A. BUILDING 02 - BLDG 0202

B. WING _____________________________

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A. PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345279

B. DATE SURVEY COMPLETED

12/07/2017

NAME OF PROVIDER OR SUPPLIER

HUNTER HILLS NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

7369 HUNTER HILL ROAD

ROCKY MOUNT, NC  27804

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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This Life Safety Code (LSC) survey was conducted utilizing the 2012 edition of the National Fire Protection Association (NFPA) 101 - Life Safety Code (LSC) and 2012 edition of the NFPA 99 - Health Care Facilities Code (HCFC) and its referenced publications. The facility plan/construction approval occurred prior to July 5, 2016. The facility is utilizing special locking systems. In the exit conference all LSC deficiencies noted were discussed and acknowledged with Administration. See building 0102, there were no life safety deficiencies noted in this building.

Stories: one
Construction Type: III (211)
Constructed: plan approval 1994
Fully Sprinkled
At time of survey the Licensed bed capacity = 141
NH + 9 HA = 150
Total Certified Bed Count = 141
Census = 134 NH + 3HA = 137

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

Electronically Signed

12/21/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete
Event ID: 1CRV21
Facility ID: 923072
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