. 08	/09/2017 17:	41	2524432319	HU	NTER HILL	PRINTE	PAGE 02/09 0:07/12/2017
STATEMEN	of Health Servic IT OF DEFICIENCIES OF CORRECTION		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION 01	(X2) DAT	E SURVEY PLETED
			HAL064020	B. WING		06	21/2017
NAME OF F	ROVIDER OR SUPP	R	STREET ADD	DRESS, CITY, S	YATE, ZIP CODE		
HUNTER	HILL ASSISTED	Į,	ING 881 NOEL				
		1	RUCKYM	OUNT, NC 2	PROVIDER'S PLAN OF CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICE	ENC.	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREPIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(XS) COMPLETE DATE
C 000	Initial Commen	1		C 000			
			uction Section Biennial Survey onducted on 08/21/2017.				
	04/01/1985. The 64 Beds. There conformance w Adult Care Hor applicable porti Edition of the N Institutional Oc Licensing of Ad	e fa tore tin i res ons ons lerti oup	his facility was first licensed on collity is currently licensed for the facility was surveyed for the 2005 Rules for Licensing of of Seven or More Beds and of the 1978 (Revision 5) and Carolina Building Code(s), ancy, and the 1984 Rules for Care Homes of Seven or More e time of initial licensure.				
C 166	Housekeeping-	Pai	intained Free of Hazards	C 188			
	10A NCAC 13F FURNISHINGS (a) Adult care h (5) be maintain orderly manner hazards;	os em d fre	PHYSICAL PLANT 806 HOUSEKEEPING AND es shall: in an uncluttered, clean and ee of all obstructions and apply to new and existing	-	C 166 Housekeeping		
	Based on ob- maintained free bottles that are restraint to pre- knocked over.	to to to	et as evidenced by: vation the facility was not m hazards due to oxygen red without any means of them from falling or being gen bottles that are improperly t a danger to the occupants of		 a. Oxygen tanks have been a will be stored in the case provided by the Oxygen sup to prevent them from falling over. 	olier	421/17
Maken of the	Room 118 - Ox standing uprigh	yne tian	exygen Storage Adjacent to n cylinders were stored ad without any means of				
	seith Service Regula DIRECTOR'S OR PE		DER SUPPLIER REPRESENTATIVES SIGN	MIDRE	TITLE		(XII) DATE
TATE FOR	nac	4	& Smith,		tive One cto		7/19/17
		U		1			1

	of Health Servic							_	
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/GUA		(X2) MULTIPLE CONSTRUCTION (XX			(X3) DA	2) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION			IDENTIFICATION NUMBER:	A, BUILDING: 01		39	,,,,	2,20	
			HAL064020	B. WING			00	/2	1/2017
NAME OF PROVIDER OR SUPP		ER	STREET ADD	RESS, CITY, 8	TATE	, ZIP CODE			
		l	891 NOEL	LLANE					
HUNTER	HILL ASSISTED	LIVI	LIVING ROCKY MOUNT, NC 27804						
(X4) (D	SUMMAR	STA	TEMENT OF DEPICIENCIES	ID:		PROVIDER'S PLAN OF CORRECTION			(X5) COMPLETS
PREFIX	(EACH DEFICI	ENC'	/ MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	PRIATE		DATE
TAG	REGULATORY	P	SO SERVIT THE SECTION TO SOLVE	100		DEFICIENCY)			
		\vdash		C 166					
C 166		Н.		C 366	,				
			them from falling over.		1		- 1		
	Note Corrected	wh	le surveyor was on site.		a	. Dining room - floor drain wa	is		
-			and the state of the same and		In	epaired to be flush with the	- 1		7/14/17
			ration the facility was not		f f	loor surface to prevent a	- 1		4/1/21
	maintained free	ILO	m nazaros.			ripping hazard on 7-14-17 by	- 1		//
	Finding on 06/3	1/2	017-			teliable Remodeling and Home	. 1		
			floor drain is recessed			tepair.	- 1		
			below the finished floor		Π.,	icpon :	- 1		
			its a tripping hazard.				- 1		
C 175	Bedroom Furn	shin	gs-Clean Towel, Towel Bar	C 175					
	SECTION 030	h . 1	PHYSICAL PLANT				- 1		
	10A NCAC 13	.03	06 HOUSEKEEPING AND			1	- 1		
	FURNISHING					,	- 1		
	(b) Each bedro	bm	shall have the following			C 175 Bed Furnishings-Clean	- 1		
		bod	repair and clean for each			Towel, Towel Bar	- 1		11417
	resident:	ļ.,,	towns wash stath and towns			a. 21 towel bars were install	ed		MINI
	(7) individual of	lear	towel, wash cloth and towel or an adjoining bathroom; and			on 7-14 and 7-15 to ensure t	hat		''
,			apply to new and existing			all residents have their own	- 1	- 1	11
	facilities.	r on	apply to new and existing			towel bar.	- 1		151
									11.
			et as evidenced by:				- 1		
	1. Based on of	sen	ation the facility has failed to			* .	- 1		
	supply the requ	irec	furnishings.			8			
	Finding on 06/	1/2	017:				- 1		
			oms located between double				- 1	- 1	
			ndividual towel bars are not				- 1		
			of the four residents.						
¢ 189	Building Equip	nen	t Maintained Safe, Operating	C 189					
	SECTION D3	h - 1	PHYSICAL PLANT				İ		
	10A NCAC 13	.03	11 OTHER						
	REQUIREMEN	TS						-	
	(a) The building	g ar	nd all fire safety, electrical,						

Division:	of Health Servic	Re	guiation	day has a mark of	a contractor to the last	0000 D4	E S	NRVEY
STATEMEN	TOF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	00	MPI.	ETED
AND PLAN OF CORRECTION .			REMINISTRATION NOMBER	A, BUILDING: (U1	1	l	
								1
			HAL064020	B. WING		0	1/21	1/2017
		<u> </u>						
NAME OF E	ROVIDER OR SUPP	ER.	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		l	1
NAME OF 1	THE STREET STREET		891 NOEL	I. LANE			ł	1
HUNTER	HILL ASSISTED	UV		OUNT, NC 2	27804		1	1
			ACOIC III	OUNT, NO 2		CONTRACTION.		A/H
(X4) ID	SUMMAR	STA	VIEWENT OF DEPICIENCIES	10	PROVIDER'S PLAN OF O	ON SHOULD BE	П	COMPLETE
(X4) ID PRÆFIX	(EACH DEFIC	ENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	CROSS-REFERENCED TO TO	HE APPROPRIATE	1	DATE
TAG	REGULATORY	P''	ad absentir tind on order troop	1	DEFICIENCY	o .		1
		Į						
C 189	Continued From	ь ра	age 2	C 189			H	
		в.		1			П	
	mechanical, ar	μpl	umbing equipment in an adult	1 1			П	
			maintained in a safe and	i l			П	
	operating cond	tion	L	! !				1
	(k) This Rule :	hall	apply to new and existing				ш	
	facilities with th	ခြေလ	coeption of Paragraph (e)					
	which shall not	app	bly to existing facilities.	1				
		1		1			1	
		ı						
	This Rule is n	bt m	et as evidenced by:					
	1. Based on oil	sen	vation there is a failure to					
	maintain the fa	Eilito	y's fire safety systems in a safe	i				
	manner due to	oer	netrations or gaps in the fire					
	resistant rated	ceil	ings. Penetrations, gaps or				1	
	holes in fire re	ieta	ant rated ceilings could effect					
	the occupants	be to	ne facility by allowing fire and	1 .	1			
	smake to shire	ad h	eyond the area of origin.					
	Stillows to object	~	cyclic old area of old	1			1	
	Findings on 06	21/	2017:		1			1.1
	a Exterior Ma	L =	ectrical Room: There are gaps		1 a. b. c. All gaps an	ound the		1/15/17
	negund the old	tric	al conduits from the electrical	E	electrical conduits, c	eiling, and		dl.
	namely where	000	conduits penetrate the fire	5	perimeter of the ele		l	'
	resistant rated	Lie (fina				l	1.41
	resistant rated	lec.	mg.	ì	was filled with fire b	-	ł	11151
	h Waterley Me	Le	ectrical Room - The fire		completed on 7-14 a	nd 7-15		1
	D. Exterior wa	and the	ling gypsum board joint tape	1	d. Gap and detached	grille has	ł	1
	has detached	Cell	the loint	1	been repaired in the	restroom .		1
	nas detached	ii On	i trie Jonic	1	adjacent to laundry			
	i - Cutodon to the	L -	ectrical Room - Around the	1	adjacent to laundry i	com.		
	c. Extenor Mai		the seem there is a see	1			1	
	entire perimet	er of	f the room there is a gap	.1				
	exposing woo	Dic	ocking between the fire resistan	4				
	rated ceiling a	pd ti	he room's C.M.U.	1				
	1	S	and to I manded Whom to a con-					
	d, Restroom A	pjac	ent to Laundry - There is a gap	1	1		1	1
	in the fire resi	tan	t rated ceiling where the HVAC	Į			1	1
	grille has deta	phe	d from the celling.	1				
							1	
	2. Based on o	pser	rvation there is a failure to	1				
	maintain the t	Lildi	ings's fire safety components in	1				
	a safe operati	gg o	ondition. Any unapproved	1	ł.			1
	device that is	bsec	d to keep a door open is an				_	1
	Health Septice Regi			_				

E59921

Division	of Health Service	e Regulation			122	
STATEMENT OF DEFICIENCIE AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		TE SURVEY MPLETED
AND PLICE OF CORRECTION		DETITION TO THE	A, BUILDING:	u1		
		HAL064020	B, WING		0	5/21/2017
NAME OF E	ROVIDER OR SUPP	JER STREET	ADDRESS, CITY, 8	STATE, ZIP CODE		
		891 NO	ELL LANE			
HUNTER	HILL ASSISTED	LIVING ROCKY	MOUNT, NC			
(X4) JD PREFIX TAG	(EACH DEFIC	V STATEMENT OF DEFICIENCIES SENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	COMPLETÉ DATE
C 189	Continued Fro	n page 3	C 189			
4	containing sm the facility cou closed as requ smoke and/or Finding on 08/	quickly closing a door to aid in ke and/or fire. The occupants in d be effected if doors cannot be red so as to limit the spread of ire to the area of origin.				
	opening to the down type hal Note: Remove	 The fire resistant rated doors corridor where held open with king open devices. while the surveyor was on site. doors opening into the dining 	1	C 189 2. a. b. Dining room doors kiddown type holders were removed on the day of survey		6/24/1
	open devices. 3. Based on o maintain election	eld open with kick down type holes servation the facility did not loal emergency/safety lighting are operating condition. This cou	ild	and single action closing door holders were installed on 6-2 3. a. Dining room emergency light batteries were replaced	4. and	
	exits were not Finding on 06 a, Dining Roo	ts of the facility if egress paths a illuminated during a power outag 21/2017: n - The wall mounted emergency crate when tested on battery	e.	a checklist was developed by maintenance man to ensure batteries are changed in a timmanner on all emergency light 7-14-17	nely	Thull
	maintain elect equipment in effect occupa- indicating the seen in the ev Finding on 08 a. Women's i- ceiling mount did not illumin	all - adjacent to Room #18 - The d exit sign adjacent to Room #18 te when tested on battery power		4. a. Woman's hall adjacent to Room #18 exit sign batteries were changed and a checklist was developed by the maintenance man to ensure batteries are changed in a tim manner of all emergency light 7-14-17	iely	That
	5. Based on c	pservation the electrical equipme	nt [1		

(3) bathrooms and toilet rooms;

Finding on 06/21/2017:

C 199 Exhaust Ventilistion

REQUIREMENTS

(2) soil utility com;

 a. Monthly insection of the portable fire extinguishers as not been conducted.

SECTION .0350 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER

(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 dies not apply to facilities licensed

before April 1, 1984, with natural ventilation in these specifical spaces: (1) soiled lines storage;

E59921

C 199

PRINTED: 07/12/2017 FORM APPROVED

Division	vision of Health Service Regulation				NOW AFFROVED		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		s	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			DAYE SURVEY COMPLETED
AND FOR	OF DURKLUSION		DEATH MAN TOWNER.	A. BUILDING	: 01		OMPLETED
			HAL064020	B, WING			06/21/2017
NAME OF	PROVIDER OR SU	PLIER	STREET ADI	DRESS CITY.	STATE, ZIP CODE	_	
		8	891 NOFI				
HUNTER	HILL ASSISTE	DLIV	NG ROCKY M	OUNT, NC	27804		
(X4) ID PREFIX TAG	(EACH DEF	CHENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REPERENCED TO THE APPROVIDERICATION OF THE APPROVIDERI	D BE	COMPLETE DATE
C 199	Continued Fr	om pa	ge 5	C 199			1
	(4) houseker (5) laundry a (k) This Rule facilities with which shall n This Rule is 1, Based on provide the requipment in exhausted by Findings on (a. Men's Hall The exhaust not working. b. Men's Hall The exhaust not working. c. Men's Hall The exhaust not working.	ping rea. shall the extra port mot mot space rule. B/21/2 Show an in Adjace an in	apply to new and existing apply to new and existing apply to new and existing apply to existing facilities. The existing facilities are evidenced by: If an existing facility falled to describe a control of exhaust ventilation as required to be mechanically		C 199 1. a. Men' hall shower adjacer to room #136 exhaust fan was replaced and in good working condition on 7-16. b. Men's hall shower across room #136 exhaust fan was replaced and in good working condition on 7-16 c. Men's hall adjacent to wate heater closet exhaust fan was replaced and in good working condition on 7-16 d. Restroom adjacent to chape exhaust fan was replaced and it good working condition on 7-1	r el	The

08/09/2017 17;	41 2524432319 HUNTER HILL	PAGE 09/09
-	39 ronod at) pages
dish keptode 4 Hanse Repair	William Statement	14/11
303 & Election St. 339-391-7653	Horn Construction of Just 25	3
Hunter Kill 891 Nool	For Kocky Mount	ruction .
919-92	E CONTRACTOR OF THE PROPERTY O	
the have	dist on womens side of halling at ene	CD-ma
To fix clos	Switch On woman 5 hall	
By ix debr		m.
	baraca caper in Lobby area	
	Let in Chapel / Action to more 122	<u></u>
TOEXSAG	in Jount in Origins Digice Policy	u100
s 3 0 0 0 with payments to be made as	registerial and labor – complete in accordance with the above specifications for the sum of:	Dollars
Any attenuation or deviration from allows in Will be conducted only upon written under own and above this extincts. All agm is not fingle, or citalys beyond our control	schications involving orbit costs Individi become an exits charge ments contingent upon orbits, submitted	
7	nos — and projetost illes de waterbase of us il aut accepted within	cays.
The phone of the second	Acceptance of Proposal	80.
Thereby accepted. You are authorize progressins will be made as outlined	considerable satisficatory and are to do the work as specified. Signature Signature	4
Oate of Acceptance	Sport re	
A-MCBRIDY T-Select CO-01		