SILER CITY, NC 27344 COVENTRY HOUSE OF SILER CITY **260 VILLAGE LAKE ROAD** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 11/29/2023 HAL019022 B' MING Я A. BUILDING: COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES Division of Health Service Regulation FORM APPROVED

ETAG (8X)	TITLE	BAUT	alth Service Regulation PIERCTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNA	BORATORY
			Observation of the freezer in the kitchen on 11/28/23 at 9:35am revealed: -There was an opened bag of frozen okra on the second shelf of the freezerThere was an opened bag of frozen yeast rolls	
15/4/23	DM & ED will randomly inspect sanitary conditions of kitchen and meals during facility rounds. Any issues or concerns will be addressed immediately.		failed to ensure foods were free from contamination related to unsealed bags of food in the freezer. The findings are:	
1/1/2024	Current DM will be replaced to ensure accountability and responsibility of training.		This Rule is not met as evidenced by: Based on observations and interviews the facility	
12/4/23	Ed to provide in-service to all to dietary staff of the importance of ensuring foods are closed and date marked to ensure foods are free from contamination.		including subsequent amendments, assuring storage, preparation, and serving of food and beverage under sanitary conditions.	
	Coventry House of Siler City shall ensure that all food and beverage being procured, stored, prepared or served is protected from contamination.		(2) Facilities with a licensed capacity of 13 or more residents shall ensure food services comply with Rules Governing the Sanitation of Hospitals, Nursing Homes, Adult Care Homes and Other Institutions set forth in 15A NCAC 18A, 1300 which are hereby incorporated by reference, including the set incorporated by reference,	
	of Correction is prepared solely as a matter of compliance with State law.		Service 10A NCAC 13F .0904 Mutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes:	
	truth of the facts alleged or the conclusion set forth in the Statement of Deficiencies or Corrective Action Report: the plan	D 283	annual and follow up survey on November 28 and 29, 2023, 2023.	D 283
-	Response to cited deficiencies do not constitute an admission or agreement by the facility of the	D 000	Initial Comments The Adult Care Licensure Section conducted an	D00 G
(X5) COMPLETE DATE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DI PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	OI (AX) PREFIX TAG

If continuation sheet 1 of 21

Reviewed and Acknowledged 01-03-24

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If continuation sheet 2 of 21

	соизтвистіои	(X2) MULTIPLE BUILDING: A	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	OF CORRECTION	
		B. WING	HAL019022		
	TATE, ZIP CODE	океѕѕ, сіту, ѕ	STREET AD	PROVIDER OR SUPPLIER	I 40 3MA
	DAC	GE LAKE RO	2 CITY 260 VILLA	KY HOUSE OF SILEF	OVENT
CTION			פורבא כו		(X4) ID
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		D 283		2 5 77 1 1 1 1 1 1 1	D 283
				-There were two op	
			saword dash nasori to bad r		
			SHWOIG HODIL HOTOLL IO FOR I	on the top shelf.	
			cook on 11/29/23 at 8:25am	Interviews with the	
			n out of the boxes because all	-The food was take	
			ent ni tit ton bluow boot	the boxes of frozen freezer.	
			some of the bags were	-She did not realize	TAG D 283
			should be placed in a zip-lock	-The opened bags	
			s clip.	pag or secured with	
			etary aide on 11/29/23 at	Interview with the di	
			dinner roll package was	-He had noticed the	
			.gni	breakfast this morn	
			seal the bag.	he did not close or a	
			aled the bag closed after he	-He should have sea	
			ere were other foods exposed	-He did not know the	
				in the freezer.	
			Dietary Manager (DM) on	Interviews with the D	
			and 10:59am revealed: d in the kitchen in the past	-She had not worke	
				month.	
			Isnosted a bas (AM) abis not	-She was a medical	
			10011 3111 HO DOVIOM DRU QUO P	for the past month.	
			rounds in the kitchen in over		
			in the kitchen, she would look		
	ECTION	TATE, ZIP CODE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE	B. WING. B. WING. A11/2 CROSS-REFERENCED TO THE APPROPRIATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PERCITIENT OF DEFICIENCISE TO YOUR OWNER OF THE PROPESS, CITY, STATE, SIP CODE SON VILLAGE LAKE ROAD BOTH SON VILLAGE LAKE ROAD TO SON ON TAYOUR SON	PRODREGECTION THE CONTRECTION THE CONTRECTION THE SCHOOL STATE TO PRODUCE THE CONTRECTION TO THE SPRONDERS OTN, STATE, ZIP CODE THE SCHOOL STATE THE CODE THE SCHOOL STATE THE CODE THE CODE OF SILES CITY THE COMPANY STATEMENT OF DEFICIENCE THE CODE OF SILES CITY THE STATE THE CONTRECTION SHOULD BE SECURED BY FULL THE CODE OF STATEMENT OF DEFICIENCE THE CODE OF STATEMENT OF THE STATEMENT OF THE SPRONDRING THE CODE OF STATEMENT OF THE STA

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Division of Health Service Regulation

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		D 283	ed From page 2	Continue	D 283
			ated foods in the refrigerator and freezer, cked temperatures. not know there were open frozen bags in the kitchen frozen foods in and not leave the food in throzen foods in and not leave the food in with the Executive Director (ED) on at 11:55am revealed: Ind walk through the kitchen twice a not monitor for cleanliness. Ind monitor for cleanliness.	and cheer-She did the frees to place to place the frees the frees the frees month a frees the free free free free free free free fr	
12/1/23	ntry House of Siler City shall be a matching beutic diet menu for all cian-ordered therapeutic diets idance of food service staff.	ensun physion for gu	73F .0904(c)(7) Nutrition And Food Service 13F .0904 Nutrition And Food Service in Adult Care Homes: scility shall have a matching therapeutic scility shall have a matching therapeutic scility shall have a matching there	10A NCA (c) Menu (v) The f diet men	
12/1/23	every residents diet matches lan of care. vill give updated diet list every or the Dietary Manager to most accurate diets are anost accurate diets are	fleir p	tic diet for guidance of food service staff.	nerapeu	

					goiteline Beging Atte	aH to noi
				not correct, such as dirty	tor things that were r	
				n the kitchen, she would look	-vynen sne worked II	
					a month.	
				ounds in the kitchen in over	Our uga uor uigas i	
				and the detail and all abance	for the past month.	
				10011 all 110 paylow paul aug	for the nast month	
				she had worked on the floor	care aide (PCA) and	
				on side (AM) and a personal		
					month.	
				I in the kitchen in the past	-She had not worked	
				and 10:59am revealed:	11/29/23 at 8:15am	
				no (MD) nanager (DM) on	Interviews with the D	
					:10700 !! 0.17 . !!	
				pasodya spool jauro alam al	in the freezer.	
				the were other foods exposed	edt wond ton bib 9H-	1
				Slin ner and each and and ib	retrieved the frozen	
1				led the bag closed after he	-He should have sea	
				eal the bag.	he did not close or s	
				olls was already opened, and	The bag of dinner ro	
				.gn	breakfast this morni	
				ner rolls to served for	-He removed the din	
				er.	opened in the freeze	
				dinner roll package was	-He nad noticed the	
					10:52am revealed:	
				stary aide on 11/29/23 at	INTERVIEW WITH THE GIE	
				a clip.	bag or secured with	
				hould be placed in a zip-lock	-The opened bags s	
					obeueq.	
				some of the bags were	-She did not realize	
				-	freezer.	
				ent ni tit ton bluow boof		
				out of the boxes because all	TOTAL PONDO OFFERDERS	
				The second secon		
				ook on 11/29/23 at 8:25am	and 10:25am reveal	
				200, 00,00,77	o o qq qq; o.moj, aoqaj	
				_	on the top shelf.	
				bag of frozen hash browns	-There was an open	
				38-24	on the top shelf.	
				ened bags of frozen biscuits	- I nere were two ope	
					on the second shelf	
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			РВЕ В СИТУ, В Г В В В В В В В В В В В В В В В В В В	V 1 11/1 03C		1000
129/2023	/I.I.				ROVIDER OR SUPPLIER	AME OF
13813033 B			B. WING	HAL019022		
		-	A. BUILDING:			
G3.33	MOO		VINIO IIII V	IDENTIFICATION NUMBER:	DOLUTOLION	
NPLETED		CONSTRUCTION	77 JUL 70 M (75.4)	(X1) PROVIDER/SUPPLIER/CLIA	NT OF DEFICIENCIES OF CORRECTION	

If continuation sheet 1 of 21

STATEMENT OF DEFICIENCIES Division of Health Service Regulation

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(Xe) DATE	эллу	ПIRE	מאטרריר הרההרפראדהאוצים פופאב.	alth Service Regulation	SH to noi YAOTAR
			ed bag of frozen okra on the	11/28/23 at 9:35am r -There was an opene second shelf of the fi -There was an opene	
	meals during facility rounds. Any issues or concerns will be addressed immediately.			The findings are:	
12/4/23	DM & ED will randomly inspect sanitary conditions of kitchen and		ns and interviews the facility	failed to ensure food	
1/1/202	Current DM will be replaced to ensure accountability and responsibility of training.				
12/4/2	Ed to provide in-service to all to dietary staff of the importance of ensuring foods are closed and date marked to ensure foods are free from contamination.		or amendments, assuring and serving of food and	including subsequer	
	Coventry House of Siler City shall ensure that all food and beverage being procured, stored, prepared or served is protected from contamination.		licensed capacity of 13 or ensure food services comply 19 the Sanitation of Hospitals, 11t Care Homes and Other in 15A NCAC 18A.1300 corporated by reference,	more residents shall with Rules Governin Nursing Homes, Adi Institutions set forth	
	as a matter of compliance with State law.		94 Nutrition and Food Service and Safety in Adult Care	(a) Food Procureme	
	Statement of Deficiencies or Corrective Action Report: the plan of Correction is prepared solely	D 283	boo I bns noitintuM (S)(s)4(10A NCAC 13F.090 Service	D 283
	Response to cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or the conclusion set forth in the	D 000	nsure Section conducted an survey on November 28 and		200 G
COMPLE (X5)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DI XI7389 DAT	IDENTIFYING INFORMATION) IC IDENTIFYING INFORMATION)	(EACH DEFICIENCY OR LS	OI (X4)
		Y, NC 27344	SILER CIT	RY HOUSE OF SILER	9-11-
		GE LAKE ROA	V 1 11/1 036	ROVIDER OR SUPPLIER	
129/2023 K		B. WING	AL019022		
E SURVEY		(X2) MULTIPLE C	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IT OF DEFICIENCIES OF CORRECTION	
			The state of the s	T OF DEFICIENCIES	

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5	COMP		A. BUILDING: _	IDENTIFICATION NUMBER:	ОЕ СОВВЕСТІОИ	
5/2023	200.000		B. WING	S20610JAH		, JO JWY
			. GE ГАКЕ ВО	V 1 11/1 03G	BY HOUSE OF SILER PROVIDER OR SUPPLIER	
			Y, NC 27344	SILER CIT	RY HOUSE OF SILER	- Canada Car
(X5) COMPLETI DATE	HONED BE	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AR (YOUS)	DI XIFERIX DAT	TEMENT OF DEFICIENCIES C IDENTIFYING INFORMATION)	(EACH DEFICIENCY I	(X4) ID PREFIX TAG
12/1/23	səiq	ED will reach out to RD for co of therapeutic diet menus	96Z Q	gnidatem aved ot balis	Continued From pagreviews the facility f	96Z Q
12/15/23	SOL	Copies of textured diets, mer illustrations, and food proces		or guidance for staff for s for therapeutic diets.	therapeutic menus t residents with order	
	wen gnimoo q	instructions provided to the u Dietary Manager to in-servic Dietary Staff.		itchen on 11/28/23 at		
1/1/24		New Dietary Manger put into position		y menu and a resident diet list list board aboard \$ feet from the	10:15am revealed: -There was a weekin posted on a bulletin	
12/1/23	DM/ED will check compliance and random audits during facility rounds during meals to monitor for any concerns or needs.		kitchen.	serving table in the -The menu was date		
-sp	needs.	to monitor for any concerns or needs.		trated sweets (NCS) diet, no ets, and mechanical soft diet	receiving no concen added salt (NAS) die	
				peutic diet menu available for	entire meal with cho -There was no thera reference for the kita	
				itchen on 11/29/23 at 8:45am no therapeutic diet menu ce for the kitchen staff.	revealed there was I	
				dering guide revealed: let included soft to chew	-A mechanical soft d	
				d regular foods, except for	which allowed for mi A NCS diet included	
				ar sodas, and tea, and other in sugar. This diet was less iabetic calorie level diets.	roods that were high restrictive than the d	
				regular foods except for high in salt. Foods not salt, potato	toods that were very allowed include table	
				canned soups. Bacon or d every other day. This diet han the 2gm sodium diet.	chips, gravy, regular sausage was allowe	
				ook on 11/23/23 at 8:25am	Interviews with the co and 10:25am reveale	

овтва. Я		соизтвистіои	K2) MULTIPLE B. WING	(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	17 OF CORRECTION OF CORRECTION	NAJ9 QV
5202/62	2/11	QA(GE LAKE RC ОВЕ88, СІТУ, ВТ	SED VILLA	. KA HONSE OE SIFEK SKONIDEK OK SNBBLIEK	
370	DRRECTION		Y, NC 27344	LEMENT OF DEFICIENCIES SILER CIT	ATS YAAMMUS	(4X)
COMPLE	N SHOULD BE TAINGHE	CROSS-REFERENCED TO THE	TAG TAG	MUST BE PRECEDED BY FULL (C IDENTIFYING INFORMATION)	(EACH DEFICIENCY I	NEFIX DAT
			967 🗆		Continued From page	96Z Q
				residents with their ordered	- I here was a list of in diet on the board in	
				erapeutic menu in the kitchen.		
				therapeutic menu and did	-She had not seen a	
				srapeutic menu was.	not know what a the	
				of betafreino saw bna \$202 ylu	The kitchen by the D	
				therapeutic diets but not	the kitchen by the D-She was oriented to	
				1011 and each canada and	therapeutic menus.	
				the therapeutic diets as the	-She would prepare	
				the diet ordering guide.	Instructions listed or	
				uide was the only reference aring therapeutic diets.	she had when prepare	
				stary aide on 11/29/23 at	10:52am revealed:	
				for assisting the cook when		
					needed.	
				at a therapeutic diet menu	MSS. -He did not know Wh	
				shout a therapeutic diet		
					·nuəw	
				herapeutic diet menu in the	-He had not seen a t kitchen.	
				et ordering guide when		
				c menus.	preparing therapeuti	
				ietary Manager (DM) on	11/29/23 at 8:15am	
				and 10:59am revealed: edication side (MA) and a	-She worked as a me	
				ant (PCA) when needed.	personal care assist	
				residents who received	-She kept the list of I	
				the board in the kitchen.	therapeutic diets on t	
				uld refer to the list to see	-The kitchen staff wo	
				e on therapeutic diets.	wnich residents were	
				s we prepare for residents	were NCS, NAS and	
				the diet ordering guidelines	The staff referred to	
				rne diet ordering guidelines erapeutic diet.	Ol Dallalal lime out	

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Division of Health Service Regulation

If continuation sheet 5 of 21

(b) The program shall be designed to promote their families, and the community. residents' active involvement with each other, program of activities designed to promote the (a) Each adult care home shall develop a 10A NCAC 13F .0905 Activities Program D 315 | 10A NCAC 13F .0905 (a & b) Activities Program D 315 since she had been the ED and that was since -She did not recall having a therapeutic diet menu diets received a regular plate with 1/2 size of the mechanical soft diet received soft foods and NCS -The facility staff had been told to ensure The facility did not have a therapeutic diet menu. 11/29/23 at 11:55am revealed: Interview with the Executive Director (ED) on preparing therapeutic diets. menus in the kitchen for cooks to reference when -She did not know she needed therapeutic diet several times, and she never received the agency, but it was canceled and rescheduled -She was to be trained by the previous consulting -The Executive Director taught me what I know. available to them. 96Z Q Continued From page 5 96Z Q **DEFICIENCY**) CROSS-REFERENCED TO THE APPROPRIATE **BTAG** DAT REGULATORY OR LSC IDENTIFYING INFORMATION) **DAT** (XS) (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION ID SUMMARY STATEMENT OF DEFICIENCIES (X4) ID SILER CITY, NC 27344 COVENTRY HOUSE OF SILER CITY **300 AIFFAGE LAKE ROAD** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 11/29/2023 **TAL019022** B. WING COMPLETED A. BUILDING: IDENTIFICATION NUMBER: AND PLAN OF CORRECTION (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES Division of Health Service Regulation FORM APPROVED PRINTED: 12/21/2023

failed to develop a currant activities program, Based on observations and interviews, the facility

statement regarding the resident's capabilities. resident's physician shall be consulted to obtain a a resident's ability to participate in an activity, the against his or her will. If there is a question about require any individual to participate in any activity active involvement by all residents but is not to

This Rule is not met as evidenced by:

SURVEY PLETED		(X2) MULTIPLE CON	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	of Health Service Re nt of Deficiencies of Correction	IATEME
59/5053 남		B. WING	HAL019022		
0707/07		DRESS, CITY, STATE,		PROVIDER OR SUPPLIER	AME OF
		GE LAKE ROAD	1110	.BX HONSE OF SILER	OVENT
(X5) COMPLET DATE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHORTE	V, NC 27344 ID PREFIX TAG	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCI DENTIFYING INFORMATION)	(EACH DEFICIENCY I	OI (4X) XITERS DAT
	DELICIENCJ.)	915 0	9 96	Continued From page	D 315
			vity director, to promote		
				The findings are:	
	Job Requisition 352673860 was	`	current activities calendar	Observation of the o	
	e-posted over 85 days ago and he previous Management Company	1	t the dining room on 11/29/23	at 8:25 am revealed	
	emoved the posting with 40 applicants without any explanation	ı	groom and talking to each	hallway to the dining	
			at the activity calendar on the	other. -No resident looked	
1/31/54	SOM will retrieve all applications, setup interviews for ED to	3		wall.	
	oossibly find a qualified licensed sandidate.	0	me00:8 at 8:002m 11/29/23 at 8:00am	Interviews with 2 res revealed:	
			activities except for Bingo	They did not attend	
	Il staff that provide any forms of	7	vas not busy, residents could	but Bingo was held was held when a floor staff w	
12/1/23	ctivities or outing will document	2	wing a ball.	do exercises by thro	
	on each resident if they refuse, do not attend, or does not participate	u		busy with residents.	
	o there is no question that ctivities are taking place, until	S	ad to the outside mailbox, last	- One resident walke	
	icensed Activities Director is	i	less office staff for exercise.	Residents could have	
	ired.	u l	in hour of Bingo a week.	manicure time and a	
			re exercise with music and e no one to -manage an	- Liney would like mor	
			them.	activity program for t	
			ctor left over a year ago and	-The last activity dire	
			ne hired to replace her.	ruere has been no o	
			nal care assistant (PCA) on helped residents to have an	semitemos odw tists	
			not helping other residents.	exercise class when	
			ms00:9 at 9:00am	Interview with a PCA	
				revealed:	
			A and Activity Director for the	facility.	
			A and Activity Director for the		

		2000-201				olth Service Regulation	sion of Hes
						The findings are:	
				view, and dminister residents (#3)	n, record re: y failed to a yd for 1 of 3	This Rule is not met Based on observation interviews, the facility medication as ordere related to a medication	
	paration and edications, n-prescription, staff are according vhich are kept in d, the facility's	Coventry House of Siler City shatense brane that the preparation and administration of medications, prescription and non-prescription and treatments by staff are accort to provider orders which are kepto provider orders which are kepto procedures, and tale policies and procedures, and rule policies and procedures, and rule procedures.		seure that the of medications, n, and treatments bing practitioner dent's record; and dent's record; and	me shall as ninistration o prescription dance with: sed prescri s in the resid	Administration 10A NCAC 13F. 100 (a) An adult care ho preparation and adm prescription and non-by staff are in accord (1) orders by a licen which are maintained (2) rules in this Sect and procedures.	
	Siler City shall		D 328	noite	4(a) Medica	10A NCAC 13F. 100	D 328
			D 316	eff the facility as hired to take after the previous d an Activity ogram for on 11/29/23 at a shortage of a shortage of	onts in exercity Director I by Director I on one way vity classes ontinued the nad not hirec thactivity pro activity pro ministrator oeen withou ew. ew. ew.	Continued From pagiliked to assist resident the last Activities around 2019 to 2026 around 2019 to 2026 her place. The tried taking activities director left but discontinector left but discontinector for a current precidents since 2020 tesidents since 2020 for a since 2020 for	D 316
COMPLE COMPLE	NO OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIETE CIENCY)	(EACH CORRECTIV CROSS-REFERENCE	OI XI7∃ЯЧ ÐAT	EDED BY FULL	NUST BE PREC	ATS YAMMUS (EACH DEFICIENCY I REGULATORY OR LS	OI (X4) PREFIX TAG
			TY, NC 27344	SILER CI		KY HOUSE OF SILER	
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1/29/2023 K	-		B. WING	19022	0JAH		
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				1.	alth Service Regulation	seH to noisi
				al spray in each nostril every	21 mcg instill one nas	
				for ipratropium bromide	-There was an entry	
				-	revealed:	
				3's November 2023 eMAR	Review of Resident#	
					10/01/23 to 10/31/23	
				mort grinnom dase beretaining	riasai spray was adm	
				ntation ipratropium bromide	Jaumood Saw Siennier	
				to emit noitstration time of	8:00am.	
				sal spray in each nostril every	morning with a school	
				Spiritora rinidonardi iori	San and litani pom S	
				for ipratropium bromide		
				\I\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	revealed:	
				#3's October 2023 eMAR	Review of Resident	
				1	09/01/23 to 09/30/23	
				mort printom daea bereteining from	nasal spray was adm	
				ntation ipratropium bromide	- I yere was docume	
					8:00am.	
			duled administration time of	morning with a sche		
			sal spray in each nostril every	z imcg instill one nas		
			for ipratropium bromide	- There was an entry		
					(eMAR) revealed:	
				n administration record	(ellance medication	
			#3's September 2023	Alectronic modioation		
	Honore	turos furos es an em ta		0000 and demoting 2 2'5#	tachined to weived	
	no pangis a	by the ED to verify comp		-6ulmon	in each nostril every	
	cart audit to verify the condition of the med cart and must be signed off		21 mcg instill one nasal spray	yeve listand dae di		
	ekly QA	RCC will complete a we		101 ISDIO TIS SWA SISTIN DOING	ipratropium bromide	
	ompietion.	signed off by RCC for co		aled there was an order for	dated 10/05/23 reve	
	ag isum bu	and reviewed by RCC a		#3's signed physician orders	Review of Resident	
	scuegnie	by Med Tech per facility		:6		
	leted weekly	Cart audits will be comp		nostril every morning.	nasal spray in each	
1/1/24		111. 1.1 7 - 0		sonal allergies) instill one	21 mcg (used for sea	
	beuze gare.	to pay attention to the dis		for ipratropium bromide		
	chs will be instructed	being opened. All MT Ted			bradycardia.	
	discard days after	a list for the med cart for		ropathy, and sinus	severe obesity, neu	
	d providing	and dates to be discarde		d osteoarthritis of knees,		
	obeueq	dating of medications for		No. and the second seco	4/26/23 revealed:	
11/29/23	o Techs on	RCC will in service all Me		#3's current FL-2 dated	Review of Resident	
			000 d	2.06	Saud	
	3		D 358	8 90	Continued From page	B368
BTA D	СУ) СУ)	CROSS-REFERENCED TO	9AT	(NOUNTED IN THE INTE		1.2.000
COMPLETE	TION SHOULD BE	(EACH CORRECTIVE AC	XITER	NUST BE PRECEDED BY FULL (IDENTIFYING INFORMATION)	REGULATORY OR LS	XI3BA9 DAT
(X5)	совиестіои	PROVIDER'S PLAN OF	al	LEMENT OF DEFICIENCIES	ATS YAAMMUS	OI (4X)
			Y, NC 2734	1110	RY HOUSE OF SILER	INDACO
			GE LAKE RO	V 1 11/1 036	no 10 13 10 n Ad.	LINSKUD
		TATE, ZIP CODE	DRESS, CITY, S'	STREET ADI	PROVIDER OR SUPPLIER	NAME OF
6/2023			B. WING	S20010JAH		
			'ON HERE'S TO			
LETED			A. BUILDING:	IDENTIFICATION NUMBER:	ОЕ СОВВЕСТІОИ	NAJ9 UNA
SURVEY	TAG (X3)	E CONSTRUCTION	(X2) MULTIPLE	(X1) PROVIDER/SUPPLIER/CLIA	AT OF DEFICIENCIES	STATEME
APPROVE	LOUIN			noilation	of Health Service Re	
12/21/203						

If continuation sheet 10 of 21

		.,,,,,	68	89		NAO ₇ 3T.
				dication as ordered.	alth Service Regulation	SOM TO HOS
				dication as ordered.	administered the me	
				Resident #3 was	would last 30 days if	
				pium bromide nasal spray	One bottle of ipratro	
				and 08/15/23	05/11/23, 07/23/23 8	
				nasal spray 21 mcg on	ipratropium bromide	
				ensed one bottle of	-The pharmacy disp	
					nostril daily.	
				21 mcg one spray in each	bromide nasal spray	
				an order for ipratropium	- I he pharmacy had	
				revealed:	11/28/23 at 4:07pm	
				ntracted pharmacy on	racility's previous co	
				with the Pharmacist at the	Velephone interview	
					when needed.	
				o request the medication	Moning would fiave to	
				mide was not on cycle fill; the	The ipratropium bro	
				Secretarion dispensed (ne	medication.	
				but had not dispensed the	primord muidotistal	
			omide 21 mcg instill one spray in each nostril ety morning. The pharmacy had profiled the order for			
				unacu unacu (a.d.	every morning.	
			1	III one spray in each noctril	bromide 21 mca insti	
				an order for ipratropium	-The pharmacy had	
				Lired the facility on 10/19/23.		
					at 3:49pm revealed:	
				racted pharmacy on 11/28/23	facility's current conf	
				with the Pharmacist at the	Telephone interview	
				nount of saline in the bottle.		
				fo stab beansed date of	07/23/23.	
				adamination.	or ordaniava monare	
				r administration	solution available to	
				of ipratropium bromide nasal	-There was a bottle	
				t 10:30am revealed:	hand on 11/28/23 a	
				dent #3's medications on	Observation of Resi	
				3.	11/01/23 to 11/28/2	
				mort grinrom dase bereteinin	nasal spray was adi	
				ebimord muiqortarqi noitatna	-There was docume	
					8:00am.	
				duled administration time of	morning with a sche	
			D 328		Continued From page	B 358
	7-04	DEFICIENCY				320 0
COMPLET	3TAIR	CROSS-REFERENCED TO THE APPROP	9AT	SC IDENTIFYING INFORMATION)	REGULATORY OR LS	DAT
(X5)		(EACH CORRECTIVE ACTION SHOULT	OI NEFIX	MUST BE PRECEDED BY FULL	(EACH DEFICIENCY I	PREFIX
			TY, NC 27344	LEMENT OF DEFICIENCIES	AT2 YAAMMIJ2	OI (\$X)
		QA(GE LAKE RO	ZEO VILLA	.BA HONSE OE SI <mark>TE</mark> E	COVENT
		ATE, ZIP CODE	ркева, сіту, вт	DA T338T8	PROVIDER OR SUPPLIER	AO BWA
59/2023	200000000000000000000000000000000000000		B. WING	TAL019022		
_	- W.					
OBTBJ			A. BUILDING:	IDENTIFICATION NUMBER:	ОЕ СОВВЕСТІОИ	NAJY UNA
SURVEY	3TAG (£X)	CONSTRUCTION	(X2) MULTIPLE	(X1) PROVIDER/SUPPLIER/CLIA	AT OF DEFICIENCIES	IBMBTAT:
713/10/10					of Health Service Re	

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		į.	11:30am revealed:	(RCC) on 11/29/23 at	OH to doi:
			ident Care Coordinator	Interview with the Res	
			pium bromide that was	dispensed on 07/23/2	
			y there was still medication	orteadi to elttod edt ni	
				re-ordered.	
			ed of bebeen ebimo	notice ipratropium bro	
			ton bib bns sateb basnaqs	-She did not look at d	
				re-ordered.	
			cation that needed to be	-She looked for medic	
			ent Care Coordinator (RCC).	submit it to the Resid	
			plete an audit sheet and		
			medication carts every	Thursday.	
			red.	administered as orde	
			only lasted 30 days if	ipratropium bromide	
			n cart if the bottle of	still on the medicatio	
			dispensed on 07/23/23	pratropium bromide	
			ny there was a bottle of	-She did not know wi	
			OJ ADILLIOJE LUDIGO DRIJ	Resident #3 daily.	
			evealed: ratropium bromide to	1 N/29/23 at 8:26am in the parallim in the parallim because and a second contract of the parallim because a second contract of the p	
			mo (AM) aide (AA)	Interview with a med	
			or her allergies	days she received o -The inhalers were fo	
			emos bns shelers and some	days she received o	
			r two inhalers.	-She had an order fo	
				Levealed:	
			mq00:1 1s 62\82\11 no 8# Ine	Interview with Resid	
				11/28/23	
			sident #3 from 09/23/23 to	administration to Re	
			bromide dispensed for	enough ipratropium	
			there would not have been	medication on hand,	
			s, record reviews, and	Based on interviews	
			v since 8/15/23.	bromide nasal spray	
			muiqortarqi bəanəqaib ton	-The pharmacy had	
		B358	01 ag	Continued From page	D 328
3TAQ	DEFICIENCY)	XXXXXX			-
(X5)	PROVIDER'S PLAN OF CORRECTION SACH CORRECTIVE ACTION SHOULD BE SAS-REFERENCED TO THE APPROPRIATE	DI XITERX D DAT	TEMENT OF DEFICIENCIES NUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	(EVCH DEFICIENCY I	(X4) ID PREFIX TAG
		Y, NC 27344	SILER CIT		
	3000	GE LAKE ROAD		TRY HOUSE OF SILER	
59/2023		DRESS, CITY, STATE, 3	JUA TJJATS	PROVIDER OR SUPPLIER	NAME OF
8013033		B. WING	HAL019022		
	COWE	A. BUILDING:	NEGINON NO		
OBTBJ			IDENTIFICATION NUMBER:	NOUS TO LOS	
SURVEY	(X3) DATE	(X2) MULTIPLE CONS	(X1) PROVIDER/SUPPLIER/CLIA	N OF CORRECTION	MAJA DNA

(j) The resident's medication administration 10A NCAC 13F . 1004 Medication Administration accurate for med administration. Ensure the resident's MAR be Administration Coventry House of Siler City shall 79E a D 367 10A NCAC 13F .1004(j) Medication and re-ordered. if the medication should have been administered The staff did not look at dispensed dates to see removing expired medications. the eMAR were on the medication cart and The staff should be ensuring the medications on the medication sides (MA) and the RCC monthly. -Medication carts were audited twice a month by The MA should re-order the medication monthly. -The MA should administer the medication as 11/29/23 at 11:55am revealed: Interview with the Executive Director (ED) on -She would audit the medication carts monthly. cart audit. would have after they completed the medication -She would follow up on any concerns the MA administration. on the medication cart and available for ensured all medications listed on the eMAR were -The MAs looked for expired medications and The MAs audited the medication carts weekly. of 2023. bromide in September, October, and November The staff should have re-ordered ipratropium would last 30 days. -She did not know a bottle of ipratropium bromide been re-ordered once a month. -The bottle of ipratropium bromide should have dispensed on 07/23/23. bromide was on the medication cart since it was -She did not know why the bottle of ipratropium D 358 Continued From page 11 89E Q DEFICIENCY) DATE CROSS-REFERENCED TO THE APPROPRIATE DAT йЕЕОLLАТОRY ОR LSC IDENTIFYING INFORMATION) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE DAT **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION ID SUMMARY STATEMENT OF DEFICIENCIES (X4) ID SILER CITY, NC 27344 COVENTRY HOUSE OF SILER CITY **260 VILLAGE LAKE ROAD** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 11/29/2023 HAL019022 B. WING A. BUILDING: COMPLETED IDENTIFICATION NUMBER: (X3) DATE SURVEY AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES Division of Health Service Regulation FORM APPROVED

If continuation sheet 13 of 21

1					aled an order for Miralax	dated 10/05/23 revea)
					3's signed physician orders	Review of Resident#	
					nces of fluid daily.	constipation) in 8 our	
					for Miralax 17gms (used for	There was an order	
l .						pradycardia.	
1					suris bra viteds,	severe obesity, neur	
					osteoarthritis of knees,	4/26/23 revealed: -Diagnoses included	
					3's current FL-2 dated	Review of Resident	
						The findings are:	
					constibation.	medication used for	
					ents (#3) related to a	1 of 3 sampled resid	
					on administration records for	accuracy of medicati	
					y failed to ensure the	interviews, the facilit	
					as evidenced by: n, record review, and	This Rule is not met opposed	
						tear tea of alua sidT	
					(AAM) b	administration record	
					intained with the medication	documented and ma	
					atment. If initials are used, a to those initials is to be	Signature equivalent	
					the person administering	(b) name or initials of the	
					etusals; and,	owission, including i	
					ments and the reason for the	medications or treat	
					f any omission of	(6) date and time of (7) documentation o	
					sulting effect on the resident;	documenting the res	
					ments as needed (PRN) and	medications or treat	
					ation for the administration of	(5) reason or justific	
	1	order to be PRN	refusals, and request		HOUSTING IN BUILDING	or treatment;	
		ady se of the	reach out to the PCP		dministering the medication	administered; (4) instructions for a	
	lliw O	hropeny h comments, RC	on the importance of marking the MAR with		age or quantity of medication	(3) strength and dos	
		Il also in-service	medications. RCC wi		lication or treatment order;	(2) name of the med	
		t, or change	PCP to clarify, adjust			(1) resident's name;	
11/2/23			RCC will in-service s importance of followi		oe accurate and include the	following:	
				Z9E a		Continued From page	49E G
		-ICIENCX)					
COMPLETE DATE	BE C	JUOHS NOITOA BV GORAGA BHT OT GE	CROSS-REFERENCE	XITERIX DAT	C IDENTIFYING INFORMATION)	REGULATORY OR LS	9AT
(SX)		AN OF CORRECTIO		ID	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	SUMMARY STA' (EACH DEFICIENCY I	(X4) ID PREFIX
				Y, NC 2734	SILER CIT		
				GE LAKE R	V 1 11/1 000	.KA HONSE OE SIFEK	
ATATIA			STATE, ZIP CODE	DRESS, CITY, S	JOA T338T8	PROVIDER OR SUPPLIER	I 40 BMAN
3\S0S3				B. WING	HAL019022		
CETED	HMOO			A. BUILDING:	N. C.	9432-170	
	STAG (EX)		е соизтвистіои	Paramateur Comment	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	OF CORRECTION OF CORRECTION	NAJ9 GNA
APPROVED.		8				of Health Service Re	noisivia
: 12/21/2023	PRINTED						

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MAO₃ STATS

Division of Health Service Regulation

SILER CITY, NC 27344 COVENTRY HOUSE OF SILER CITY **260 VILLAGE LAKE ROAD** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 11/29/2023 HAL019022 B. WING Я A. BUILDING: COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES Division of Health Service Regulation **FORM APPROVED** PRINTED: 12/21/2023

		Ith Service Regulation	seH to noisivi
		I he pharmacy had an order for Miralax 17gms in	
		The pharmacy acquired the facility on 10/19/23.	
		at 3:49pm revealed:	
		facility's current contracted pharmacy on 11/28/23	
		Telephone interview with the Pharmacist at the	
		08/23/23 available for administration.	
		% bottle of Miralax powder dispensed on	
		hand on 11/28/23 at 2:17pm revealed there was	
		Observation of Resident #3's medications on	
		11/28/23.	
		administered each morning from 11/01/23 to	
		-There was documentation Miralax was	
		8:00am.	
		ounces of fluid daily with an administration time of	
		-There was an entry for Miralax 17gms in 8	
		revealed:	
		Review of Resident #3's November 2023 eMAR	
		10/31/23	
		administered each morning from 10/01/23 to	
		-There was documentation Miralax was	
		8:00am.	
		ounces of fluid daily with an administration time of	
		-There was an entry for Miralax 17gms in 8	
		revealed:	
		Review of Resident #3's October 2023 eMAR	
		09/30/23	
		administered each morning from 09/01/23 to	
		-There was documentation Miralax was	
		8:00am.	
		ounces of fluid daily with an administration time of	
		-There was an entry for Miralax 17gms in 8	
		(eMAR) revealed:	
		electronic medication administration record	
		Review of Resident #3's September 2023	
		1 /gms in 8 ounces of fluid daily.	
	79E a	Continued From page 13	100.5
1,	200 0	Continued Erom page 13	Z9E (I
CROSS-REFERENCED TO THE APPROPRIETE DEFICIENCY)	ÐAT	(NOUNANIO INI ONI INI INI	01200-78
(EACH CORRECTIVE ACTION SHOULD BE COMPLETE	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTFYING INFORMATION)	XITERIX DAT
PROVIDER'S PLAN OF CORRECTION (X5)	al	SUMMARY STATEMENT OF DEFICIENCIES	OI (4X)

						E FORM
				SE 01 XEIR IIII au 6 III Guard	Ith Service Regulation	on of Hea
				changing the Miralax to as	Provider (PCP) about	
				with the Primary Care	-She had not spoken	
				correctly on the eMAR.		
				201413 1101111111111111111111111111111111	weekly.	
				sk for the medication twice	-Resident #3 would a	
				emit of the time.	refused the medication	
				reduled Miralax daily but she	-Resident #3 was sch	
				evealed:	11/29/23 at 8:26am r	
				mo (AM) ebis noitso	Interview with a medi	
				:uonadaouse		
				y problem with constipation.	-She did not have an	
				very day.	she did not need it er	
	ì			take it every day, because	-She did not want to t	
				eded the medication.	Miralax when she ne	
				nedication aids (MA) for	-She would ask the n	
					revealed:	
				mq00:1 1s 62\82\11 no 8# Ine	Interview with Reside	
				stered 17gms daily.	resident was adminis	
				and his age 30 days if the	-One bottle of Mirala.	
				.6	ruat was on 08/23/23	
				dispensed Miralax once, and	- Lue bustuscy nad o	
				s of fluid every daily.	Olams in 8 ounce	
				asw xels iM to noistration of Miralax was	- The directions for ac	
					Miralax on 08/23/23.	
				ensed a 510gm bottle of	Mirelay on 08/22/22	
				3 - 144 - 4 - 110 () 5 0 postio		
				ped servicing the facility	mid-October 2023.	
				Doed servicing the feeility	The pharmacy ston.	
				revealed.	11/28/23 at 4:07pm	
				ntracted pharmacy on	facility's previous co	
				with the Pharmacist at the	Weivre interview	
				y changed to this pharmacy.	שונכת פונוכב נוגב ומכווונ	
				ad of requested Miralax to be	tilinet and and and the facilit	
				ad at velesiM betselles for b	needed. -The facility staff had-	
				set the medication when	Moded Have to Ledue	
				of on cycle fill; the facility	Would have to regul	
				The medication.	The Miralay was no.	
				profiled the Miralax order but	had not dispensed t	
				vlie	8 ounces of water da	
			79£ 🗆	∌l 9g	Continued From page	79E a
HAQ	ENCY)	DEFICIE	011			
COMPLE	FO THE APPROPRIATE	(EACH CORRECTIVE, CROSS-REFERENCED	XITAR DAT	C IDENTIFYING INFORMATION)	REGULATORY OR LS	DAT
(SX)	OF CORRECTION	PROVIDER'S PLAN	DDEEIX	MUST BE PRECEDED BY FULL	EACH DEFICIENCY N	OI (X4)
			TY, NC 27344	SILER CI		
			GE LAKE RO	1 11/1 030	.KA HONSE OE <mark>SI</mark> FEK	
000000		TATE, ZIP CODE	овеѕѕ, сіту, ѕт	DA TEET AD	PROVIDER OR SUPPLIER	40 BMAN
59/2023	14/1000 Mg		B. WING	SZ0610JAH		
			:ONIGE: CE			
OBTBJ			A. BUILDING:	IDENTIFICATION NUMBER:	ОЕ СОВВЕСТІОИ	NAJY UNA
	TAC (EX)	CONSTRUCTION	ELIPLE (X2) MULTIPLE	(X1) PROVIDER/SUPPLIER/CLIA	AT OF DEFICIENCIES	STATEME
SURVEY					of Health Service Re	

						anitelune Regulation	sell to nois
	ported	ants are rep	Coventry of Siler City incidents and accide to the county Dept. o	l9≠ 0	ve documented refused id not take the Miralax. The Mere documenting ding the Miralax daily when any the Miralax twice a week. The Miralax twice as week. The medication, the to document on the eMAR to document on the eMAR.	(RCC) on 11/29/23 -Resident #3 would orderedResident #3 would to her by the MAsThe MAs stopped of the more than the should had be sident #3 was taken hen Resident #3 was taken hen Resident #3 was taken hen Resident #3 was taken hen reschent #3 was taken hen reschent #3 was taken hen reschent #3 was taken hen reschen hen reschen hen reschen hen reschen her hen reschen her hen reschen her hen her hen reschen her hen reschen her hen reschen her hen reschen her hen her hen her hen her hen hen her hen hen reschen hen reschen hen reschen hen hen hen hen hen hen hen hen hen	
				100 G	01.06	needed.	
		:ICIENCA)	130	79£ G	G1 90	Continued From page	D 367
COMPLETE COMPLETE	HOULD BE	S NOITOA SVI FA SHT OT GE	PROVIDER'S PI (EACH CORRECTI CROSS-REFERENCI DEI	OI XITERIX DAT	TEMENT OF DEFICIENCIES BY FULL (IDENTIFYING INFORMATION)	(EACH DEFICIENCY I	OI (\$X) PREFIX DAT
				TY, NC 2734	SILER CIT	LRY HOUSE OF SILER	
			STATE, ZIP CODE	IGE FAKE B	V 1 11/1 03C		
129/2023	'LL		212 32410			PROVIDER OR SUPPLIER	40 aman
				B. WING	S20610JAH		
Я							

Ith Service Regulation					
rated 11/10/23 revea	led:				
# tnebiseR to weiveF	Agemmis tisiv 19ths 2'S				
11/11/23 at 7:38am.					
The report indicated	DSS was notified via fax on				
(POA) were notified	ish and Power of Attorney				
Coordinator (RCC).					
- I ne report was signe	ed by the Resident Care				
- I he MA cleaned and	bandaged the wound				
Resident #2's head v	was bleeding.	į			
Joi 25W 2# mabisa71-	AM eny tine by				
noor.					
-Resident #2 was fou	end in her old room on the				
by the medication all	(AM) 9b				
-Incident/injury report	t Was completed at 12:00am				
Review of Resident #	toger secident/injury report				
-Kesident #2 was an	nbulatory.				
nypertension, and vi	tamin D deficiency.				
neuropathy, hypothy	roidism, neuropathy				
	aciasarab s'aemieds/A				
1. Review of Resider	nt #2's current FL-2 dated				
The findings are:					
aug #5).	#2000000 and #2				
medical evaluation i	or 3 of 3 residents (#2, #4,				
incidents/accidents	that required emergency				
Department of Social	by Services (DSS) of				
based on observating	on, record review, and				
This Rule is not me	t as evidenced by:				
evaluation, nospitali	ization, or medical treatment				
20 80 20 100 100 100 100 100 100 100 100 100		D 421			
REGULATORY OR LS	C IDENTIFYING INFORMATION)	9AT	CROSS-REFERENCED TO THE APPRIC	LD BE COMPLE DATE	
(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	al	PROVIDER'S PLAN OF CORRECT	, ,	
LKY HOUSE OF SILER					
	HAL019022	B. WING		11/29/2023	
		V. BULDING:		OOMPLETED	
и ое соврестіои	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	PROVIDER OR SUPPLIER SUMMARY STA SUMMARY STA (EACH DEFICIENCY OR LE RECULATORY OR LE RECULATORY OR LE CONTINUED From pa evaluation, hospitall devaluation, hospitall Department of Social Incidents/accidents Incidents/accidents Incidents/accidents ANSSI The findings are: Incidents/accidents Incidents/accidents ANSSI The findings are: Incidents/accidents ANSSI Teves and #5) ANSSI Teves Assident #2 was sin floor. Resident #2 was four floor. Albertension, and vi Resident #2 was four Albort. Resident #2 was four Albort. Goordinator (RCC) -Resident #2 was four floor. The medication aid Assident #3 was four Resident #3 was four floor. The report was signed Assident #3 was four floor. The report was signed The report indicated and Coordinator (RCC). The report indicated Alvin Said 7:38 am. Review of Resident #3 Review of Resident #3 Alvin J\23 at 7:38 am. Acview of Resident #3 Acview of Resident #3 Acview of Resident #3 Acview of Resident #3 Acview of Accident #3 Acview of Resident #3	HALO19022 PROVIDER OR SUPPLIER TRY HOUSE OF SILER CITY SUMMARY STATEMENT OF DEFICIENCIES CEACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) This Rule is not met as evidenced by: evaluation, hospitalization, or medical treatment of bear of social Services (DSS) of interviews, the facility failed to notify the County or Residents and vitamin D deficiency. J. Review of Resident #2's accident/injury report was completed at 12:00am hypertension, and vitamin D deficiency. Review of Resident #2's accident/injury report was found by the MA. Resident #2 was found by the MA. Resident #2 was found by the MA. Resident #2 was found by the MA. Resident #2's a bysician and Power of Attorney floor. The report was signed by the Resident Care Goodninator (RCC). The report was regined by the Resident Care Growinstor (RCC). The report was regined by the Resident Care The report was signed by the Resident Care Resident #2's physician and Power of Attorney Review of Resident #2's after visit summary Review of Resident #2's after visit summary	PROVIDER OR SUPPLIER TRY HOUSE OF SILER CITY, INC. STREET ADDRESS, CITY, ST. SILE CITY, INC. STAGE SUMMARY STATEMENT OF DEFICIENCIES CENCH DEFICIENCY WIST BE PRECEDED BY FULL SEGULATORY OR LSC IDENTIFYING INFORMATION) This Rule is not met as evidenced by: Other than first sid. The fludings are: Incident's acident that required emergency Popartment of Social Services (DSS) of Incident's acident that required emergency Incident's acident that required emergency Incident's acident that required emergency A. Review of Resident #2's current FL-2 dated Incident's acident that required emergency Incident's acident that required emergency Incident's acident that required emergency A. Review of Resident #2's accident/inty report Incident's acident #2's accident/inty report A. Review of Resident #2's accident/inty report A. Review of Resident #2's accident/inty report Resident #2's head was found in her old room on the Resident #2's head was found in her old room on the Resident #3's head was found in her old room on the Resident #3's head was found by the MA. The report was signed by the Resident Come The report was found in her old room on the Review of Resident #3's head was bleeding. The report was signed by the Resident Come The report was signed t	PROVIDER OR SUPPLIER THE HOUSE OF SLEER CITY SECULLEGORY OR SUPPLIER SECULLEGORY OR LEG DEFINITION OF PERCENDED BY THE APPROPERSO, CITY, STATE, STROMEN OF CORRECTIVE AND O	

				#4's care plan dated 09/29/23	Review of Resident # revealed Resident #4	
				dent (CVA).	09/28/23 revealed di dementia, hypertens cerebrovascular acci	
				with the Executive Director	Refer to the interviev on 11/29/23 at 12:14	
				v with the RCC on 11/29/23	Refer to the interview at 12:15pm.	
EZ/6Z/11	i bns bəv	RCC will ensure reports are a confirmation report received to the first to the firs		Iult Home Specialist (AHS) of 1/29/23 at 12:05pm revealed ncident reports for Resident ated 11/10/23 or from the irred 11/10/23 that required to the head wound.	The county DSS on 1 she did not receive i #2 for the ED visit da	
11/29/23	bətəlqmo	RCC will educate staff that incident report should be con every accident no matter minor the injury.		injury report on 11/28/23 from securred on 11/10/23 was not eview.	Requested incidently that of the second fall that of made available for n	
				/aluated for a fall.	revealed: -Resident #2 was ev	
				#2's emergency department previous fall on 11/10/23	Review of Resident:	
				scharged back to the facility emove the staples in 5-7	wound. -Resident #2 was di	
				bead at to the head	a fall.	
			L9 + a	een for a head laceration after	Continued From pag-Resident #2 was se	
	(AC	DEFICIENC	D AEA	21 00	Continued From pay	19t a
(X5) COMPLET DATE	TION SHOULD BE	PROVIDER'S PLAN OP OCH CALL OF PLAN OF CALL OF	OI XI73A9 ĐAT	TEMENT OF DEFICIENCIES NUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	(EACH DEFICIENCY I	OI (\$X) PREFIX TAG
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		TATE, ZIP CODE	овева, сіту, а	STREET ADI	вколірев ов зивриев	I 40 BMAI
S9/2023 남	/11		B, WING	HAL019022		
E SURVEY		E CONSTRUCTION	(X2) MULTIPL A. BUILDING:	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	NT OF DEFICIENCIES OF CORRECTION	13M3TAT
OS\12\21\20 1APPROVE				noijelug	of Health Service Re	noisiviC

ION (X3) DATE SURVEY COMPLETED		Е СОИЅТВИСТІОИ	PRODUCED CONTRACTOR OF THE PROPERTY OF THE PRO	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Division of Health Service Regardates AND PLAN OF CORRECTION	
36/2023 3	4		A. BUILDING:	HAL019022	334,1044	
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(X5) COMPLE DATE	38 (PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	TY, NC 2734. ID PREFIX TAG	TEMENT OF DEFICIENCIES SC IDENTIFYING INFORMATION)	(EACH DEFICIENCY	(X4) ID PREFIX TAG
	9.7.00	DELICIENCY	197 0	ge 18	Continued From pa	19t a
				#4's accident/injury report	Review of Resident	
				vd me00:3 is betsitini saw ho	dated 09/14/23 reversed of the confinition of the c	
				AN) and completed by the	a medication aide (I Resident Care Coor	
				ninator (ACC). United Iying on the floor in her	-Resident #4 was fo	
				ood from a cut above her left	TOON.	
				onsible party was notified.	eye.	
				ant to the Emergency	-Kesident #4 was se	
					Department (ED).	
				port dated 09/14/23 revealed: sluated for a fall.	-Kesident #4 was ev	
				aceration to her scalp above	-Resident #4 had a la her left eye and rece	
				1		
				lult Home Specialist (AHS) of Solving Solving (DSS)	me county Departme	
				ton bib and baleaver mgg	OU 11/58/53 91 17:06	
				injury for Resident #4's fall ancy care in September 2023.	that required emerge	
				with the RCC on 11/29/23	Refer to the interview	
					mdci :zi nbm.	
				with the Executive Director	Refer to the interview on 11/29/23 at 12:14	
				of #5's current FL-2 dated		
				agnoses that included	JIT 9/23 revealed dis)
				rellitus type 2, depression	and hypertension.	
				2,2 care plan dated 07/18/23	# tnebiseR to weive?	4
				ambulated with a walker.	evealed Resident #5	ı
				5's accident/injury dated	Seview of Resident#9 0/22/23 revealed:	4

			doitelupe Requisition	TOTAL GO
		recount w	01110 0 0 1 11 1 1 1 1 1 1 1 1 1 1 1 1	
		il address	have the AHS's ema	
		tea bib tud attores edt lieme		
		ts for Kesident#'s 2, 4, and	geenement in abou	
		oninmation of the	accident/injury repor	
		1ax was sent.	She did not bave oc	
		a not have a way to receive	- THE TAX MACHINE CIL	
		XET BIY.	-Sne sent the report	
		e report within 24 hours.	-She usually sent the	
		the AHS,	medical attention to	
		ts that required emergency	accident/injury repor	
		le for sending the	-She was responsib	
		uido: :=:	revealed:	
		mgd1:21 1s 82/82/11 no 00	Interview with the Ro	
		mq4	on 11/29/23 at 12:1	
		w with the Executive Director	Refer to the intervier	
		on 11/29/23 at 12:15nm	Coordinator (RCC)	
		ease 2 trabises Best fliw w		
		IBUDIO III BIBO (OLIOSIO)	2023.	
		S.G. LIGHT I CHOLLINI RESIDENT #50.5	me heritiner tedt list	
		pin in revealed ane did not	receive an accident	
		ent of Social Services (DSS)	on 11/29/23 at 12:0	
		to (SHA) silsised Specialist (AHS) of	A ent hiw weivren	
			.gnigemi	
		tures identified through	- I nere were rib frac	
		valuated for a fall.	-Kesident #5 was e	
		10/22/23 revealed:		
		#5's ED report dated	Review of Resident	
			Department (ED).	
		ent to the Emergency	-Kesident #5 was s	
		onsible party was notified.	-Kesident#5's resp	
		ained of rib and shoulder pain.	-Resident #5 compl	
		ound on the floor on her back.	-Resident #5 was fo	
		ide (AM)	by the medication a	
		mana to the held at 10.50 must man at 10.50 must man at 10.50 must man at 10.50 must man at 10.50 must must must man at 10.50 must must must must must must must must	-Accident/injury rep	
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(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	XI7379 DAT	SC IDENTIFYING INFORMATION)	REGULATORY OR L	9AT
PROVIDER'S PLAN OF CORRECTION	al	TEMENT OF DEFICIENCIES	ATS YAAMMUS YOMAIOIAAA HOAA)	OI (X4) PREFIX
C)	Y, NC 27344		LEY HOUSE OF SILE!	OVENT
	DRESS, CITY, STA'	V 1 11/1 000	PROVIDER OR SUPPLIER	
				70 7000
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TE, ZIP CODE	B. WING	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	of Health Service Re nt of Deficiencies of correction	IAMATAT
	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIETE	PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	MUST BE PRECEDED BY FULL TO SECTION OF THE APPROPRIATE THE AP	REGULATOR WAST BE PRECEDED BY FULL CHACH DEFICIENCY MAST BE PRECEDED BY FULL CHACH DEFICIENCY MAST BE PRECEDED BY FULL Accident/injury report was completed at 10:50pm Pesident #5 complained of inb and shoulder pain. Resident #5 was sent to the Emergency Resident #5 was evaluated for a fall. Interview with the Adult Home Specialist (AHS) of the county Department of Social Services (DSS) Interview with the Adult Home Specialist (AHS) of the county Department of Social Services (DSS) Interview with the Reductor are in October Social Services (DSS) Refer to the interview with the Resident #5's Refer to the interview with the Resident Care in October Coordinator (RCC) on 11/29/23 at 12:15pm. Refer to the interview with the Executive Director Refer to the interview with the Executive Director

If continuation sheet 21 of 21

the AHS of the county DSS office. there was no evidence the report was received by -She understood if there was no confirmation, reports sent. -She did not know how to get confirmation of the -The RCC was responsible for sending the be sent to the AHS at the county DSS. that required emergency medical care needed to -She was aware that reports of accidentinjuries at 12:45pm revealed: Interview with the Executive Director on 11/29/23 D 451 Continued From page 20 19t a **DEFICIENCY**) CROSS-REFERENCED TO THE APPROPRIATE DATE **DAT** REGULATORY OR LSC IDENTIFYING INFORMATION) **DAT** COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (SX) PROVIDER'S PLAN OF CORRECTION ID SUMMARY STATEMENT OF DEFICIENCIES OI (4X) SILER CITY, NC 27344 COVENTRY HOUSE OF SILER CITY **360 VILLAGE LAKE ROAD** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 11/29/2023 **HAL019022** B. WING A. BUILDING: COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA Division of Health Service Regulation FORM APPROVED

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Division of Health Service Regulation