

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL019022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>COVENTRY HOUSE OF SILER CITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>260 VILLAGE LAKE ROAD SILER CITY, NC 27344</b>		
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C 000	Initial Comments  Report of a Construction Section Biennial Survey by Ed Miller, conducted on March 25, 2024.  Records indicate the middle portion of this facility was first licensed on July 5, 2005, for 55 beds. Based on this information, this portion of the facility was surveyed using the 1996 Homes for the Aged and Disabled - Minimum Standards and Regulations, applicable portions of the 2005 Rules for Adult Care Homes and the 2002 NC State Building Code(s) Institutional Occupancy (I-2). The right addition was licensed on October 7, 2013, for 14 SCU beds addition, and the left back addition was licensed on May 11, 2017, for 20 SCU beds addition. Both additions were surveyed using the 2005 Rules for the Licensing of Adult Care Homes for Seven or More Beds and the 2012 NC State Building Code(s) Institutional Occupancy (I-2). The facility is currently licensed for 86 residents.  Deficiencies were cited that require a Plan of Correction.	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. Based on record review, and interviews with the Business Office Manager, the facility failed to maintain in the facility, current (completed within the last twelve months) building safety inspection	C 111		

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

TITLE

(X6) DATE

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C 111	Continued From page 1  reports available for review. Findings on March 25, 2024: a. There was no Standard for the Inspection, Testing, and Maintenance of Water-Base Fire Protection System (NFPA 25) report available for review.	C 111		
C 150	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by: 1. Based on observation, corridors were not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on March 25, 2024: a. 100 Hall, Front to back Corridor - there was a recliner, pad, and a large ottoman, obstructing the required six feet wide corridor to four feet.	C 150		
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	C 154		

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C 154	Continued From page 2  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. Based on Observation, the facility failed to provide exit doors that are accessible by residents, with sounding devices that activate when the door opens to prevent wanderers from exiting the building unnoticed. Findings on March 25, 2024: a. 100 Hall, Door between 100 & 400 Halls - since the facility has at least one resident who was determined by a physician or was otherwise known to be disoriented or a wanderer, then each exit door accessible by residents shall be equipped with a sounding device that activates when the door is opened.	C 154		
C 160	Outside Premises-Clean, Safe  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;  This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. Findings on March 25, 2024: a. 100 Hall, Back Yard - the PVC fence on the	C 160		

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C 160	Continued From page 3  high-side of the retaining wall had a six-foot section fall to the ground.	C 160		
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND 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, a hazard was present due to the possibility of backflow of contaminated water into the domestic water supply. Findings on March 25, 2024: a. Exterior Can Wash - the hose bibs did not have vacuum breakers.	C 166		
C 184	Fire Safety-Evacuation plan  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities.	C 184		

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C 184	Continued From page 4  This Rule is not met as evidenced by: 1. Based on Observation, the Facility failed to properly post and maintain the evacuation diagrams. This would affect all by not providing proper guidance during an emergency. Findings on March 25, 2024: a. Most of the Building - throughout the Facility, the mounted evacuation diagrams were not oriented for where they were located. These diagrams must be properly oriented. As you stand looking at the diagrams, the evacuation routes shown on the right shall be to your right etc.	C 184		
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: 1. Based on Record review and interview with the Business Office Manager, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on March 25, 2024: a. There were no fire safety rehearsals available	C 185		

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C 185	Continued From page 5 for review.	C 185		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency. Findings on March 25, 2024: a. 100 Hall, Exterior Outside of Locked Gate - the self-contained emergency light did not illuminate on backup power when the test button was pushed. b. 200 Hall, Right Front Exit - the self-contained emergency light and exit combination fixture did not illuminate on backup power when the test button was pushed. c. 400 Hall, Back Exit - the exit sign had both chevron directional indicator, punch-outs removed. With these chevron punch-outs removed, the exit sign was directing you to turn left and right to exit, but straight was the correct way out.</p> <p>2. Based on observation, the building was not</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>maintained in a safe and operating condition, because the commercial kitchen hood's fire suppression system lacks the inspections, maintenance, and documentation needed to ensure a properly working system. This could affect residents, staff, and visitors if the commercial kitchen hood's suppression system does not work properly when needed. Findings on March 25, 2024:</p> <p>a. 400 Hall, Kitchen - per the attached maintenance tag, the commercial kitchen hood fire suppression systems last semi-annual maintenance was performed in August 2024. This exceeds the requirement to have this fire suppression system inspected and tested at least semi-annually. In addition, there had been no documentation of the monthly in-house or owner inspections since that time.</p> <p>3. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on March 25, 2024:</p> <p>a. 200 Hall, RCC Office Closet - there was a hole, where the light fixture was removed, that was not firestopped as it penetrated the fire-resistance-rated ceiling assembly.</p> <p>b. 300 Hall, Porch - the gypsum ceiling taped joints were detaching from the ceiling. In addition, the ceiling was stained.</p> <p>c. 400, Hall, Time Clock Room - there was a cable not firestopped as it penetrated the fire-resistance-rated ceiling assembly.</p> <p>4. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on March 25, 2024:</p> <p>a. 100 Hall, Spa - there were two ¼-inch</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>diameter holes through the corridor door around the door handle.</p> <p>b. 200 Hall, Business Office - when the corridor door was closed, there was a 3/4-inch gap between the face of the door leaf and the doorframe stop. This exceeds the allowable gap of 1/2 inch for a sprinklered building.</p> <p>c. 400 Hall, TV Room - the corridor pair of doors were not smoke tight. The gap between the meeting stiles was 1/4-inch. In addition, the inactive leaf was equipped with a manual flush bolt. This circumvents the requirement for these doors to close and latch.</p> <p>d. 400 Hall, Dining Room - the corridor pair of doors were not smoke tight. The gap between the meeting stiles was 3/8-inch. In addition, the inactive leaf was equipped with a manual flush bolt. This circumvents the requirement for these doors to close and latch.</p> <p>5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition.</p> <p>Findings on March 25, 2024:</p> <p>a. 100 Hall, Back Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power; therefore, testing for ground fault could not be performed.</p> <p>b. 300 Hall, Nurse Station- Med Room - two electrical power receptacles, without ground fault protection were within six feet of the sink.</p> <p>c. 300 Hall, Porch-Back Half - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power; therefore, testing for ground fault could not be performed.</p> <p>d. 400 Hall, Dining Room Porch-Back Half - the ground-fault circuit-interrupter (GFCI) electrical power receptacle could not be tested for ground</p>	C 189		



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C 189	Continued From page 8  fault as the switch did not work and the ground fault receptacle tester & circuit analyzer device could not be inserted far enough to determine the GFCI had electrical power. Therefore, testing for ground fault could not be performed. e. 400 Hall, Dining Room Porch-Front Half - an electrical power receptacle did not have electrical power; therefore, testing for ground fault could not be performed. f. 500 Hall, Nurse Station-Med Room - an electrical power receptacle, without ground fault protection was within six feet of the sink.  6. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire were not contained in the room of origin. Findings on March 25, 2024: a. 300 Hall, Porch - the escutcheon plate on the fire sprinkler does not completely cover the hole through the fire-resistance-rated ceiling, providing an opening that allows the fire and smoke to spread into the attic. b. 400 Hall, TV Room - a fire sprinkler escutcheon plate had dropped from the fire-resistance-rated ceiling, exposing an opening around the sprinkler that allows fire and smoke to spread into the attic.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances.	C 191		

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C 191	<p>Continued From page 9</p> <p>(2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the use of portable electric heaters in an Adult Care Home. This could affect residents, staff, and visitors if the heater was the ignition source of a fire. The danger increases if used by residents or combustible material was near. Findings on March 25, 2024: a. 100 Hall, Nurse Station-Med Room - a portable electric heater was found in this room.</p>	C 191		