

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL027003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  12/07/2016
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NAME OF PROVIDER OR SUPPLIER  CURRITUCK HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 141 MOYOCK LANDING DRIVE MOYOCK, NC 27958
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C 000	Initial Comments  Report of a Construction Section Biennial Survey by Ed Miller conducted on December 7, 2016.  Records indicate this facility was first licensed as a Home for the Aged on November 2, 2010. The facility is currently licensed for a total capacity of ninety beds, which includes a forty-eight bed Special Care Unit. Therefore, the facility must meet the 2009 N.C. State Building Code Group I-2 Occupancy and, the 2005 Rules for the Licensing of Adult Care Homes  Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;  This Rule is not met as evidenced by: 1. Based on observation and interview with	C 101		

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

*Laura Duncan-Marcil*

TITLE

*Executive Director*

(X6) DATE

*2/17/17*

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C 101	Continued From page 1  Staff, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components for doors equipped with Special Locking Arrangements. Findings on December 7, 2016: a. The special locking system does not have a wiring diagram and a system components location map posted at the Fire Alarm Control Panel.	C 101	The wiring diagram was posted at the fire control panel.	12/08/16
C 154	Entrances/Exits-Wanderer Alarms  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide exit doors that are accessible by residents with sounding devices that activate when the door opens. Findings on December 7, 2016: a. Laundry Hall Exit - this "Special Locking System" exit had a non-working alarmed	C 154	The batteries were replaced in the alarmed override switch protective cover.	12/09/16

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C 154	Continued From page 2	C 154		
	<p>protective cover over the emergency release toggle switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device.</p> <p>b. SCU Front Exit near Bedroom 509 - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release toggle switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device</p> <p>c. SCU Gate - this "Special Locking System" exit had a protective cover over the emergency release switch, which was secured with a standard cable tie. Provider removed the cable tie. Although resloving the blocked exit, this allows residents access to an exit that is not alarmed.</p>		The batteries were replaced in the alarmed override switch protective cover	12/09/16
			Alarmed protective cover installed	12/09/16

C 166	Housekeeping-Maintained Free of Hazards	C 166		
	<p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile.</p>			

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C 166	<p>Continued From page 3</p> <p>Findings on December 7, 2016:</p> <p>a. Bedroom 110 - three portable medical oxygen cylinders were stored standing up not secured to the structure. Deficiency corrected before Construction Surveys departed the site.</p> <p>b. Bedroom 201 - one portable medical oxygen cylinder was stored standing up not secured to the structure.</p> <p>c. Laundry Hall Clean linen - two portable medical oxygen cylinders were stored standing up not secured to the structure. Deficiency corrected before Construction Surveys departed the site.</p> <p>2. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply.</p> <p>Findings on December 7, 2016:</p> <p>a. Currituck Sound(Spa) - the tub had a shower wand with hose long enough to reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.</p> <p>3. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts.</p> <p>Findings on December 7, 2016:</p> <p>a. Laundry Hall Staff Toilet Room - the sink was falling from the wall.</p>	C 166	<p>O2 cylinders were properly stored, and those not in use were properly stored in the Oxygen Room</p> <p>O2 cylinders were properly stored, and those not in use were properly stored in the Oxygen Room</p> <p>O2 cylinders were properly stored, And those not in use were properly Stored in the Oxygen Room</p> <p>Installed vacuum breaker on the Shower wand hose</p> <p>Secured sink to the wall and re-caulked</p>	<p>12/07/16</p> <p>12/07/16</p> <p>12/07/16</p> <p>12/14/16</p> <p>12/14/06</p>
C 184	<p>Fire Safety-Evacuation plan</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official</p>	C 184		

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C 184	<p>Continued From page 4</p> <p>shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the building failed to properly post and maintain the evacuation maps. This would affect all residents, staff and visitors by not providing proper guidance during an emergency. Findings on December 7, 2016: a. 100 Hall - the mounted evacuation map was not oriented to the actual floor arrangement. Deficiency corrected before Construction Surveys departed the site. b. Laundry Hall - the mounted evacuation map was not oriented to the actual floor arrangement. Deficiency corrected before Construction Surveys departed the site</p>	C 184	<p>The proper evacuation map was returned and mounted to the wall at this location</p> <p>The proper evacuation map was returned and mounted to the wall at this location.</p>	<p>12/07/16</p> <p>12/07/16</p>
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p>	C 185		

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C 185	Continued From page 5  (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director and Maintenance Director the facility failed to document the fire plan. This deficiency affects residents, staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building. Findings on December 7, 2016: 1. The fire plan rehearsal records did not provide a short description of what the rehearsal involved.	C 185	All future fire drill reports will include a description of the rehearsal/scenario, results, etc.	01/26/17
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation the facility did not maintain mechanical equipment in a safe operating manner. This could affect occupants of the facility by producing conditions that could lead an increased possibility of inhalation of fumes or even combustion. Findings on December 7, 2016: a. Riser Room - There was a very noticeable	C 189	Contacted Piedmont Gas (vendor). Gas readings are within normal limits. Vendor explained that extreme cold temperatures and fluctuations in temperatures can contributes to a stronger odor	12/08/16

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C 189	<p>Continued From page 6</p> <p>gas odor in this room.</p> <p>2. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on December 7, 2016: a. Dining Room 300 Exit - the wall mounted self-contained combination exit sign/emergency light unit did not illuminate on backup power when the test button was pushed. b. 400 Hall near Nurse Station - the wall-mounted self-contained emergency light did not illuminate on backup power when tested. c. Cross-Corridor Doors near Bedroom 406 - the wall mounted self-contained combination exit sign/emergency light unit did not illuminate on backup power when the test button was pushed.</p> <p>3. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, all to fire/smoke if not contained in Room or compartment of origin Findings on December 7, 2016: a. Riser Room - there was a hole were a cable was removed not firestopped as it penetrates the fire-resistance-rated ceiling assembly. b. Riser Room - there was a 8 inch by 12 inch hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly.</p> <p>4. Based on observation, the electrical system was not being maintained safe. Findings on December 7, 2016: a. Bedroom 208 - an extension cord was being used to power a lift chair. Extension cords cannot substitute for permanent wiring. Deficiency</p>	C 189	<p>Replaced the emergency light fixture</p> <p>Replaced the emergency light fixture</p> <p>Replaced the emergency light fixture</p> <p>Fire resistant caulk was used to seal the Cable sized hole in the ceiling</p> <p>Hole in the Riser Room ceiling was repaired using fire resistant materials and restored to its original condition</p> <p>Removed the extension cord</p>	<p>12/16/16</p> <p>12/16/16</p> <p>12/16/16</p> <p>12/28/16</p> <p>12/28/16</p> <p>12/07/16</p>
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C 189	Continued From page 7	C 189		
	corrected before Construction Surveys departed the site.			
	5. Based on Observation, fire rated doors of hazardous areas were not being maintained in a safe and operating condition. Findings on December 7, 2016:			
	a. Laundry - the self-closing door did not close and latch on its own power.		The door closure device was adjusted and now latches correctly	12/14/16
	6. Based on Observation, the Building was not maintained in a safe condition. This could affect all by not containing smoke and fire in the room of origin. Findings on December 7, 2016:			
	a. Left Living Room - the corridor door had a chair blocking the door closing path, preventing the rapid release of the door with a push or pull of the door, to close and latch.		The chair was removed from in front of the door	12/07/16
	b. Right Living Room - the pair of door leafs have an excessive gap between the meeting edges, ranging up to a 1/2 inch. This gap is not smoke tight.		Adjustments were made to the doors to narrow the gap.	12/14/16
	7. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on December 7, 2016:			
	a. Business Office Manager - the fire sprinkler escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat.		Escutcheon ring properly secured to the ceiling	12/16/16
	8. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff			



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C 189	Continued From page 8  and visitors by not identifying emergency equipment not in proper working order. Findings on December 7, 2016: a. Laundry - there has been no documentation of the monthly inspections for the fire extinguisher since June 2016.	C 189	Fire Extinguisher inspection tag updated	12/07/16
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (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 does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on December 7, 2016: a. Kitchen Mop Room - the exhaust ventilation system did not work.	C 199	Repaired the exhaust fan in the kitchen mop closet	12/21/16
C 201	Newly Licensed Facilities-Call System	C 201		

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C-201 Continued From page 9

SECTION .0300 - PHYSICAL PLANT  
10A NCAC 13F .0311 OTHER REQUIREMENTS

(i) In newly licensed facilities without live-in staff, an electrically operated call system shall be provided connecting each resident bedroom and bathroom to a staff station. The resident call system activator shall be such that they can be activated with a single action and remain on until deactivated by staff at the point of origin. The call system activator shall be within reach of the resident lying on the bed.

(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

This Rule is not met as evidenced by:

1. Based on Observation, the electrically operated call system did not provide the ability to call for assistance when activated. This could affect all residents, and staff if the system fails to notify staff that assistance is requested.

Findings on December 7, 2016:

a. SCU - 3 of 4 call system pull station tested did not notify staff.

C 201

Replaced batteries in the non-functioning call bell locations 12/14/16