

Currituck House 141 Moyock Landing Drive Moyock, NC P | 252-435-1024 F | 252-435-1045

Dear Suzanna Fay,

Please accept this as my plan of correction for the deficiencies for your construction survey which was completed on November 16, 2018. If you have any questions or concerns, please feel free to give me a call.

Antoinette King, Executive Director

December 19, 2018

PRINTED: 12/04/2018 FORM APPROVED

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUİLDING	LE CONSTRUCTION : 01	(X3) DATE COMP	SURVEY LETED
'		HAL027003	B. WING		11/1	6/2018
	PROVIDER OR SUPPLIER UCK HOUSE	141 MOYO	DRESS, CITY, DCK LANDI , NC 27958			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	by Suzanna Fay an on November 16, 2 Records indicate the Home for the Age facility is currently lininety beds, which is Special Care Unit. I meet the 2009 N.C. I-2 Occupancy and, Licensing of Adult Consistencies were of Correction. Existing Licensed For Section 1.0300 - For 100 NCAC 13For 1.03 Physical plant is care home shall be (2) Except where of licensed facilities shall meet requirements in effection, or alterest the requirements for the requirements for the section in the requirements for the requirem	is facility was first licensed as d on November 2, 2010. The censed for a total capacity of includes a forty-eight bed. Therefore, the facility must. State Building Code Group the 2005 Rules for the Care Homes dited that require a Plan of Eac- No less than '71 Rules PHYSICAL PLANT O1 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: therwise specified, existing portions of existing licensed	C 000	Responses to the cited defliciencies de constitute an admission or agreement facility of the truth of facts alleged or consection in the state of deficiencies, the correction is prepared solely as a matter compliance with the state law.	by the onclusions e plan of	
	than those requiren "Minimum and Desi Regulations" for "He	nents found in the 1971 ired Standards and omes for the Aged and Infirm", available at the Division of				
Division of H	This Rule is not me	et as evidenced by:				
	Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE		(X6) DATE

CTATE ECONO

6899

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continuation sheet 1 of

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE S COMPLI	
		HAL027003	B. WING	· · · · · · · · · · · · · · · · · · ·	11/16	/2018
NAME OF F	PROVIDER OR SUPPLIER		4	STATE, ZIP CODE		-
CURRIT	JCK HOUSE		OCK LANDIN , NC 27958	NG DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRESS OF THE APPROPRIED TO THE	.D BE	(X5) COMPLETE DATE
C 101	Continued From pa	ge 1	C 101		"	·
	meet the life safety	vealed that the facility did not requirements for magnetic the time of construction.		The covers for the magnetic locks have removed. The override switch is now a to all staff. The ED/designee will monithe override switch is accessible to all.	ccessible tor to ensure	3 1/31/W
	a. The magnetic lo override switch(es) switches require all evacuation to carry The facility had a mmed room of the Scon the AL side. Bot enclosed in keyed lavailable for the bowas not labeled. A	cking system requires master at a central location. Keyed staff responsible for a key with them at all times. naster override switch in the CU and at the Nurses' station th of the switches were poxes. There was not a key x on the AL side and the box key was located on the SCU the keyhole during the survey.				
C 164	SECTION .0300 - F 10A NCAC 13F .03	Furnishings-Clean, Repaired PHYSICAL PLANT 06 HOUSEKEEPING AND	C 164			
	coverings kept clea (2) have no chronic (3) have furniture of	es shall: ings, and floors or floor in and in good repair; c unpleasant odors; clean and in good repair; apply to new and existing				
	kept clean and in g Findings on Novem a. Observations re	vealed that the floors were not ood repair. ber 16, 2018: vealed that the carpet was com 307, 309, 408 and other		The floor of the SCU rooms and living throughout have been aprraised and the awaiting to be approved through the carrier issues have been addressed and continue to email questions for approvibeing replaced.	ne facility is apitol funds. the ED will	13/10

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILD[NG	LE CONSTRUCTION : 01	(X3) DATE SURVEY COMPLETED
		HAL027003	B. WING		11/16/2018
	PROVIDER OR SUPPLIER JCK HOUSE	141 MOYO	DRESS, CITY, DCK LANDII , NC 27958	STATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLET
C 164	behind the equipm c. Resident bathroloose and buckling which pose a trippi had holes and gap walls and at the plud. SCU Med Room damaged. The vin scratched, The do the floor and has githe vinyl, e. SCU Room 607 threshold is cracked hazard. f. SCU Room 606	vations revealed that the floors ent were dirty. coms - there was a pattern of vinyl floors in the bathrooms ng hazard. Many of the floors in the vinyl at the seams, the ambing fixtures. In - the floor is heavily yl is pock marked and or to the Med Room drags on ouged out a deep groove in I - the vinyl floor at the door d and curling creating a trip - the seam at the door the seam at	C 164	The dietary manager has been coufloor cleanliness and staff has been move equipment and clean behind designee will monitor for cleanlines. The door in the med room has bee to drag on the floor and the floor is to be replaced with the rest of the f SCU. The floor at the SCU room 6 repaired. The seam at door 606 has	instructed to it. The ED/s in the kitchen in repaired not in the estimate loors in the 07 has been
	maintained free of Findings on Noven a. Room 402 - the in the room. b. Room 405 - the in the room. 3. Observations re furnishings were no repair. Findings on Noven a. Med Room - the	re is a strong unpleasant odor re is a strong unpleasant odor evealed that the walls and ot kept clean and in good		the chronic odors have been address aware, once the floors have been the chronic odor will dissipate. Housekeeping has been couseled of the unally the trip on the model.	on proper cleaming
	b. SCU Med Roon and is pulling away c. Room 508 - the and several of the	n - the door trim is damaged from the frame. nurse call cover is missing bulbs were removed. of the drawer fronts is		of the walls. The trim on the med re repaired, the cover for the nurse call system warddrobes (25) have been ordere replaced upon arrival	has been ordered

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (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 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 164 Continued From page 3 C 164 missing at the wardrobe unit on the right. C 185 Fire Safety-Rehearsals on Each Shift C 185 SECTION .0300 - PHYSICAL PLANT Fire rehearsals have been conducted. See attached #1 10A NCAC 13F .0309 PLAN FOR the ED/designee will monitor monthly to enusre **EVACUATION** fire rehearsals are done appropriately. PKeln (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. This Rule is not met as evidenced by: 1. Review of records revealed that fire rehearsals were not conducted quarterly on each shift. 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. C 189 Building Equipment Maintained Safe, Operating C 189 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

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULTIP A, BUILDING	LE CONSTRUCTION b; 01	(X3) DATE COMPI	SURVEY LETED
,		HAL027003	B. WING		11/16/2018	
NAME OF F	PROVIDER OR SUPPLIER	. STREET AD	DRESS, CITY,	STATE, ZIP CODE		,
URRITU	JCK HOUSE		OCK LANDI , NC 27958		•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C 189	Continued From pa	age 4	C 189			
	operating condition (k) This Rule shall facilities with the ex	maintained in a safe and apply to new and existing ception of Paragraph (e) ly to existing facilities.			·	:
	Based on obser maintain electrical equipment in safe of effect occupants of	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.		F360, which is the maintenance growth repaired/replaced the emergency listed areas. The ED/designee will appropriate repairs are conducted in manner.	ghting in the monitor to ens	nue //37// ₁₀
	the service corridor test, b. SCU Courtyard	nber 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				
	becoming detached b. Keeper's House c. Room 607 - the loose and coming of	- the sink is loose and is d from the wall. Bath - the toilet is loose. temperature control valve is		F360 maintenance has repaired the plumbing equipment. The ED/design rounds to ensure all equipment is a condition montly and notify F360 method in the Mpulse system.	gnee will make cept in working	ì ì
	maintain the buildir safe condition. Hole	vation there is a failure to ng's fire safety systems in a es or gaps at penetrations nt rated ceilings or walls could				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILDING	LE CONSTRUCTION : 01	(X3) DATE COMP	SURVEY LETED
		HAL027003	B. WING			6/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		"
CURRITI	JCK HOUSE		OCK LANDI , NC 27958			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 189	allow fire and smok of origin. Findings on Novem a. Riser Room - or deteriorating and the joint leaving a hole b. Exterior Electricals missing at the doroom from the drye diameter hole in the c. Soiled linen Rood dropped leaving a gas 4. Observations relequipment is not macondition.	e to spread beyond the area ber 16, 2018: le of the ceiling patches is e tape is coming loose at the in the ceiling. al Room - the door hardware or separating the electrical r access room leaving a 3" e rated wall. m - the sprinkler head has lap in the ceiling. lead that the mechanical aintained in operating ber 16, 2018:	C 189	The ceiling patches have been rehardware has been replaced, the has been replaced, the ED/designee will monitor to expairs are completed	epaired, the door e sprinkler head ensure needed	1/3:1/19
C 195		vent outside of Soiled Linen ulation of dust on the radiation	C 195			
3 140	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (d) The hot water s provide an adequat kitchen, bathrooms closets and soil utili temperature at all fi be maintained at a (38 degrees C) and F (46.7 degrees C) (k) This Rule shall facilities with the ex	nystem shall be of such size to e supply of hot water to the laundry, housekeeping ty room. The hot water xtures used by residents shall minimum of 100 degrees F shall not exceed 116 degrees				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION ; 01	(X3) DATE SI COMPLE	URVEY ETED
		HAL027003	B. WING	, 19 mas	11/16/	/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	•	
CURRITI	JCK HOUSE		OCK LANDII , NC 27958		·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X5) COMPLETE DATE
C 195	Continued From pa	ge 6	C 195			<u></u>
	temperature at all fi not maintained betw Farenheit. Findings on Novem	vealed that the hot water xtures used by residents was veen 100 and 116 degrees ber 16, 2018: he water temperature at the		The hot water heater has been adjusted water temp is retaining a temp of 100 this room will be monitored weekly x 4 ensure the temp is stable. The mainted will check this and notifiy the ED/design	-116 degrees weeks to enance F360	1/21
	Than wasting sink w	as 110 dogress.		;		
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			,			

FIRE DRILL Report

PURPOSE: To practice and record the safe and timely evacuation of from the facility.	· ···· residents, v	isitors and	sta
Shin: Don't we to tonse	Date:	<u> </u>	
2 nd	7 7/19	118	
Drill Start Time: C S1	Administrator:		
Drill End Time:	1 1	ira-	
	· ·	0	
This Id. Evacuation:			
Drill initiated by use of the fire alarm or detection system?			
	YES	No	
Was Fire Alarm heard throughout the building?	TES N	NO	
and an announcement of Costs Depart	YES	NO	
Was phone line kept open?	YES	NO	/
Was an ALL CLEAR sounded agent	YES	NO_	M_{i}
TO HOLLOU TO THE TEST OF THE T		NO_	
Staff reported to their respective areas and carried out their preassigned duties? Someone was stationed at a telephone to receive cells.		NO	
Someone was stationed at a telephone to receive calls and pass information? Was Fire Department met and given a status report on the struction? R.A.C.E. procedures were followed?	YES	NO	
R.A.C.E. procedures were full.	YES	NO	
All doors and windows was all with	YES	NO	
All doors and windows were closed? (Including fire doors and smoke barriers) P.A.S.S. fire extinguisher procedure followed?	(YES)	NO	
P.A.S.S. fire extinguisher procedure followed?	↓ COMES SY	NO	
Extra extinguishers from other areas of the building were taken to the fire scene? Daygen and other medical gasses in the area of the fire.		NO	
Oxygen and other medical gasses in the area of the fire were secured? Air supply and exhaust systems turned off?	Z YES	NO	
Air supply and exhaust systems turned off?	183	NO	
TOURS AND LIGHTINGS and Mich.			
		NO	
TOTAL TOTAL TRANSPORT OF THE PROPERTY OF THE P	THES Y	NO	
risitors in the building followed orders issued by staff?		NO	
complete head count of ALL	YES YES	NO	
Restrooms and other occupied areas were checked by sight and voice?		NO	
taff remained with evacuated south every remained by sight and voice?	YES	NO	
Il medical charts and business at designated evacuation site?		NO	
arcotic and medication carte/articles	YES	NO	
arcotic and medication carts/cabinets/rooms locked? id ALL staff participate?	YES	NO	
Ny equipment found 6	_ 72°ES>	NO	
ny equipment found faulty or inoperable during drill reported and corrected? Lessond	YES	NO	
"Lessons I earned" de vice followed?	YES	NO	
"Lessons Learned" debrief was conducted upon completion of the dril?	YES	NO.	
<u> </u>	YES)		
OTES: HICKUM WAS SOL		NO	
tall sounds to the re	8 donts		
The building to vaccina	LA L	- 4	
DIATORE ON ACASE	1 VC	<u>>~~~</u>	
	<u> </u>		
		10	
(Discuss potential fire hazards to look for in the faci			

* Currituck House FIRE DRILL Report Department

TELS fax # 1-800-667-4577

FIRE DRILL Report

PURPOSE: To practice and record the safe and timely evacuation of from the facility.	, an residents, i	risitors and sta
- Mutil Lice Co.		
Shift: < 2d	Date	\checkmark
	Administrator:	0
Drill Start Time: SCO	JA.SKI	
Drill End Time: 5 9 Am		<u></u>
Time for Evacuation:		·_/
orm initiated by use of the fire alarm	,	
	(XES)	
Was Fire Alarm hoosel the		NO
The corresponding to the control of	(YES)	NO NO
Was phone line kept open?	YES	NO/
Was an ALL CLEAR sounded as a transfer of the control of the contr	YBS'	NO IV/I
reported to mair regression		NO ,
Staff reported to their respective areas and carried out their preassigned duties? Vas Fire Department met and given a status report.		NO NO
Vas Fire Department met and in the control of the c		NO
A.C.E. procedures west for		NO
Il doors and windows were donoid?	YES	NO
Il doors and windows were closed? (including fire doors and smoke barriers) A.S.S. fire extinguisher procedure followed?	YES	NO
xtra extinguishers from other	YES	NO NO
xygen and other madical areas of the building were taken to the fire score?	YES	NO NO
expendence of the building were taken to the fire scene? It supply and exhaust systems turned care.	YES >	NO
ir supply and exhaust systems turned off?	(YES>	NO
lectricity (NOT LIGHTING) and Natural Gas secured?	CEYES-	NO
	YES	NO
The Control Discontinuous Control Cont	YES	NO
isitors in the building followed orders issued by staff?	YES	NO
complete head count of ALL residents, staff and visitors was conducted?	YES	NO
estrooms and other occupied areas were checked by sight and voice? aff remained with evacuated residents at dealers.	XES)	NO
aff remained with evacuated residents at designated evacuation site?	YES	NO
medical charts and business records prepared for removar?	YES	NO
arcotic and medication carts/cabinets/rooms locked?	YES	
	YES	NO
y equipment found faulty or inoperable during drill reported and corrected?	YES	NO
ere established procedures followed?	TYES T	NO NO
Lessons Learned* debrief was conducted upon completion of the drai?	YES	NO
mpleuon of the drift?	YES	NO
DIES: All of the residents of		NO
That all was on Al	dSCU 0	1
- Two Cucite a tr		
		101/10g_
		0
		Ta .
(Discuss potential fire hazards to look for in the facil		

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DEG/ 13/ 2010/ WED 02.40 TM	PAA NO.	1.01	27 014
		عدا اما	
Fire Dull	Participation	10/1/18	
1. Tremaine Hair 5			
2. Bruen White		 	
2. Bryan White 3. Drew Spence		· · · · · · · · · · · · · · · · · · ·	
) · · · · · · · · · · · · · · · · · · ·			
4 Rena hechilist		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
5 Millioned Ma		······································	
7 Cartes Grangia		· · · · · · · · · · · · · · · · · · ·	
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FIRE DRILL Report

PURPOSE: To practice and record the safe and timely evacuation of from the facility.	i ali residents, v	isitors and star
Curvitury House		
Shift: 1 SA	Date:	.=1
		14
Drill Start Time: COY	Administrator:	·
Drill End Time: OTW		~~(
Time for Evacuation (5)		<u> </u>
Drill Initiated by use of the C		
Drill Initiated by use of the fire alarm or detection system? Drill was unannounced?	<u> </u>	
	- (YES)	NO
Was Fire Alarm heard throughout the building?	ŬE\$	NO
Was intercom announcement of "Code RED" heard in all areas of the building? Was phone line kept open?	(YE\$)	NO
Was phone line kept open?	YES	NO 1/1
Was an ALL CLEAR sounded after the event?	YES	NO NO
otali reported to their respective	YES	
Someone was stationed at a telephone to receive calls and pass information? Was Fire Department met and given a statue receive calls.		NO
Was Fire Department met and ghose information?	(AS)	NO
R.A.C.E. procedures were followed?	L (YES)	NO
u doors and windows were closed?	X YES	NO NO
P.A.S.S. fire extinguisher procedure followed?	()#S	NO
xtra extinguishers from other		NO
Oxygen and other medical gasses in the area of the fire were secured? Air supply and exhaust systems turned off?	- (XE)	NO
ir supply and exhaust systems turned off?	X X X	NO
lectricity (NOT LICETING)	LYES)	NO
ectricity (NOT LIGHTING) and Natural Gas secured?	YES	NO
	YES	NO
The Transfer of the Control of the C	YES	NO
isitors in the building followed orders issued by staff?	L YAES	
	TES).	NO
estrooms and other occupied areas were checked by sight and voice? taff remained with evacuated residents at deal.	OF S	NO NO
taff remained with evacuated residents at designated evacuation site?	YES	NO
Il medical charts and business records prepared for removal?	SES	NO
arcotic and medication carts/cabinets/rooms locked?		NO
	(A)	NO
ny equipment found faults as t	TES .	NO
ny equipment found faulty or inoperable during drill reported and corrected?	L_ (SVES)	NO
"Lessons Learned" debrief was conducted upon completion of the drill?	(<u>)</u> YES)	NO
debrief was conducted upon completion of the drill?	YES)	NO
O750- VI 11 -2-1	YES)	NO
d strip rendont and re-		
Cya teal V	<u> </u>	
the builder	10	
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Disasses		
(Discuss potential fire hazards to look for in the faci		

Currituck House

FIRE DRILL Report

Date 14 12/18

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ATMANA S	
VICOUS WILLIAMS	Care Manager 1/8/
and my min	Care Manager 1/8]
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Kylil Ball	BCII
Krina Duhi	<u> </u>
Rollang William	n)
Katarra Bonds	
S.CO. SAMONO	
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Jerlistra Hamis	
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ELS fax # 1-800-667-4577	