DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/03/2020 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER HUNTER HILLS NURSING AND REHABILITATION CENTER (A) I GAI ID (EACH IDENTICE OF SUPPLIER TAGGE (CACH MOUNT, No. 27804 (CACH GORDER) (CACH MOUNT, No. 27804 (CACH GORDER) (CACH GORDER) (CACH GORDER) (CACH GORBECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DAME FROM INITIAL COMMENTS A Complaint investigation was conducted 8/5/2020 through 8/6/2020. Event ID# SPY J11. 11 of the 11 complaint allegation(s) were not substantiated.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER HUNTER HILLS NURSING AND REHABILITATION CENTER (A4) ID PREPRIX (EACH IDENTIFY MINE REGULATORY OR LSC DENTIFYING INFORMATION) FOOD INITIAL COMMENTS A Complaint investigation was conducted 8/5/2020 through 8/6/2020. Event ID# SPV111. 11 of the 11 complaint allegation(s) were not substantiated.								
HUNTER HILLS NURSING AND REHABILITATION CENTER (PA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE (PACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE (PACH DEFICIENCY)) FOUN INITIAL COMMENTS A Complaint investigation was conducted 8/5/2020 through 8/6/2020. Event ID# SPV11. 11 of the 11 complaint allegation(s) were not substantiated.				B. WING			08/06/2020	
HUNTER HILLS NURSING AND REHABILITATION CENTER ROCKY MOUNT, NC 27804	NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE		
CAJID SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY AUST SEPRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) TAG REGULATORY OR ISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY FOOD INITIAL COMMENTS F 000 A Complaint investigation was conducted 8/5/2020 through 8/6/2020. Event ID# SPYJ11. 11 of the 11 complaint allegation(s) were not substantiated.	HUNTED HILLS NUDSING AND DELIABILITATION CENTER				7369 HUNTER HILL ROAD			
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS A Complaint investigation was conducted 8/5/2020 through 8/6/2020. Event ID# SPYJ11. 11 of the 11 complaint allegation(s) were not substantiated.	HOWELT HILLO RORORD AND REHADILITATION CENTER				ROCKY MOUNT, NC 27804			
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE								

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.

Electronically Signed

08/11/2020