

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUNTER HILL ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>891 NOELL LANE ROCKY MOUNT, NC 27804</b>		
(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  This report is of a biennial construction survey done by Bob Getchell and Ed Miller on March 11, 2015.  This facility was first licensed or submitted as a Home for the Aged serving 64 residents on April 1, 1985. Therefore the facility must meet the 1984 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code Section 409 Institutional Occupancy - Group I.  Deficiencies were noted which will require a plan of correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;  This Rule is not met as evidenced by: 1. Based on observation, the building was not	C 101		

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:  <b>HAL064020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUNTER HILL ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>891 NOELL LANE ROCKY MOUNT, NC 27804</b>		
(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 101	Continued From page 1  maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin.  Findings on 03/11/2015: The 1-hour fire resistance rated kitchen ceiling is penetrated by multiple HVAC vents connected to flexible plastic duct in the attic, which are not protected by radiation dampers.	C 101		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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. (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, the building emergency illumination was not maintained in a safe manner. This would effect all residents by not keeping the exits visible in an emergency.  Findings on 03/11/2015: The following Emergency lights are not working:  a) Emergency Light #3,  b) Emergency Light #12,	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUNTER HILL ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>891 NOELL LANE ROCKY MOUNT, NC 27804</b>		
(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>c) Emergency Light # 16</p> <p>2. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings on 03/11/2015:</p> <p>a. The attic firewall over 100 Hall cross corridor doors was penetrated by wires</p> <p>b. The attic firewall over 200 Hall cross corridor doors was penetrated by wires</p> <p>c. The draftstop walls over the center section are penetrated by wires.</p> <p>d. The corridor ceiling has an unprotected penetration by conduit by the Lounge Exit door.</p> <p>e. The Lounge storage room ceiling has unprotected penetrations by conduit and pipe,</p> <p>f. The Beauty Shop ceiling has unprotected penetrations,</p> <p>g. Room 137 closet ceiling has an unprotected penetration by CATV cable,</p> <p>h. Room 132 closet ceiling has an unprotected penetration,</p> <p>i. Ceiling of Water Heater Room at 113 is damaged.</p> <p>j. There is an unprotected opening above the fluorescent light fixture in the Laundry Room ceiling,</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUNTER HILL ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>891 NOELL LANE ROCKY MOUNT, NC 27804</b>		
(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 3</p> <p>k. Room 133 closet ceiling has an unprotected penetration by CATV cable,</p> <p>l. There is an unprotected ceiling opening around the fan in the bathroom of room 133,</p> <p>m. The Water Heater room ceiling near the Administrative offices has unprotected penetrations by pipe.</p> <p>n. The Activity Room closet has a hole in the ceiling where the exhaust fan was removed.</p> <p>o. There is an unprotected penetration in the ceiling of the Pantry,</p> <p>These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.</p> <p>3. Based on observation, the building plumbing equipment was not maintained in a safe manner by allowing cross connects. This would effect all residents by potentially siphoning waste water into the potable water system.</p> <p>Findings on 03/11/2015: The shower spray hose in bathroom 133 has no vacuum breaker.</p> <p>4. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not detecting smoke and activating the fire alarm or obstructing sprinkler coverage.</p> <p>Findings on 03/11/2015: a. The sample tubes for the HVAC duct mounted</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUNTER HILL ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>891 NOELL LANE ROCKY MOUNT, NC 27804</b>		
(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 4</p> <p>smoke detectors were dirty in the HVAC unit over the Kitchen.</p> <p>b. There is no access door to inspect and clean the sample tubes in the HVAC unit over the Kitchen.</p> <p>5. Based on observation, egress from all areas was not maintained in a safe manner by having refrigerator and freezer doors that could not be unlocked in the event of lock in. This would expose all working in the refrigerator and freezer to a lock in hazard.</p> <p>Findings on 03/11/2015:</p> <p>a. Both freezer and refrigerator latch emergency release mechanisms have been disabled.</p> <p>6. Based on observation, the building was not maintained in a safe manner because a toilet is coming loose from the floor. This would effect all residents using the hall toilet by exposing them to leaks from a broken wax seal.</p> <p>Findings on 03/11/2015:</p> <p>Bathroom 132 has a toilet coming loose from the floor. Secure.</p> <p>7. Based on observation, the building was not maintained in a safe manner because doors were not maintained properly. This would effect all residents using the doors by exposing them to the passage of smoke.</p> <p>Findings on 03/11/2015:</p> <p>a. The corridor door to the shower near room 136 is scrubbing the frame</p> <p>b. The Dining Room doors have kick downs</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUNTER HILL ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>891 NOELL LANE ROCKY MOUNT, NC 27804</b>		
(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 5  c. Room 133 corridor door is missing the strike plate.	C 189		
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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, the building exhaust ventilation was not maintained in accordance with this Rule.  Findings on 03/11/2015: Exhaust fans are not working in the following locations:  a. The shower room near room 136  b. The shower room near room 130,  c. The bathroom of room 102,  d. The tub Room near room 107,	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL064020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUNTER HILL ASSISTED LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>891 NOELL LANE ROCKY MOUNT, NC 27804</b>		
(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 199	Continued From page 6  e. The Laundry,	C 199		