

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/17/2020
NAME OF PROVIDER OR SUPPLIER CURRY HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1793 BRILEY ROAD GREENVILLE, NC 27834		
(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) COMPLETION DATE	
W 000	INITIAL COMMENTS	W 000			
W 454	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the potential for cross-contamination was prevented. This potentially affected all clients residing in the home. The findings are:</p> <p>Precautions were not taken to prevent possible cross-contamination.</p> <p>A. During observations in the home on 11/16/20 through 11/17/20, staff were observed to wear face masks. Throughout the observations, staff were observed wearing the face mask below their noses.</p> <p>Review on 11/16/20 of the facilities Pandemic Response Plan dated 4/18/20 revealed staff should wear the face masks and ensure the face mask covers their mouth and nose.</p> <p>Interview on 11/17/20 with the facility nurse and administrator revealed that staff are to wear face shields and masks. Masks are to be worn below the mouth and above the nose. The facility</p>	W 454			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/17/2020
NAME OF PROVIDER OR SUPPLIER CURRY HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1793 BRILEY ROAD GREENVILLE, NC 27834		
(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) COMPLETION DATE	
W 454	<p>Continued From page 1</p> <p>administrator confirmed the staff should have been wearing their masks above their nose.</p> <p>B. During observations in the home on 11/16/20 at 11:30am, Staff B was observed in the kitchen doing meal prep. Each client in the home would come into the kitchen and make their own ham and cheese sandwich. Staff B and the clients did not wear gloves. Once all six clients had made their sandwiches, they were all placed on a skillet to grill. Once grilled, the sandwiches were placed on one platter. Additional observations in the home at 12:06pm revealed the clients sitting down to the table to begin eating. Each client was served a sandwich. There was no way to identify who made which sandwich that was consumed.</p> <p>Interview on 11/17/20 with the facility administrator revealed that each client should have made their sandwich, grilled it, and placed it on a separate plate. The facility administrator confirmed that the client should have consumed the sandwiches they made for themselves.</p> <p>C. During observations in the home on 11/16/20 at 3:35pm, client #3 was observed making a sandwich for his afternoon snack. Client #3 was not wearing gloves. Client #3 reached into the bag of bread and grabbed one slice. Staff C prompted client #3 to get another piece of bread. Client #3 was observed to reach into the bag and grab the end piece of the loaf. Staff C asked client #3 if he wanted the end piece of bread or if he wanted another piece of bread. Client #3 put the end piece of bread back into the bag and grabbed another slice. Staff C closed the bag and placed it on the counter.</p>	W 454			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/17/2020
NAME OF PROVIDER OR SUPPLIER CURRY HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1793 BRILEY ROAD GREENVILLE, NC 27834		
(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) COMPLETION DATE	
W 454	Continued From page 2 Additional observations in the home on 11/17/20 at 7:42am revealed client #2 and Staff D get the bag of bread and use it to make toast for all the clients at breakfast. At 7:46am, the clients in the home began eating their breakfast.	W 454			
W 460	Interview on 11/17/20 with the facility administrator confirmed that the bread should have been thrown out instead of put back in the bag with the bread that was untouched. FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 3 of 3 audit clients (#1, #2 and #3) received their specially-prescribed diets as indicated. The findings are: A. Client #1 and client #3 did not receive their diet as prescribed. 1. During observations in the home on 11/16/20 at 9:00am, the staff and clients were leaving the home to go grocery shopping. At 11:10am, the clients and staff returned home. At 11:20am, some of the clients began setting their places at the table to get ready for lunch while others assisted in the kitchen with meal preparation. Review on 11/16/20 of client #3's individual program plan (IPP) dated 11/6/19, revised 9/8/20,	W 460			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/17/2020
NAME OF PROVIDER OR SUPPLIER CURRY HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1793 BRILEY ROAD GREENVILLE, NC 27834		
(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) COMPLETION DATE	
W 460	<p>Continued From page 3</p> <p>revealed client #3 is on whole weight gain diet. Boost Plus is given with breakfast, lunch and dinner. Mid-morning snack to include ham/turkey sandwich and fresh fruit. Afternoon snack to include a peanut butter and jelly sandwich, cheese sticks and crackers. After supper snack to include ham/turkey sandwich, fresh fruit, and greek yogurt.</p> <p>Interview on 11/16/20 with Staff E revealed client #3 did not get his mid-morning snack. Staff E revealed that whenever the clients are out of the home during snack times, they just skip the snack and wait until the next scheduled snack time.</p> <p>Interview on 11/17/20 with the facility nurse and facility administrator revealed that snacks should never be skipped. The facility administrator revealed that if the clients are going to be out of the home during snack times, their snacks should be taken with them to eat. The facility administrator confirmed client #3 should have received his mid-morning snack.</p> <p>2. During observations in the home on 11/16/20 at 12:06am through 12:23pm, client #1 was observed eating her lunch which consisted of soup, a ham and cheese sandwich and fruit.</p> <p>Review on 11/16/20 of client #1's IPP dated 6/11/20 revealed client #1's diet order consists of a whole weight loss diabetic diet, heart healthy, low sodium, limit caffeine, salad with lunch and dinner served with low fat dressing.</p> <p>Interview on 11/17/20 with the facility nurse and facility administrator revealed client #1's diet is whole weight loss diabetic diet, heart healthy, low</p>	W 460			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/17/2020
NAME OF PROVIDER OR SUPPLIER CURRY HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1793 BRILEY ROAD GREENVILLE, NC 27834		
(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) COMPLETION DATE	
W 460	<p>Continued From page 4</p> <p>sodium, limit caffeine, salad with lunch and dinner served with low fat dressing. The facility nurse and facility administrator confirmed that client #1 should have received a salad with her lunch.</p> <p>B. Client #2 did not receive his modified diet as indicated.</p> <p>During observations in the home on 11/17/20 at 7:46am, client #2 was observed eating breakfast. His breakfast consisted of scrambled eggs cut into 1/4" pieces, grits, toast cut into 1/4" pieces and two small containers of apple sauce. At 7:55am, client #2 reached into a bowl of apples, oranges and bananas and grabbed a banana. Client #3 peeled the banana and ate it in three bites.</p> <p>Review on 11/16/20 of client #2's IPP dated 1/6/20 revealed client #2's diet order is regular, cut into 1/4" pieces, moistened soft meats at each meal.</p> <p>Interview on 11/17/20 with Staff D revealed that client #2 had the two small containers of apple sauce because he is on a pureed diet and this is why he had the apple sauce while the others had the apples, oranges and bananas.</p> <p>Interview on 11/17/20 with the facility nurse and facility administrator revealed client #2's diet is regular with food cut into 1/4" pieces. The facility nurse and facility administrator revealed that client #2 could probably eat a banana without difficulty because it is soft but confirmed that based on current diet orders, the banana should have been cut.</p>	W 460			