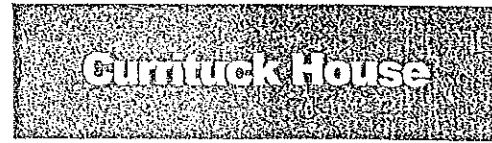


141 Moyock Landing Road
Moyock, NC 27958
(252) 435-1024 office
(252) 435-1045 fax



Fax

To: DHSR-Construction From: Katrena Chaonaleu, SD
Fax: DHSR-Construction Admin Pages: 4
Phone: (@dhhs.nc.gov) Date: 11/15/24
Re: POC CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

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 10/03/2024
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 October 3, 2024. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	(C 000)	Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the facts alleged or conclusions, set forth in the statement of deficiencies, the plan of correction is prepared solely as a matter of compliance with the law.	
(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 furniture was not kept in good repair. Findings on October 3, 2024: d. Room 603 - the drawers on the wardrobe unit were off of the track and the veneer was peeling off. Interview with staff revealed that they will be replacing the entire unit and, therefore, did not repair this unit as the room is currently empty. Interview with staff revealed that they are trying to replace this furniture with furniture from another closed facility.	(C 164)	Section .0306- Physical Plant 10A NCAC 13F .0306 The facility will ensure that the Adult care homes shall: (1) have walls, ceilings, and 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. The facility has replaced the damaged wardrobe in room 603.	
(C 199)	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT	(C 199)		

Division of Health Service Regulation

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

Kathleen Chambliss Executive Director 11/15/24

STATE FORM

6899

1V5D23

If continuation sheet 1 of 3

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 10/03/2024
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)	(X6) COMPLETE DATE
(C 199)	Continued From page 1 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 October 3, 2024: a. Kitchen Housekeeping - the exhaust fan is not working. The parts have not been received to conduct the repairs. Interview with staff revealed that they had estimates for replacing the fans but the estimates had not been approved at this time. b. Room 603 Bath - the exhaust fan is not working. The parts have not been received to conduct the repairs. Interview with staff revealed that they had estimates for replacing the fans but the estimates had not been approved at this time. c. 600 Hall - there was a general pattern of exhaust fans not working on this hall. The parts have not been received to conduct the repairs. Interview with staff revealed that they had estimates for replacing the fans but the estimates	(C 199)	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 line 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. The facility will ensure exhaust ventilation in specified spaces are maintained. The facility will ensure all exhaust fans are working to prevent build up humidity that can cause mildew and slick areas and help prevent the dissipation of odors.	

PRINTED: 10/31/2024
FORM APPROVED

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 10/03/2024
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 199)	Continued From page 2 had not been approved at this time.	(C 199)	New exhaust fans has been ordered and will be replaced.	11/30/24	

Division of Health Service Regulation
STATE FORM

6899

1V6D23

If continuation sheet 3 of 3