PRINTED: 12/18/2015
FORM APPROVED

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
	HAL092161	A. BUILDING: 01 B. WING	R 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COVINGTON	4810 DURALEIGH ROAD RALEIGH, NC 27612

(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 a Follow Up Survey by Billy S. Bryant conducted on 11/20/2015. Deficiencies noted during the Biennial Survey on 09/09/2015 remain to be corrected.	(C 000)		
(C 110)	Construction-Meet Sanitary Requirements SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections.	(C 110)	(e)Facility has maintain the proper water supply in the facility per Regulations	12/1/2015

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Betsy Allen TITLE: Executive Director (X6) DATE: 1/7/16

STATE FORM 6899 20H022 If continuation sheet 1 of 8

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	HAL092181	A. BUILDING: 01 B. WING	R 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COVINGTON	4510 DURALEIGH ROAD RALEIGH, NC 27616

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(C 110)	Continued From page 1	(C 110)		
	Findings on 11/20/2015: a. Records indicate that the last annual Building Sanitation Inspection Report was performed on February 4, 2013.		a. completed by building Sanitation inspection	12/2/2015
(C 164)	Housekeeping and Furnishings-Clean, Repaired	(C 164)		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 18F .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.		a. completed-Patched holes and painted gypsum wall b. replaced &repaired gypsum c. all metal door will be removed and curtains will be	11/26/2015 11/26/2015 1/30/2015
	This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on 11/20/2015: a. The gypsum wall repairs in the Serenity Spa needed to completed and painted. b. There was a pattern exhibited where most of the Corridor Closets on the 1st and 2nd floors had large areas of their back walls missing, were it appears plumbing pipes had been accessed. c. There was a pattern exhibited where most of Bedroom Closets doors were missing, creating an untidy appearance. d. The seamless flooring was coming apart in the 2nd floor Staff Station.		d. seamless flooring be replaced	1/30/2016

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	HAL092181	A. BUILDING: 01 B. WING	R 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COVINGTON	4510 DURALEIGH ROAD RALEIGH, NC 27612

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(C 184)	Continued From page 2	(C 184)		
	a. The wall base was missing in Room 104 bathroom.		a. completed- wall base was replaced	11/20/2015
	f. There was a pattern exhibited where most of the Room signage had been remove for renovations or repairs and not reinstalled.		f. signage was ordered for the entire building	1/30/2016
(C 189)	Building Equipment Maintained Safe, Operating	(C 189)		
	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 (a) which shall not apply to existing facilities.			
	This Rule is not met as evidenced by: 1. Based on observation, this facility, which was equipped with Special Locking (magnetic locks) on the exit doors, failed to maintain the system as required by the NC State Building Code in effect when the locking system was installed. This could affect all residents, staff and visitors if the facility cannot egress quickly during an emergency.			
	Findings on 11/20/2015: a. The central manual overrides for the magnetic locks on the 2nd and 3rd floors did not release the magnetic locks when operated.		a. Fire was called on that day and the magnetic lock was repaired. Doors will release an override on 2nd and 3rd floor	11/20/2015
	2. Based on observation, the Building was not maintained in a safe and operating condition, by			

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	HAL092181	A. BUILDING: 01 B. WING	R 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COVINGTON	4510 DURALEIGH ROAD RALEIGH, NC 27616

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(C 169)	Continued From page 3 not maintaining the fire and smoke resistance of doors the NC State Building Code defines as "Hazardous Area". This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on 11/20/2015: a. The laundry chute door on the ground floor was missing its fusible Link.	(C 169)	a. Laundry chute door is always closed unless held open manually to remove laundry	
	4. Based on Observation, the facility failed to provide an environment in accordance with this Rule. Some plumbing fixtures had hoses long enough to reach gray water that were not equipped with vacuum breakers to prevent backsiphonage of gray water back into the potable water plumbing lines. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions. Findings on 11/20/2015: a. The hand held rinse wand in the Beauty Shop.		vacuum breaker kit was order to repair beauty shop raise wand	1/20/2016
	5. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner as evidenced by gaps and open penetrations in the fire resistant rated ceilings and missing fire resistant rated ceiling tiles. Penetrations, holes, or missing ceiling tiles in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin. New Findings on 11/20/2015: a. The following item noted in the Fire Marshal's report dated 03/31/2015 remain to be corrected: Replace the missing fire resistant rated tiles in the ground floor water heater room. b. Seal penetrations through the concrete		a. replaced tile in the ground floor heater room	1/4/2016

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	HAL092181	A. BUILDING: 01 B. WING	R 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COVINGTON	4510 DURALEIGH ROAD RALEIGH, NC 27615

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(C 188)	Continued From page 4 floor/ceiling slab between the upper floors.	(C 188)	ceiling slab will be replaced on upper floor	1/30/2016