

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

PRINTED: 01/31/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345279</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BUILDING 0101</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/07/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUNTER HILLS NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7369 HUNTER HILL ROAD ROCKY MOUNT, NC 27804</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  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.  Stories: one Construction Type: V (111) Constructed: plan approval 1988 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	K 000		
K 521 SS=D	HVAC CFR(s): NFPA 101  HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2  This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 12/7/2017 at 10:00 AM	K 521	The bathroom exhaust fan on the 700 hall was repaired and is functioning	1/5/18

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

TITLE

(X6) DATE

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.

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K 521	Continued From page 1 onward the following deficiencies were noted: The standard is non-compliant, specific findings include:  1. The bathroom exhaust fan on the 700 hall was not functioning.  Reference 2012 NFPA 101 19.5.2.1, 9.2  This deficiency affected one smoke compartment. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.	K 521	appropriately on 12/11/2017 by Quality Plus, Inc.  100% audit of all other exhausts fans was completed by the Maintenance Director on 12/14/2017. Upon the audit, it was discovered that 2 other exhaust fans were not working appropriately and were replaced on 12/22/2017 by Quality Plus, Inc.  The Maintenance Director was inserviced by the Administrator on 12/21/2017 regarding the importance of all exhaust fans working.  The Maintenance Director and/or the Maintenance Assistant will audit the bathroom exhaust fans weekly for 8 weeks then monthly for 1 month. Any issues identified will be immediately corrected by the Maintenance Department.  The results of the audits will be completed upon identification. The Administrator will review with the Executive Quality Assurance Committee monthly the results of the audit.		
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101  Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a	K 918		1/5/18	

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K 918	<p>Continued From page 2</p> <p>process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interview, and/or documentation on 12/7/2017 at 10:00 AM onward the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>1. Documentation indicated the Generator load test was conducted for only 15 minutes per month.</p>	K 918	<p>The generator load test was conducted for 30 minutes on 12/19/2017 by Western Branch Diesel Generator Services and was documented on the generator test log by the Maintenance Director.</p> <p>The Maintenance Director and the Maintenance Assistant were inserviced on the generator being exercised under full</p>	

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K 918	Continued From page 3  Reference 2010 NFPA 110: 8.4.2  This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.	K 918	load for a minimum of 30 minutes every month or 12 times per year and must be documented on the facility Generator Testing Log by the Administrator on 12/21/2017.  100% audit was completed on 12/21/2017 to ensure the required generator documentation is complete by the Administrator.  The Maintenance Director and/or the Maintenance Assistant will audit that the generator load test is exercised for a minimum of 30 minutes monthly and is documented on the facility generator test log monthly for 3 months utilizing a generator Test and Documentation Audit tool. Any issues identified will be immediately corrected.  The results of the audit will be completed upon identification. The Administrator will review with the Executive Quality Assurance Committee monthly the results of the audit.		