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
	HAL092181	A. BUILDING: 01 B. WING ______	R 02/10/2016

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

(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 and Greg Cates conducted on 02/10/2016. Deficiencies noted during the previous Follow Up Survey on 11/20/2015 remain to be corrected.	{C 000}		
{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. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on 02/10/2016: a. The seamless flooring was coming apart in the 2nd floor Staff Station. Finding on 02/10/2016: b. There was a pattern exhibited where most of the Room signage had been removed for renovations or repairs and not re-installed. Note: Signage is in the process of being provided.	{C 164}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT	{C 189}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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{C 189}	Continued From page 1 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, 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. Finding on 02/10/2016: a. The central manual overrides for the magnetic locks on the 2nd floor did not release the magnetic locks when operated. 2. Based on observation, the Building was not maintained in a safe and operating condition, by 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 02/10/2016: a. The laundry chute door on the ground floor was missing its fusible Link. 4. Based on Observation, the facility failed to provide an environment in accordance with this	{C 189}		

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{C 189}	Continued From page 2	{C 189}		

Rule. Some plumbing fixtures had hoses long enough to reach gray water that were not equipped with vacuum breakers to prevent back siphonage 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 02/10/2016:
a. The hand held rinse wand in the Beauty Shop.

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.

Findings on 02/10/2016:
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 floor/ceiling slab between the upper floors.