STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ HAL019018 03/07/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **260 VILLAGE LAKE ROAD COVENTRY HOUSE OF SILER CITY** SILER CITY, NC 27344 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Construction Section Biennial Survey by Dennis Harrell on 3-7-2017. Records indicate this facility was first licensed on 7-15-2005, for 66 residents. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1996 North Carolina State Building Code Section 407- Institutional Occupancy, Group I-2. C 154 Entrances/Exits-Wanderer Alarms C 154 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel. This Rule is not met as evidenced by: Based on observation, the alarm provided on the dining room exit door did not work. Based on interview, the facility houses several residents known to be disoriented or a wanderer.

Division of Health Service Regulation

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

TITLE (X6) DATE

AND DI AN OF CORRECTION INTERPRETATION NUMBER:					3) DATE SURVEY COMPLETED	
		HAL019018	B. WING		03/0	7/2017
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	, , ,	•
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OOVEN		SILER CIT	Y, NC 2734			
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C 166	Continued From pa	ige 1	C 166			
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained is orderly manner, fre hazards; (e) This Rule shall facilities. This Rule is not me Based on observation maintained in a safe handling portable model affect all residency inders fall, break cylinder and turning Findings include: a. Several portable were stored in no conurse station.	es shall: in an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by: ion, the building was not e manner by not properly nedical oxygen cylinders. This dents, staff and visitors if cing their valves, propelling the g it into a dangerous projectile. e medical oxygen cylinders ontainer in room 406. e medical oxygen cylinders ontainer in the storage off the				
C 185	Fire Safety-Rehear	sals on Each Shift	C 185			
	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe	09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION (X3) DATE COMP		SURVEY PLETED	
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C 185	social services anninclude the date and shift, staff members description of what (f) This Rule shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. In the 3rd on a review and the shall a facilities and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities. This Rule is not mean and the shall a facilities.	ually. The records shall d time of the rehearsals, the spresent, and a short the rehearsal involved. apply to new and existing of documents, fire drill being done regularly with at each quarter. Failure to an could lead to confusion and mergency. If of this year, there was no ng the 3rd shift. For of this year, there were no ring the 3rd shift. It of this year, there were no ring the 3rd shift. It of this year, there were no ring the 3rd shift. It of documents, the records uded no description of what	C 185			
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu		C 189			
	operating condition.					

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AND DIAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL019018	B. WING		03/0	7/2017
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COVENTRY HOUSE OF SILER CITY			AGE LAKE R TY, NC 2734			
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C 189	Continued From particles with the extended from particles with the extended from particles which shall not appoint and the findings include; a. The astragal has smoke barrier appoint appoint from particles and particles and particles with the passage of the findings include; a. The astragal has smoke barrier doors which shall not appoint appoint appoint appoint and the passage of the passage o	ge 3 ception of Paragraph (e) ly to existing facilities. et as evidenced by: vation, the Special Locking vided on the Special Care not work and secure the gate. vation, battery powered ould not work when tested. nergency lights that will not least 90 minutes could ents and staff. ts include the following areas: nployee bath, om 404, ecretary's office, om 210, hroom, t sign/emergency light in al Care Unit. vation, several corridor doors closing quickly and latching to of fire and smoke. Corridor ose completely and latch ity that a fire that begins in kly spread to the corridor and	C 189	DEFICIENCY)		
	properly to be resis b. The door to bed closed.	tant to the passage of smoke room 203 would not latch whe				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	NSTRUCTION (X3) DATE COMP		
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C 189	d. The door to the wedged open. e. There was a hol door to the dining re 4. Based on obser fire rated ceiling was unsealed penetration. Holes and penetrate materials approved.	employee bathroom was le by the latchset through the	C 189			
C 191	begins in one space areas of the facility. Unvented & Portab SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (b) There shall be maintain 75 degree winter design condition following shall appliances. (2) Unvented fuel to portable electric he (k) This Rule shall facilities with the exwhich shall not app This Rule is not me Based on observation the prohibition of Portable electric he	te can quickly spread to other ble Elec. Heaters Prohibited PHYSICAL PLANT	C 191			
	the facility. Finding includes:	ole electric heater found in the				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 260 VILLAGE LAKE ROAD SILER CITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) C 199 Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (K) This Rule shall apply to new and existing	AND DUAN OF CODDECTION DENTIFICATION NUMBER:		` ,	(2) MULTIPLE CONSTRUCTION (X3) DATE COMP		SURVEY LETED	
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SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area.	PRÉFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Finding includes; The exhaust system was not working on the 400 Hall.	C 199	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhaut two cubic feet per r requirement does r before April 1, 1984 these specified spa (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex which shall not app This Rule is not mo Based on observati maintain required ex Non-functioning exi unhealthy buildup of bacteria. Finding includes; The exhaust system	PHYSICAL PLANT 11 OTHER ed in this Paragraph shall be ust ventilation at the rate of minute per square foot. This not apply to facilities licensed it, with natural ventilation in inces: rage; toilet rooms; closets; and apply to new and existing apply to new and existing apply to existing facilities. et as evidenced by: foot the facility failed to exhaust in a working condition, haust could cause an of moisture and possibly	C 199	DEFICIENCY)		

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