

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 11/16/2018
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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	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay and Frank Strickland conducted on November 16, 2018.</p> <p>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</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>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;</p> <p>This Rule is not met as evidenced by:</p>	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 101	Continued From page 1 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.	C 101		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the floors were not kept clean and in good repair. Findings on November 16, 2018: a. Observations revealed that the carpet was heavily stained in Room 307, 309, 408 and other areas throughout the building.	C 164		

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C 164	<p>Continued From page 2</p> <p>b. Kitchen - observations revealed that the floors behind the equipment were dirty.</p> <p>c. Resident bathrooms - there was a pattern of loose and buckling vinyl floors in the bathrooms which pose a tripping hazard. Many of the floors had holes and gaps in the vinyl at the seams, the walls and at the plumbing fixtures.</p> <p>d. SCU Med Room - the floor is heavily damaged. The vinyl is pock marked and scratched. The door to the Med Room drags on the floor and has gouged out a deep groove in the vinyl.</p> <p>e. SCU Room 607 - the vinyl floor at the door threshold is cracked and curling creating a trip hazard.</p> <p>f. SCU Room 606 - the seam at the door threshold is separating and beginning to curl creating a trip hazard.</p> <p>2. Observations revealed that the facility is not maintained free of chronic unpleasant odors.</p> <p>Findings on November 16, 2018:</p> <p>a. Room 402 - there is a strong unpleasant odor in the room.</p> <p>b. Room 405 - there is a strong unpleasant odor in the room.</p> <p>3. Observations revealed that the walls and furnishings were not kept clean and in good repair.</p> <p>Findings on November 16, 2018:</p> <p>a. Med Room - there are black, spotty mildew stains around two of the electrical panels.</p> <p>b. SCU Med Room - the door trim is damaged and is pulling away from the frame.</p> <p>c. Room 508 - the nurse call cover is missing and several of the bulbs were removed.</p> <p>d. Room 508 - one of the drawer fronts is</p>	C 164		

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C 164	Continued From page 3 missing at the wardrobe unit on the right.	C 164		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(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.</p> <p>(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> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Review of records revealed that fire rehearsals were not conducted quarterly on each shift.</p> <p>Findings on November 16, 2018: a. Fire rehearsal records showed only two fire drills were conducted prior to September 2018 when the new administrator came on board. The current administrator is aware of the issue and is conducting drills each month, each shift per quarter.</p>	C 185		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>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.</p> <p>Findings on November 16, 2018:</p> <p>a. The exit/emergency light at the door leading to the service corridor did not illuminate on battery test.</p> <p>b. SCU Courtyard - the exit light at the gate is not illuminated.</p> <p>c. SCU Courtyard - the emergency light on the building did not illuminate on battery test.</p> <p>2. Observations revealed that the plumbing equipment is not maintained in a safe and operating condition.</p> <p>Findings on November 16, 2018:</p> <p>a. Room 204 Bath - the sink is loose and is becoming detached from the wall.</p> <p>b. Keeper's House Bath - the toilet is loose.</p> <p>c. Room 607 - the temperature control valve is loose and coming out of the wall.</p> <p>d. Room 607 - the tank lid is missing on the toilet.</p> <p>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 through fire resistant rated ceilings or walls could</p>	C 189		

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C 189	<p>Continued From page 5</p> <p>allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on November 16, 2018:</p> <p>a. Riser Room - one of the ceiling patches is deteriorating and the tape is coming loose at the joint leaving a hole in the ceiling.</p> <p>b. Exterior Electrical Room - the door hardware is missing at the door separating the electrical room from the dryer access room leaving a 3" diameter hole in the rated wall.</p> <p>c. Soiled linen Room - the sprinkler head has dropped leaving a gap in the ceiling.</p> <p>4. Observations revealed that the mechanical equipment is not maintained in operating condition.</p> <p>Findings on November 16, 2018:</p> <p>a. The mechanical vent outside of Soiled Linen has a heavy accumulation of dust on the radiation damper.</p>	C 189		
C 195	<p>Hot Water System</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p>	C 195		

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C 195	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the hot water temperature at all fixtures used by residents was not maintained between 100 and 116 degrees Farenheit.</p> <p>Findings on November 16, 2018:</p> <p>a. Beauty Shop - the water temperature at the hair washing sink was 118 degrees.</p>	C 195		