Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	**1205 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 The Adult Care Licensure Section conducted an annual survey from 03/03/24 to 03/05/24.	D 000		
D 113	10A NCAC 13F .0311(d) Other Requirements 10A NCAC 13F .0311 Other Requirements (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This rule applies to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure hot water temperatures were maintained between 100 and 116 degrees Fahrenheit (F) with fluctuating temperatures ranging between 98 and 122 degrees F. The findings are: Review of the facility's environmental health inspection report dated 12/08/23 revealed: -The facility's score was 96 with 4 total demerits. -There were 1.5 demerits for hot water temperatures ranging 97 degrees Fahrenheit (F) on one side of the building and 127 degrees F on the other side of the building. Observation of hot water temperatures on the 200 hall on 04/03/24 between 9:36am and 9:54am revealed: -The water from the bathroom sink in resident room 211 was 118 degrees F. -The water from the bathroom sink in resident	D 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 113		D 113		

Continued From page 1

room 201 was 98 degrees F.

Interview with a personal care aide (PCA) on 04/03/24 at 10:00am revealed:
-The hot water temperatures fluctuated from room to room.
-Some rooms took a long time to get hot and some rooms were just too hot.
-Maintenance was responsible for checking and regulating hot water temperatures.

Observation of the bathroom sink hot water temperature in resident room 211 on 04/03/24 at 11:29am revealed the water was 122.4 degrees F.

Interview with maintenance staff on 04/03/24 at 11:40am revealed:
-He did not have a thermometer to measure the hot water temperatures.
-He broke his thermometer by dropping it but could not remember when that happened.
-The Administrator knew his thermometer was broken and ordered a new one.
-He could feel the hot water from the bathroom sink in resident room 211 was too hot.
-He had turned up the thermostat that morning because the hot water temperatures were in the 80's on the 300 hall.
-The facility had two hot water tanks for the 200 and 300 halls, and a third hot water tank for the 400 hall and the kitchen.
-There were problems with regulating hot water temperatures since work was started on a mixing valve and the sprinkler system.
-He checked hot water temperatures weekly but when the temperatures were not right, he did not bother with checking because he had too many other things to do.
-Most of the time the hot water was not warm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 113 — Continued From page 2 — D 113

enough.
-He told staff and residents to let the hot water run to warm up especially in the colder months.

Interview with the Administrator on 04/03/24 at 11:46am revealed:
-The previous facility management company had replaced one mixing valve prior to January 2024.
-The facility management company changed as of 01/01/24 and with that change was a change in all vendors including repairs.
-A second mixing valve was needed, and a new vendor had started within the last few weeks.
-The new vendor was working on the sprinkler system, and she thought they also worked on hot water repairs.
-Maintenance had a thermometer but he dropped and broke it today (04/03/24).
-She was responsible for reviewing hot water logs to ensure hot water was maintained between 100 and 116 degrees F to prevent burns.
-She did not always review the hot water logs and could not remember when she last looked at them.

Upon request on 04/03/24, the facility's hot water monitoring forms from 01/01/24 through 04/03/24, were not provided for review.

D 273 — 10A NCAC 13F .0902(b) Health Care — D 273

10A NCAC 13F .0902 Health Care
(b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure notification to the primary

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 273	Continued From page 3	D 273		

care provider (PCP) for 1 of 5 sampled residents (#1) for 7 elevated blood pressure results in March 2024.

The findings are:

Review of Resident #1's current FL-2 dated 03/29/24 revealed diagnoses included clostridium difficile (C-Diff) colitis, hypertension, acute metabolic encephalopathy, and stage IV chronic kidney disease.

Review of Resident #1's primary care provider (PCP) order dated 11/07/23 revealed there was an order to check vital signs daily for 10 days, call the PCP for systolic blood pressure greater than 140 or less than 90, and diastolic blood pressure greater than 90 or less than 55.

Review of Resident #1's FL-2 dated 02/03/24 revealed an order for metoprolol 25mg twice daily. (Metoprolol is used to treat hypertension.)

Review of Resident #1's March 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for metoprolol 25mg twice daily at 8:00am and 8:00pm; hold for systolic blood pressure less than 100 or heart rate less than 55.
-There were 36 blood pressure results documented and 7 systolic blood pressures greater than 150.
-On 03/15/24 at 8:00pm the blood pressure was 172/94.
-On 03/16/24 at 8:00am the blood pressure was 156/80.
-On 03/19/24 at 8:00am the blood pressure was 152/79.
-On 03/21/24 at 8:00pm the blood pressure was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 273	Continued From page 4	D 273		

154/83.
-On 03/22/24 at 8:00pm the blood pressure was 152/75.
-On 03/23/24 at 8:00pm the blood pressure was 152/74.
-On 03/24/24 at 8:00am the blood pressure was 155/84.
-There was no documentation the PCP was notified.

Upon request on 04/03/24 and 04/04/24, Resident #1's progress notes were not provided for review.

Review of Resident #1's PCP electronic communication system record dated 02/06/24 to 03/25/24 revealed there was no documentation staff contacted the PCP about the elevated blood pressure results.

Telephone interview with Resident #1's PCP on 04/04/24 at 4:40pm revealed:
-Staff had notified her once or twice of elevated blood pressures for Resident #1.
-She told staff and expected staff to notify her for systolic blood pressures greater than 150.
-She did not remember staff reporting Resident #1's blood pressure was 172/94 on 03/15/24.
-There would have been an electronic record of any staff notifications through the online portal.
-Staff were able to contact her or her office's on-call provider through the online portal 24 hours a day/7 days a week.
-Notifications from staff were received and addressed immediately in real time.
-There was an electronic record of all notifications from staff.

Interview with the Resident Care Coordinator (RCC) on 04/05/24 at 11:15am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 273	Continued From page 5	D 273		

-She did not implement documentation on paper progress notes for PCP notifications, changes in condition, abnormal vital signs, and falls.
-The medication aide (MA) should have reported the systolic blood pressures greater than 150 to the PCP.
-She and MAs utilized the PCP's online portal for notifications to the PCP.
-MAs normally notified her via text messages.
-There was a staff communication board on the wall in the medication room that she and MAs updated.

Interview with the Administrator on 04/05/24 at 4:00pm revealed:
-MAs were responsible for notifying the PCP for elevated blood pressure results.
-The PCP was probably notified through the online portal.
-MAs were responsible for documenting notifications to and contacting the PCP.
-Certain functions for the new electronic charting system were not set up yet, including care notes.
-She had not instructed staff on using paper documentation for required documentation such as PCP notifications and care notes.

Upon request on 04/04/24 and 04/05/24, a contact number for the MA who documented Resident #1's 03/15/24 blood pressure result of 172/94 was not provided.

D 274 | 10A NCAC 13F .0902(c)(1) Health Care | D 274

10A NCAC 13F .0902 Health Care
(c) The facility shall assure documentation of the following in the resident's record:
(1) facility contacts with the resident's physician, physician service, other licensed health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 274		D 274		

Continued From page 6

professional, including mental health professional, when illnesses or accidents occur and any other facility contacts with a physician or licensed health professional regarding resident care;

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to ensure notifications to the primary care provider (PCP) for changes in condition, falls, hospitalizations, and elevated blood pressure results for 1 of 5 sampled residents (#1) were documented in the resident's record.

The findings are:

Review of Resident #1's current FL-2 dated 03/29/24 revealed diagnoses included clostridium difficile (C-Diff) colitis, hypertension, acute metabolic encephalopathy, and stage IV chronic kidney disease.

Review of Resident #1's Resident Register revealed the resident was admitted to the facility on 06/07/23.

Interview with a medication aide (MA) on 04/03/24 at 9:12am revealed:
-Resident #1 required two staff for transfer and toileting assistance due to recent falls.
-Resident #1 had weakness some days and none on other days.
-Resident #1's falls were related to urinary tract infections (UTIs) and other infections that would not go away.

Review of Resident #1's infectious disease

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ___ B. WING ___	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 274	Continued From page 7	D 274		

consult dated 03/26/24 revealed:
-Resident #1 was admitted to the hospital on 03/25/24 for diarrhea, dehydration, and metabolic encephalopathy (an acute brain dysfunction).
-Resident #1 had previous hospitalizations on 01/22/24 for ureteral stones, 02/01/24 for a fungal UTI, and late February 2024 for UTI and extended spectrum beta lactamases (ESBL) producing klebsiella pnuemoniae (ESBL are produced by bacteria and are resistant to penicillin and cephalosporin antibiotics.)

Review of Resident #1's hospital record dated 03/25/24 - 03/29/24 revealed the resident presented to the hospital with existing redness and excoriation on her sacral area.

Upon request on 04/03/24 and 04/04/24, Resident #1's electronic progress notes for the review period of 01/01/24 - 04/03/24, were not provided for review.

Review of Resident #1's record revealed there were no handwritten progress notes documenting falls, wounds, hospitalizations, and primary care provider (PCP) notifications.

Review of Resident #1's March 2024 electronic medication administration record (eMAR) revealed:
-There were 36 blood pressure results documented and 7 systolic blood pressures greater than 150.
-There was no documentation the PCP was notified about the elevated blood pressure results.

Interview with a second MA on 04/04/24 at 11:00am revealed:
-MAs were not able to document PCP contacts

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	**1205 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 274	Continued From page 8	D 274		

and notifications in electronic progress notes since the facility changed the electronic charting system in February 2024.
-MAs usually notified the PCP through the PCP's online communication portal.
-MAs were responsible for printing residents' vital signs documentation for the PCP to review at her weekly visit to the facility.
-She was not told to write paper progress notes to document PCP notifications when a resident had a fall, change in condition or abnormal vital signs during the electronic systems transition.

Review of Resident #1's PCP electronic communication system record dated 02/06/24 to 04/02/24 revealed there was no documentation staff contacted the PCP about changes in condition, falls, hospitalizations, and elevated blood pressure results.

Telephone interview with Resident #1's PCP on 04/04/24 at 4:40pm revealed:
-Staff were able to contact her or her office's on-call provider through the online portal 24 hours a day/7 days a week.
-There was an electronic record of all notifications from staff.
-She was notified Resident #1 fell on 03/25/24 and she was seen for a telehealth visit that day.

Interview with the Administrator on 04/04/24 at 12:21pm revealed:
-The facility's management company changed on 01/01/24 which required a change in electronic charting system.
-The new electronic charting system started the last week of February 2024.
-She had to contact the former management company to access electronic records prior to the last week February 2024.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 274		D 274		

Continued From page 9

Interviews with the Resident Care Coordinator (RCC) on 04/05/24 at 11:15am and 3:40pm revealed:
-She did know Resident #1 fell on 03/25/24.
-There should have been 72-hour documentation in the eMAR which included documenting vital signs and monitoring for pain and injuries every shift for 72 hours.
-She had little time for RCC duties.
-She transported residents to their appointments because there had been no transportation person since Christmas 2023.
-She helped with direct care, and she was responsible for reestablishing resident records after the management change on 01/01/24.
-All the residents' records were scanned into the former management company's electronic charting system.
-The records had to be printed for each resident and filed in a new paper chart and eventually scanned into the new charting system.
-There was no time to prepare for the transition in management companies, systems, processes, and vendors.
-There was no support through the transition.
-She did not implement documentation on paper progress notes for PCP notifications, changes in condition, abnormal vital signs, and falls.
-She and MAs utilized the PCP's online portal for notifications to the PCP.
-MAs normally notified her via text messages.
-There was a staff communication board on the wall in the medication room that she and MAs updated.

Interview with the Administrator on 04/05/24 at 4:00pm revealed:
-New resident records had to be started when the management company changed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	**1205 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 274	Continued From page 10	D 274		

-She, the RCC, and Business Office Manager (BOM), completed a brief training for the new electronic charting system.
-Everything was not covered in the training, and she was in the process of scheduling virtual trainings for staff.
-Receiving and scanning documents related to resident care such as visit notes, PCP orders, PCP notifications was difficult because the facility's fax machine was not working.
-There was a new fax machine that required a phone line, but the facility did not have a phone line.
-The Chief Financial Officer (CFO)/Manager was working on getting a wireless connection for the facility with connections for the fax machine.
-She and the RCC were using an app on their cell phones to scan and print PCP orders.
-The RCC transported residents for appointments on average of two appointments per week and worked on the floor providing direct care from time to time.
-All staff including her and the RCC were working to cover shifts because there were two second shift MAs out on leave.
-She and the RCC worked the floor when there were call outs because other staff were already scheduled for overtime shifts.
-It was a process to get all the records straightened out within everyday challenges.
-MAs were responsible for documenting incidents and contacting the PCP.
-All the information was normally documented on the electronic incident report.
-Since the change of the management company, incident reports were now on paper.
-The MAs might not have known to complete a paper incident/accident report.
-Certain functions for the new electronic charting system were not set up yet including activities of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ___ B. WING ___	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 274	Continued From page 11	D 274		

daily living (ADLs), care notes, and incident/accident reports.
-She had not instructed staff on using paper documentation for required documentation such as PCP notifications, care notes, and incident/accident reports.

[Refer to tag 273, 10A NCAC 13F .0902(b) Health Care]

D 280 — 10A NCAC 13F .0903(c) Licensed Health Professional Support — D 280

10A NCAC 13F .0903 Licensed Health Professional Support
(c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following:
(1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule;
(2) evaluating the resident's progress to care being provided;
(3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and
(4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph.

This Rule is not met as evidenced by:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 280	Continued From page 12	D 280		

Continued From page 12

Based on interviews and record reviews, the facility failed to ensure a licensed health professional participated in the review and evaluation of 4 of 5 residents (#1, #2, #3, and #5).

The findings are:

1. Review of Resident #1's current FL-2 dated 03/29/24 revealed diagnoses included clostridium difficile (C-Diff) colitis, hypertension, acute metabolic encephalopathy, and stage IV chronic kidney disease.

Review of Resident #1's Resident Register revealed the resident was admitted to the facility on 06/07/23.

Review of Resident #1's current care plan dated 01/22/24 revealed Resident #1 was ambulatory with a wheelchair and required staff assistance with transfers and ambulation.

Review of Resident #1's licensed health professional support (LHPS) assessment and evaluation dated 11/11/23 revealed Resident #1's LHPS tasks included assistive devices for ambulation and transfer assistance.

Upon request on 04/03/24 and 04/04/24, Resident #1's current LHPS assessment and evaluation was not provided for review.

Refer to interview with the Resident Care Coordinator (RCC) on 04/03/24 at 9:22am.

Refer to interview with the Administrator on 04/04/24 at 3:53pm.

2. Review of Resident #2's current FL-2 dated 01/30/24 revealed diagnoses included

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 280	Continued From page 13	D 280		

atherosclerotic heart disease, history of peripheral vascular disease, and rheumatoid arthritis.

Review of Resident #2's Resident Register revealed an admission date of 070/07/23.

Review of Resident #2's assessment and care plan dated 01/30/24 revealed the resident required extensive assistance with transfer.

Review of Resident #2's record on 04/03/24 revealed:
-There was documentation of a licensed health professional support (LHPS) completed on 11/19/23.
-The personal care task currently present was ambulation and transferring.
-There was no documentation of a quarterly LHPS after 11/19/23.

Refer to interview with the Resident Care Coordinator (RCC) on 04/03/24 at 9:22am.

Refer to interview with the Administrator on 04/04/24 at 3:53pm.

3. Review of Resident #3's current FL-2 dated 02/06/24 revealed diagnoses included diabetes, hypertension, and pulmonary fibrosis.

Review of Resident #3's Resident Register dated 10/20/23 revealed an admission date of 10/26/23.

Review of Resident #3's record on 04/03/24 revealed:
-There was documentation of a LHPS completed on 11/10/23.
-The personal care task currently present was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 280	Continued From page 14	D 280		

Continued From page 14

ambulation, transfer, and physical therapy and occupational therapy.
-There was no documentation of a quarterly LHPS after 11/10/23.

Refer to interview with the RCC on 04/03/24 at 9:22am.

Refer to telephone interview with the Administrator on 04/04/24 at 3:53pm.

4. Review of Resident #5's current FL-2 dated 02/06/24 revealed:
-Diagnoses included hypertension, diabetes, hyperlipidemia, anxiety, transient ischemic attacks, cerebral infarction, and memory deficit.
-There was an admission date of 01/30/23.

Resident #5 did not have a current Resident Register.

Review of Resident #5's licensed health professional support (LHPS) assessment and evaluation dated 12/28/23 revealed LHPS tasks included collecting and testing finger stick blood sugars and medication administration through injections.

Upon request on 04/03/24 and 04/04/24, Resident #5's current LHPS assessment and evaluation and current Resident Register was not provided for review.

Refer to interview with the Resident Care Coordinator (RCC) on 04/03/24 at 9:22am.

Refer to telephone interview with the Administrator on 04/04/24 at 3:53pm.

____

Interview with the Resident Care Coordinator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 280 | D 280

Continued From page 15

(RCC) on 04/03/24 at 9:22am revealed:
-The LHPS reviews were to be done every 3 months.
-There were no current quarterly LHPS reviews.
-There was not a nurse assigned to the facility to complete quarterly LHPS reviews.
-The previous facility nurse told her she updated all the residents' LHPS reviews before she left in January 2024.
-She did not check the residents' records to ensure the LHPS reviews were completed before the facility nurse left.

Interview with the Administrator on 04/04/24 at 3:53pm revealed:
-Every quarter the LHPS reviews should be done.
-She knew if the LHPS reviews were not done by March 2024, there would be some due.
-She had to wait for the corporate office to hire a nurse for the facility.

D 296 | D 296

10A NCAC 13F .0904(c)(7) Nutrition And Food Service

10A NCAC 13F .0904 Nutrition And Food Service
(c) Menus in Adult Care Homes:
(7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff.

This Rule is not met as evidenced by:
Based on observations, record reviews and interviews, the facility failed to ensure there was a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 296		D 296		

Continued From page 16

therapeutic diet menu in the kitchen for food service staff to use as guidance for 4 of 4 sampled residents with a therapeutic diet ordered (#2, #3, #4, and #5).

The findings are:

Review of the facility's menus on 04/03/24 revealed there were no menus for therapeutic diets.

1. Review of Resident #2's FL-2 dated 02/06/24 revealed:
-Diagnoses included atherosclerotic heart disease, ischemic cardiomyopathy, peripheral vascular disease, rheumatoid arthritis, implantable cardiac defibrillator, depression, and hypertension.
-The diet order was regular diet with chopped meats and boost twice daily.

2. Review of Resident #3's FL-2 dated 02/06/24 revealed:
-Diagnoses included systolic congestive heart failure, chronic respiratory disease, urinary retention, thrombocytosis, diabetes, mild cognitive impairment, hearing loss, hypertension, and atrial fibrillation.
-The diet order was no added salt (NAS).

3. Review of Resident #4's FL-2 dated 02/06/24 revealed:
-Diagnoses included hypertension, atherosclerotic heart disease, congenital stenosis of aortic valve, hyperlipidemia, and transient cerebral attacks.

Review of Resident #4's physician order sheet dated 02/09/24 revealed a diet order for no added salt (NAS) and chopped meats.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 296 Continued From page 17 D 296

4. Review of Resident #5's FL-2 dated 02/06/24 revealed:
-Diagnoses included hypertension, diabetes, hyperlipidemia, anxiety, transient ischemia attacks, cerebral infarction, and memory deficit.
-The diet order was no added salt (NAS).

Interview with the Dietary Manager (DM) on 04/03/24 at 10:08am revealed:
-The facility switched food service vendors in January 2024.
-He had not received a therapeutic menu from the new food service vendor.
-The previous food service vendor removed all their menus.

Interview with the Administrator on 04/04/24 at 5:00pm revealed:
-The facility switched food vendors in January 2024.
-The DM prepared the meals by the therapeutic menus.
-The new food service vendor provided the therapeutic menus.
-She did not know that the DM did not have therapeutic menus from the new food service vendor.
-The DM should have let her know that he needed therapeutic menus.

D 315 10A NCAC 13F .0905 (a & b) Activities Program D 315

10A NCAC 13F .0905 Activities Program
(a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community.
(b) The program shall be designed to promote

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 315		D 315		

Continued From page 18

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

This Rule is not met as evidenced by:
Based on observations and interviews the facility failed to ensure all 48 residents were offered activities designed to promote active involvement with each other and the community.

The findings are:

Observation of the facility on 04/03/24 revealed that there was not an activity calendar posted in the facility listing activities that were going to take place and when.

Interview with a resident on 04/03/24 at 9:09am revealed:
-She attended the activities when they had them.
-They did not have activities anymore and she missed attending the activities.
-There was not an activity director.

Interview with a second resident on 04/03/24 at 9:15am revealed:
-She attended the activities when they had them.
-There were not any activities now.
-There was nothing to do here.

Interview with a third resident on 04/03/24 at 9:25am revealed:
-She attended activities when they had them.
-There were not any activities held.
-They did not have any one to do the activities.

Interview with a fourth resident on 04/03/24 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ___ B. WING ___	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 315		D 315		

Continued From page 19

9:35am revealed:
-They had Bingo sometimes on Friday.
-They did not have activities anymore.
-She missed attending the activities.

Interview with a fifth resident on 04/03/24 at 9:44am revealed she did not attend activities now because they did not have them.

Interview with a sixth resident on 04/03/24 at 9:46am revealed:
-They had an activity director but not for several months.
-She liked attending the activities because it gave her something to do.

Interview with a seventh resident on 04/03/24 at 09:48am revealed:
-They had not had activities for a long time.
-He was bored with nothing to do.

Interview with an eight resident on 04/03/24 at 09:57am revealed:
-They did not have activities now but had Bingo sometimes on Fridays.
-He attended the activities when they had them.

Observation of an activity that was held on 04/03/24 at 10:30am revealed:
-There were 10 residents in attendance.
-The activity was Bible Study.

Interview with a family member on 04/03/24 at 10:30am revealed:
-She had provided the activity to give the residents something to do.
-The facility did not have an activity director.
-The residents had shared that they were bored.
Interview with a ninth resident on 04/03/24 at 9:18am revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 315	Continued From page 20 -The Activity Director (AD) quit in December 2023 and there was not a new AD. -There was no activities calendar. -She was told by another resident there was a bingo game on Fridays. -Yesterday (04/02/24) afternoon there was a peanut butter and jelly sandwich party. -Staff came around and announced the unplanned activity. -She was recently isolated to her room for a virus outbreak with only books to read. -She kept herself active by walking the halls for 30 minutes after each meal. -She would like card game events to look forward to. Interview with a tenth resident on 04/03/24 at 10:05am revealed: -There were no scheduled activities because there was no activity director. -A resident's family member volunteered for some activities. Interview with the Administrator on 04/05/24 at 9:30am revealed she was in the process of hiring a new Activity Director.	D 315		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure residents were treated with	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 338	Continued From page 21	D 338		

consideration, respect, and dignity, and protected from verbal abuse and fear of retaliation from staff for reporting such behaviors and attitudes of staff.

The findings are:

Interview with a resident on 04/03/24 at 10:05am revealed:
-Residents were afraid to talk about their concerns because they feared being verbally abused or neglected by staff.
-Residents were afraid that staff would not answer the call light if they knew a resident said anything about things that happened at the facility.
-Most of the staff were "hateful" in how they talked to residents.
-Both medication aides (MAs) (Staff A and Staff B) working that day (04/03/24) were disrespectful in how they talked to residents.
-Staff were loud, short, huffed, and sighed in speaking to residents, and had unwelcoming facial expressions as if administering medications and helping residents was a bother.
-There was an instance where a staff was heard in halls yelling at a resident, "You have got the biggest mess in here, now I got to clean it up and you should have rung the bell."
-Staff talked to residents like they were not even human beings.
-Staff were late to work, took extended breaks outside the facility, and spent most of their time on their cell phones.
-MAs were on their cell phones while passing medications which increased the risk of a mistake.
-The Administrator would defend and stick up for staff when concerns were brought to her.
-The Administrator would make excuses that the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 338		D 338		

Continued From page 22

staff was stressed, had things going on at home or was simply taking their meal break.

Observation on 04/03/24 at 12:07pm revealed:
-Staff A huffed and clicked her tongue when a surveyor requested to see medications for a resident.
-Staff A left the medication cart in the medication room and sat at the front desk area.
-The medication room was a locked room accessed from the front desk.
-Staff A rolled her eyes, turned her head, and continued talking to Staff B when the surveyor told her the medication observation was completed twice.
-Staff A said she would put the medications away when she was asked by the surveyor if the medications should be left on the cart.

Interview with Staff B on 04/04/24 at 2:57pm revealed:
-She was not rude, disrespectful, or verbally abusive when interacting with residents.
-She witnessed a personal care aide (PCA) being aggressive while talking to residents a week ago; the PCA was loud and yelling at residents.
-She spoke to the PCA when she witnessed the PCA talking aggressively.
-The PCA told her she spoke loudly because otherwise residents did not hear her.
-She reported the incident to the Resident Care Coordinator (RCC) and the Administrator last week.

Interview with the RCC on 04/05/24 at 11:15am revealed:
-A staff told her about an incident with a third shift PCA "talking ugly" to a resident because the resident had an incontinence accident.
-She did not witness any staff being rude,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 338	Continued From page 23	D 338		

disrespectful, or verbally abusive toward a resident.
-She did not know of any other incidents.
-The resident who staff spoke "ugly" to told a family member and the family member reported the incident.
-The resident would not tell her directly when there was a concern.
-She did not know of any resident complaints about any other staff member behaving in a rude, disrespectful, or verbally abuse manner.

Observation and interview with Staff A on 04/05/24 at 3:30pm revealed:
-Staff A opened the door to the medication room and responded abruptly and short "what," while cutting her eyes and having her hand on her hip.
-She responded with, and so, to answering a process question
-She stated she had just gotten to work, and she did not have time for questions about how she was communicating.
-She did not talk to residents in same manner.

Interview with the Administrator on 04/05/24 at 4:00pm revealed:
-There were previous concerns related to Staff A's behavior and attitude a few of months ago.
-A resident's family member reported the resident felt rushed while receiving care from Staff A.
-She and the RCC had a "come to Jesus" moment with Staff A.
-She saw that Staff A had an attitude during the conversation with a surveyor and her at approximately 3:35pm on 04/05/24.
-Staff A was just starting her shift and felt stressed.
-She thought the surveyor may have misunderstood Staff A.
-She has never heard of Staff A being rude,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 338 Continued From page 24 D 338

disrespectful, or verbally abusive towards residents since the incident a few months ago.
-She did not provide Staff A with any training on communication or residents' rights following the incident a few months ago.
-She was told that morning (04/05/24) about the incident involving a third shift PCA being rude, disrespectful, and verbally abusive to a resident.
-She thought the incident happened on 04/03/24 just prior to the start of the survey.
-She expected staff to come to work with a good attitude and not being verbally abusive towards residents.

D 358 10A NCAC 13F .1004(a) Medication Administration D 358

10A NCAC 13F .1004 Medication Administration
(a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:
(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and
(2) rules in this Section and the facility's policies and procedures.

This Rule is not met as evidenced by:
TYPE A2 VIOLATION

Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 2 of 3 residents (#8 and #9) observed during the medication pass including errors with an anti-inflammatory for mild pain relief and laxatives for constipation; and for 2 of 5 sampled residents (#1 and #5) including errors with an antibiotic for clostridium difficile colitis (bowel infection) following hospital

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358	Continued From page 25	D 358		

discharge (#1), and a fast and long acting mixed insulin used to regulate blood sugar levels (#5).

The findings are:

1. The medication error rate was 10% as evidenced by 3 errors out of 28 opportunities during the morning medication pass on 04/04/24.

a. Review of Resident #8's current FL-2 dated 01/23/24 revealed:
-Diagnoses included hypertension, benign prostatic hyperplasia, insomnia, chronic pain, cerebral infarction, and visual impairment.
-Medication orders included Miralax 17gm daily (a laxative) and lactulose 30ml daily (a laxative).

Review of Resident #8's April 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for Miralax 17gm daily scheduled at 8:00am with documentation a dose was administered on 04/04/24.
-There was an entry for Lactulose 30ml daily scheduled at 8:00am with documentation a dose was administered on 04/04/24.

Observation during the morning medication pass on 04/04/24 at 7:41am revealed:
-The medication aide (MA) removed one multidose package (MDP) with Resident #8's name and a list of 8 medications in the form of tablets.
-The medications listed on the MDP did not include liquid (lactulose) or powder (Miralax) forms of medication.
-The MA filled a plastic drinking cup with plain water.
-The MA administered 8 tablets in a plastic medication cup with plain water to Resident #8 in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358	Continued From page 26	D 358		

his room at 7:41am.
-Miralax powder was not mixed with Resident #8's water.
-Lactulose (liquid) was not included with the medications administered to Resident #8 at 7:41am.

Interview with the MA on 04/04/25 at 7:52am revealed she administered all of Resident #8's morning medications; there were no other medications to be administered to Resident #8.

Observation of Resident #8's medications on hand on 04/04/24 at 2:49pm revealed:
-There was a nearly full bottle of Miralax with a pharmacy label.
-The pharmacy label had Resident #8's name and indicated the Miralax was dispensed on 12/18/23.
-There was a second more than half full bottle of Miralax with a pharmacy label.
-The pharmacy label had Resident #8's name and indicated the Miralax was dispensed on 09/05/23.
-There was a near full bottle of lactulose with a pharmacy label and a handwritten date of 12/02/23.
-The pharmacy label had Resident #8's name and indicated the lactulose was dispensed on 12/01/23.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 04/04/24 at 3:27pm revealed:
-The pharmacy started contracted services for the facility on 02/26/24.
-The pharmacy had not dispensed any Miralax or Lactulose for Resident #8.

Telephone interview with a pharmacist at the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358		D 358		

Continued From page 27

facility's former contracted pharmacy on 04/04/24 at 10:31am revealed:
-The pharmacy last dispensed 510gm of Miralax on 09/05/23 and 12/18/23 for Resident #8.
-Resident #8's Miralax order was for 17gm daily so 510gm was a 30-day supply.
-The pharmacy last dispensed 473ml of lactulose for Resident #8 on 12/01/23.
-Resident #8's lactulose order was for 30ml daily so 473ml was a 15-day supply.
-The pharmacy previously dispensed 900ml of lactulose (30-day supply) on 07/21/23 and 946ml on 08/20/23 (31-day supply) for Resident #8.

Second interview with the MA on 04/04/24 at 2:48pm revealed:
-Resident #8 had a large amount of Miralax and lactulose on hand because the pharmacy sent 3-4 bottles every cycle.
-Resident #8 never finished a bottle of Miralax or lactulose by the end of the month.
-She administered Miralax and lactulose to Resident #8 after breakfast because that was his preference.
-Liquid and powder medications did not come in a cycle; refills had to be requested from the pharmacy.

Interview with Resident #8 on 04/04/24 at 3:02pm revealed:
-He received liquid medication in a cup first thing every morning to help him have bowel movements.
-He had issues with chronic constipation.
-He had a bowel movement one hour ago.

Telephone interview with Resident #8's primary care provider (PCP) on 04/04/24 at 4:40pm revealed:
-Resident #8 had issues with constipation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358		D 358		

Continued From page 28

-She had recently ordered suppositories in addition to Miralax and lactulose.
-She was unaware Resident #8 was not being administered the Miralax and lactulose as ordered.

Interview with the Resident Care Coordinator (RCC) on 04/05/24 at 11:15am revealed:
-Large amounts of Miralax and lactulose on hand that were dispensed in 2023 for Resident #8 showed those medications were not being administered as ordered.
-Resident #8 could get severely constipated needing hospital evaluation if he did not receive Miralax and lactulose as ordered by the PCP.

Upon request on 04/05/24, Resident #8's February and March 2024 eMARs were not provided for review.

b. Review of Resident #9's current FL-2 dated 08/18/23 revealed diagnosis included gait abnormality.

Review of Resident #9's primary care provider (PCP) order dated 03/26/24 revealed an order for acetaminophen 325mg 2 tablets every 8 hours. (Acetaminophen is used to treat mild to moderate pain.)

Review of Resident #9's April 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for acetaminophen 325mg 2 tablets every 8 hours scheduled at 8:00am, 2:00pm and 8:00pm.
-There was documentation acetaminophen 325mg 2 tablets was administered to Resident #9 at 8:00am on 04/04/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358	Continued From page 29 Observation during the morning medication pass on 04/04/24 at 7:37am revealed: -The medication aide (MA) removed 2 multidose packages (MDPs) from the medication cart drawer with Resident #9's name and a list of 15 medications. -The medications listed on the 2 MDPs did not include acetaminophen. -The MA administered 15 pills in a plastic medication cup to Resident #9 in her room at 7:37am. Interview with the MA on 04/04/24 at 7:52am revealed she administered all of Resident #9's morning medications; there were no other medications to be administered to Resident #9. Observation of Resident #9's medications on hand on 04/05/24 at 11:15am revealed: -There was a bubble pack in the drawer of the medication cart with a pharmacy label. -The pharmacy label had Resident #9's name and instructions for acetaminophen 325mg every 8 hours. Telephone interview with a pharmacy technician at the facility's contracted pharmacy on 04/05/24 at 10:57am revealed: -The pharmacy had an order for acetaminophen 325mg 2 tablets every 8 hours dated 03/26/24 for Resident #9. -The pharmacy dispensed 180 tablets of acetaminophen for Resident #9 on 03/28/24. Telephone interview with Resident #9's primary care provider (PCP) on 04/04/24 at 4:40pm revealed she was not certain if Resident #9 was ordered for scheduled acetaminophen because she was unable to access her records.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358	(see below)	D 358		

Continued From page 30

Interview with the Resident Care Coordinator (RCC) on 04/05/24 at 11:15am revealed:
-Resident #9's acetaminophen was in a separate bubble pack from the MDPs.
-The MA probably did not see that acetaminophen was not included in the MDP.

Interview with the Administrator on 04/05/24 at 4:00pm revealed:
-MAs were responsible for administering medications according to the order on the eMAR.
-There was no oversight system in place to monitor orders, eMARs, medications on hand and medication administration.

2. Review of Resident #1's current FL-2 dated 03/29/24 revealed diagnoses included clostridium difficile (C-Diff) colitis (a highly contagious bacterial infection that causes diarrhea and inflammation of the colon), hypertension, acute metabolic encephalopathy, and stage IV chronic kidney disease.

a. Review of Resident #1's FL-2 dated 03/29/24 revealed an order for fidaxomicin 200mg twice daily for 6 days. (Fidaxomicin is an antibiotic used to treat C-Diff.)

Review of Resident #1's infectious disease consult dated 03/26/24 revealed:
-Resident #1 was admitted to the hospital on 03/25/24 for diarrhea, dehydration, and metabolic encephalopathy (an acute brain dysfunction).
-Resident #1 was a high risk for recurrence of C-Diff and therefore needed "vigilant and judicious" use of antibiotics.

Review of Resident #1's March 2024 electronic medication administration record (eMAR) revealed there was no entry for fidaxomicin

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358	Continued From page 31	D 358		

200mg twice daily.

Review of Resident #1's April 2024 eMAR revealed:
-There was an entry for fidaxomicin 200mg twice daily for 6 days with order date of 03/30/24 and stop date of 04/05/24.
-The boxes were shaded and did not have documentation for fidaxomicin administration at 8:00am and 8:00pm on 04/01/24 and 8:00am on 04/02/24.
-There was documentation fidaxomicin was administered at 8:00pm on 04/02/24, 8:00am and 8:00pm on 04/03/24 and 8:00am on 04/04/24.
-The staff initials documented at 8:00pm on 04/02/24 were different than the initials documented on the paper MAR.

Review of Resident #1's March and April 2024 handwritten paper MARs revealed:
-There was a handwritten entry for fidaxomicin 200mg twice daily for 6 days.
-There was documentation fidaxomicin was administered on 03/29/24 at 8:00pm, 03/30/24 at 8:00am, and 03/31/24 at 8:00am and 8:00pm.
-There was no documentation fidaxomicin was administered on 03/30/24 at 8:00pm.
-There was documentation fidaxomicin was administered at 8:00am and 8:00pm 04/01/24 - 04/03/24 and at 8:00am on 04/04/24.

Observation of Resident #1's medications on hand on 04/03/24 at 12:04pm revealed:
-There was a prescription bottle with a hospital pharmacy label that included Resident #1's name and instructions for fidaxomicin 200mg twice daily for 6 days.
-The pharmacy label indicated 12 fidaxomicin tablets were dispensed from the hospital pharmacy on 03/29/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358		D 358		

Continued From page 32

-There were 6 tablets remaining in the bottle.

Based on observation of Resident #1's medications on hand and review of the hospital discharge orders Resident #1 should have started the fidaxomicin at 8:00pm on 03/29/24, received 2 fidaxomicin tablets daily on 03/30/24, 03/31/24, 04/01/24, and 04/02/24 (8 total), and one fidaxomicin at 8:00am on 04/03/24 for a total of 10 tablets with 2 remaining resulting in 4 missed doses of fidaxomicin.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 04/04/24 at 3:27pm revealed fidaxomicin was profiled on the eMAR for Resident #1 for 6 days starting on 03/30/24 because the medication was filled at another pharmacy.

Telephone interview with Resident #1's primary care provider (PCP) on 04/04/24 at 4:40pm revealed:
-Fidaxomicin should have been administered as ordered by the hospital provider on 03/29/24.
-Fidaxomicin was an antibiotic specific for treatment of C-Diff.
-Missed doses of fidaxomicin could cause recurrence of C-Diff colitis.
-C-Diff colitis caused excessive diarrhea which could lead to severe dehydration, re-admission to the hospital and sepsis (a life-threatening complication of infection).

Interview with the Resident Care Coordinator (RCC) on 04/05/24 at 11:15am revealed:
-She administered the first dose of fidaxomicin to Resident #1 when she returned to the facility (03/29/24).
-She documented the initial doses on a paper MAR because the pharmacy had not entered the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ___ B. WING ___	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358	Continued From page 33	D 358		

Continued From page 33

fidaxomicin on Resident #1's eMAR.

Interview with the Administrator on 04/05/24 at 4:00pm revealed prior to the change in management companies, the facility used to document the count (disposition) of each antibiotic pill to ensure each was administered as ordered.

b. Review of Resident #1's FL-2 dated 03/29/24 revealed an order for cetirizine 10mg daily (Cetirizine is used to treat allergies.)

Review of Resident #1's March 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for cetirizine 10mg daily at 8:00pm.
-There was documentation cetirizine 10mg was administered 03/08/24 - 03/21/24 and then discontinued.
-There was an entry for cetirizine 5mg daily at 8:00pm.
-There was documentation cetirizine 5mg was administered on 03/22/24 - 03/25/24, 03/29/24 and 03/31/24.
-Resident #1 was out of the facility 03/26/24 - 03/28/24.

Review of Resident #1's April 2024 eMAR revealed:
-There was an entry for cetirizine 5mg daily at 8:00pm.
-There was documentation cetirizine 5mg was administered on 04/01/24 and then discontinued.
-There was no entry for cetirizine 10mg daily.

Observation of Resident #1's medications on hand on 04/03/24 at 3:25pm revealed:
-There was a bubble pack of cetirizine 5mg with a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358	Continued From page 34	D 358		

Continued From page 34

pharmacy label that included instructions for 1 tablet daily.
-The pharmacy label indicated 30 tablets were dispensed on 03/21/24 and there were 24 tablets remaining.
-There was no cetirizine 10mg on hand for Resident #1.

Telephone interview with a pharmacist at the facility's contracted pharmacy on 04/04/24 at 3:27pm revealed:
-The pharmacy had an order dated 03/19/24 to discontinue cetirizine 10mg daily for Resident #1.
-The pharmacy had an order dated 03/19/24 to start cetirizine 5mg daily for Resident #1.
-Resident #1 had hospital discharge orders dated 03/29/24 that included cetirizine 10mg daily.
-It looks like cetirizine 5mg daily on the eMAR after discharge from the hospital on 03/29/24 was a mistake.
-Cetirizine 5mg was discontinued on the eMAR and there was no entry for cetirizine 10mg on the eMAR after 03/29/24.
-Staff had not contacted the pharmacy to correct the order and eMAR.

Telephone interview with Resident #1's primary care provider (PCP) on 04/04/24 at 4:40pm revealed:
-Resident #1 was ordered cetirizine for allergy symptom management.
-She had decreased Resident #1's cetirizine to 5mg prior to hospitalization to reduce potential drowsiness.

Upon request on 04/03/24, 04/04/24 and 04/05/24, Resident #1's primary care provider (PCP) order for cetirizine 5mg daily after 03/29/24, was not provided for review.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358	Continued From page 35	D 358		

Continued From page 35

Telephone interview with the facility's contracted primary care provider (PCP) on 04/04/24 at 4:40pm revealed:
-Staff were able to contact her or her office's on-call through the online portal 24 hours a day/7 days a week.
-Notifications from staff were received and addressed immediately in real time.
-There was an electronic record of all notifications from staff.
-She routinely left orders at the facility with her weekly visits.
-She sent orders to the Resident Care Coordinator (RCC) through the online portal when she was not at the facility because the facility's fax machine was not working for approximately one month.
-She always made sure the facility had new and changed orders medications were administered and not just delivered from the pharmacy and laboratory and monitoring orders were implemented.

Interview with the Administrator on 04/05/24 at 4:00pm revealed:
-The RCC would know if a medication was discontinued because the RCC was responsible for sending orders to the pharmacy.
-If pharmacy discontinued a medication in error, the eMAR would show "D/C".
3. Review of Resident #5's current FL-2 dated 02/06/24 revealed diagnoses of hypertension, diabetes, hyperlipidemia, transient ischemia attacks, anxiety, cerebral infarction, and memory deficit.

Review of Resident #5's current physician's order sheet dated 02/06/24 revealed:
-There was an order for Novolog Mix 70-30 Flexpen 100units/ml, inject 22 units

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358	Continued From page 36	D 358		

subcutaneously (SQ) every morning before breakfast (Novolog Mix 70-30 was used to control blood sugar, the mix of a rapid acting insulin to help control mealtimes spikes and an intermediate acting insulin that works up to 24 hours to help control blood sugar between meals).
-There was an order for Novolog Mix 70-30 Flexpen 100units/ml, inject 18 units SQ every evening before dinner.
-There was an order for blood sugar checks twice daily at 6am and 4pm and to notify provider if blood sugar is greater than 350 or less than 60.

Observation of medications on hand on 04/03/24 at 12:00pm revealed there was one Novolog Mix 70-30 Flexpen on the medication cart and none in the refrigerator.

Review of Resident #5's February 2024 previous electronic medication administration record (eMAR) utilized from 02/01/24-02/25/24 revealed:
-There was an entry for NovoLog Mix 70-30 inject 22 units SQ every morning before breakfast at 8:00am.
-There was an entry for Novolog Mix 70-30 inject 18 units SQ every evening before dinner at 4:00pm.
-There was an entry for blood sugar checks twice daily at 6am and 4pm and to notify provider if blood sugar is greater than 350 or less than 60.

Review of the previous eMARs exception report for February 2024 revealed:
-There was an exception documented on 02/05/24 at 6:00pm that the medication was not administered/item unavailable.
-There was an exception documented on 02/06/24 at 8:00am that the medication was not administered/item unavailable.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358	Continued From page 37	D 358		

-The blood sugar on 02/05/24 at 6:00am was 197 and at 4:00pm was 176.
-The blood sugar on 02/06/24 at 6:00am was 218 and at 4:00pm was 286.
-The blood sugar on 02/07/24 at 6:00am was 191 and at 4:00pm was 417.

Review of Resident #5's February 2024 new eMAR system that started on 02/26/24 revealed:
-There was an entry for Novolog Mix 70-30 inject 22 units SQ every morning before breakfast at 8:00am.
-There was an entry for Novolog Mix 70-30 inject 18 units SQ every evening before dinner at 6:00pm.
-There was an entry for blood sugar checks twice daily at 6am and 4pm and to notify provider if blood sugar is greater than 350 or less than 60.
-On 02/26/24 at 6:00pm the eMAR was blank and there was not any documentation on the exception report.
-On 02/27/24-02/28/24 at 6:00pm the initials on the eMAR were circled and there was documentation on the exception report.
-On 02/29/24 at 6:00pm the eMAR was blank and there was not any documentation on the exception report.
-The blood sugar on 02/26/24 at 6:00am was 96, there were no further blood sugar results documented in February 2024. This was the last date posted in the previous eMAR system.
-There was no blood sugar results documented in the new eMAR system for February 2024.

Review of the current eMARs exception report for February 2024 revealed:
-On 02/27/24 the 8:00am dose was withheld per DR/RN orders.
-On 02/28/24 the 8:00am dose was withheld per DR/RN orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	**1205 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 358	Continued From page 38	D 358		

Review of Resident #5's March 2024 electronic medication administration record (eMAR) revealed:
-There was an entry for Novolog Mix 70-30 inject 22 units SQ every morning before breakfast at 8:00am.
-There was an entry for Novolog Mix 70-30 inject 18 units SQ every evening before dinner at 6:00pm.
-There was an entry for blood sugar checks twice daily at 6am and 4pm and to notify provider if blood sugar is greater than 350 or less than 60.
-On 03/21/24 and 03/29/24 at 8:00am the initials on the eMAR were circled and there was documentation on the exception report.

Review of the eMARs exception report for March 2024 revealed:
-There was an exception documented on 03/21/24 at 8:46am and 5:16pm that the medication was withheld per DR/RN orders.
-There was an exception documented on 03/24/24 at 3:57pm that the medication was withheld per DR/RN orders.
-There was an exception documented on 03/25/24 at 5:15pm that the medication was withheld per DR/RN orders.
-There was an exception documented on 03/26/24 at 3:36pm that the medication was withheld per DR/RN orders.
-There was an exception documented on 03/27/24 at 5:02pm that the medication unavailable supplier contacted.
-There was an exception documented on 03/28/24 at 5:00pm that the medication was withheld per DR/RN orders.
-There was an exception documented on 03/29/24 at 10:17am that the medication unavailable supplier contacted.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358	Continued From page 39	D 358		

Review of Resident #5's blood sugar report for March 2024 revealed:
-There were no blood sugar results documented from 03/01/24-03/03/24 at 6:00am and at 4:00pm and on 03/04/24 at 6:00am.
-The blood sugar on 03/21/24 at 6:00am was 119 and at 4:00pm was 300.
-The blood sugar on 03/22/24 at 6:00am was 93 and at 4:00pm was 275.
-The blood sugar on 03/23/24 at 6:00am was 231 and at 4:00pm was 155.
-The blood sugar on 03/24/24 at 6:00am was 95 and at 4:00pm was 160.
-The blood sugar on 03/25/24 at 6:00am was 151 and at 4:00pm was 226.
-The blood sugar on 03/26/24 at 6:00am was 131 and at 4:00pm was 353.
-The blood sugar on 03/27/24 at 6:00am was 136 and at 4:00pm was 171.
-The blood sugar on 03/28/24 at 6:00am was 193 and at 4:00pm was 273.
-The blood sugar on 03/29/24 at 6:00am was 264 and at 4:00pm was 209.
-The blood sugar on 03/30/24 at 6:00am was 236 and at 4:00pm was 348.

Review of Resident #5's April 2024 eMAR revealed:
-There was an entry for Novolog Mix 70-30 inject 22 units SQ every morning before breakfast at 8:00am.
-There was an entry for Novolog Mix 70-30 inject 18 units SQ every evening before dinner at 6:00pm.
-There was an entry for blood sugar checks twice daily at 6am and 4pm and to notify provider if blood sugar is greater than 350 or less than 60.
-On 04/01/24-04/02/24 at 6:00pm the initials on the eMAR were circled and there was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358	Continued From page 40	D 358		

documentation on the exception report.

Review of the eMARs exception report for April 2024 revealed:
-There was an exception documented on 04/01/24 at 6:00pm that the medication was withheld per DR/RN orders.
-There was an exception documented on 04/02/24 at 3:25pm that the medication was withheld per DR/RN orders.

Review of Resident #5's blood sugar report for April 2024 revealed:
-The blood sugar on 04/01/24 at 6:00am was 332 and at 4:00pm was 133.
-The blood sugar on 04/02/24 at 6:00am was 95 and at 4:00pm was 220.

Interview with the medication aide (MA) on 04/04/24 at 10:42am revealed:
-She had not been trained on the new eMAR system.
-She was not sure what a blank, circled initials, or withheld per DR/RN orders on the eMAR would mean.
-If a medication was not administered or late it gave you a drop-down box to document in.
-She was not sure what withheld per DR/RN orders meant.

Interview with second MA on 04/04/24 at 9:30am revealed:
-She had not been trained on the new eMAR system.
-She was not sure what blanks, circles, or withheld per DR/RN would mean on this eMAR system.
-If medications were not on the medication cart they were reordered via the computer.
-Medications must be ordered by 3:00pm for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ____ B. WING ____	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358	Continued From page 41	D 358		

delivery that night and sometimes it could be the next night before they arrived.
-Medications arrived in the evening after 9:00pm from the pharmacy and some families picked up the resident's medications and brought them to the facility.

Interview with third MA on 04/05/24 at 8:55am revealed:
-She had not been trained on the new eMAR system.
-If medications were unavailable, there was a place in the eMAR to click on to reorder the medication.
-She did not know what blanks, circled initials, or withheld per DR/RN orders meant.

Interview with the Resident Care Coordinator (RCC) on 04/04/24 at 2:57pm revealed:
-The new eMAR system began on 02/26/24 when the facility switched pharmacies.
-None of the staff had been trained on the new eMAR system.
-There was an in-service scheduled, but the facility missed it due to a mix up on the date and time.
-She was trying to get another in-service arranged for the eMAR system.
-She thought blank spaces on the eMARs meant the medication was not given or the MA forgot to document.
-She was not sure what a circle around the initials on the eMAR would mean.
-She had instructed the MAs to use withheld per DR/RN when not administered but could not explain why she wanted them to use that in the exceptions report, she referred to the staff had not been officially trained on the new eMAR system.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358		D 358		

Continued From page 42

Interview with the Administrator on 04/03/24 at 12:15pm revealed:
-The MA's had all been educated on the process for ordering medications.
-The facility utilized a backup pharmacy as needed.
-The pharmacy entered the medications into the eMARs.
-She did not know that any residents were out of their medications.

Interview with the facility's previous contracted pharmacy on 04/05/24 revealed:
-The pharmacy stopped servicing the facility on 02/08/24.
-Novolog Mix 70-30 was dispensed on 02/06/24 for a two-week supply.

Telephone interview with the facility's contracted pharmacist on 04/04/24 at 4:30pm revealed:
-Novolog Mix 70-30 inject 22 units SQ every morning before breakfast and 18 units every evening before dinner was dispensed on 02/15/24 for a 30-day supply.
-Novolog Mix 70-30 inject 18 units every evening before dinner was dispensed at the facility's request on 03/29/24 at 5:17pm via the computer for a 30-day supply.
-The facility had to request Novolog Mix 70-30 for it to be dispensed, it was not on auto refill.
-No other requests had been made for the Novolog Mix 70-30.
-There were not any parameters associated with the Novolog Mix 70-30.

Interview with the facility's contracted primary care provider (PCP) on 04/04/24 at 4:30pm revealed:
-This was quite concerning that Resident #5 was not administered her Novolog Mix 70/30 as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 358 Continued From page 43 D 358

ordered.
-Resident #5 could develop diabetic ketoacidosis which could be life threatening, and the resident would have to be admitted to the hospital.
-Resident #5 could develop hypoglycemia and exhibit disorientation, irritability, shaky, pass out, or fall.
-She had not been notified of any blood glucose levels out of parameters or that Resident #5 had missed any doses of the insulin.

____

The facility failed to administer 70/30 insulin, as ordered by the primary care provider to Resident #5 resulting in risk of elevated blood glucose levels which could develop into diabetic ketoacidosis (DKA) and develop disorientation, passing out, and falls along with an unnecessary hospitalization that could be life threatening and an antibiotic ordered at hospital discharge to treat clostridium difficile colitis (a highly contagious bacteria that causes diarrhea and inflammation of the bowel) resulting in risk of continued infection, inflammation, diarrhea, and severe dehydration. The facility's failure resulted in substantial risk of serious physical harm of Resident #1 and Resident #5 and constitutes a Type A2 Violation.

____

The facility provided a plan of protection in accordance with G.S. 131D-34 on 04/03/24 for this violation.

THE CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED MAY 5, 2024.

D 364 10A NCAC 13F .1004(g) Medication Administration D 364

10A NCAC 13F .1004 Medication Administration
(g) The facility shall ensure that medications are

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 364	Continued From page 44	D 364		

administered to residents within one hour before or one hour after the prescribed or scheduled time unless precluded by emergency situations.

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to ensure medications were administered within one hour before and one hour after the scheduled administration time for 1 of 5 sampled residents (#5) and a second observed resident (#6) for medications including 70/30 insulin (#5) and heart failure and blood pressure medications and pain medications (#6).

The findings are:

1. Review of Resident #5's current FL-2 dated 02/06/2024 revealed diagnoses of hypertension, diabetes, hyperlipidemia, transient ischemia attacks, anxiety, cerebral infarction, and memory deficit.
Review of Resident #5's current physician's order sheet dated 02/06/24 revealed:
-There was an order for Novolog Mix 70-30 Flexpen 100units/ml, inject 22 units subcutaneously (SQ) every morning before breakfast (Novolog Mix 70-30 was used to control blood sugar, the mix of a rapid acting insulin to help control mealtimes spikes and an intermediate acting insulin that works up to 24 hours to help control blood sugar between meals).
-There was an order for Novolog Mix 70-30 Flexpen 100units/ml, inject 18 units SQ every evening before dinner.

Review of Resident #5's April 2024 eMAR revealed:
-There was an entry for Novolog Mix 70-30 inject 22 units SQ every morning before breakfast at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 364		D 364		

Continued From page 45

8:00am.
-There was an entry for Novolog Mix 70-30 inject 18 units SQ every evening before dinner at 6:00pm.
-There was an entry for blood sugar checks twice daily at 6am and 4pm and to notify provider if blood sugar is greater than 350 or less than 60.

Observation of medication aide (MA) on 04/04/24 at 9:15am revealed the MA walked into Resident #5's room to administer her Novolog Mix 70-30.

Interview with the MA on 04/04/24 at 9:15am revealed she had forgotten to administer Resident #5's Novolog Mix 70-30 when she administered her morning medications.

Interview with Resident #5 on 04/04/24 at 9:20am revealed that she ate breakfast at 8:00am.

Interview with Resident Care Coordinator (RCC) on 04/04/24 at 2:30pm revealed:
-Medications should be administered as ordered.
-She did not know that the medications were administered late.
-The MAs had been trained to let her know when medications were administered late.

Interview with the Administrator on 04/04/24 at 2:40pm revealed:
-MAs had been educated to inform the RCC when medications were late.
-She did not know that medications were administered late.
-MAs should administer medications as ordered.

Attempted interview with facility's contracted primary care provider (PCP) on 04/04/24 at 3:15pm was unsuccessful.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ___ B. WING ___	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 364		D 364		

Continued From page 46

Attempted interview with facility's contracted primary care provider (PCP) on 04/05/24 at 2:15pm was unsuccessful.

2. Upon request on 04/04/24 and 04/05/24, Resident #6's current FL-2 and subsequent orders were not provided for review.

Review of Resident #6's April 2024 electronic medication administration record (eMAR) revealed:
-Diagnoses included coronary artery disease, dementia, depression, hypertension, cognitive communication deficit, hyperlipidemia, and bone density disorder.
-There were entries for carvedilol 3.125mg twice daily, acetaminophen 650mg 3 times daily, furosemide 20mg daily, and losartan 25mg daily with doses scheduled for 8:00am.
-There was documentation all Resident #6's 8:00am medications were administered on 04/04/24.

Observation on 04/04/24 at 9:35am revealed:
-The medication aide (MA) removed a multidose pack (MDP) and bubble packs from the drawer of the medication cart for Resident #6.
-The MA removed vitamin B12 from the MDP and punched pills from bubble packs of carvedilol, acetaminophen, furosemide, and losartan.
-The MA brought a plastic medication cup with 4- and one-half tablets to Resident #6 in room with a cup of plain water and administered the medications at 9:35am.
-The MA announced the morning medication pass was completed.

Interview with the medication aide (MA) in 04/04/24 at 4:15pm revealed:
-Resident #6's 8:00am medications were late

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 364	Continued From page 47	D 364		

because she was the only MA working.
-Normally there were 2 MAs.

Interview with the Resident Care Coordinator (RCC) on 04/05/24 at 11:15am revealed:
-She was only aware of late medication administration on one occasion on an 8:00pm medication pass.
-There was a third shift MA working who was not familiar with the 8:00pm medication pass and took longer to administer the medications.
-MAs were responsible for administering medication within one hour before and one hour after the scheduled time.
-Resident #6's 8:00am medications should have been administered by the MA between 7:00am and 9:00am.
-The 8:00am and 8:00pm medication passes were heavy, and the facility needed 2 MAs and 2 PCAs.
-Resident #6 was admitted to the facility on 02/29/24 and did not have a resident record yet.

Interview with the Administrator on 04/05/24 at 4:00pm revealed:
-MAs were responsible for administering medications according to the order on the eMAR and within one hour before and one hour after the scheduled time.
-MAs were responsible for reporting any issues with medications to her or the RCC.
-There was no oversight system in place to monitor orders, eMARs, medications on hand and medication administration.

D 366	10A NCAC 13F .1004 (i) Medication Administration	D 366		

10A NCAC 13F .1004 Medication Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 366	Continued From page 48	D 366		

(i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to ensure documentation of medication administration was completed by the medication aide (MA) who administered the medication immediately following the administration of the medication for 1 of 3 residents (#7) observed during the morning medication pass.

The findings are:

Review of Resident #7's current FL-2 dated 02/09/24 revealed:
-Diagnoses included insulin dependent type II diabetes mellitus, hypertension, coronary artery disease, ischemic cardiomyopathy, degenerative joint disease, osteoporosis, and stage IV chronic kidney disease.
-Medication orders included levothyroxine 75mcg every Monday through Friday (daily for 5 days a week).

Observation during the morning medication pass on 04/04/24 at 7:47am revealed:
-The medication aide (MA) removed a plastic bin with prescription bottles from the medication cart drawer.
-The MA looked at a few of the bottles and placed a glipizide tablet in a plastic medication cup.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 366	Continued From page 49	D 366		

-The MA said glipizide was the only medication Resident #7 would take before breakfast.
-The MA brought the glipizide tablet with plain water to Resident #7 in her room.
-Resident #7 asked the MA where her thyroid medication was, that she did not get it that morning and could not take the thyroid medication with glipizide.
-The MA told Resident #7 she would check on it.

Interview with the MA on 04/04/24 at 7:47am revealed:
-Resident #7's levothyroxine was documented as administered on her eMAR.
-Resident #7 always said she did not get her levothyroxine because she could not remember getting it so early in the morning.
-The third shift MA administered levothyroxine to Resident #7 before 7:00am that morning (04/04/24).

Review of Resident #7's April 2024 eMAR revealed:
-There was an entry for levothyroxine 75mcg five times weekly Monday - Friday at 7:00am.
-There was documentation the MA on duty for 1st shift on 04/04/24 documented administering levothyroxine to Resident #7.

Observation of Resident #7's medications on hand on 04/05/24 at 10:28am revealed:
-There was a prescription bottle with a community pharmacy label.
-The pharmacy label had Resident #7's name, instructions for levothyroxine 75mcg every Monday - Friday and indicated 60 tablets were dispensed on 02/29/24.

Interview with a medication aide (MA) on 04/04/24 at 3:10pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 366	Continued From page 50	D 366		

-She documented Resident #7's 7:00am levothyroxine whenever she saw that it was due to be administered on the eMAR.
-She called the third shift MA when she saw the levothyroxine on the eMAR to make sure it was administered and sometimes the third shift MA left a note.
-She had to trust other MAs when they said they gave Resident #7 her 7:00am levothyroxine.
-It was important to ensure all medications were documented on the eMAR.
-She had been documenting the administration of Resident #7's 7:00am levothyroxine 75mcg for approximately 2 months.
-The third shift MA was not able to document for one resident only (Resident #7) and one medication only (levothyroxine).
-The Resident Care Coordinator (RCC) and Administrator were aware because there were multiple issues with documenting medication administration since the new electronic charting system started at the end of February 2024.
-MAs were not trained on the new electronic charting system.
-MAs taught themselves and each other as they learned.

Review of an undated and unsigned handwritten note revealed there was documentation levothyroxine was administered to Resident #7 at 6:45am.

Interview with the RCC on 04/05/24 at 11:15am revealed:
-She was not sure if Resident #7 was reliable when she said she did not get levothyroxine the morning of 04/04/24.
-Resident #7 once told her family member the MA administered 14 units of insulin instead of the 13 units she was ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 366	Continued From page 51	D 366		

-The new eMAR was "weird" to get used to; all staff were having difficulty using the new electronic charting system.
-None of the staff had received proper training on using the new electronic charting system including the eMAR.
-She did not know a third shift MA was not able to document administration of Resident #7's levothyroxine since the new eMAR was implemented.
-Resident #7 was admitted to the facility on 02/29/24 and did not yet have a resident record.
-Resident #7's family member had brought the resident's medications to the facility.
-The MA should have told her the third shift MA was not able to document administering levothyroxine to Resident #7.
-The MA administering the medication was responsible for documenting on the eMAR immediately after administering the medication.

Interview with the Administrator on 04/05/24 at 4:00pm revealed:
-She was told today (04/05/24) the third shift MA was not able to document administering Resident #7's levothyroxine.
-The MA should have reported not being able to document Resident #7's levothyroxine to the RCC.
-The MA administering medications was responsible for documenting medications administered.
-There was no oversight system in place to monitor orders, eMARs, medications on hand and medication administration.

D 367	10A NCAC 13F .1004(j) Medication Administration	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ____ B. WING ____	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 367		D 367		

Continued From page 52

10A NCAC 13F .1004 Medication Administration
(j) The resident's medication administration record (MAR) shall be accurate and include the following:
(1) resident's name;
(2) name of the medication or treatment order;
(3) strength and dosage or quantity of medication administered;
(4) instructions for administering the medication or treatment;
(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;
(6) date and time of administration;
(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and,
(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).

This Rule is not met as evidenced by:
Based on observations, interviews, and record reviews the facility failed to ensure the medication administration records were accurate for 1 of 5 sampled residents (#5) to include 2 medications for pain, 2 medications to treat hypertension, reduce the risk of heart disease, a laxative and stool softener, 3 supplements, prevent fluid retention, and anxiety.

The findings are:

Review of Resident #5's current FL-2 dated 02/06/2024 revealed diagnoses of hypertension, diabetes, hyperlipidemia, transient ischemia attacks, anxiety, cerebral infarction, and memory deficit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ____ B. WING ____	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 367	Continued From page 53	D 367		

a. Review of Resident #5's current physician's order sheet dated 02/06/24 revealed:
-There was an order for Tylenol 500mg 2 (1000mg) three times daily.
-There was an order for Diclofenac Gel 1% apply 2 grams to affected knees three times daily.
-There was an order for blood sugar checks twice daily at 6:00am and 4:00pm and notify primary care provider (PCP) if blood sugar is greater than 350 or less than 60.

Review of Resident #5's March 2024 electronic medication administration record (eMAR) and exceptions report revealed:
-There was an entry for Tylenol 500mg 2 (1000mg) three times daily, 8:00am, 2:00pm, and 8:00pm.
-On 03/31/24 at 2:00pm the eMAR was left blank.
-On 03/31/24 at 2:00pm there was not any documentation on the exception report for Tylenol.
-There was an entry for Diclofenac Gel 1% apply 2 grams to affected knees three times daily, 9:00am, 2:00pm, and 8:00pm.
-On 03/31/24 at 2:00pm the eMAR was left blank.
-On 03/31/24 at 2:00pm there was not any documentation on the exception report for Diclofenac Gel.
-There was an entry for blood sugar checks twice daily at 6:00am and 4:00pm and notify primary care provider (PCP) if blood sugar is greater than 350 or less than 60.
-On 03/01/24, 03/02/24, 03/03/24, and 03/04/24 at 6:00am the eMAR was left blank.
-On 03/01/24, 03/02/24, 03/03/24, and 03/04/24 at 6:00am there was not any documentation for Blood sugar checks.
-On 03/01/24, 03/02/24, 03/03/24, and 03/04/24 at 6:00am there was not any documentation on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ____ B. WING ____	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 367		D 367		

Continued From page 54

the exception report for blood sugar checks.
-On 03/01/24, 03/02/24, and 03/03/24 at 4:00pm the eMAR was left blank.
-On 03/01/24, 03/02/24, and 03/03/24 at 4:00pm there was not any documentation for Blood sugar checks.
-On 03/01/24, 03/02/24, and 03/03/24 at 4:00pm there was not any documentation on the exception report for blood sugar checks.

b. Review of Resident #5's current physician's order sheet dated 02/06/24 revealed:
-There was an order for Docusate 100mg twice daily at 8:00am and 8:00pm.
-There was an order for Sertraline 100mg 1.5 tablets (150mg) daily.

Review of Resident #5's April 2024 eMAR revealed and exceptions report revealed:
-There was an entry for Docusate 100mg twice daily at 8:00am and 8:00pm.
-On 04/01/24 and 04/02/24 at 8:00am and 8:00pm the eMAR was left blank.
-On 04/01/24 and 04/02/24 at 8:00am and 8:00pm there was not any documentation on the exception report for Docusate.
-There was an entry for Sertraline 100mg 1.5 tablets (150mg) daily at 8:00am.
-On 04/01/24 and 04/02/24 at 8:00am the eMAR was left blank.
-On 04/01/24 and 04/02/24 at 8:00am there was not any documentation on the exception report for Sertraline.

Interview with the medication aide (MA) on 04/03/24 at 2:45pm revealed:
-When there were blanks (no initials) on the eMAR it meant the medication was not administered and you were to document in the exceptions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ____ B. WING ____	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 367	Continued From page 55	D 367		

-She reordered Resident #5's medications on 04/03/24 that did not show that they had been reordered on 03/30/24.

c. Review of Resident #5's current physician's order sheet dated 02/06/24 revealed:
-There was an order for Tylenol 500mg 2 (1000mg) three times daily.
-There was an order for Amlodipine 10mg daily.
-There was an order for Aspirin Enteric Coated 81mg daily.
-There was an order for Diclofenac Gel 1% apply 2 grams to affected knees three times daily.
-There was an order for Docusate 100mg twice daily at 8:00am and 8:00pm.
-There was an order for Ferrous Sulfate 325mg daily on Monday, Wednesday, and Friday.
-There was an order for Fish Oil 1200mg daily.
-There was an order for Hydrochlorothiazide 12.5mg daily.
-There was an order for Lisinopril 40mg daily.
-There was an order for Novolog Mix 70-30 inject 22 units every morning before breakfast.
-There was an order for Novolog Mix 70-30 inject 18 units every evening before dinner.
-There was an order for Sertraline 100mg 1.5 tablets (150mg) daily.
-There was an order for Vitamin D3 50mcg daily.

Review of Resident #5's April 2024 eMAR revealed:
-The following medications were documented on the eMAR as administered on 04/03/24 at 8:00am Tylenol 1000mg, Amlodipine 10mg, Aspirin (ASA) EC 81mg, Diclofenac Gel 1%, Docusate 100mg, Ferrous Sulfate 325mg, Fish Oil 1200mg, hydrochlorothiazide 12.5mg, Lisinopril 40mg, Novolog 70-30 22 units, Sertraline 100mg, and Vitamin D3 50mcg.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 367		D 367		

Continued From page 56

Interview with Resident #5 on 04/03/24 at 11:20am revealed:
-She had not had her medications, insulin, and cream for her knees today (04/03/24).
-She was not sure about any other days she may not have received her medications.

Second interview with Resident #5 on 04/04/24 at 9:20am revealed:
-She had been weak, tired, and had a headache.
-She had felt bad for a couple of months, got short of breath when she did anything, and had pressure in her chest at times.
-She had been feeling down and cried sometimes.
-Her knees had been hurting and made it difficult to walk.

Observation of medications on hand on 04/03/24 at 12:00pm revealed:
-There was no Tylenol 500mg 2 (1000mg), Diclofenac Gel 1%, Docusate 100mg, Fish Oil 1200mg, Sertraline 150mg, Vitamin D3 2000 units, Hydrochlorothiazide 12.5mg, Lisinopril 40mg, ASA 81mg, Amlodipine 5mg 2 (10mg), and Ferrous Sulfate 325mg available for administration.

Second interview with the MA on 04/03/24 at 11:55am revealed:
-Resident #5 was out of her morning medications (04/03/24).
-She did not know how long Resident #5 had been out of her medications.
-She was not sure why she signed off administering her medications this am (04/03/24).

Interview with the Resident Care Coordinator (RCC) on 04/03/24 at 12:07pm revealed:
-New medications arrived late Tuesday evening

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ___ B. WING ___	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 367	Continued From page 57	D 367		

or early Wednesday morning to start cycle on Wednesday morning.
-MAs reorder medication when they get down to 7-10 days left for the medication that is not on auto refill.
-All MAs had been educated on how to refill medications.
-No resident should run out of their medications.
-She did not know that Resident #5 was out of her medications.
-Medications should only be documented as administered if administered.
-MAs should notify the RCC when medications were administered late.

Second interview with the RCC on 04/04/24 at 2:57pm revealed:
-Blank spaces on the eMAR indicated that the medication had not been administered or the MA forgot to document that the medication had been administered.
-She was not sure what a circle around the MAs initials would mean.
-She had educated the MAs to use withheld per DR/RN orders when medications were not given.

Interview with the Administrator on 04/03/24 at 12:15pm revealed:
-Medications arrived weekly from the pharmacy.
-MAs had been educated on the process of ordering medications.
-The RCC orders medications when a resident was out or called the PCP to place a hold on the medication.
-The facility also had a backup pharmacy.
-She did not know that Resident #5 was out of her medications.
-Medications should not have been documented as administered if there were not.
-MAs should notify the RCC when medications

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 367	Continued From page 58	D 367		

were administered late or not available on the medication cart.

Second interview with the Administrator on 04/03/24 at 4:13pm revealed:
-The medications provided by the previously contracted pharmacy would have been administered and there would not be any medications remaining except for some as needed medications.
-Blank spaces on the eMAR indicated that the MA had forgotten to document that the medication was administered.
-Circled initials could have indicated medication had been given late, the resident was out of the facility, or the resident refused the medication, and the reason should have been documented on the eMAR.

Interview with the facility's previously contracted pharmacy on 04/05/24 at 10:45am revealed that the pharmacy stopped servicing the facility on 02/08/24.

Interview with the facility's contracted pharmacy on 04/03/24 at 3:40pm revealed:
-Tylenol 500mg 2 (1000mg) three times daily was dispensed on 03/13/24 for a 14-day supply.
-Diclofenac Gel 1% had not been dispensed.
-Docusate 100mg twice daily was dispensed on 03/05/24 for a 30-day supply.
-Sertraline 150mg daily was dispensed on 03/13/24 for a 7-day supply.
-ASA EC 81mg daily was dispensed on 03/13/24 for a 7-day supply.
-Hydrochlorothiazide 12.5mg daily was dispensed on 03/13/24 for a 7-day supply.
-Lisinopril 40mg daily was dispensed on 03/13/24 for a 7-day supply.
-Amlodipine 5mg 2 daily was dispensed on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 367 | D 367

Continued From page 59

03/13/24 for a 7-day supply.

Interview with the facility's contracted PCP on 04/04/24 at 4:40pm revealed.
-She had not been notified that Resident #5 had been out of any of her medications.
-She should not have been without any of her medications.
-Going without Tylenol Resident #5's pain would increase which could lead to her falling.
-Going without Diclofenac Gel Resident #5's knee pain would increase which could lead to her falling.
-Going without Docusate Resident #5's could develop constipation.
-Going without Sertraline Resident #5's mood could change, and she could become upset and cry.
-Going without Hydrochlorothiazide Resident #5's blood pressure could increase that could increase the risk of a stroke.
-Going without Lisinopril Resident #5's blood pressure could increase that could increase the risk of a stroke.
-Going without Amlodipine Resident #5's blood pressure could increase that could increase the risk of a stroke.
-Going without ASA Resident #5's could increase her risk of stroke.
-Missing this combination of medications could increase Resident #5's risk of having a stroke.

D 423 | D 423

10A NCAC 13F .1104(e) Accounting For Resident's Personal Funds

10A NCAC 13F .1104 Accounting For Resident's Personal Funds
(e) All or any portion of a resident's personal funds shall be available to the resident or his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 423		D 423		

Continued From page 60

legal representative or payee upon request during regular office hours, except as provided in Rule .1105 of this Subchapter.

This Rule is not met as evidenced by:
Based on observations, interviews and record reviews, the facility failed to ensure residents' personal funds were available upon request for 3 months for 5 of 5 sampled residents (#10, #11, #12, #13, and #14).

The findings are:

1. Review of Resident # 11's current FL-2 dated 01/30/24 revealed diagnoses of dementia, psychotic disturbance, mood disturbance, anxiety, epilepsy, urinary incontinence, delayed milestone in childhood, and vitamin D deficiency.

Review of Resident #11's January 2024 resident trust transactions logs revealed:
-There was a balance forward from December 2023 of $2042.22.
-There were not any deposits listed.

Review of Resident #11's February 2024 resident trust transactions logs revealed:
-There was a balance forward from January 2024 of $2042.22.
-There were not any deposits listed.

Review of Resident #11's March 2024 resident trust transactions logs revealed:
-There was a balance forward from February 2024 of $2042.22.
-There was a deposit of $20.00 listed with a total of $2062.22.
-There was a withdrawal on 03/07/24 of $20.00 leaving $2042.22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ____ B. WING ____	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 423	Continued From page 61	D 423		

-There was a withdrawal on 03/22/24 of $20.00 leaving $2022.22.
-There was a withdrawal on 03/26/24 of $25.00 for haircut leaving $1997.22.

Review of Resident #11's April 2024 resident trust transactions logs revealed:
-There was a balance forward from March 2024 of $1997.22.
-There was a deposit of $250.00 from special assistance (SA) for the months of January 2024, February 2024, and March 2024 on 04/04/24 for $250.00 for a balance of $2247.22.

Review of the beauty shop log dated 03/26/24 revealed that Resident #11 received a haircut and shampoo that cost $25.00.

Based on observations, interviews, and record reviews it was determined that Resident #11 was not interviewable.

Refer to interview with the Business Office Manager (BOM) on 04/04/24 at 9:43am.

Refer to telephone interview with the Chief Financial Officer (CFO)/Manager on 04/05/24 at 2:44pm.

Refer to second interview with the BOM on 04/05/24 at 3:02pm.

Refer to interview with the Administrator on 04/04/24 at 10:33am.

2. Review of Resident # 13's current FL-2 dated 01/07/24 revealed a diagnose of gait and mobility.

Review of Resident #13's January 2024 resident trust transactions logs revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	**1205 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 423	Continued From page 62	D 423		

-There was a balance forward from December 2023 of $185.18.
-There were not any deposits listed.
-There was a withdrawal on 01/26/24 of $20.00 leaving $165.18.

Review of Resident #13's February 2024 resident trust transactions logs revealed:
-There was a balance forward from January 2024 of $165.18.
-There were not any deposits listed.
-There was a withdrawal on 02/02/24 of $20.00 leaving $145.18.
-There was a withdrawal on 02/27/24 of $20.00 leaving $125.18.

Review of Resident #13's March 2024 resident trust transactions logs revealed:
-There was a balance forward from February 2024 of $125.18.
-There was a deposit on 03/07/24 from unknown source for $20.00 for a balance of $145.18.
-There was a withdrawal on 03/11/24 of $20.00 leaving $125.18.
-There was a withdrawal on 03/26/24 of $20.00 leaving $105.18.

Review of Resident #13's April 2024 resident trust transactions logs revealed:
-There was a balance forward from March of 2024 of $105.18.
-There was a deposit of $250.00 from SA for the months the of January 2024, February 2024, and March 2024 on 04/04/24 for $250.00 for a balance of $355.18.

Interview with Resident # 13 on 04/05/24 at 10:10am revealed:
-He was only allowed to take out $20.00 a month from his account.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ____ B. WING ____	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 423	Continued From page 63	D 423		

-Usually, he would take out $100.00 a month but now the facility would only allow him to withdraw $200.00 per month.
-He wanted to buy cigarettes but could not access his funds to purchase the cigarettes.
-He was told by the facility BOM that the facility had not received his money.

Refer to interview with the Business Office Manager (BOM) on 04/04/24 at 9:43am.

Refer to telephone interview with the Chief Financial Officer (CFO)/Manager on 04/05/24 at 2:44pm.

Refer to second interview with the BOM on 04/05/24 at 3:02pm.

Refer to interview with the Administrator on 04/04/24 at 10:33am.

3. Review of Resident # 14's current FL-2 dated 01/30/24 revealed diagnoses of hypertension, pain, diabetes, diplopia, gout, chronic kidney failure, cardiomyopathy, congestive heart failure, transient ischemic attacks, cerebral infarction, implantable cardiac defibrillator, gastro esophageal reflux, and typhoid pneumonia.

Review of Resident #14's January 2024 resident trust transactions logs revealed:
-There was a balance forward from December 2023 of $47.32.
-There were not any deposits listed.

Review of Resident #14's February 2024 resident trust transactions logs revealed:
-There was a balance forward from January 2024 of $47.32.
-There were not any deposits listed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	**1205 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 423	Continued From page 64	D 423		

-There was a withdrawal on 02/07/24 of $20.00 for spending leaving $27.32.

Review of Resident #14's March 2024 resident trust transactions logs revealed:
-There was a balance forward from February 2024 of $27.32.
-There was a deposit on 03/07/24 from unknown source for $20.00 for a balance of $47.32.
-There was a withdrawal on 03/22/24 of $20.00 for spending leaving $27.32.
-There was a withdrawal on 03/26/24 of $15.00 for haircut leaving $12.32.

Review of Resident #14's April 2024 resident trust transactions logs revealed:
-There was a balance forward from March 2024 of $12.32.
-There was a deposit of $250.00 from SA for the months of January 2024, February 2024, and March 2024 on 04/04/24 for $250.00 for a balance of $262.32.

Review of the beauty shop log dated 03/26/24 revealed that Resident 14 received a haircut that cost $15.00.

Interview with Resident #14 on 04/05/24 at 9:55am revealed:
-He had asked the BOM several times if they had received his money and was told no.
-He had been told he did not have any money in his account.
-He was only allowed to take out $20.00 at a time from his account on Tuesdays.
-He had needed his money to give to his family for taking him to his appointments.

Refer to interview with the Business Office Manager (BOM) on 04/04/24 at 9:43am.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 423	Continued From page 65	D 423		

Refer to telephone interview with the Chief Financial Officer (CFO)/Manager on 04/05/24 at 2:44pm.

Refer to second interview with the BOM on 04/05/24 at 3:02pm.

Refer to interview with the Administrator on 04/04/24 at 10:33am.

4. Review of Resident #10's current FL-2 dated 01/23/24 revealed diagnoses included hypertension, intracerebral hemorrhage, right hemiplegia, and dysarthria.

Review of Resident #10's January 2024 resident trust transactions logs revealed:
-There was a balance forward from December 2023 of $50.00.
-There was a withdrawal on 01/12/24 of $40.00 leaving a balance of $10.00.
-There were not any deposits listed.

Review of Resident #10's February 2024 resident trust transactions logs revealed:
-There was a balance forward from January 2024 of $10.00.
-There was a deposit on 02/08/24 of $20.00 from a social security check leaving a balance of $30.00.
-There was a withdrawal on 02/09/24 of $20.00 leaving a balance of $10.00.

Review of Resident #10's March 2024 resident trust transactions logs revealed:
-There was a balance forward from February 2024 of $10.00.
-There was a deposit on 03/07/24 of $20.00 from a social security check leaving a balance of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 423		D 423		

Continued From page 66

$30.00.
-There was a withdrawal on 03/08/24 of $20.00 leaving a balance of $10.00.

Review of Resident #10's April 2024 resident trust transactions logs revealed:
-There was a balance forward from March 2024 of $10.00.
-There was a deposit of $250.00 from special assistance (SA) for the months of January 2024, February 2024, and March 2024 on 04/04/24 for $250.00 for a balance of $260.00.

Interview with Resident #10 on 04/04/24 at 9:19am revealed:
-He thought he was supposed to get $60.00 or $70.00 each month for personal funds.
-He did not receive all his personal funds monies for January, February, and March 2024.
-He got what the Business Office Manager (BOM) was able to give for January, February, and March 2024.
-The facility switched management companies and residents' personal funds monies were held up because of the switch.

Refer to interview with the Business Office Manager (BOM) on 04/04/24 at 9:43am.

Refer to telephone interview with the Chief Financial Officer (CFO)/Manager on 04/05/24 at 2:44pm.

Refer to second interview with the BOM on 04/05/24 at 3:02pm.

Refer to interview with the Administrator on 04/04/24 at 10:33am.

5. Review of Resident #13's current FL-2 dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 423	Continued From page 67	D 423		

01/09/24 revealed diagnoses included atrial fibrillation, pacemaker, rheumatoid arthritis, gout, transient ischemic attack, neuropathy, gastro-esophageal reflux disease, hypertension, and chronic pain.

Review of Resident #13's January 2024 resident trust transactions logs revealed:
-There was a balance forward from December 2023 of $30.17.
-There was a withdrawal on 01/12/24 of $30.00 leaving a balance of $0.17.
-There were not any deposits listed.

Review of Resident #10's February 2024 resident trust transactions logs revealed:
-There was a balance forward from January 2024 of $0.17.
-There was a deposit on 02/08/24 of $20.00 from a social security check leaving a balance of $20.17.
-There was a withdrawal on 02/09/24 of $20.00 leaving a balance of $0.17.

Review of Resident #10's March 2024 resident trust transactions logs revealed:
-There was a balance forward from February 2024 of $0.17.
-There was a deposit on 03/07/24 of $20.00 from a social security check leaving a balance of $20.17.
-There was a withdrawal on 03/08/24 of $20.00 leaving a balance of $0.17.

Review of Resident #10's April 2024 resident trust transactions logs revealed:
-There was a balance forward from March 2024 of $0.17.
-There was a deposit of $250.00 from special assistance (SA) for the months of January 2024,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ____ B. WING ____	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 423		D 423		

Continued From page 68

February 2024, and March 2024 on 04/04/24 for $250.00 for a balance of $250.17.

Interview with Resident #13 on 04/04/24 at 9:15am revealed:
-She was supposed to get $96.00 per month in personal funds money.
-She had not received her personal funds monies for January, February, and March 2024.
-She had not yet received any personal funds monies for April 2024.
-She needed her money to buy food because she did not like the food the facility served and did not think enough food was served at the dinner meal.
-She needed her money to buy personal care and other items.
-She did not know when she was going to receive her money because it was tied up with the old management company.

Refer to interview with the Business Office Manager (BOM) on 04/04/24 at 9:43am.

Refer to telephone interview with the Chief Financial Officer (CFO)/Manager on 04/05/24 at 2:44pm.

Refer to second interview with the BOM on 04/05/24 at 3:02pm.

Refer to interview with the Administrator on 04/04/24 at 10:33am.

____

Interview with the Business Office Manager (BOM) on 04/04/24 at 9:43am revealed:
-Residents special assistance monies went to the former management company for January, February, and March 2024.
-New direct deposit forms and voided checks with the current management company's information

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 423	Continued From page 69	D 423		

had to be sent to the county Department of Social Services (DSS) for each affected resident.
-She did not know the management company was going to change on 01/01/24 until Christmas 2024.
-She started working on the needed forms for special assistance payments in January 2024, but had the wrong checks.
-The facility's Chief Financial Officer (CFO)/Manager was working on getting residents' personal funds monies for January, February, and March 2024 from the former management company.

Telephone interview with the CFO/Manager on 04/05/24 at 2:44pm revealed:
-He was responsible for oversight of the Directors at the facility.
-He did not remember specific times and details of steps taken to ensure residents' personal funds for January, February, and March 2024, were available to the affected residents.
-He had sent checks to the BOM but they could not be used for direct deposit of special assistance money from county DSS because the checks did not specify "trust".
-He was in the process of sending new checks to the BOM and a debit card to access the trust account he set up for residents' personal funds.
-He sent a petty cash check to the BOM to take care of the needs of residents awaiting their personal funds.
-He was unable to give specifics including the amount of petty cash sent and dates checks were sent.

Second interview with the BOM on 04/05/24 at 3:02pm revealed:
-She did not initially notify the county DSS of the change in management companies because she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 423	Continued From page 70	D 423		

thought the former management company would forward residents' personal funds.
-She contacted the county DSS as soon as she saw there was a problem with the personal funds (January 2024).
-One of the county DSS workers told her she needed the new direct deposit form and a voided check.
-Incorrect checks for the direct deposit of special assistance monies were sent in February 2024.
-A DSS worker told her on 02/16/24 that the checks could not be used because they were not marked "trust".
-She told the CFO/Manager immediately about the need for new checks marked "trust".
-She started sending properly marked checks with new direct deposit forms to county DSS on 03/21/24.
-Prior to 01/01/24, the former management company notified her the personal funds were in the designated account, she withdrew monies from the account and dispersed to residents on request.
-She maintained a log for each resident, documenting each deposit and withdrawal with witnessing signatures.
-Each resident was supposed to receive $90.00 for personal funds each month per state allowance.
-She normally distributed personal funds to residents every Tuesday and Friday on request.
-Residents could technically request the entire balance in their account, but she tried to advise a limit of $100.00 for loss prevention.
-The CFO/Manager sent $500.00 for the cash box for residents who had money in their and asked for cash.
-It was a while ago and she could not recall the exact date.
-A transfer was made from the CFO/Manager to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092212	A. BUILDING: ______ B. WING ______	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY HOUSE OF ZEBULON	1205 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 423	Continued From page 71 the trust account for residents' personal funds yesterday (04/04/24). Interview with the Administrator on 04/04/24 at 10:33am revealed: -She was aware residents had not received their personal funds monies for January, February, and March 2024. -She did not have anything to do with residents' personal funds monies. -The CFO/Manager and the BOM were working to resolve the issue with personal funds monies. -She and the BOM bought one resident's cigarettes and none of the other affected residents needed anything they did not get.	D 423		