STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G353	A. BUILDING _____ B. WING _____	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURRY HOUSE	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 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 5 audit clients (#1) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of dining skills. The finding is: During breakfast observations in the home on 3/3/26 at 7:04am, Staff B poured client #1's cereal into a bowl. Further observations Staff B poured client #1's juice into a cup and milk into her bowl of cereal. At no time was client #1 given the opportunity to pour her own food items. During an interview on 3/3/26, Staff B stated she has not had much training working with client #1. Further interview revealed Staff B has been working in the home for the last two weeks. Review on 3/3/26 of client #1's IPP dated 3/27/25 revealed, "...fiercely independent. I communicate using American Sign Language...encourage me to make choices and decisions regarding the things that pertain to me. During	W 249		

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

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W 249	Continued From page 1 mealtimes...pours drinks with hand over hand assistance...." Review on 3/3/26 of client #1's Adaptive Behavior Inventory (ABI) dated 3/10/25 stated, "Hand over hand for serving and pouring liquids". During and interview on 3/3/26, the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should allow client #1 to do as much as possible.	W 249		
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that a sanitary environment was provided to prevent the transmission of possible infections and avoid cross-contamination. This potentially affected 5 of 5 clients (#1, #2, #3, #4, #5) living in the home. The findings are: A. During dinner observations in the home on 3/2/26 at 5:21pm, staff A and clients were doing various activities, including playing with cards and Legos, then proceeded to put those items away and set the table for dinner. Staff did not clean the table after the activities. B. During morning observations in the home on 3/3/26 at 6:57am, staff B told clients to take down chairs off the table, then proceeded to put silverware and plates on the table. Staff did not clean the table after the chairs were removed.	W 455		

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W 455	Continued From page 2 Interview on 3/3/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that staff should have cleaned prior to setting up for breakfast and dinner.	W 455		
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations, document review and interviews, the facility failed to ensure food was served at the appropriate temperature. This potentially affected clients 1 of 5 clients residing in the home (#2). The finding is: During dinner observations in the home on 3/2/26 at 5:31pm, Staff A put client #2's food, which consisted of spaghetti and broccoli, into separate containers that were sitting on the kitchen counter. Further observations revealed the food containers remained on the counter until 6:15pm when client #2 began to eat. At no time was client #2's food checked with the food thermometer; nor was client #2's food reheated. The food for the other clients were in separate bowls and their temperatures were checked with a food thermometer. Review of food preparations/serving guidelines (no date) on 3/3/26 stated, "Hot food should be served within 15 minutes of removal from heat source. If food needs to be reheated, then it should be reheated at 160 degrees then served between 100-110 degrees." During an interview on 3/2/26, Staff A stated client #2's food should have been reheated and checked with the food thermometer.	W 473		

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W 473	Continued From page 3 During an interview on 3/3/26, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2's food should have been reheated and the temperature checked with the thermometer.	W 473		