

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/26/2019
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER COVENTRY HOUSE OF ZEBULON	STREET ADDRESS, CITY, STATE, ZIP CODE 1225 W GANNON AVENUE ZEBULON, NC 27597
----------------------------------------------------------------------	--------------------------------------------------------------------------------------------

(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
D 000	Initial Comments	D 000		
D 299	<p>10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service</p> <p>10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to assure 8 ounces of milk was served twice daily to residents.</p> <p>The findings are:</p> <p>Review of the facility's Weekly Menu for 07/25/19 revealed 8 ounces of milk was to be served to the residents at breakfast, lunch and dinner.</p> <p>Interviews with 3 residents during the initial tour on 07/25/19 between 9:13 am and 10:15 am revealed: -Residents were only served milk during the breakfast meal. -Residents were not served or offered milk during the lunch or dinner meal. The residents had to ask for milk to be served during the lunch or dinner meals.</p>	D 299		

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: HAL092115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/26/2019
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER COVENTRY HOUSE OF ZEBULON	STREET ADDRESS, CITY, STATE, ZIP CODE 1225 W GANNON AVENUE ZEBULON, NC 27597
----------------------------------------------------------------------	--------------------------------------------------------------------------------------------

(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
D 299	<p>Continued From page 1</p> <p>Observation on 07/26/19 at 9:30 am of the kitchen's refrigerator revealed there were 10 full gallons of milk in the refrigerator.</p> <p>Observation of the lunch meal on 07/25/19 between 12:00 pm and 12:45 pm revealed: -There were 36 residents seated in the dining room for lunch. -Residents were served water, tea and plated meals. Milk was not served or offered to the residents to drink with their meal.</p> <p>Observation of the dinner meal on 07/25/19 between 5:00 pm and 5:45 pm revealed: -There were 35 residents seated in the dining room for dinner. -Residents were served water and tea for the dinner meal. -Milk was not served or offered to the residents to drink with their meal.</p> <p>Interview on 07/25/19 at 5:10 pm with 1 resident seated at a table near the entrance of the dining room revealed: -Milk was not served or offered during the dinner meal on 07/25/19. -Milk was only served during the breakfast meal. -She would like to be served milk during the dinner meal.</p> <p>Interviews on 07/25/19 at 5:13 pm with 2 residents seated at a table in the middle of the dining room revealed: -The residents had not been served or offered milk during the dinner meal. -They were served milk at breakfast</p> <p>Interview with a personal care aide (PCA) on</p>	D 299		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/26/2019
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER COVENTRY HOUSE OF ZEBULON	STREET ADDRESS, CITY, STATE, ZIP CODE 1225 W GANNON AVENUE ZEBULON, NC 27597
----------------------------------------------------------------------	--------------------------------------------------------------------------------------------

(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
D 299	<p>Continued From page 2</p> <p>07/25/19 at 5:15 pm revealed: -Milk was not served or offered to the residents on 07/25/19 during the dinner meal. -The residents had to ask for milk during the lunch and dinner meal. -Milk was only served during the breakfast meal.</p> <p>Interview with a medication aide (MA) on 07/25/19 at 5:20 pm revealed: -We only served or offered tea or water during the dinner meal. -Milk was only served to the residents during the breakfast meal.</p> <p>Interview with a resident on 07/26/19 at 11:57 am revealed: -She was not served or offered milk during the lunch or dinner meal. -She was served milk at the breakfast meal.</p> <p>Interview with a cook on 07/26/19 at 1:45 pm revealed: -Residents were served milk at the breakfast meal. -Milk was not served or offered to the residents during the lunch or dinner meal. -The residents had to ask for milk during the lunch or dinner meal. -She had not noticed that milk should be served three times a day based on the menu. -She did not know milk should be served twice daily to the residents. -She would start serving milk to the residents twice a day.</p> <p>Interview with the Administrator on 07/26/19 at 2:15 pm revealed: -She did not know the kitchen staff was not following the menu for milk. -She did not know the kitchen staff only offer milk</p>	D 299		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/26/2019
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER COVENTRY HOUSE OF ZEBULON	STREET ADDRESS, CITY, STATE, ZIP CODE 1225 W GANNON AVENUE ZEBULON, NC 27597
----------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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
D 299	Continued From page 3 during the breakfast meal. -The residents would be served or offered milk twice daily.	D 299		