Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL027003 11/16/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 141 MOYOCK LANDING DRIVE **CURRITUCK HOUSE** MOYOCK, NC 27958 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Suzanna Fay and Frank Strickland conducted on November 16, 2018. 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 101 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:

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

TITLE (X6) DATE

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C 101	Continued From pa	ge 1	C 101				
	1. Observations revealed that the facility did not meet the life safety requirements for magnetic locking systems at the time of construction. Findings on November 16, 2018: a. The magnetic locking system requires master override switch(es) at a central location. Keyed switches require all staff responsible for evacuation to carry a key with them at all times. The facility had a master override switch in the med room of the SCU and at the Nurses' station on the AL side. Both of the switches were enclosed in keyed boxes. There was not a key available for the box on the AL side and the box was not labeled. A key was located on the SCU side and placed in the keyhole during the survey. Housekeeping and Furnishings-Clean, Repaired						
C 164			C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	es shall: ings, and floors or floor n and in good repair; c unpleasant odors; elean and in good repair; apply to new and existing					
		vealed that the floors were not					
		vealed that the carpet was oom 307, 309, 408 and other					

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DIVISION	of Health Service Re	guiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA					DATE SURVEY	
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C 164	Continued From pa	ge 2	C 164			
	behind the equipmed c. Resident bathrood loose and buckling which pose a trippir had holes and gaps walls and at the plud. SCU Med Room damaged. The viny scratched. The door the floor and has go the vinyl. e. SCU Room 607 threshold is cracked hazard. f. SCU Room 606	oms - there was a pattern of vinyl floors in the bathrooms of hazard. Many of the floors in the vinyl at the seams, the mbing fixtures. I - the floor is heavily visible pock marked and or to the Med Room drags on buged out a deep groove in the vinyl floor at the door d and curling creating a trip - the seam at the door ting and beginning to curl				
		vealed that the facility is not chronic unpleasant odors.				
	a. Room 402 - ther in the room.	e is a strong unpleasant odor				
		vealed that the walls and It kept clean and in good				
	stains around two ob. SCU Med Room and is pulling away	re are black, spotty mildew if the electrical panels the door trim is damaged from the frame. nurse call cover is missing				

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d. Room 508 - one of the drawer fronts is

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AND DI AN OF CORRECTION . IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED	
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C 164	Continued From pa	ge 3	C 164			
	missing at the ward	robe unit on the right.				
C 185	Fire Safety-Rehear	sals on Each Shift	C 185			
	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. (f) This Rule shall apply to new and existing facilities.					
		et as evidenced by: ds revealed that fire rehearsals I quarterly on each shift.				
	drills were conducted when the new admit current administrated	ber 16, 2018: ecords showed only two fire ed prior to September 2018 nistrator came on board. The or is aware of the issue and is ch month, each shift per				
C 189	Building Equipment	Maintained Safe, Operating	C 189			

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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 electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on November 16, 2018: a. The exit/emergency light at the door leading to the service corridor did not illuminate on battery test. b. SCU Courtyard - the exit light at the gate is not illuminated. c. SCU Courtyard - the emergency light on the building did not illuminate on battery test. 2. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition. Findings on November 16, 2018: a. Room 204 Bath - the sink is loose and is becoming detached from the wall. b. Keeper's House Bath - the toilet is loose. c. Room 607 - the temperature control valve is loose and coming out of the wall. d. Room 607 - the tank lid is missing on the toilet.	PRÉFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	COMPLETE
3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations	C 189	care home shall be operating condition (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Based on obsermaintain electrical equipment in safe of equipment in safe of exits were not illum Findings on Novem a. The exit/emerge the service corridor test. b. SCU Courtyard illuminated. c. SCU Courtyard building did not illur 2. Observations re equipment is not moperating condition Findings on Novem a. Room 204 Bath becoming detached b. Keeper's House c. Room 607 - the loose and coming of d. Room 607 - the toilet. 3. Based on obsermaintain the building the shall be shall be coming to the toilet.	maintained in a safe and apply to new and existing reption of Paragraph (e) ly to existing facilities. et as evidenced by: vation the facility did not emergency/safety lighting operating condition. This could the facility if egress paths and inated during a power outage. ber 16, 2018: ency light at the door leading to did not illuminate on battery the exit light at the gate is not the emergency light on the minate on battery test. vealed that the plumbing aintained in a safe and ber 16, 2018: the sink is loose and is from the wall. Bath - the toilet is loose. temperature control valve is but of the wall. tank lid is missing on the vation there is a failure to g's fire safety systems in a	C 189	DEFICIENCY)		

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C 195	This Rule is not me 1. Observations re temperature at all fi not maintained betv Farenheit. Findings on Novem	et as evidenced by: vealed that the hot water xtures used by residents was veen 100 and 116 degrees ber 16, 2018: ne water temperature at the	C 195	DEFICIENCY)		

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