(X3) DATE SURVEY

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL064020 06/21/2017 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 (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Billy S. Bryant conducted on 06/21/2017. Records indicate this facility was first licensed on 04/01/1985. The facility is currently licensed for 64 Beds. Therefore the facility was surveyed for conformance with the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1978 (Revision 5) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1984 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. C 166 Housekeeping-Maintained Free of Hazards C 166 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility was not maintained free from hazards due to oxygen bottles that are stored without any means of restraint to prevent them from falling or being knocked over. Oxygen bottles that are improperly stored may present a danger to the occupants of the facility. Finding on 06/21/2017: a. Women's Hall, Oxygen Storage Adjacent to Room 118 - Oxygen cylinders were stored standing upright and without any means of

(X2) MULTIPLE CONSTRUCTION

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FEAR OF CONNECTION IDENTIFICATION NOWBER.		A. BUILDING: <b>01</b>		JOIVIE		
		HAL064020	B. WING	<u> </u>	06/2	1/2017
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NAIVIL OI I	- NOVIDEN ON SUFFEIEN	891 NOEL		STATE, ZIF GODE		
HUNTER	HILL ASSISTED LIVI	NG	OUNT, NC	27804		
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				DEFICIENCY)		
C 166	Continued From pa	ge 1	C 166			
		them from falling over. le surveyor was on site.				
	Based on observe maintained free from the free free free free free free free fr	ation the facility was not m hazards.				
	approxinmately 3/4"	017: loor drain is recessed below the finished floor ts a tripping hazard.				
C 175	Bedroom Furnishin	gs-Clean Towel, Towel Bar	C 175			
	FURNISHINGS (b) Each bedroom s furnishings in good resident: (7) individual clean bar in the bedroom	PHYSICAL PLANT 06 HOUSEKEEPING AND shall have the following repair and clean for each towel, wash cloth and towel or an adjoining bathroom; and apply to new and existing				
	This Rule is not me 1. Based on observ supply the required	ation the facility has failed to				
	occupancy rooms in	017: oms located between double ndividual towel bars are not f the four residents.				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		HAL064020	B. WING		06/2	1/2017	
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE			
HUNTER	HILL ASSISTED LIVI	NG 891 NOEL	.L LANE IOUNT, NC :	27804			
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C 189	Continued From pa	ge 2	C 189				
	care home shall be operating condition (k) This Rule shall facilities with the ex	umbing equipment in an adult maintained in a safe and . apply to new and existing ception of Paragraph (e) ly to existing facilities.					
	maintain the facility manner due to pen- resistant rated ceilin holes in fire resistant the occupants of th	et as evidenced by: ration there is a failure to 's fire safety systems in a safe etrations or gaps in the fire ngs. Penetrations, gaps or nt rated ceilings could effect e facility by allowing fire and eyond the area of origin.					
	around the electrica	ectrical Room: There are gaps all conduits from the electrical conduits penetrate the fire					
		ectrical Room - The fire ng gypsum board joint tape the joint.					
	entire perimeter of	ectrical Room - Around the the room there is a gap cking between the fire resistant e room's C.M.U.					
		ent to Laundry - There is a gap rated ceiling where the HVAC from the ceiling.					
	maintain the buildin a safe operating co	ration there is a failure to gs's fire safety components in ndition. Any unapproved to keep a door open is an					

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		HAL064020	B. WING		06/2	1/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HUNTER	HILL ASSISTED LIVI	NG 891 NOEL	L LANE OUNT, NC	27804		
0(4) 15	CLIMMA DV CTA	TEMENT OF DEFICIENCIES			NI.	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 3	C 189			
	containing smoke a the facility could be closed as required s smoke and/or fire to Finding on 06/21/20 a. Dining Room - Th opening to the corri down type hold ope	017: ne fire resistant rated doors dor where held open with kick				
		ors opening into the dining open with kick down type hold				
	maintain electrical e equipment in safe of effect occupants of	ation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage.				
		017: ne wall mounted emergency when tested on battery				
	maintain electrical e equipment in safe of effect occupants of indicating the location	ation the facility did not emergency/safety lighting operating condition. This could the facility if exit signs on of exit paths could not be f an emergency evacuation.				
	ceiling mounted exi	017: Idjacent to Room #18 - The t sign adjacent to Room #18 hen tested on battery power.				

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5. Based on observation the electrical equipment

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: <b>01</b>		COMPLETED			
		HAL064020	B. WING		06/2	1/2017	
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INAME OF I	NOVIDEN ON SOLT LIEN	891 NOEL		TATE, ZII GODE			
HUNTER	HILL ASSISTED LIVI	NG	OUNT, NC 2	27804			
	OLUMBA DV OTA						
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TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		DATE	
				DEFICIENCY)			
C 189	Continued From pa	ige 4	C 189				
		ained in a safe manner.					
		electrical equipment is a safe					
		t the safety of person exposed					
	to the unsafe condi	tion.					
	Findings on 06/21/2	2017:					
	<u> </u>	's and Women's Hall one of					
	the GFCI breakers	in the electrical breaker panel					
	did not trip when te	sted.					
	h Chanal Thoroid	a a multi outlet adenter					
	b. Chapel - There is a multi-outlet adapter permanently installed on a duplex electrical outlet						
	box.	ed on a duplex electrical outlet					
	DOX.						
	6. Based on observation the facility's fire safety						
	equipment is not maintained in a safe condition.						
		fire safety systems in a safe					
		ect occupants of the facility if					
		provide the required fire					
	resistant rated prote	ection.					
	Finding on 06/21/20	017:					
	<u> </u>	on of the portable fire					
		ot been conducted.					
C 199	Exhaust Ventilation		C 199				
	SECTION .0300 - F	PHYSICAL PLANT					
	10A NCAC 13F .03						
	REQUIREMENTS						
		ed in this Paragraph shall be					
	•	ust ventilation at the rate of					
		ninute per square foot. This					
		not apply to facilities licensed					
	these specified spa	k, with natural ventilation in					
	(1) soiled linen sto						
	(2) soil utility room:						
	(3) bathrooms and						

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
HAL064020		B. WING		06/21/2017			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
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C 199	Continued From pa	ge 5	C 199				
C 199	(4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex which shall not apply this Rule is not med. Based on observe provide the required equipment in space exhausted by rule.  Findings on 06/21/2 a. Men's Hall Shown The exhaust fan in anot working.  b. Men's Hall Shown The exhaust fan in anot working. c. Men's Hall Adjace The exhaust fan in anot working.	closets; and apply to new and existing apply to new and existing apply to Paragraph (e) by to existing facilities.  et as evidenced by: ation the facility failed to d exhaust ventilation as required to be mechanically	C 199				

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