

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 R 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CURRITUCK HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 141 MOYOCK LANDING DRIVE MOYOCK, NC 27958
--	---

(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) COMPLETE DATE
{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on May 9, 2019. There are deficiencies cited in the Biennial Construction Survey that remain to be corrected.	{C 000}		
{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 May 9, 2019: a. Observations revealed that the carpet was heavily stained in Room 307, 309, 408 and other areas throughout the building. Interview with staff revealed that they did not know when they were to replace the carpet. b. Kitchen - observations revealed that the floors behind the equipment were dirty. At the time of survey, lunch had recently been served and there was a considerable amount of food particles and dirt behind the equipment. 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	{C 164}		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 R 05/09/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CURRITUCK HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 141 MOYOCK LANDING DRIVE MOYOCK, NC 27958
--	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

{C 164}	<p>Continued From page 1</p> <p>had holes and gaps in the vinyl at the seams, the walls and at the plumbing fixtures. None of the vinyl floors have been repaired since the Biennial Survey on November 16, 2018.</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>3. Observations revealed that the walls and furnishings were not kept clean and in good repair.</p> <p>Findings on May 9, 2019:</p> <p>c. Room 508 - the nurse call cover is missing. Staff stated that the cover was on order.</p>	{C 164}		
---------	--	---------	--	--