STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064032			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		B. WING		07/	07/10/2019		
			DDRESS, CITY, ST	TATE, ZIP CODE			
IUNTER	HILL SENIOR LIVING		LL LANE MOUNT, NC 2	7804			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
C 000	Initial Comments		C 000				
	Construction Section Biennial Survey report by Frank Strickland conducted on 07/11/2019:						
	is currently licensed facility was surveye 2005 Rules for Lice Seven or More Bed the 1978 (Revision Carolina Building C Occupancy, and the Adult Care Homes effect at the time of	e 1984 Rules for Licensing of of Seven or More Beds in initial licensure.					
C 166	·	ntained Free of Hazards	C 166				
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	PHYSICAL PLANT 06 HOUSEKEEPING AND					
	This Rule is not me 1-Based on observa all obstructions and	ation, this facility is not free of					
	Closet throughout t that have been rem	2019: ters in each Water Heater he facility have cover plates oved exposing the wiring for ts and the entry doors are not					

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		(X3) DATE SURVEY COMPLETED 07/10/2019	
		HAL064032	B. WING		07/		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
IUNTER	HILL SENIOR LIVING		ELL LANE MOUNT, NC 2	7804			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
C 166	Continued From page 1		C 166				
	locked that would allow entry by staff and/or residents.						
	2-Based on observations and	ation, this facility is not free of I hazards.					
		2019: ssing at the exit door in the ads itself to become a trip					
	3-Based on observations and	ation, this facility is not free of I hazards.					
		2019: were not being stored in ocated in the Oxygen					
C 189	Building Equipment	t Maintained Safe, Operating	C 189				
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and					
		ation, the fire safety not been maintained in a safe					
	Findings on 07/10/2	2019:					

CGG621

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: 01			
		HAL064032	B. WING		07/	10/2019
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
IUNTER	HILL SENIOR LIVING					
_			MOUNT, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
C 189	Continued From page 2		C 189			
	The emergency lights did not illuminate when tested at the following locations: (a) Outside Room 110/Hall (b) Dining Room/Beverage Station					
	2-Based on observation, the building has not been maintained in a safe and operating condition.					
	adjustment and are (a) Room 124/Wes (b) Room 130/Bath	llowing locations are out of e difficult to latch: t Wing				
		ation, the plumbing fixtures ntained in a safe and operating	9			
	Findings on 07/10/2 The toilets are not s following locations: (a) Room 102/East (b) Shower Room/R (c) Shower Room/N	secured to the floor at the Wing East Wing				
C 199	Exhaust Ventilation		C 199			
	provided with exha- two cubic feet per r requirement does r	11 OTHER red in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed 4, with natural ventilation in neces:				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL064032 NAME OF PROVIDER OR SUPPLIER STREET A		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		B. WING		07/40/0040		
		DDRESS, CITY, S		0//	07/10/2019	
		891 NOF				
IUNTER	HILL SENIOR LIVING	ROCKY	MOUNT, NC 2	7804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLE DATE
C 199	Continued From page 3		C 199			
	facilities with the ex- which shall not app This Rule is not m 1-Based on observ system has not bee operating condition Findings on 07/10/2 The mechanical ex-	I toilet rooms; closets; and apply to new and existing (ception of Paragraph (e) oly to existing facilities. et as evidenced by: ration, the mechanical exhaust en maintained in a safe and a. 2019: chaust system is not I in the Shower Room adjacent				
ision of He	ealth Service Regulation					

CGG621