STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL027003	A. BUILDING: **01** B. WING _____	**03/27/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CURRITUCK HOUSE	**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 Construction Section Biennial Survey by Suzanna Fay conducted on March 27, 2024. 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 Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS 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; This Rule is not met as evidenced by: 1. Observations revealed that the facility does	C 101		

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C 101	Continued From page 1 not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses station serving the locked unit. An additional emergency release switch shall be provided for each locked door and located within 3 feet of the door. The switches should be accessible. Findings on March 27, 2024: a. The screamer boxes protecting the release switches had plastic ties securing the boxes. The ties were not easily breakable requiring excessive force or tools to remove. 2. Observations revealed that the facility is not in compliance with code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. For licensed facilities equipped with special locking, a system components location map shall be provided under glass adjacent to the fire alarm panel. Findings on March 27, 2024: a. There was not a system components map provided at the fire alarm panel.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and	C 111		

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C 111	Continued From page 2 fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have current fire and building safety inspection reports maintained in the home and available for review. Findings on March 27, 2024: a. The most current Fire Sprinkler System inspection report was dated October 3, 2022.	C 111		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Observations revealed that the corridors were not free of all equipment and other obstructions. A 6' -0" minimum clearance is required to be maintained for egress. Findings on March 27, 2024: a. 100/200 Halls - long tables have been moved into the corridor outside of the Activity Room and residents were seated on both sides of the table. There was a gaming table, a couch, walkers and chairs on the opposite side of the corridor reducing the corridor width to less than 4' - 0" in places.	C 150		

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C 160	Continued From page 3	C 160		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Findings on March 27, 2024: a. SCU Courtyard - there was a rocking chair outside the Dining Exit. There were several slats broken off of the back of the chair and one or more broken slats on the seat of the chair. b. SCU Courtyard - at the time of survey, the courtyard gate was wide open which could allow a resident to elope if they were able to enter the courtyard.	C 160		
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.	C 164		

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C 164	Continued From page 4 This Rule is not met as evidenced by: 1. Observations revealed that the furniture was not kept in good repair. Findings on March 27, 2024: a. Room 308 - the veneer on the drawers of the wardrobe unit was peeling off. b. 300 Hall - three of the handrail end caps were missing outside of Soiled Utility. c. The handrail end cap was missing outside of Room 607. d. Room 603 - the drawers on the wardrobe unit were off of the track and the veneer was peeling off. e. SCU Serving Kitchen - there were orange stains in the bowls of the sink and on the countertop. 2. Observations revealed that the facility was not free of chronic unpleasant odors. Findings on March 27, 2024: a. Upon entering the SCU at 10:35 am, there was a strong odor of urine. The smell was still strong after surveying the SCU wing. 3. Observations revealed that the floors were not kept clean and in good repair. Findings on Marc 27, 2024: a. SCU - there was trash and debris on the floors in the corridors, living area and serving kitchen. The floors were scuffed and appeared dirty. b. Room 509 Bath - the floor around the toilet had a large gray stain where moisture has seeped under the vinyl floor.	C 164		

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C 166	Continued From page 5	C 166		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility was not free of all obstructions and hazards. Loose rails can cause injury if they cannot support the weight of the resident, staff or visitor using the rail. Findings on March 27, 2024: a. 300 Hall - the screws in the handrail outside of Activity were backing out so that the rail was no longer secure. 2. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. Findings on March 27, 2024: a. Oxygen Storage - there were three oxygen bottles unsecured in a shallow plastic crate. The bottles were moved to a secure bin during the survey. 3. Observations revealed that the facility was not free of all hazards. Excessive storage of combustible materials is a fire hazard and may	C 166		

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C 166	Continued From page 6 cause injury if a resident or staff member fell trying to retrieve items. Findings on March 27, 2024: a. Room 204 - is being used to store holiday decorations, furniture and other items. The items are piled on top of each other over about 75% of the room and there is no path of egress.	C 166		
C 189	Building Equipment Maintained Safe, Operating 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 care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain the sprinkler system equipment in operating condition could affect occupants of the facility if the equipment did not operate to suppress a fire. Findings on March 27, 2024: a. Interview with staff revealed that the sprinkler system has been down since January 22, 2024 when a pipe burst. The facility is currently on a fire watch. They are waiting on parts to complete the repairs. 2. Based on observation and testing there is	C 189		

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C 189	Continued From page 7 failure to maintain the facility's emergency fire alarm system devices and equipment in a safe operating condition. All the occupants of the facility could be affected if the equipment failed to alert the occupants in case of a fire. Findings on March 27, 2024: a. The fire alarm system did not activate when canned smoke was sprayed into a smoke detector. There was no audible alarm and the magnetic locking devices did not release the doors. Further investigation revealed that the heads did not appear to be active as there were no light indicators. b. The fire alarm system did not activate when the pull station at the fire alarm panel was released. There was no audible alarm and the magnetic locking devices did not release the doors. Further interviews revealed that the facility had smoke in the building on February 27, 2024. The smoke appeared to be coming from a relay switch in the lobby attic area. The Fire Department requested that the relay switch be disconnected. c. The fire alarm panel has both the trouble signal lit and the supervisory signal lit. The panel states that there is an issue with the dry system tamper. 3. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could affect occupants of the facility if egress paths and exits were not illuminated during a power outage. Findings on March 27, 2024: a. 100/200 Halls - the emergency light on the exit sign at the corridor intersection did not illuminate on test.	C 189		

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C 189	Continued From page 8 4. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition. Findings on March 27, 2024: a. 300 Hall Water Heater/Electrical Room - the water heater is leaking. 5. 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 allow fire and smoke to spread beyond the area of origin. Findings on March 27, 2024: a. 300 Hall Activity Room - one of the escutcheon rings has dropped leaving a gap in the fire resistant rated ceiling. This was corrected at the time of survey. b. There is a 1" hole in the ceiling outside of Room 207. c. There is an unsealed cable penetration outside of Room 203. d. Kitchen - the escutcheon ring on the sprinkler head in front of the dishwashing area has dropped. This was corrected at the time of survey. e. SCU Housekeeping - the fire caulk around the PVC pipe has dropped pulling the fire caulk and the ceiling finish away and leaving a hole in the fire resistant rated ceiling. f. Business Manager's Office - there is a 1/4" hole through the door above and below the door hardware. 6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if	C 189		

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C 189	Continued From page 9 doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on March 27, 2024: a. Kitchen - the top hinge on the right entry door was loose and the door would not automatically close and latch. b. Executive Director's Office - the door is rubbing at the latch and does not close and latch. 7. Based on observation there is a failure to maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin. Findings on March 27, 2024: a. Laundry - there was a large barrel of cleaning solution propping the door open and no staff were in the room. When the barrel was removed the door was obstructed by clothes hangers overlapping the door opening that were hung on the side of a laundry rack. This was corrected at the time of survey. 8. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection. Findings on March 27, 2024: a. SCU Serving Kitchen - the far right outlet above the counter has scorch marks around the lower plug and the GFCI outlet by the sink did not have power.	C 189		

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C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on March 27, 2024: a. Kitchen Housekeeping - the exhaust fan is not working. b. Room 603 Bath - the exhaust fan is not working. c. 600 Hall - there was a general pattern of exhaust fans not working on this hall.	C 199		