STATEMENT OF DEFICIENCIES (X° AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION  01	(X3) DATE SURVEY COMPLETED	
		HAL019018	B. WING		03/2	20/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
COVENT	COVENTRY HOUSE OF SILER CITY  260 VILL SILER CI					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 000 Initial Comments		C 000				
		tion Section Biennial Survey d Frank Strickland conducted				
	July 15, 2005 and is residents. Therefor 1996 and the applic Rules for the Licens the 2002 North Car	is facility was first licensed on s currently licensed for 86 re the facility must meet the cable portions of the 2005 sing of Adult Care Homes and olina State Building Code tional Occupancy, Group I-2.				
C 111	Must Have Current	San. & Fire Safety Reports	C 111			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.					
	does not maintain of	et as evidenced by: ds revealed that the facility current fire safety inspection e and available for review.				
	Findings on March a. The last recorde conducted in 2016.	ed fire inspection report was				
C 143	Janitor's Closets-Lo	ocked	C 143			
	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (f) The requirement closets are:					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					DATE SURVEY COMPLETED		
		HAL019018		B. WING		03/	20/2019
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COVENT	RY HOUSE OF SILER	CITY		AGE LAKE R			
	OLIMANA DV. OTA	TEMENT OF DEFICIENCIES		ΓY, NC 2734		OTION	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY F SC IDENTIFYING INFORMA'	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C 143	Continued From pa	ge 1		C 143			
	storing cleaning age and other substance ingested, inhaled or shall be monitored.  This Rule is not me	et as evidenced by: vealed that cleaning a	cides, ardous if supplies				
	agents were stored	inen - chemicals and in the closet. The do of survey. Staff lock	or was				
C 154	Entrances/Exits-Wa	anderer Alarms		C 154			
	SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (h) The requirement exits are: (4) In homes with a determined by a photo be disoriented or accessible by reside sounding device that opened. The sound that it can be heard of remote sounding control panel for the the office of the adraccessible only to se	PHYSICAL PLANT 05 PHYSICAL  at least one resident vivision or is otherwise a wanderer, each exents shall be equipped it is activated when the shall be of sufficient by staff. If a central devices is provided, experted system shall be located authorized by the erate the control pane	who is e known it door d with a ne door is volume system the ated in				
	1. Observations re-	et as evidenced by: vealed that the facility ing devices installed a					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL019018	B. WING		03/20/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
COVENT	RY HOUSE OF SILER	? (:11 Y	AGE LAKE R TY, NC 2734			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 154	Continued From pa	ge 2	C 154			
	exit door for the manual override switches. Failure to sound an alarm would allow residents to elope without alerting staff.					
		oxes for the override switches following locations: by Room 123 by Room 109				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.					
	This Rule is not me 1. Observations re not kept in good rep	vealed that the ceilings were				
	the joints.	ng finishes were separating at nere is a large brown water				
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166			
	SECTION .0300 - F 10A NCAC 13F .03					

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STATE FORM 6899 H9HZ21 If continuation sheet 3 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED	
		HAL019018	B. WING		03/20/2019		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
COVENT	RY HOUSE OF SILER	? CITY	GE LAKE R				
			Y, NC 2734				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE		
C 166	Continued From pa	ge 3	C 166				
	FURNISHINGS  (a) Adult care homes shall:  (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;  (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by:  1. Based on observation the facility was not maintained free from hazards. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility.  Findings on March 20, 2019:  a. 500 Hall Nurses' Station - there was one unsecured oxygen tank in the storage closet.						
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by:		C 185				

Division of Health Service Regulation STATE FORM

H9HZ21 If continuation sheet 4 of 8

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION  01	(X3) DATE SURVEY COMPLETED		
		HAL019018	B. WING		03/20/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, S	STATE, ZIP CODE		
COVENT	RY HOUSE OF SILER	CITY	GE LAKE R Y, NC 2734	<del></del>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 185	1. Review of record not have records of Findings on March a. Interview with stanew to the facility at the quarterly fire reprevious administra	ds revealed that the facility did fire rehearsals available.  20, 2019:  aff revealed that they were had had not been able to locate hearsal reports from the tion. No fire drills have been The first drill is scheduled to	C 185			
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and	C 189			
	maintain the facility safe operating cond compartment could doors do not complimit the spread of sorigin.  Findings on March 2 a. Foyer - the door b. Room 407 - the	vation there is a failure to its fire safety equipment in a lition. Occupants in the smoke be exposed to smoke or fire if etely close and latch to help smoke or fire to the area of				

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NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/2	0/2010
COVENTRY HOUSE OF SILER CITY			GE LAKE R			
			TY, NC 2734		ON!	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 5	C 189			
	2. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.					
	Findings on March 20, 2019:  a. Soiled Linen - the emergency light did not illuminate on test.  b. Ladies Guest Bath - the emergency light did not illuminate on test.  c. Beauty Salon - the emergency light did not illuminate on test.					
	3. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow fire and smoke to spread beyond the area of origin.					
	Findings on March 20, 2019: a. Room 9 - the escutcheon plate was missing from the front sprinkler head leaving a gap in the ceiling around the head.					
	maintain the buildin a safe operating co device used to keel impediment to quic occupants in the facannot be closed as	vation there is a failure to gs's fire safety components in ndition. Any unapproved p a door open is an kly closing the door. The cility could be effected if doors s required so as to limit the nd/or fire to the area of origin.				
	over the door that p	20, 2019: door had a wreath hanger brevented the door from r was removed at the time of				

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STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION <b>01</b>	(X3) DATE SURVEY COMPLETED	
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COVENTRY HOUSE OF SILER CITY			GE LAKE R			
			TY, NC 2734		ONI	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 6	C 189			
	survey. b. 500 Hall Nutritio open using a wedge	n Station - the door was held ed device.				
		realed that the electrical maintained in a safe				
	exterior electrical o door. b. The protective of	20, 2019: over was missing from the utlet to the right of the front over was missing from the utlet outside of dining.				
	install and maintain devices or equipme install plumbing saf could effect all occu absence of the plur	vation there is a failure to required plumbing safety ent. Failure to maintain or fety devices or equipment upants of the facility if the mbing safety devices or the domestic water supply to ted.				
	Findings on March a. Beauty Salon - t a vacuum breaker	he hair wash sink did not have				
		vealed that the plumbing maintained in a safe and .				
	Findings on March a. 500 Hall Staff Ba to the floor.	20, 2019: ath - the toilet was not secure				
		vealed that the life safety maintained in a safe and				

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			A. BUILDING:	01		
		HAL019018	B. WING		03/2	0/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COVENT	COVENTRY HOUSE OF SILER CITY 260 VILL					
			TY, NC 2734		ON	()(5)
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 7	C 189			
	Findings on March 20, 2019: a. There was a pattern of the radiation dampers in the mechanical exhaust vents having a heavy accumulation of dust.					
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per requirement does repereduced before April 1, 1984 these specified spared (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not apport This Rule is not measured by the control of the c	ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This not apply to facilities licensed with natural ventilation in aces: rage; toilet rooms; closets; and apply to new and existing apply to new and existing apply to existing facilities. Let as evidenced by: vealed that the facility did not intilation in specified spaces.  20, 2019: httlation system was not Hall. Intilation system was not				