

Attn : Suzanna
Fay

From : Calvin Harris

PRINTED: 04/02/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL019018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2019
NAME OF PROVIDER OR SUPPLIER COVENTRY HOUSE OF SILER CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 260 VILLAGE LAKE ROAD SILER CITY, NC 27344		
(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
C 000	Initial Comments Report of Construction Section Biennial Survey by Suzanna Fay and Frank Strickland conducted on March 20, 2019. Records indicate this facility was first licensed on July 15, 2005 and is currently licensed for 86 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 2002 North Carolina State Building Code Section 407- Institutional Occupancy, Group I-2.	C 000		
C 111	Must Have Current San. & Fire Safety Reports 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. This Rule is not met as evidenced by: 1. Review of records revealed that the facility does not maintain current fire safety inspection reports in the home and available for review. Findings on March 20, 2019: a. The last recorded fire inspection report was conducted in 2016.	C 111		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are:	C 143	Completed 4/10/19 by Chatham County Fire Marshal Annual call to Fire Marshal to schedule Inspection.	4/17/19

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

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C 143	Continued From page 1 (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Observations revealed that cleaning agents were not kept in a locked area. Findings on March 20, 2019: a. 500 Hall Clean Linen - chemicals and cleaning agents were stored in the closet. The door was unlocked at the time of survey. Staff locked the door after the inspection.	C 143	<i>Although the door was locked immediately, the chemicals were removed from the storage area. A weekly check will be conducted to ensure that chemicals are not stored in this location.</i>		
C 154	Entrances/Exits-Wanderer Alarms 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: 1. Observations revealed that the facility did not maintain the sounding devices installed at each	C 154			

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C 154	Continued From page 2 exit door for the manual override switches. Failure to sound an alarm would allow residents to elope without alerting staff. Findings on March 20, 2019: a. The screamer boxes for the override switches did not alarm at the following locations: 1) 100 Hall exit by Room 123 2) 100 Hall exit by Room 109 3) 300 Hall exit	C 154	On 3/21/19 the three locations identified batteries were changed. On 4/3/19 all batteries were changed in the remaining alarms. During the monthly fire extinguisher check, the alarms will be checked as well.	
C 164	Housekeeping and Furnishings-Clean, Repaired 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 met as evidenced by: 1. Observations revealed that the ceilings were not kept in good repair. Findings on March 20, 2019: a. Dining - the ceiling finishes were separating at the joints. b. 200 Hall Spa - there is a large brown water stain on the ceiling over the tub.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 166		

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C 166	Continued From page 3 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 166	On 3/20/19 the Oxygen tank was removed from the building. The company was also called to come remove the tank from the premises. During the monthly building check we will ensure no tanks are being stored. Also upon discharge we will contact the supplier to ask to pick up tanks.	
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	There has been an employment change here. The drill was planned as mentioned in the survey. We have a fire drill book now and will ensure that the practice occurs. 2nd & 3rd shift had a drill on 3/25/19. 1st Shift had a drill on 3/28/19.	

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C 185	Continued From page 4 1. Review of records revealed that the facility did not have records of fire rehearsals available. Findings on March 20, 2019: a. Interview with staff revealed that they were new to the facility and had not been able to locate the quarterly fire rehearsal reports from the previous administration. No fire drills have been conducted in 2019. The first drill is scheduled to be conducted on March 28, 2019.	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin. Findings on March 20, 2019: a. Foyer - the door to the corridor does not latch. b. Room 407 - the door was damaged at the handle and the latch was removed. The door does not latch.	C 189		

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C 189	<p>Continued From page 5</p> <p>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.</p> <p>Findings on March 20, 2019:</p> <p>a. Soiled Linen - the emergency light did not illuminate on test.</p> <p>b. Ladies Guest Bath - the emergency light did not illuminate on test.</p> <p>c. Beauty Salon - the emergency light did not illuminate on test.</p> <p>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.</p> <p>Findings on March 20, 2019:</p> <p>a. Room 9 - the escutcheon plate was missing from the front sprinkler head leaving a gap in the ceiling around the head.</p> <p>4. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on March 20, 2019:</p> <p>a. Room 404 - the door had a wreath hanger over the door that prevented the door from closing. The hanger was removed at the time of</p>	C 189	<p><i>Sprinkler, Fire</i> Pye Barker (Alarm Company) was on site 4/4/19. <i>new</i> Batteries were installed in all emergency lights. During the monthly test, we will ensure that all emergency lights are working</p> <p>On 3/21/19 call placed to Pye Barker. Technician Sent out. He serviced the fire panel and made rotations of the heads. 4/4/19 - Batteries replaced 4/15/19 - Batteries & lights replaced 3/25/19 - Call from Sprinkler department received waiting for a date from company from service provider</p>		

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C 189	<p>Continued From page 6</p> <p>survey.</p> <p>b. 500 Hall Nutrition Station - the door was held open using a wedged device.</p> <p>5. Observations revealed that the electrical equipment was not maintained in a safe condition.</p> <p>Findings on March 20, 2019:</p> <p>a. The protective cover was missing from the exterior electrical outlet to the right of the front door.</p> <p>b. The protective cover was missing from the exterior electrical outlet outside of dining.</p> <p>6. Based on observation there is a failure to install and maintain required plumbing safety devices or equipment. Failure to maintain or install plumbing safety devices or equipment could effect all occupants of the facility if the absence of the plumbing safety devices or equipment caused the domestic water supply to become contaminated.</p> <p>Findings on March 20, 2019:</p> <p>a. Beauty Salon - the hair wash sink did not have a vacuum breaker for the spray wand.</p> <p>7. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition.</p> <p>Findings on March 20, 2019:</p> <p>a. 500 Hall Staff Bath - the toilet was not secure to the floor.</p> <p>8. Observations revealed that the life safety equipment was not maintained in a safe and operating condition.</p>	C 189	<p>New Cover was installed 4/15/19. During monthly inspections, we will ensure that all outlets have covers. A checklist will be developed to correlate with the monthly inspection.</p> <p>A plumber is scheduled to come out the week of 4/29/19. The part had to be ordered</p> <p>A plumber is scheduled to come out the week of 4/29/19. The part had to be ordered.</p>	

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C 189	Continued From page 7 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 189		
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 facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide exhaust ventilation in specified spaces. Findings on March 20, 2019: a. The exhaust ventilation system was not working in the 400 Hall. b. The exhaust ventilation system was not working in the 300 Hall.	C 199	Liles plumbing submitted a work order on 4/4/19 on 4/10/19 - Liles came and could not fix it. On 4/11/19 another contractor came and installed new belts on the system.	