/02/24 at 2:50pm revealed she did not have on her TED hose. Observation of Resident #4 receiving her morning medications on 10/03/24 at 9:50pm revealed the medication aide did not attempt to apply her TED hose. Review of Resident #4's August 2024 electronic medication administration record (eMAR) revealed: -There was an entry for compression socks wear beginning in the morning and remove at night. -Compression socks were documented at applied and removed 30 of 31 days. -On 08/08/24 resident was documented as being out of the building. Review of Resident #4s September 2024 eMAR revealed: -There was an entry for compression socks (wear	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL064035	A. BUILDING: _____ B. WING _____	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER HILL ASSISTED LIVING	891 NOELL LANE ROCKY MOUNT, NC 27804

(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
D 367	Continued From page 13 beginning in the morning and remove at night). -Compression socks were documented at applied and removed 3 of 3 days. Review of Resident #4s October 2024 eMAR revealed: -There was an entry for compression socks wear beginning in the morning and remove at night. -Compression socks were documented at applied 3 of 3 days and removed 2 of 2 days. Interview with a medication aide (MA) on 10/03/24 at 10:50am revealed: -Resident #4 often refused her TED hose. -It had been about a month since she has worn her TED hose. -She signed off that she applied Resident #4's TED hose that morning because she was running behind and rushing. -She did not attempt to apply her TED hose that morning because Resident #4 always refused. Interview with a second MA on 09/19/24 at 3:30pm revealed: -Resident #4 often refused her TED hose. -It had been a long time since she had worn her TED hose. -She signed off that she applied her TED hose because she was usually in a hurry to complete medication pass in the mornings. -It took extra time to document a refusal because you had to add a note on the eMAR as to why it was refused. Interview with the Resident Care Coordinator (RCC) on 10/03/24 at 12:15am revealed: -He was responsible for the accuracy of the eMARs in the facility. -He expected the MAs to document the eMARs accurately.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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D 367	Continued From page 14 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.	D 367		

Forte, Hope

From: Brad Brady <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

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 <bbrady@hunterhillassistedliving.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 <Heather.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,

Hope Forte, RN

Team Leader

Hope Forte, RN
Facility Survey Consultant
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